

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames		AZZAN AZIZ MOHAMMED AL SAEBAM	
Nationality		OMAN	
Mobile No.	99783995	Home/Leave Address:	Company Number: 603 1569732
		Reference Indicator: GNIL ID: 1569732	

Personal Details

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)
Home/Leave Address:	Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter
No of Children: 7	

Reason for Examination (tick as appropriate)

Periodic Medical Examination Final / Retirement Other Reason:

Employee only

B Present Job and Location: SUPERVISOR, TRUCK OMAN	Next Job and Location:
Are you a registered person with special needs? <input type="checkbox"/>	Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>

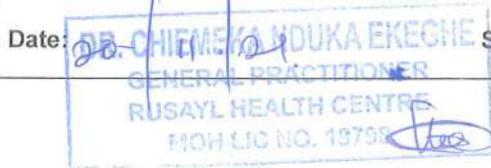
Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.

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		✓	Anti Diabetic/oral hypoglycemic medication
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?		✓	Smoked shisha
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: 20.09.2016 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	pupil reacts to light
✓		2. E.N.T.	NO ear pain or discharge
✓		3. Teeth & Mouth	NO Cavity
✓		4. Lungs & Chest	VBG. no added sounds
✓		5. Cardiovascular System	# Systolic only
✓		6. Abdo. Viscera	LoSOX
✓		7. Hernial Orifices	NO Hernia
✓		8. Anus & Rectum	NO Rectal prolapse
✓		9. Genito-urinary	NO loin pain
✓		10. Extremities	Symmetrical
✓		11. Musculo-skeletal	NO muscle or bone aches
✓		12. Skin & Varicose Vns.	NO Rash
✓		13. C.N.S.	well oriented

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE /mins.	HEARING L (N) R (N)	VISION	
						DISTANT R L	NEAR R L
167	76	27	140/90	70-	Uncorrected Corrected	6/6 6/6	6/6 6/6

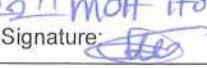
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
✓		1. Urinalysis		7. Audiogram
✓		2. Hb, Bloodcount, ESR		8. Lung Function
✓		3. LFT, RFT, RBS		9. Chest X-Ray
✓		4. Drug Screen		10. ECG
✓		5. Lipids (40 years +)		11. CVS risk for 40 yrs. & above
		6. Sickle Cell test		12. HIV, Hepatitis screening

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

Uncontrolled Blood Sugar
Dyslipidemia

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

FTT Cardiology clearance TMT not required
TMT negative Beta Scans 13/4/22
Glu Med FBS over 23/5/22 Mott Hospital FBS 6.9 mmol/L
Date: 12/6/2022 Name (Block Capitals): Dr. / Nurse OTIEMEKA Signature: 

REVIEW/CONSULTATION was given Metform 800mg TID 90g
Glibenclamide 2.5mg OD 90g
Monthly FBS
Date: 12/6/2022 Name (Block Capitals): Dr. / Nurse OTIEMEKA Signature: 