



ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



**RUSAYL HEALTH CENTRE**

ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Mobile No: 71339640		Home/Leave Address: Pakistan	Surname/Forenames: Muhammad Ashraf	
Personal Details: 40y		DOB: 10.06.1982	Company Number: 1893	Nationality: Pakistani
A <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced <input type="checkbox"/> Widower(er)	Reference Indicator: 15228	
Home/Leave Address:		Relationship to employee: <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	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: HOD		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"/>				
<p><b>STATEMENT:</b> 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>				
Date: 06/09/2022		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.	PULSE /mins.	HEARING L R	VISION DISTANT R L	VISION NEAR R L
183	85	25	116/78	61	N R R R R R R R	6/6	6/6

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
✓	1. Urinalysis	FBS - 125		7. Audiogram
✓	2. Hb, Bloodcount, ESR	TG - 523		8. Lung Function
✓	3. LFT, RFT, RBS	IDL - 22.26		9. Chest X-Ray
	4. Drug Screen	LDL - 176.6		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.)

Advice on diet control, regular exercise  
Loratadine & Torvast for 03 months → repeat

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS  FIT WITH RESTRICTION  TEMPORARY UNFIT  UNFIT

for medications & follow up:  
Dr. SANJAY DUDHIKA PRITADARSHAN  
GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE  
MOBILE NO. 18842  
Date: 06/07/2022 Name (Block Capitals): Dr. / Nurse

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

RCP  
FBS monitoring

P.O. Box 18,  
PC 124, Rusayl  
Sultanate of Oman  
C.R. 1/283614  
Tel. 2/459186

SAHARA PAC. MUSCAT  
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HEALTH CENTRE