



ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Mobile No.	93199159	Home/Leave Address:	Company Number: 1875	Reference Indicator:
------------	----------	---------------------	----------------------	----------------------

Personal Details DOB - 01-10-2010 1996

A	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	INT	<input checked="" type="checkbox"/> Married	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Separated /Divorced /Widow(en)
---	--	-----	---	--	---

Home/Leave Address:	TAMIL NARU INDIA	Relationship to employee	<input checked="" type="checkbox"/> Wife	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	No of Children:
---------------------	---------------------	--------------------------	--	------------------------------	-----------------------------------	-----------------

Reason for Examination (tick as appropriate)

Periodic Medical Examination Final / Retirement Other Reason:

Employee only

B Present Job and Location: WORKSHOP INCHARGE, TRUCKMAN	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 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?	✓		



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: 09-10-2019

Signature of Applicant:

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

KEVIN RAJA KUMAR (23 yrs)

N = Normal A = Abnormal (please describe)				PHYSICAL EXAMINATION												
N	A															
✓		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 170 cm		WEIGHT kg 68 kg	BMI 23.52 kg/m ²	B.P. 115- 80	PULSE 72/mins.	HEARING L R Uncorrected Corrected	VISION									
							DISTANT R L	NEAR R L								
							6 6	6 6								
N	A					LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A					
✓		1. Urinalysis				1. T. Chol = 201 mg/dl, ↑ LdL ₂ (-) Vc 148 mg/dl						7. Audiogram				
✓		2. Hb/Bloodcount, ESR										8. Lung Function				
✓		3. LFT, RFT, RBS PBS										9. Chest X-Ray				Not done
		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.)

- Hypercholesterolemia \uparrow T. Chol, \uparrow LDL [Rx advised]
- No other physical or mental abnormality found.

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS

FIT WITH RESTRICTION

TEMPORARY UNFIT

UNFIT

Date: 09-10-2019 Name (Block Capitals): DR MOHD HARUN AR RAHIM

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

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

Signature: DR. MOHAMMAD HARUN AR RASHID
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 555

