



# مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001 - 2015 Certified Co.

No. B **08275**

## 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 KHANIS AL SADI
Nationality	OMANI
Company Number:	515 TRUCK COMPANY
Reference Indicator:	

Mobile No:	99510757
Home/Leave Address:	

Personal Details Age 44, DOB - 19/02/1977 Civil ID - 5394471

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 KEEPER / NIMR 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.

DR. INNOCENT IFEANYI NWOKEDIUKO  
GENERAL PRACTITIONER  
Date: 12/09/2021  
RUSAYL HEALTH CENTRE  
MED. LIC. NO. 20062

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.	PULSE /mins.	HEARING	VISION			
150	72	29.6	110 80	84	L N R N	DISTANT		NEAR	
						R	L	R	L
						Uncorrected	6/6	6/6	6/6
						Corrected	6/6	6/6	6/6

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
✓		1. Urinalysis		7. Audiogram
✓		2. Hb, Bloodcount, ESR		8. Lung Function
✓		3. LFT, RFT, RBS		9. Chest X-Ray
		4. Drug Screen MA	✓	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.)

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS     FIT WITH RESTRICTION     TEMPORARY UNFIT     UNFIT

Date:

DR. INNOCENT IFEANYI NWOKEDIUKO  
GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE  
MOH LIC NO: 20002

Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature: