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

No. B14218

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
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PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames	AJI GANGADARAN
Nationality	INDIAN

Mobile No.	**Home/Leave Address:**	**Company Number:**	**Reference Indicator:**
Personal Details	AT	CIVIL ID - 102909053	

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

Home/Leave Address:	**Relationship to employee** ☐ Wife ☐ Son ☐ Daughter	No of Children:

Reason for Examination (tick as appropriate)

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

Employee only

B Present Job and Location: Medic	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?		✓		
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: 20/4/23 **Signature of Applicant:**

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RUSAYL HEALTH CENTRE
C.R. No.: 1259954, س.ت: ١٢٥٩٩٥٤
P.O. Box : 18, P.C.: 124, Rusayl
Sultanate of Oman
RS PAC MURMUL CLINIC

DR. CHIENEKA NDUKA EKEGNI
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC. NO. 19708

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RHC RUSAYL HEALTH CENTRE
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FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
✓		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	WEIGHT kg	BMI	B.P.	PULSE /mins.	HEARING	VISION
159	65.5	25.9	110/80	68	L (N) R (N)	DISTANT R 6/6 L 6/6; NEAR R N L N; Uncorrected / Corrected

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	FBS 114mg/dl			7. Audiogram
✓		2. Hb, Bloodcount, ESR	FBS 5%			8. Lung Function
✓		3. LFT, RFT, RBS				9. Chest X-Ray
	✓	4. Drug Screen		✓		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.) Borderline Hyperglycemia

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ASSESSMENT AND RECOMMENDATIONS:

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

FIT TO WORK

Date: 14/5/23 Name (Block Capitals): Dr. / Nurse [illegible] Signature: [signature]

REVIEW/CONSULTATION

Low Sugar diet
FBS in 3 month

Date: 14/5/23 Name (Block Capitals): Dr. / Nurse [illegible] Signature: [signature]

DR. [illegible] NOUKA EKEGHE
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MEDICAL NO. 19708