مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

No. B15539

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames	BABU NANOTH
Nationality	INDIAN
Mobile No.	Home/Leave Address:
Company Number:	Reference Indicator:

Personal Details CIVIL ID - 70758707

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: TRUCK DRIVER Next Job and Location:

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 your taken in the past?		✓	Currently on Amlodipine 5mg OD, Lotevia 5/10mg
	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?	✓		

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 .

Date: 07/02/2022 **Signature of Applicant:**

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RHC **RUSAYL HEALTH CENTRE**
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FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
✓		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	VISION	
170	86	29	150/90		L (N) R (N)		DISTANT R L / NEAR R L
						Uncorrected	6/6 6/9 / 6/6 6/9
						Corrected	

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	Total chol — 290			7. Audiogram
✓		2. Hb, Bloodcount, ESR	LDL — 205			8. Lung Function
✓		3. LFT, RFT, RBS	T. Bil — 1.06			9. Chest X-Ray
		4. Drug Screen	S. creatine — 1.4		✓	10. ECG
	✓	5. Lipids (40 years +)	unc acid — 7.0			11. CVS risk for 40 yrs. & above
		6. Sickle Cell test	ECG — mod. LAD, T wave inversion			12. HIV, Hepatitis screening
			FRS > 30% II, V1			
			SGOT — 40			

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

Aug 31 — W7 TMT + Cardio clearance

FRS > 30%
Mild hypertension
Dyslipidemia
Borderline High Bilirubin
Borderline High Creatine
Borderline Hyperuricaemia

ASSESSMENT AND RECOMMENDATIONS:

☑ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT

PDO Dr informed.
Cardiology clearance / TMT / Gen. medicine Review required
Thereafter Apply for waiver of fee

Date: Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

As ~~for~~ to secure waiver from PDO- mureat

Aug 31, 2022

Date: Name (Block Capitals): Dr. / Nurse Dr Chinchu Signature:

DR. ROMMEL WHIGAN MELENDRES
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 13982