مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
ISO 9001:2015 Certified Co

No.A001075

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames:	KAMALJIT SINGH 45YRS/M
Nationality:	**INDIAN**

Mobile No. 94574299	Home/Leave Address: INDIA	Company Number: 1868	Reference Indicator: TRUCK OMAN

Personal Details

A ■ Male ☐ Female	■ Married ☐ Single ☐ Separated /Divorced
Home/Leave Address: INDIA	**Relationship To Employee** ☐ Wife ☐ Son ☐ Daughter — **No Of Children:**

Reason For Examination (tick As Appropriate)

Periodic Medical Examination ☐ Initial ■ Periodic

Employee Only

B Present Job And Location: NIMR - DRIVER HDD	**Next Job And Location: NIMR**
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?	■	☐	
Ear, Nose, Eye Or Throat Problems	■	☐	
Chest Problems Like Asthma, Bronchitis, Other Bad Cough	■	☐	
Heart Abnormality, Chest Pains	■	☐	
Abdominal Pains, Abnormal Bowel Motions	■	☐	
Urogenital Problems (kidney Disease, Menstrual Disorder)	■	☐	
Skin Trouble Or Allergies	■	☐	
Epileptic Fits, Dizzy Spells Or Migraine	■	☐	
History Of Mental Illness, Depression Anxiety	■	☐	
Diabetes, Thyroid Disease	■	☐	
Blood Disorder E.G. Anaemia, Blood Cancer E.G. Leukaemia	■	☐	
Any History Of Accidents Or Fractures	■	☐	
Have You Had Any Serious Allergies	■	☐	
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: | 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. . | 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: 30/9/23	Signature: Kamal

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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		
■	☐	Eyes Pupils	
■	☐	ENT	
■	☐	Teeth Mouth	
■	☐	Lungs Chest	
■	☐	Cardiovascular System	
■	☐	Abdo Viscera	
■	☐	Hernial Orifices	
■	☐	Anus Rectum	
■	☐	Genito Urinary	
■	☐	Extremities	
■	☐	Musculo Skeletal	
■	☐	Skin Varicose Vns	
■	☐	Cns	

HEIGHT 166 Cm	WEIGHT 91 Kg	BMI 33	B.P 117/79	PULSE 78/mins	HEARING L: NORMAL R: NORMAL	VISION: RIGHT 6/6 , LEFT 6/6	Colour Vision: N	Blood Group: N/A

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
■	☐	1.Urinalysis		■	☐	7.Audiogram
■	☐	2 Hb, Bloodcount, ESR		☐	☐	8. Lung Function
■	☐	3 LFT, RFT, RBS/FBS		☐	☐	9. Chest X-Ray
☐	☐	4. Drug Screen		■	☐	10. ECG
■	☐	5. Lipids (40 Years +)		■	☐	11. CVD Risk For 40 Yrs. & Above
■	☐	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

A/o - aleiana reaction,

DR. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE

Date: 30/09/2023 Name (Block Capitals). Dr. Dr-Buddhi Signature:

REVIEW/CONSULTATION:

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
C.R. No.: 1259954, P.O. Box : 18, P.C.: 124, Rusayl
Sultanate of Oman
SAHARA NIMR

Date: 30/09/2023 Name (Block Capitals). Dr. Signature: