



مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

No. B14882

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/Forenames: Talal Said Humaid	
Nationality: Omani	
Mobile No: 926/7076	Home/Leave Address: Sharmy 37y
Company Number: 10016 Reference Indicator: 77777777	
Personal Details: 37y 170cm - 31,03,1986 ID - 18603146	

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: **RMS** Next Job and Location: **NIMN**

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
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 .

Date: **08/06/2023** Signature of Applicant: **Talal**



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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
172	67	22.6	110/84	76/min.	L <i>mm</i> R <i>mm</i>	DISTANT R <i>6/6</i> NEAR R <i>6/6</i>
					Uncorrected Corrected	

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. Sickie Cell test				12. HIV, Hepatitis screening

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

A. Essentially Normal findings

ASSESSMENT AND RECOMMENDATIONS:

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

Date: 10 June 2023 Name (Block Capitals): Dr. / Nurse Signature: *[Signature]*

DR. ROMMEL WINGAN MELENDRES
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 13982

REVIEW/CONSULTATION

P. Continue healthy lifestyle

Date: 10 June 2023 Name (Block Capitals): Dr. / Nurse

Signature:

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RUSAYL HEALTH CENTRE
P.O. Box: 1259954, 1259954
P.O. Box: 18, P.C.: 124, Rusayl
Sultanate of Oman
SAHARA NIMR