

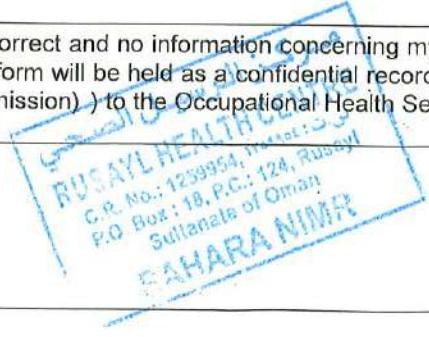
ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE  
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/Forenames: *Badar Ibrahim*  
Nationality: *Mahmood Al Baisishi*  
Oman  
Company Number: *10433* Reference Indicator: *TRukhman*

Mobile No: <i>971409970</i>	Home/Leave Address: <i>Rustan</i>	Personal Details: <i>34y 1 D03 -17/07/1988</i>	DOB: <i>17/07/1988</i>	Reference Indicator: <i>TRukhman</i>
A <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced <input type="checkbox"/> Widow(er)			
Home/Leave Address:	<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: <i>HDD</i>	Next Job and Location: <i>NIMR</i>			
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?				
<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>				
06/03/2023		 Signature of Applicant:		
Date:		 RHC C.R. No.: 1239954, M.A. 123456789 P.O. Box: 18, P.C.: 124, Rustan Sultanate of Oman SAHARA NIMR		

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	9									
	2. E.N.T.										
	3. Teeth & Mouth										
	4. Lungs & Chest										
	5. Cardiovascular System	N/A									
	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. 110 80	PULSE 80 7mins.	HEARING L N/A R N/A Uncorrected Corrected	DISTANT R 6/6	VISION NEAR R 6/6				
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A				
		T 67.210						7. Audiogram			
		T. Bil - 1.5						8. Lung Function			
								9. Chest X-Ray			
								10. ECG			
								11. CVS risk for 40 yrs. & above			
								12. HIV, Hepatitis screening			

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

A 21 year old male patient  
Recovering from a fracture of the left arm.  
Recovering from a fracture of the left arm.

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS

FIT WITH RESTRICTION

DR. SANATH BODHUKA PRATADARSHAN

TEMPORARY UNFIT

UNFIT

06/03/2023

Date:

Name (Block Capitals): Dr. / Nurse

GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE  
MOH LIC NO. 16042

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

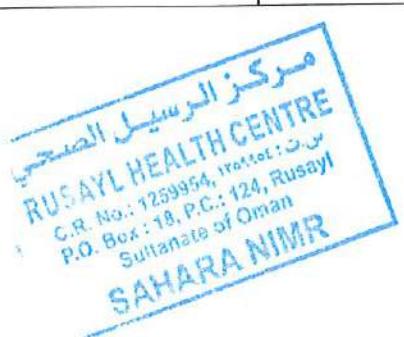
Signature:



## Fitness to Work Certificate for drivers

<b>Employee Data</b>		Date: 26/03/2023	
Name : Badar Ibrahim Mahmud Al Bahlani		Department/Company : Trukman	
I.D. No: 13063229	Age: 34y	Occupation : HDD	
<b>Type of Medical Evaluation</b>		Mark those applying ✓	
A5- HVD- Crane or forklift driving & all heavy vehicles		<input checked="" type="checkbox"/> A7- Professional driving-light vehicles	
<p><b>Health Advisor Statement:</b> The above named person has been examined according to the statements laid down in "Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work". At this time his/her fitness to work status for the above tasks is as follows.</p>			
Fit with no restrictions		<input checked="" type="checkbox"/>	
Fit with following restriction(s)			
The employee is fit for above work but should avoid the following task(s)		Temporary restriction	Permanent restriction
Work near moving machinery or sharp edges		<input type="checkbox"/>	<input type="checkbox"/>
Operate Heavy motor vehicles, forklifts or heavy machinery		<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)		<input type="checkbox"/>	<input type="checkbox"/>
Temporary Unfit until			
Permanently Unfit			
Name of health advisor		Signature	
		Date: 26/03/2023	

DR. SANATH BUDDHIKA PRIYADARSHAN  
GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE  
MOH LIC NO. 16042

## Screening Quest. For Sleep Apnoea

Employee Data		Date: <u>06/03/2023</u>
Name: <u>Badar Ibraheem</u> <u>Mahmood Al Boushi</u>	Department/Company: <u>TruHomes</u>	
I. D No. <u>13063229</u>	Tel # <u>97409970</u>	Occupation : <u>HDD</u>
<p>This questionnaire will help identify if you have any health condition which may need a more detailed medical assessment as part of your fitness to work determination. If you have any queries please contact your local Health Services staff. All information provided on this form and during consultations remains strictly confidential. When further clinical evaluation is required following completion of a screening questionnaire, the details should be recorded on Q1 and E1 forms.</p>		

How likely are you to fall asleep in the following situations? (use 0 to 3 score as shown below)

- 0 Would never doze
- 1 Slight chance of dozing
- 2 Moderate chance of dozing
- 3 High chance of dozing

- sitting and reading
- watching TV
- sitting inactive in a public place (e.g. theatre or meeting)
- as a passenger in the car for an hour without a break
- Lying down to rest in the afternoon when circumstances permit
- Sitting and talking with someone
- Sitting quietly after lunch without alcohol
- In a car, while stopped for a few minutes in traffic

Total 00

If you score a total of 15 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

Declaration: I, Badar Ibraheem Mahmood Al Boushi (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: <u>DR. SANATH BUDDHIKA PRYADARSHAN</u>	Date: <u>06/03/2023</u>
<u>GENERAL PRACTITIONER</u> <u>RUSAYL HEALTH CENTRE</u> <u>MOH LIC NO. 16042</u>	

