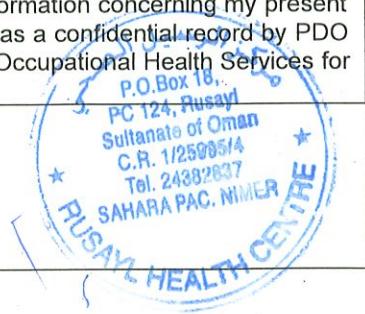


ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Mobile No. 71881178		Home/Leave Address: India		Surname/ Forenames Bijumon shahulhameed.	
Personal Details 43y		Dob: 11.04.1979		Company Number: 1894 Reference Indicator: 9ruthouan ID-121043151	
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)		Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	
Home/Leave Address:				No of Children:	
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: HDD		Next Job and Location: NIMY			
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?					
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? <input checked="" type="checkbox"/>					
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.					
31/01/2022				Signature of Applicant:	
Date:					
 <p>P.O. Box 18, PC 124, Rusayl Sultanate of Oman C.R. 1/25985/4 Tel. 24382837 SAHARA PAC, NIMR</p>					

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	N/A D									
	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 168	WEIGHT kg 66	BMI 23.4	B.P. 118 82	PULSE 78 /mins.	HEARING L R Uncorrected Corrected	Normal Normal	DISTANT R 6/6	NEAR R 6/6	VISION		
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A				
	1. Urinalysis	TC-215				✓		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.)

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ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

DR. SANJEEV KUMAR YADAV
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 16042

31/01/2022

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


Signature:

REVIEW/CONSULTATION

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