

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Mobile No. 93639130	Home/Leave Address:	Surname/Forenames AMJAD MEHMOOD	
		Nationality 39/m/Pakistani	Company Number: # 1952 Reference Indicator:

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:	Relationship to employee	No of Children: 4
	<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	

Reason for Examination (tick as appropriate)

Periodic Medical Examination Final / Retirement Other Reason:

Employee only

B Present Job and Location: AD Driver - Nahr	Next Job and Location: AD Driver - Truck Oman
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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	<input checked="" type="checkbox"/>		
2 Chest problems like asthma, bronchitis, other bad cough	<input checked="" type="checkbox"/>		
3 Heart abnormality, chest pains	<input checked="" type="checkbox"/>		
4 Abdominal pains, abnormal bowel motions	<input checked="" type="checkbox"/>		
5 Urogenital problems (kidney disease, menstrual disorder)	<input checked="" type="checkbox"/>		
6 Skin trouble or allergies	<input checked="" type="checkbox"/>		
7 Epileptic fits, dizzy spells or migraine	<input checked="" type="checkbox"/>		
8 History of mental illness, depression anxiety	<input checked="" type="checkbox"/>		
9 Diabetes, thyroid disease	<input checked="" type="checkbox"/>		
10 Blood disorder e.g. anaemia, blood cancer e.g. leukaemia	<input checked="" type="checkbox"/>		
11 Any history of accidents or fractures	<input checked="" type="checkbox"/>		
12 Have you had any serious allergies	<input checked="" type="checkbox"/>		
13 Do any dependants have a significant ongoing illness?	<input checked="" type="checkbox"/>		
14 Any family history of cancers	<input checked="" type="checkbox"/>		
Do you take any regular medicines, or have you taken in the past?	<input checked="" type="checkbox"/>		
Do you smoke? If yes, what and how much each day?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	occasional
Do you drink alcohol? If yes, what is your average weekly intake?	<input checked="" type="checkbox"/>		
Have you ever taken elicited/recreational drugs?	<input checked="" type="checkbox"/>		
Are you doing regular sports or physical activities?	<input checked="" type="checkbox"/>		

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.

6 July 2023

Date:

Signature of Applicant:

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									
✓	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. 110 80	PULSE /mins. 56	HEARING L (N) R (N)	Uncorrected Corrected	DISTANT R L	VISION NEAR R L		
176	80	25.8	80				1/6	6/6	6/6	
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS					N	A		
✓	1. Urinalysis	FBG 150					✓	7. Audiogram		
✓	2. Hb, Bloodcount, ESR						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.)

A Impaired fasting glucose

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

6 July 2023

DR. ROMMEL WRIGAN MELENDRS
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOHRS NO. 13982

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

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
C.R. No.: 1259954, Irottat: ١٢٥٩٩٥٤
P.O. Box: 18, P.C.: 124, Rubayat
Sultanate of Oman
SAHARA NIMR

Signature:

REVIEW/CONSULTATION

P> Diabetic diet for 3 months with monthly FBG monitoring, refer accordingly; Promote healthy life style.

Date: 6 July 2023 Name (Block Capitals): Dr. / Nurse

Signature: