مركز الرسيل الصحي
RHC **RUSAYL HEALTH CENTRE**
ISO 9001- 2015 Certified Co.

1900

No. B 09768

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

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PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames	KUMAR RATHEESH
Nationality	INDIAN
Mobile No. 72083072	Home/Leave Address:
Company Number: 1900	Reference Indicator:

Personal Details CIVIL ID- 67104725

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

Home/Leave Address:

Relationship to employee ☐ Wife ☐ Son ☐ Daughter No of Children: 1

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☑ Final / Retirement ☐ Other Reason: ☐

Employee only

B Present Job and Location: TRUCK DRIVER FORKLIFT OPERATOR HAMRA. 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 your taken in the past?			✓	T2DM on Glyamide 2mg OD
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: 05/12/2022 **Signature of Applicant:**

DR. CHIEMEKA NDUKAEKEJHE
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 10795

مركز الرسيل الصحي
س.ت: ١/٢٥٩٩٥/٤
C.R. No.: 1/25995/4
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

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FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N	A		PHYSICAL EXAMINATION
✓		1. Eyes & Pupils	Pupils reacts equally
✓		2. E.N.T.	Normal
✓		3. Teeth & Mouth	No Caries
✓		4. Lungs & Chest	Vesicular BS only
✓		5. Cardiovascular System	1st and 2nd Heart Sounds
✓		6. Abdo. Viscera	No organomegaly
✓		7. Hernial Orifices	Normal
✓		8. Anus & Rectum	
✓		9. Genito-urinary	
✓		10. Extremities	Symetrical
✓		11. Musculo-skeletal	No Pain, no swelling
		12. Skin & Varicose Vns.	No Rash
✓		13. C.N.S.	well oriented.

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE /mins.	HEARING	VISION DISTANT R	DISTANT L	NEAR R	NEAR L
165	80	29.3	135/91	74	L (N) R (N)	Uncorrected 6/6	6/6	6/6	6/6
						Corrected			

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	Framingham – 6.7 mg/dl %	✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR	FBS – 137 mg/dl			8. Lung Function
	✓	3. LFT, RFT, RBS	Triglycerides – ↑ 240 g/l			9. Chest X-Ray
		4. Drug Screen	T. Bil 1.2 mg/l ↑	✓		10. ECG
	✓	5. Lipids (40 years +)	SGOT – 43 ↑	✓		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.)

High Blood Sugar
High Triglycerides
Elevated Liver enzymes
overweight

ASSESSMENT AND RECOMMENDATIONS:

☑ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT

Date: 05/12/2024 Name (Block Capitals): Dr. / Nurse CHETHEKA Signature:

REVIEW/CONSULTATION

Low Fat and Low Sugar/multivitamins recommended
Metformin 500mg OD recomended.
Repeat FBS in 1 month
Repeat Lipid Profile and LFT in 6 months
Exercise/Low-fat diet

Date: 05/12/2024 Name (Block Capitals): Dr. / Nurse CHETHEKA Signature:

DR. CHENEKA NJOKA EKECHE
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 19795

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