مركز الرسيل الصحي

RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

No. B15517

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

	Surname/ Forenames: SUBRAMANIYAN EMMADADAKANDI
	Nationality: INDIAN
Mobile No. 97088401 Home/Leave Address:	Company Number: Reference Indicator:
Personal Details 58 years CNIL ID - 77194868	
A ☑ Male ☐ Female	☑ Married ☐ Single ☐ Separated /Divorced /Widow(er)
Home/Leave Address:	Relationship to employee ☑ Wife ☐ Son ☐ Daughter — No of Children: 2

Reason for Examination (tick as appropriate)

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

Employee only

B Present Job and Location: HDD, TROLLOMAN | 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	✓	✓	2004 RTA (P) Surgical Operation Abdomen + (L) Upper Extremity
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: 4/7/2022 Signature of Applicant:

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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	② Surgical scar, abdomen
✓		7. Hernial Orifices	
✓		8. Anus & Rectum	
✓		9. Genito-urinary	
✓		10. Extremities	
✓	✓	11. Musculo-skeletal	④ contractures, elbow + wrist
✓		12. Skin & Varicose Vns.	
✓		13. C.N.S.	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE /mins.	HEARING	VISION
160	60	23	158/100	150/80 88	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	Total chol – 270 ↑.	✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR	HDL – 45 N			8. Lung Function
✓		3. LFT, RFT, RBS	LDL – 203 mg/dl ↑			9. Chest X-Ray
		4. Drug Screen	Total Bil – 1.3 mg/dl ↑		✓	10. ECG
	✓	5. Lipids (40 years +)	FRS – 26.7%		✓	11. CVS risk for 40 yrs. & above
		6. Sickle Cell test	ECG – RBBB, T wave inversion V1, V4			12. HIV, Hepatitis screening

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

Framingham >20%

Mild hypertension
Diastolic hypertension
Dyslipidemia
High bilirubin
Abnormal ECG

ASSESSMENT AND RECOMMENDATIONS:

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

Cardiology review / TMT / General Medicine fitness

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

C.R. No.: 1/2599314
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

REVIEW/CONSULTATION Sept 3, 2022 w/ TMT + Cardio Clearance

Pt Fit to Work; Start Telmisartan 40 mg OD, Torvast 10 mg tab OD; Weekly BP monitoring; Repeat Lipid profile on Dec 2022

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

Dr Chimuka

DR. ROMMEL WHIGAN MELENDRES
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 13982