



# مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001 - 2015 Certified Co.

No. B 09678

## ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



### RUSAYL HEALTH CENTRE

ISO 9001 - 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Surname/  
Forenames

Narinder Singh

Nationality

Indian

Mobile No.

72056828

Home/Leave Address:

2nd 19

Company Number:

1869

Reference Indicator:

Truck owner

Personal Details

33y

DOB - 06, 11, 1988

ID - 96637213

A ☒ Male ☐ Female

☒ Married

☐ Single

☐ Separated /Divorced /Widow(er)

Home/Leave Address:

Relationship to employee

☐ Wife

☐ Son

☐ Daughter

No of Children:

02

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☒

Final / Retirement ☐

Other Reason: ☐

Employee only

B Present Job and Location:

HDD

Next Job and Location:

NIMY

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?

☒

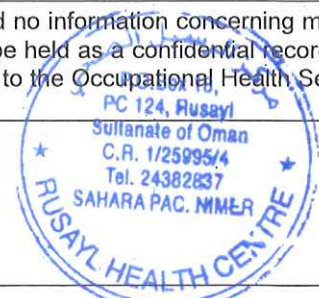
**STATEMENT:** I have read the above questions and the above answers are correct and no information concerning my present or past state of health has been withheld. I understand and agree that this form will be held as a confidential record by PDO Medical Department, and may be copied (by paper or secure electronic transmission) to the Occupational Health Services for the purpose of Health Surveillance and other Occupational Health review.

Date:

29/09/2021

Signature of Applicant:

Shor





# مرکز الرسیل الصحي RUSAYL HEALTH CENTRE

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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					
<input checked="" type="checkbox"/>		1. Eyes & Pupils	NAID			
<input checked="" type="checkbox"/>		2. E.N.T.				
<input checked="" type="checkbox"/>		3. Teeth & Mouth				
<input checked="" type="checkbox"/>		4. Lungs & Chest				
<input checked="" type="checkbox"/>		5. Cardiovascular System				
<input checked="" type="checkbox"/>		6. Abdo. Viscera				
<input checked="" type="checkbox"/>		7. Hernial Orifices				
<input checked="" type="checkbox"/>		8. Anus & Rectum				
<input checked="" type="checkbox"/>		9. Genito-urinary				
<input checked="" type="checkbox"/>		10. Extremities				
<input checked="" type="checkbox"/>		11. Musculo-skeletal				
<input checked="" type="checkbox"/>		12. Skin & Varicose Vns.				
<input checked="" type="checkbox"/>		13. C.N.S.				
HEIGHT cm 172	WEIGHT kg 87	BMI 29.4	B.P. 124/80	PULSE 68 mins.	HEARING L Normal R Normal	VISION DISTANT R L Uncorrected 6/6 Corrected 6/6
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS		N	A	
<input checked="" type="checkbox"/>		1. Urinalysis	T.G. 212 HDL 39.21	<input checked="" type="checkbox"/>		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. Sickie Cell test				12. HIV, Hepatitis screening
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)						
Advice on action plan, low fat diet, regular exercise.						
ASSESSMENT AND RECOMMENDATIONS:						
<input checked="" type="checkbox"/> FIT ALL AREAS <input type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT						
Date: 29/09/2021         Name (Block Capitals): Dr. / Nurse         Signature:						
REVIEW/CONSULTATION						
Date:         Name (Block Capitals): Dr. / Nurse         Signature:						

DR. SANATH BUDDHIKA PRIYADARSHAN  
GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE  
RUSAYL, PC 124, Muscat  
Sultanate of Oman  
C.R. 1/25095/4  
Tel. 24382837  
SAHARA PAC. MEMBER

