

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE  
ISO 9001-2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/  
Forenames

ALI ABBAS ALI DATUM

Nationality

PAKISTANI (ID NO: 61512772)

Mobile No. 92393224 Home/Leave Address: COMPANY NUMBER: Reference Indicator:

Personal Details DOB: 04/06/66 AGE: 54 yrs

A  Male  Female  Married  Single  Separated /Divorced /Widow(er)

Home/Leave Address: Relationship to employee  
Wife Son Daughter No of Children: 5

Reason for Examination (tick as appropriate)

Periodic Medical Examination  Final / Retirement  Other Reason:

Employee only

B Present Job and Location: KOD 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?			Occasionally
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: 20/10/20 Signature of Applicant:

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										
/		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. 114 70	PULSE 98 /mins.	HEARING L R (N) R	VISION		DISTANT R L Uncorrected Corrected	NEAR R L N N	Co/rust vision (N)
						DISTANT	NEAR			
173	80	26.7								

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS		N	A
/		1. Urinalysis			7. Audiogram
/		2. Hb, Bloodcount, ESR	FBG = 107 mg/100 ml		8. Lung Function
/		3. LFT, RFT, RBS	↑ Triglycerides		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.)

Dietary & lifestyle modifications advised; To visit eye specialist in 3/12

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS  FIT WITH RESTRICTION  TEMPORARY UNFIT  UNFIT

REVIEW/CONSULTATION

DR. JUDE NNAMDI UGWUJA  
GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE  
MOH LIC NO 18259

Signature:

Date:

Name (Block Capitals): Dr. / Nurse

Signature: