

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



**RUSAYL HEALTH CENTRE**  
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames		AJI GANGA DHARAN (45YRS)	
Nationality		INDIAN	
Mobile No.	Home/Leave Address:	Company Number:	Reference Indicator:
79060522		1950	

**Personal Details**

A <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced /Widow(er)
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Home/Leave Address:	KERALA INDIA	Relationship to employee	No of Children: 2
		<input checked="" type="checkbox"/> Wife <input type="checkbox"/> Son <input checked="" type="checkbox"/> Daughter	

**Reason for Examination (tick as appropriate)**

Periodic Medical Examination <input checked="" type="checkbox"/>	Final / Retirement <input type="checkbox"/>	Other Reason: <input type="checkbox"/>
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**Employee only**

B Present Job and Location:	Next Job and Location:
AUTO ELECTRICIAN, TRUCKMAN, NIMR	
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.

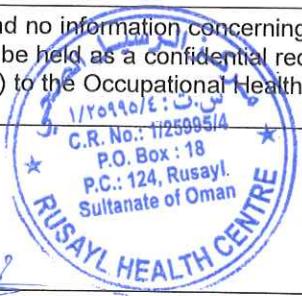
**Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' Please describe**

	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 <b>Have you had any serious allergies</b>	✓		
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: 24-04-2021

Signature of Applicant:



FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

AJJI GANGADHARAN (45 yrs.)

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 160	WEIGHT kg 65	BMI 25.39 kg/m <sup>2</sup>	B.P. 130/80 mm Hg	PULSE 54/mins.	HEARING L R	Uncorrected Corrected	DISTANT R L	NEAR R L	VISION
							6/6	6/6	
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A		
✓		1. Urinalysis						7. Audiogram	
✓		2. Hb, Bloodcount, ESR						8. Lung Function	Not done
✓		3. LFT, RFT, RBS						9. Chest X-Ray	
		4. Drug Screen				Not done		10. ECG = Transmural Inf - M9.	
✓		5. Lipids (40 years +)						11. CVS risk for 40 yrs. & above = 29%	
✓		6. Sickle Cell test				- Negative		12. HIV, Hepatitis screening	- not done

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

- = ECG = suggestive of Transmural inf M9.
- = Overweight & BMI = 25.39 kg/m<sup>2</sup>.
- = No other physical or mental abnormalities found.

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS  FIT WITH RESTRICTION  TEMPORARY UNFIT  UNFIT

Cardiac evaluation done on 28.04.2021 → Results Fit now from cardiac side  
Fit in all areas

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

Signature:

REVIEW/CONSULTATION

Ref to cardiologist for cardiac evaluation.

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

MEDICAL OFFICER

RUSAYL HEALTH CENTRE

MOH LIC NO. 555

