

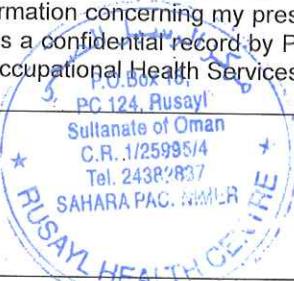
ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Mobile No: 91368380	Home/Leave Address: Kaboora	Surname/Forenames: Markhoun Mohammed Abdallah Al Qafti
Personal Details: 45y 1 D.O.B - 25/08/1976		Company Number: 10354 Reference Indicator: Trukhoman
A <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced /Widow(er)	
Home/Leave Address:	Relationship to employee: <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	No of Children:
Reason for Examination (tick as appropriate)		
Periodic Medical Examination <input checked="" type="checkbox"/>	Final / Retirement <input type="checkbox"/>	Other Reason: <input type="checkbox"/>
Employee only		
B Present Job and Location: ADD	Next Job and Location: NMV	
Are you a registered person with special needs? <input type="checkbox"/>	Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>	
Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.		
Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' Please describe		
		Description
Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?		N Y
1 Ear, nose, eye or throat problems		
2 Chest problems like asthma, bronchitis, other bad cough		
3 Heart abnormality, chest pains		
4 Abdominal pains, abnormal bowel motions		
5 Urogenital problems (kidney disease, menstrual disorder)		
6 Skin trouble or allergies		
7 Epileptic fits, dizzy spells or migraine		
8 History of mental illness, depression anxiety		
9 Diabetes, thyroid disease		
10 Blood disorder e.g. anaemia, blood cancer e.g. leukaemia		
11 Any history of accidents or fractures		
12 Have you had any serious allergies		
13 Do any dependants have a significant ongoing illness?		
14 Any family history of cancers		
Do you take any regular medicines, or have you taken in the past?		
Do you smoke? If yes, what and how much each day?		
Do you drink alcohol? If yes, what is your average weekly intake?		
Have you ever taken elicited/recreational drugs?		
Are you doing regular sports or physical activities? <input checked="" type="checkbox"/>		
STATEMENT: I have read the above questions and the above answers are correct and no information concerning my present or past state of health has been withheld. I understand and agree that this form will be held as a confidential record by PDO Medical Department, and may be copied (by paper or secure electronic transmission) to the Occupational Health Services for the purpose of Health Surveillance and other Occupational Health review.		
13/03/2022		Signature of Applicant: S. B. B. B.
Date:	Signature of Applicant: S. B. B. B.	
 <p>Sultanate of Oman C.R. 1/25995/4 Tel. 24389837 SAHARA PAC. NMLR PC.124, Rusayl</p>		

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N = Normal A = Abnormal (please describe)		PHYSICAL EXAMINATION										
N	A											
		1. Eyes & Pupils										
		2. E.N.T.										
		3. Teeth & Mouth										
		4. Lungs & Chest										
		5. Cardiovascular System										
		6. Abdo. Viscera										
		7. Hernial Orifices										
		8. Anus & Rectum										
		9. Genito-urinary										
		10. Extremities										
		11. Musculo-skeletal										
		12. Skin & Varicose Vns.										
		13. C.N.S.										

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE mins.	HEARING L	HEARING R	DISTANT	VISION
175	104	34	120/82	92	Normal	Normal	R/L	6/6

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
✓		1. Urinalysis		
✓		2. Hb, Bloodcount, ESR		
✓		3. LFT, RFT, RBS		
✓		4. Drug Screen		
✓		5. Lipids (40 years +)		
✓		6. Sickle Cell test		
		TC - 208	✓	7. Audiogram
				8. Lung Function
				9. Chest X-Ray
			✓	10. ECG
			✓	11. CVS risk for 40 yrs. & above
				12. HIV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

Arise on account of low fat diet, regular exercise

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS  FIT WITH RESTRICTION  TEMPORARY UNFIT  UNFIT

DR. SANATH BUDURIRAPATIADARSHAN  
GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE  
MOHILIC NO. 16042

Name (Block Capitals): Dr. / Nurse

13/03/2022

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

