

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



Surname/
Forenames

Ganesh Marthaya
Nauny.

Nationality

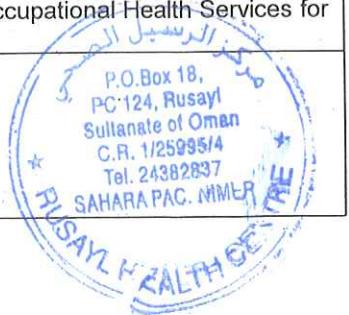
Indian

Truckman

Company Number:

1985

Reference Indicator:

Mobile No. 77977384	Home/Leave Address: 1/21/9			
Personal Details 3951/DOB - 28/07/1982 /ID - 69111247				
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)	Relationship to employee		No of Children: 03
Home/Leave Address:	<input type="checkbox"/> Wife <input type="checkbox"/> Son <input 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"/>	
Employee only				
B Present Job and Location: Crane Operator		Next Job and Location: NIMY		
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? <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.				
Date: 24/10/2021	Signature of Applicant: 			
 <p>P.O.Box 18, PC 124, Rusayl Sultanate of Oman C.R. 1/25995/4 Tel. 24382837 SAHARA PAC. NUMBER 44</p>				

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 <i>G</i>									
		2. E.N.T. <i>NAD</i>									
		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 <i>167</i>		WEIGHT kg <i>68</i>	BMI <i>24</i>	B.P. <i>112/78</i>	PULSE <i>74</i> mins.	HEARING L <i>Normal</i> R <i>Normal</i> Uncorrected Corrected	DISTANT R <i>6/6</i> L <i>6/6</i>	VISION R <i>6/6</i> L <i>6/6</i>			
N A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS <i>TC - 209</i>				N A					
✓		1. Urinalysis				✓	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 215182 on 100 fat 212 +
reduces exercise.*

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

DR. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
NINH LIC NO. 1042

27/10/2021

Date:

Name (Block Capitals): Dr. / Nurse

[Signature]
Signature:

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

