



مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001 - 2015 Certified Co.

No. B 09641

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE
ISO 9001 - 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/ Forenames	Nasser Said Khataf Al Naabi
Nationality	Omani
Company Number:	10035
Reference Indicator:	Truckman

Mobile No. 99285822	Home/Leave Address: Muslat
Personal Details 37y	DOB: 29,02,1984 ID: 3466514

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: -	

Reason for Examination (tick as appropriate)

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

Employee only

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

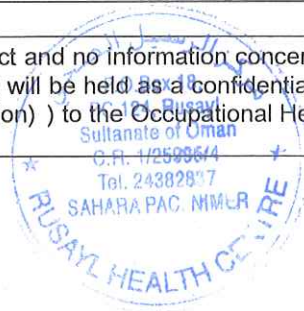
Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.

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			
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?		<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.

Date: 17/10/2021	Signature of Applicant:
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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
174		155	51.2	130 88	68 mins.	L Normal R Normal	DISTANT R L NEAR R L Uncorrected Corrected
							6/6 6/6
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A
		1. Urinalysis					
		2. Hb, Bloodcount, ESR					
		3. LFT, RFT, RBS					
		4. Drug Screen					
		5. Lipids (40 years +)					
		6. Sickle Cell test					
		7. Audiogram					
		8. Lung Function					
		9. Chest X-Ray					
		10. ECG					
		11. CVS risk for 40 yrs. & above					
		12. HIV, Hepatitis screening					
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)							
<p>Azise2 on strict Diet control/restriction Regular Exercise, FBS/BD-check monthly.</p>							
ASSESSMENT AND RECOMMENDATIONS:							
<input type="checkbox"/> FIT ALL AREAS <input type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT							
<p>DR. SANATH BUDDHIKA PRIYADARSHAN GENERAL PRACTITIONER RUSAYL HEALTH CENTRE SAHARA PAC. NIMLR 16042</p>							
<p>Date: 18/10/2021 Name (Block Capitals): Dr. / Nurse</p>							
REVIEW/CONSULTATION							
<p>Date: Name (Block Capitals): Dr. / Nurse Signature:</p>							

