

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



Surname/Forenames **ANMAR ALI SAID AL FARSI**

Nationality **33/m/ Omani**

Mobile No. **97060670** Home/Leave Address: **Cine 10 # 387441**
Company Number: **10357** Reference Indicator:

Personal Details

A Male Female Married Single Separated /Divorced /Widow(er)

Home/Leave Address: Relationship to employee
 Wife Son Daughter No of Children:

Reason for Examination (tick as appropriate)

Periodic Medical Examination Final / Retirement Other Reason:

Employee only

B Present Job and Location:

HD Driver - Marmul

Next Job and Location:

HD Driver - Tmeh Oman

Are you a registered person with special needs?

Do you belong to any Medical Insurance Scheme?

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

	N	Y	Description
Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?			
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?		✓	Previous
Have you ever taken elicited/recreational drugs?		✓	
Are you doing regular sports or physical activities?			

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.

30 April 2023

Date:

Signature of Applicant:

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. 100/ 60	PULSE /mins. 70	HEARING L (N) R (P)	VISION DISTANT R L		NEAR R L							
176		81	26.1				Uncorrected 6/6	Corrected 6/6			6/6 6/6					
N	A					LABORATORY AND OTHER SPECIAL INVESTIGATIONS			N	A						
✓		1. Urinalysis				Trig 210					7. Audiogram					
✓		2. Hb, Bloodcount, ESR											8. Lung Function			
✓		3. LFT, RFT, RBS											9. Chest X-Ray			
		4. Drug Screen											10. ECG			
✓		5. Lipids (40 years +)											11. CVS risk for 40 yrs. & above			
		6. Sickle Cell test											12. HIV, Hepatitis screening			

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

A: Mild Triglyceridemia

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS

FIT WITH RESTRICTION

W. H. ENDRES | TEMPORARY UNFIT

UNFIT

Date: _____

Name (Block Capitals): Dr. / Nurse

ONS: **DR. RONNELL W. MELINDRES**
TH RESTRICTION TEMPORARY U
Ronnel Melindres
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 13982

السلطنة العمانية

RUSAYL HEALTH CENTRE

PO Box: 124, Rusayl - Sultanate of Oman

Signature:

after 3-6 m

REVIEW/CONSULTATION

P> low-fat diet, exercise; ^{may} Repeat lipid profile ~~SAHARA NINJA~~ after 3-6 months

Date: 30 April 2023 Name (Block Capitals): Dr. / Nurse

Signature:

ature: SW