مـركـز الرسـيـل الصـحـي
RUSAYL HEALTH CENTRE
ISO 9001 - 2015 Certified Co.

#6129

No. B 09765

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE ISO 9001 - 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames: SHAHID KHAMID FAROOQ HASSAN

Nationality: PAKISTANI

Mobile No. 92391882

Home/Leave Address:

Company Number: 6129

Reference Indicator:

Personal Details CIVIL ID - 68866618

A ☑ Male ☐ Female

☑ Married ☐ Single ☐ Separated /Divorced /Widow(er)

Home/Leave Address:

Relationship to employee ☐ Wife ☐ Son ☐ Daughter

No of Children: 1

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☑ Final / Retirement ☐ Other Reason: ☐

Employee only

B Present Job and Location: HOD TRACK OMAN, HAMMA

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?		✓		
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:

DR CHIEME KANDUKA EKEGHE
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 19798

Signature of Applicant:

مركز الرسيل الصحي
س.ت : ١/٢٥٩٩٥/٤
C.R. No.: 1/25995/4
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

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No. B09765

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	Pupils equally react to light
✓		2. E.N.T.	No ear pain
✓		3. Teeth & Mouth	No dental caries
✓		4. Lungs & Chest	Vesicular breath sounds
✓		5. Cardiovascular System	1st and 2nd HS only
✓		6. Abdo. Viscera	LoSoKo
✓		7. Hernial Orifices	Normal
✓		8. Anus & Rectum	Normal
✓		9. Genito-urinary	Normal
✓		10. Extremities	Symetrical
✓		11. Musculo-skeletal	No swelling or pain
✓		12. Skin & Varicose Vns.	No rash, No VV
✓		13. C.N.S.	well oriented in place, time and person

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE /mins.	HEARING	VISION
167	88	31	160/100	84	L (N) R (N)	DISTANT: Uncorrected R 6/6 L 6/6; NEAR: Uncorrected R 6/6 L 6/6; Corrected

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	Framingham – 15.6%	✓		7. Audiogram
		2. Hb, Bloodcount, ESR	ECG – Normal			8. Lung Function
	✓	3. LFT, RFT, (RBS)	FBS – 156mg/dl ↑			9. Chest X-Ray
		4. Drug Screen	Triglycerides ↑	✓		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.)

Mod-Hypertension
High Blood Sugar
obesity

ASSESSMENT AND RECOMMENDATIONS:

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

Fit. Certified fit by Hayma Hospital 17/4/2022.

Date: 18/4/2022 Name (Block Capitals): Dr. / Nurse CHIEMEKA Signature: [signature]

REVIEW/CONSULTATION

Monthly FBS
weekly BP check
Metformin 500mg BD
Glibenclamide 5mg OD
Lisinopril 5mg OD
} Prescribed at Hayma

Internal physician review/clearance required
Done at Hayma Hospital
Certified Fit

Date: 18/4/2022 Name (Block Capitals): Dr. / Nurse CHIEMEKA Signature: [signature]

DR. CHIEMEKA NDUKA EREGHE
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
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