

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE  
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames		HARITH GHABISH KHAMIS AL SADI	
Nationality		46 / M / Omani	
Company Number:		515	Reference Indicator:
cin: 10 # 5394471			

Mobile No. 9950757

Home/Leave Address:

Personal Details

A  Male  Female

Married  Single  Separated /Divorced /Widow(er)

Home/Leave Address:

Relationship to employee

Wife

Son

Daughter

No of Children: 5

Reason for Examination (tick as appropriate)

Periodic Medical Examination

Final / Retirement

Other Reason:

Employee only

B Present Job and Location:

Store man - Nimr

Next Job and Location: Store man - Truck Oman

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 your taken in the past?	<input checked="" type="checkbox"/>		
Do you smoke? If yes, what and how much each day?	<input checked="" type="checkbox"/>		
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 158	WEIGHT kg 70	BMI 28	B.P. 130 90 6 130 80	PULSE /mins. 85	HEARING L (N) R (N)	VISION								
						DISTANT Uncorrected Corrected	R 6/6	L 6/6	NEAR R 6/6	L 6/6				
N	A					LABORATORY AND OTHER SPECIAL INVESTIGATIONS			N	A				
✓		1. Urinalysis				FB S 115, SGPT 42 Trig 270					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 9.42			
✓		6. Sickle Cell test									12. HIV, Hepatitis screening			

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

As Overweight, Slightly elevated liver enzyme without clinical symptoms, triglyceridemia, impaired fasting glucose, hypertension aspect. Framingham 3-4%, low risk

## ASSESSMENT AND RECOMMENDATIONS:

## FIT ALL AREAS

1

RESTRICTION  TEMPORARY UNFIT  
**DR. ROMMEL WHIGAN MELENDRIS**  
GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE  
MOH LIC NO. 13982  
tals): Dr. / Nurse

UNFIT

ate.

Name (Block Capitals): Dr. / Nurse **MOH**

## REVIEW/CONSULTATION

► Weight management, low fat diet & exercise, monitor weight regularly, Diabetic diet for 3 months with monthly FBS, monitor BP on weekly to monthly basis, Refer accordingly.

Date: 6 July 2015 Name (Block Capitals): Dr. / Nurse

Signature: