

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/ Forenames	Nadeem Shahbaz
Nationality	Pakistan
Company Number:	1837
Reference Indicator:	Turkoman

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	HEARING	DISTANT	VISION
169	72	25	122/84	74/mins.	L N/N R N/N Uncorrected Corrected	R 6/6	R 6/6 L 6/6

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
<input checked="" type="checkbox"/>		1. Urinalysis	<i>FBS - 136</i> <i>Tb - 250</i>			7. Audiogram
<input checked="" type="checkbox"/>		2. Hb, Bloodcount, ESR				8. Lung Function
<input checked="" type="checkbox"/>		3. LFT, RFT, RBS				9. Chest X-Ray
		4. Drug Screen				10. ECG
<input checked="" type="checkbox"/>		5. Lipids (40 years +)				11. CVS risk for 40 yrs. & above
<input checked="" type="checkbox"/>		6. Sickle Cell test				12. HIV, Hepatitis screening

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

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

Date:

Name (Block Capitals) Dr / Nurse

REVIEW/CONSULTATION

GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 16042

Signature:

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

