

مركز الرسيل الصحي
RHC RUSAYL HEALTH CENTRE

ISO 9001-2015 Certified Co.

No. B 4721

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:	Surname/ Forenames: Noor Khan Cholam HATIKA
		Civil ID No. 79145806

Nationality Pakistani	54 %
Company Number: TRUCK OWNER	Reference Indicator:

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: 1

Reason for Examination (tick as appropriate)

Periodic Medical Examination <input checked="" type="checkbox"/>	Final / Retirement <input type="checkbox"/>	Other Reason <input type="checkbox"/>
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Employee only

B Present Job and Location: HDD at Rahja	Next Job and Location:
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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.

		N	Y	(yes) in the column. If 'Y' Please describe
Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?		<input checked="" type="checkbox"/>		
1	Ear, nose, eye or throat problems	<input checked="" type="checkbox"/>		
2	Chest problems like asthma, bronchitis, other bad cough	<input checked="" type="checkbox"/>		
3	Heart abnormality, chest pains	<input checked="" type="checkbox"/>		
4	Abdominal pains, abnormal bowel motions	<input checked="" type="checkbox"/>		
5	Urogenital problems (kidney disease, menstrual disorder)	<input checked="" type="checkbox"/>		
6	Skin trouble or allergies	<input checked="" type="checkbox"/>		
7	Epileptic fits, dizzy spells or migraine	<input checked="" type="checkbox"/>		
8	History of mental illness, depression anxiety	<input checked="" type="checkbox"/>		
9	Diabetes, thyroid disease	<input checked="" type="checkbox"/>		
10	Blood disorder e.g. anaemia, blood cancer e.g. leukaemia	<input checked="" type="checkbox"/>		
11	Any history of accidents or fractures	<input checked="" type="checkbox"/>		
12	Have you had any serious allergies	<input checked="" type="checkbox"/>		
13	Do any dependants have a significant ongoing illness?	<input checked="" type="checkbox"/>		
14	Any family history of cancers	<input checked="" type="checkbox"/>		
Do you take any regular medicines, or have you taken in the past?		<input checked="" type="checkbox"/> Almarst 2 WP/ 500 mg, 1 tab po OD		
Do you smoke? If yes, what and how much each day?		<input checked="" type="checkbox"/>		
Do you drink alcohol? If yes, what is your average weekly intake?		<input checked="" type="checkbox"/>		
Have you ever taken elicited/recreational drugs?		<input checked="" type="checkbox"/>		
Are you doing regular sports or physical activities?		<input checked="" type="checkbox"/> walking everyday		

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

06/21

Date:

Signature of Applicant:

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



مركز الرسيل الصحي **RUSAYL HEALTH CENTRE**

han Ghulam Haider 54%
11 ID No. 79145806

ISO 9001- 2015 Certified Co.

No. B 4721

COMPLETION BY EXAMINING DOCTOR OR NURSE

for details of medical history and recreational activities

N = Normal A = Abnormal (please describe)		PHYSICAL EXAMINATION									
N	A	1. Eyes & Pupils		ERTL, pink palpebral conjunctiva							
✓		2. E.N.T.		Unremarkable							
✓		3. Teeth & Mouth		Bruxism, caries (CE, clear or BLF) crackles							
✓		4. Lungs & Chest		Adynamic precordium at 5th ICS TEC & murmur							
✓		5. Cardiovascular System		Flat belly abdomen, non-tender							
✓		6. Abdo. Viscera		Unremarkable							
✓		7. Hernial Orifices		Unremarkable							
✓		8. Anus & Rectum		Unremarkable							
✓		9. Genito-urinary		Unremarkable							
✓		10. Extremities		HT pulse full and equal							
✓		11. Musculo-skeletal		No deformities							
✓		12. Skin & Varicose Vns.		No active skin lesions Unremarkable							
✓		13. C.N.S.									
HEIGHT cm 107		WEIGHT kg 78	BMI 27	B.P. 125 80	PULSE 75 1mins.	HEARING L (N) R (N)	VISION				
						Uncorrected Corrected	DISTANT R 6/6 L 6/6	NEAR R 6/6 L 6/6			
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A				
✓		FBC 126 mg/dL				✓		7. Audiogram (Mild hearing loss, R)			
✓		TG 220						8. Lung Function			
✓		TC 224						9. Chest X-Ray			
✓		LDL 140						10. ECG Normal			
✓		5. Lipids (40 years +)						11. CVS risk for 40 yrs. & above			
✓		6. Sickle Cell test						12. HIV, Hepatitis screening			
<p>OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour etc.)</p> <p>① Improve diet. Exercise regularly. Lose weight ② Continue maintenance medication for T2DM ③ For repeat FBC, lipid profile test after 3 months</p> <p>Mild Hearing Loss, Right Ear Overweight (BMI 27) T2DM FBS 11.2%</p>											
<p>ASSESSMENT AND RECOMMENDATIONS:</p> <p><input checked="" type="checkbox"/> FIT ALL AREAS <input type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT</p> <p>FIT TO WORK AT HDD</p>											
<p>October 2, 2021</p> <p>Name (Block Capitals): Dr. / Nurse</p> <p>Signature:</p>											
<p>REVIEW/CONSULTATION</p>											



Fitness to Work Certificate for Drivers

Employee Data		Date: <i>October 2, 2021</i>
Name: Noor Khan Ghulam Haider I.D. NO: 79145806		Department/Company: TRUCK Driver Occupation: Heavy Vehicle Driver
Age: 54		Mark those applying
A5- HVD- Crane or forklift driving & all heavy vehicles		<input checked="" type="checkbox"/> A7- Professional driving-light vehicles
<p>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.</p>		
Fit with no restrictions		
Fit with following restriction(s)		
<i>The employee is fit for above work but should avoid the following task(s)</i>	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. 13458		
Name of health advisor	Signature	Date

Oct. 2, 2021