



مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

No. B **16740**

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/ Forenames	KHAMIS MAS'UD SAID AL HAMAIRI		
Nationality	48/M/Omani		
Company Number:	# 895	Reference Indicator:	

Mobile No. 92249188	Home/Leave Address:
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Company Number:	# 895	Reference Indicator:	
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Personal Details

civil ID # 3073429

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:
Asst Supervisor - Nimr

Next Job and Location: **Asst Supervisor - ~~ASST~~ 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	☒		
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?		☒	① HTN - on HTN meds ② DM2 - on OHA
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 .

6 July 2023

Date:

Signature of Applicant:

[Signature]



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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
✓		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	HEARING	VISION
171	85	29.1	150 80 6/130 80	78 /mins.	L (N) R (N)	DISTANT NEAR Uncorrected Corrected
						R L R L
						6/6 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	FBs 120			9. Chest X-Ray
		4. Drug Screen		✓		10. ECG
✓	✓	5. Lipids (40 years +)	Trig 221	✓		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.)

A1 Overweight, (Impaired fasting glucose), Hypertension (suspect),
Triglyceridemia, Framingham 9.42, low-risk; DM T2 medication

ASSESSMENT AND RECOMMENDATIONS:

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

6 July 2023

DR. ROMMEL WHIGAN MELENDES
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOBILE NO. 13982

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

Signature:

REVIEW/CONSULTATION

p> Weight management, diabetic diet x 3 months with monthly FBs
monitoring; Monitor BP on weekly to monthly basis, low fat diet
Repeat lipid profile on Nov 2023; Monitor weight regularly, exercise.
continue medication

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

Signature:

6 July 2023