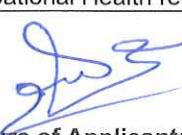
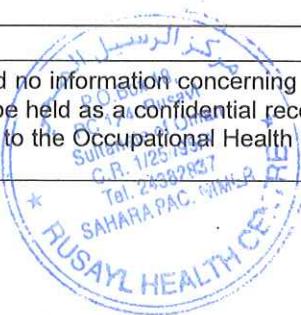


ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Mobile No. 91010127		Home/Leave Address: 7th flr	Surname/ Forenames Haitham Hamaid	
			Nationality Abdallah Hamaid Al mohair Oman	
			Company Number: 10376 Reference Indicator: Turkoman	
Personal Details 32y		DOB - 22,04,1989 ID - 6432842		
A <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced /Widow(er)		
Home/Leave Address:		Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter		No of Children: 03
Reason for Examination (tick as appropriate)				
Periodic Medical Examination <input checked="" type="checkbox"/>		Final / Retirement <input type="checkbox"/>		Other Reason: <input type="checkbox"/>
Employee only				
B Present Job and Location: HOD		Next Job and Location: NMV		
Are you a registered person with special needs? <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>		
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?		<input checked="" type="checkbox"/>		
1	Ear, nose, eye or throat problems	<input checked="" type="checkbox"/>		
2	Chest problems like asthma, bronchitis, other bad cough	<input checked="" type="checkbox"/>		
3	Heart abnormality, chest pains	<input checked="" type="checkbox"/>		
4	Abdominal pains, abnormal bowel motions	<input checked="" type="checkbox"/>		
5	Urogenital problems (kidney disease, menstrual disorder)	<input checked="" type="checkbox"/>		
6	Skin trouble or allergies	<input checked="" type="checkbox"/>		
7	Epileptic fits, dizzy spells or migraine	<input checked="" type="checkbox"/>		
8	History of mental illness, depression anxiety	<input checked="" type="checkbox"/>		
9	Diabetes, thyroid disease	<input checked="" type="checkbox"/>		
10	Blood disorder e.g. anaemia, blood cancer e.g. leukaemia	<input checked="" type="checkbox"/>		
11	Any history of accidents or fractures	<input checked="" type="checkbox"/>		
12	Have you had any serious allergies	<input checked="" type="checkbox"/>		
13	Do any dependants have a significant ongoing illness?	<input checked="" type="checkbox"/>		
14	Any family history of cancers	<input checked="" type="checkbox"/>		
Do you take any regular medicines, or have you 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?				
<p>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.</p>				
05/07/2021		 Signature of Applicant:		
Date:		 RUSAYL HEALTH CENTRE G.R. 1120 Tel. 28392837 SAHARA PAC. WIMB. RT		

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			3 MAD					
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 L Normal R Normal Uncorrected Corrected	DISTANT R L 6/6	NEAR R L 6/6	VISION
168	103	36.4	123/81	80				

N A			LABORATORY AND OTHER SPECIAL INVESTIGATIONS		N	A
1. Urinalysis						7. Audiogram
2. Hb, Bloodcount, ESR						8. Lung Function
3. LFT, RFT, RBS						9. Chest X-Ray
4. Drug Screen						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.)	
A 2.5% on the right side of the neck.	

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
05/07/2021		DR. SANATH BUDDHIKA PRIYADARSHAN GENERAL PRACTITIONER RUSAYL HEALTH CENTRE MUSCAT, OMAN	
Date:	Name (Block Capitals): Dr. / Nurse		

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

