

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE
ISO 9001: 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Mobile No. 98281953 Home/Leave Address: Company Number: Truck Oman Reference Indicator:

Personal Details

A ☒ Male ☐ Female

☒ Married ☐ Single ☐ Separated /Divorced /Widow(er)

Home/Leave Address:

Relationship to employee

☐ Wife ☐ Son ☐ Daughter

No of Children: 1

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☒

Final / Retirement ☐

Other Reason ☐

Employee only

B Present Job and Location:

HDB at Rahja

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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1 Ear, nose, eye or throat problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 Chest problems like asthma, bronchitis, other bad cough	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3 Heart abnormality, chest pains	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Abdominal pains, abnormal bowel motions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5 Urogenital problems (kidney disease, menstrual disorder)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Skin trouble or allergies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Epileptic fits, dizzy spells or migraine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8 History of mental illness, depression anxiety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9 Diabetes, thyroid disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10 Blood disorder e.g. anaemia, blood cancer e.g. leukaemia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Any history of accidents or fractures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12 Have you had any serious allergies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13 Do any dependants have a significant ongoing illness?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14 Any family history of cancers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Do you take any regular medicines, or have you taken in the past?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Amangl 2mg / 500mg 1 tab po OD
Do you smoke? If yes, what and how much each day?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Do you drink alcohol? If yes, what is your average weekly intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Have you ever taken elicited/recreational drugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	nothing everyday

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

October 2, 2021

Date:

Signature of Applicant:

DR. EUGENE R. LOPEZ
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 13458

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE

ISO 9001-2015 Certified Co.

No. B 4721

John Ghulam Hatatov 54%
ID No. 79145806

COMPLETION BY EXAMINING DOCTOR OR NURSE

for details of medical history and recreational activities

N = Normal A = Abnormal (please describe)		PHYSICAL EXAMINATION	
✓	1. Eyes & Pupils	ERTL, pink palpebral conjunctiva	
✓	2. E.N.T.	Unremarkable	
✓	3. Teeth & Mouth	Dental caries	
✓	4. Lungs & Chest	PCE, clear & BLF @ crackles	
✓	5. Cardiovascular System	Adynamic precordium AB 5th ICR MCL @ murmur	
✓	6. Abdo. Viscera	Mildly abdomen, non-tender	
✓	7. Hernial Orifices	Unremarkable	
✓	8. Anus & Rectum	Unremarkable	
✓	9. Genito-urinary	Unremarkable	
✓	10. Extremities	++ pulse full and equal	
✓	11. Musculo-skeletal	No deformities	
✓	12. Skin & Varicose Vns.	No active skin lesions	
✓	13. C.N.S.	Unremarkable	

HEIGHT cm	WEIGHT kg	BMI	B.P. mmHg	PULSE /mins.	HEARING L (N) R (R)	VISION	
						DISTANT	NEAR
167	78	27	125/80	75		Uncorrected 6/6	6/6

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
✓	1. Urinalysis	FBC 176 mg/dL	✓	7. Audiogram (Mild hearing loss, R)
✓	2. Hb, Bloodcount, ESR	TG 220		8. Lung Function
✓	3. LFT, RFT, RBS	TC 224		9. Chest X-Ray
	4. Drug Screen	LDL 140	✓	10. ECG Normal
	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.)

- ① Improve diet. Exercise regularly. Lose extra weight
② continue maintenance medication for T2DM
③ For repeat FBC, lipid profile test after 3 months

Mild Hearing Loss, Right EAR
Overweight (BMI 27)
T2DM
FRC 11.2%

ASSESSMENT AND RECOMMENDATIONS:

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

FIT TO WORK
AT HDD

October 2, 2011

Date Name (Block Capitals): Dr / Nurse

REVIEW/CONSULTATION

October 2, 2011

Date Name (Block Capitals): Dr / Nurse



DR. EUGENE R. LOPEZ
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 13458

Signature

Fitness to Work Certificate for Drivers

Employee Data		Date: <u>October 2, 2021</u>	
Name: <u>Noor Khan Ghulam Haider</u>		Department/Company: <u>TRUCK OMNI</u>	
I.D. NO: <u>79145806</u>	Age: <u>54</u>	Occupation: <u>Heavy Vehicle Driver</u>	
Mark those applying ✓			
Type of Medical Evaluation		A7- Professional driving-light vehicles	
A5- HVD- Crane or forklift driving & all heavy vehicles		✓	
Health Advisor Statement: The above named person has been examined according to the statements laid down in "Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work". At this time his/her fitness to work status for the above tasks is as follows.			
Fit with no restrictions			
Fit with following restriction(s)			
The employee is fit for above work but should avoid the following task(s)	Temporary restriction	Permanent restriction	
Work near moving machinery or sharp edges			
Operate Heavy motor vehicles, forklifts or heavy machinery			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			
DR. EUGENE R. LOPEZ MEDICAL OFFICER RUSAYL HEALTH CENTRE MOH LIC NO. 13453		Date: <u>Oct. 2, 2021</u>	
Name of health advisor		Signature: 	