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

No. B 09726

## ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

| | |
|---|---|
| Surname/ Forenames | Anshad Shamsudeen 36 Y/o |
| Nationality | Indian Civil ID No. 79377948 |
| Mobile No. 96069303 | Home/Leave Address: |
| Company Number: Truck Oman | Reference Indicator: |

**Personal Details**

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 Haima

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? | | ✓ | | |
| Do you smoke? If yes, what and how much each day? | | ✓ | | |
| Do you drink alcohol? If yes, what is your average weekly intake? | | | ✓ | occasional drinker |
| Have you ever taken elicited/recreational drugs? | | ✓ | | |
| Are you doing regular sports or physical activities? | | | ✓ | sometimes |

**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 .

October 5, 2021

**Date:** **Signature of Applicant:**

DR. EUGENE R. LOPEZ
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 13455

مركز الرسيل الصحي
RHC **RUSAYL HEALTH CENTRE**
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No. B 09726

nad Shamsudeen Civil ID No. 79377948

COMPLETION BY EXAMINING DOCTOR OR NURSE

her details of medical history and recreational activities

| N | A | | PHYSICAL EXAMINATION |
|---|---|---|---|
| ✓ | | 1. Eyes & Pupils | ERTL, pink palpebral conjunctiva |
| ✓ | | 2. E.N.T. | Unremarkable |
| ✓ | | 3. Teeth & Mouth | Dental Carier |
| ✓ | | 4. Lungs & Chest | SCE, clear BS BLF, ⊖crackles |
| ✓ | | 5. Cardiovascular System | Adynamic precordium AB 5th LICS MCL ⊖murmur |
| ✓ | | 6. Abdo. Viscera | Flat abdomen, non-tender |
| ✓ | | 7. Hernial Orifices | Unremarkable |
| ✓ | | 8. Anus & Rectum | Unremarkable |
| ✓ | | 9. Genito-urinary | Unremarkable |
| ✓ | | 10. Extremities | Ft pulse Full and equal |
| ✓ | | 11. Musculo-skeletal | No deformities |
| ✓ | | 12. Skin & Varicose Vns. | No active skin lesions |
| ✓ | | 13. C.N.S. | Unremarkable |

| HEIGHT cm | WEIGHT kg | BMI | B.P. | PULSE | HEARING | VISION |
|---|---|---|---|---|---|---|
| 172 | 78 | 26 | 125/81 | 70 /mins. | L (N) R (N) | DISTANT R 6/6 L 6/6 NEAR R 6/6 L 6/6 (Uncorrected / Corrected) |

| N | A | | LABORATORY AND OTHER SPECIAL INVESTIGATIONS | N | A | |
|---|---|---|---|---|---|---|
| ✓ | | 1. Urinalysis | FBS 86 mg/dL | ✓ | | 7. Audiogram |
| ✓ | | 2. Hb, Bloodcount, ESR | TC 271 | | | 8. Lung Function |
| ✓ | | 3. LFT, RFT, RBS | LDL 193 | | | 9. Chest X-Ray |
| | | 4. Drug Screen | Uric Acid 7.12 | | | 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.)**

Overweight (BMI 26)
Dyslipidemia

1. Improve diet and exercise regularly
2. For repeat uric acid and lipid profile test after 3 months

**ASSESSMENT AND RECOMMENDATIONS:**

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

Fit to work as HDO

October 5, 2021 — DR. EUGENE LOPEZ — Signature:

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

**REVIEW/CONSULTATION**

DR. EUGENE LOPEZ

October 5, 2021

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

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C.R. No.: 1/259950/4
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Sultanate of Oman
RUSAYL HEALTH CENTRE

DR. EUGENE R. LOPEZ
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
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