مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

#605

No. B 08464

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames	AZAN AZIZ MOHAMMED AL SHEIBANI
Nationality	OMANI.
Mobile No. 99783913 Home/Leave Address:	Company Number: 603 569732 Reference Indicator:
Personal Details	CIVIL ID # 1569732
A ☑ Male ☐ Female	☑ Married ☐ Single ☐ Separated /Divorced /Widow(er)
Home/Leave Address:	Relationship to employee ☐ Wife ☐ Son ☐ Daughter — No of Children: 7

Reason for Examination (tick as appropriate)

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

nployee only

B Present Job and Location: SUPERVISOR, TRUCK OMAN	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	✓		
	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 your taken in the past?			✓	
Do you smoke? If yes, what and how much each day?		✓	✓	Smoker Shisa
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: 28.11.21

DR. CHIEMEKA NDUKA EKECHE
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 19798

Signature of Applicant:

C.R. No.: 1/259935/4
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

RHC مـركـز الرسـيـل الصـحـي
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No. B08464

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 caries
✓		4. Lungs & Chest	VBS. NO added sounds
✓		5. Cardiovascular System	HS 1+2 only
✓		6. Abdo. Viscera	LOSOK's
✓		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 swelling
✓		12. Skin & Varicose Vns.	NO Rash
		13. C.N.S.	well oriented

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

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
	✓	1. Urinalysis	Sugar in Urine 2+			7. Audiogram
✓		2. Hb, Bloodcount, ESR	T. chol (220 (5.6979 mmol/L) HDL 40 (1.036 mmol/L)			8. Lung Function
	✓	3. LFT, RFT, RBS	FBS-249 mg/dl			9. Chest X-Ray
		4. Drug Screen	Framingham 29.4%	✓		10. ECG
	✓	5. Lipids (40 years +)	ECG Normal			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

Fit

Cardiology clearance TMT required

TMT - Negative Badr Samp 13/4/22

Gen Med FTW given - 23/5/22 MOH Hospital FBS-6.9 mg/dl

Date: 12/6/2022 Name (Block Capitals): Dr. / Nurse CHIEMEKA Signature: [signature]

REVIEW/CONSULTATION was given Metformin 500mg TID 90/7

Glibenclamide 2.5mg OD 90/7

Monthly FBS

Date: 12/6/2022 Name (Block Capitals): Dr. / Nurse CHIEMEKA /FOBY Signature: [signature]

DR. CHIEMEKA NDUKA EKECHE
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 1379[illegible]

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