

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/
Forenames

Arvind Singh

Nationality

Indian

Mobile No. 95181269

Home/Leave Address: India

Company Number:

1877

Reference Indicator:

Trukhoman

Personal Details

389 / DOB - 15.02.1983 / ID- 83387582

A Male Female

Married

Single

Separated /Divorced /Widow(er)

Home/Leave Address:

Relationship to employee

Wife

Son

Daughter

No of Children: 0 1

Reason for Examination (tick as appropriate)

Periodic Medical Examination

Final / Retirement

Other Reason:

Employee only

B Present Job and Location:

Next Job and Location:

HDD

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

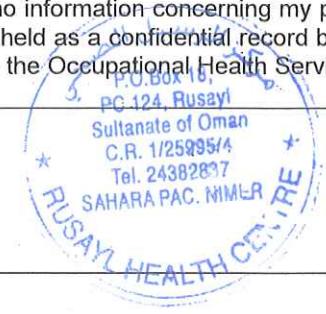
| | N | Y | Description |
|--|---|---|-------------|
| Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments? | | | |
| 1 Ear, nose, eye or throat problems | | | |
| 2 Chest problems like asthma, bronchitis, other bad cough | | | |
| 3 Heart 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.

13/01/2021

Signature of Applicant:

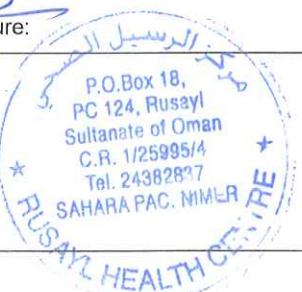
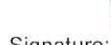
Arvind Singh



Date:

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 | N/A | | | | | | | |
| | 2. E.N.T. | | | | | | | | |
| | 3. Teeth & Mouth | | | | | | | | |
| | 4. Lungs & Chest | | | | | | | | |
| ✓ | 5. Cardiovascular System | BP ~ 140/90 mmHg | | | | | | | |
| | 6. Abdo. Viscera | | | | | | | | |
| | 7. Hernial Orifices | | | | | | | | |
| | 8. Anus & Rectum | | | | | | | | |
| | 9. Genito-urinary | N/A | | | | | | | |
| | 10. Extremities | | | | | | | | |
| | 11. Musculo-skeletal | | | | | | | | |
| | 12. Skin & Varicose Vns. | | | | | | | | |
| | 13. C.N.S. | | | | | | | | |
| HEIGHT cm 176 | WEIGHT kg 100 | BMI 32.3 | B.P. 140 90 | PULSE 74 mins. | HEARING L Normal R Normal Uncorrected Corrected | DISTANT R 6/ L 6/ | VISION NEAR R 6/ L 6/ | | |
| N | A | LABORATORY AND OTHER SPECIAL INVESTIGATIONS | | | | N | A | | |
| ✓ | 1. Urinalysis | TC ~ 205 | | | | ✓ | | 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 2nd visit on regular BP checkup. Continue medications, weight reduction, Loaf 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 with medications follow up 13/10/2021 Name (Block Capitals): DR. SANATH BUDDHIKA PRIYADARSHAN Date: Name (Block Capitals): Dr. / Nurse REVIEW/CONSULTATION | | | | | | | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> DR. SANATH BUDDHIKA PRIYADARSHAN GENERAL PRACTITIONER RUSAYL HEALTH CENTRE MOH LIC NO. 16042 </div> <div style="display: inline-block; vertical-align: middle;"> Signature:   <p>P.O.Box 18, PC 124, Rusayl Sultanate of Oman C.R. 1/25995/4 Tel. 24382837 SAHARA PAC. NIMLR</p> </div> | | | | | | | | | |
| Date: Name (Block Capitals): Dr. / Nurse Signature:  | | | | | | | | | |