

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Mobile No.	Home/Leave Address:	Surname/ Forenames	MUHAMMED FARYAD IBRAHIM
		Nationality	PAKISTAN
		Company Number:	
		Reference Indicator:	

Personal Details

35 years

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:

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?			
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: 27/2/2022

Signature of Applicant:

DR. CHIEMEKA NDUKA EKEGHE
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 19798



OR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

LABORATORY INVESTIGATION

Name: *Dr. Chiemeka Nduka Ekeghe*

N = Normal A = Abnormal (please describe)		PHYSICAL EXAMINATION												
N	A	PHYSICAL EXAMINATION												
<input checked="" type="checkbox"/>	1. Eyes & Pupils													
<input checked="" type="checkbox"/>	2. E.N.T.													
<input checked="" type="checkbox"/>	3. Teeth & Mouth													
<input checked="" type="checkbox"/>	4. Lungs & Chest													
<input checked="" type="checkbox"/>	5. Cardiovascular System													
<input checked="" type="checkbox"/>	6. Abdo. Viscera													
<input checked="" type="checkbox"/>	7. Hernial Orifices													
<input checked="" type="checkbox"/>	8. Anus & Rectum													
<input checked="" type="checkbox"/>	9. Genito-urinary													
<input checked="" type="checkbox"/>	10. Extremities													
<input checked="" type="checkbox"/>	11. Musculo-skeletal													
<input checked="" type="checkbox"/>	12. Skin & Varicose Vns.													
<input checked="" type="checkbox"/>	13. C.N.S.													
HEIGHT cm	WEIGHT kg	BMI	B.P. <i>113</i>	PULSE <i>73</i> /mins.	HEARING L <i>(N)</i> R <i>(N)</i>	Uncorrected Corrected	DISTANT <i>R L</i>	VISION NEAR <i>R L</i>						
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A							
<input checked="" type="checkbox"/>	1. Urinalysis	<i>Total BSL - 1.62 (upto 7)</i>				<input checked="" type="checkbox"/>	7. Audiogram							
<input checked="" type="checkbox"/>	2. Hb, Bloodcount, ESR					<input checked="" type="checkbox"/>	8. Lung Function							
<input checked="" type="checkbox"/>	3. LFT, RFT, RBS					<input checked="" type="checkbox"/>	9. Chest X-Ray							
<input checked="" type="checkbox"/>	4. Drug Screen					<input checked="" type="checkbox"/>	10. ECG							
<input checked="" type="checkbox"/>	5. Lipids (40 years +)					<input checked="" type="checkbox"/>	11. CVS risk for 40 yrs. & above							
<input checked="" type="checkbox"/>	6. Sickle Cell test					<input checked="" type="checkbox"/>	12. HIV, Hepatitis screening							

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

*borderline high BP
borderline high sugar*

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

FIT

Date: *27/05/2020* Name (Block Capitals): Dr. / Nurse

Signature: *[Signature]*

REVIEW/CONSULTATION

*Low carb low sugar diet recommended
regular exercise
Repeat FBS, LFT in 3 months.*

Date: *27/05/2020* Name (Block Capitals): Dr. / Nurse

CHIEMEKA EKEGHE

Signature: *[Signature]*

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