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

No. B 07927

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RHC RUSAYL HEALTH CENTRE
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PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames	SAID SALIM SAIF (40 YM)
Nationality	OMANI
Mobile No. 92224372 / Home/Leave Address:	Company Number: 6117 Reference Indicator:
Personal Details	DOB - 15-07-1981
A ☑ Male ☐ Female	☑ Married ☐ Single ☐ Separated /Divorced /Widow(er)
Home/Leave Address: MUDAIBI OMAN	Relationship to employee: ☐ 1 Wife ☑ 2 Son ☑ 3 Daughter — No of Children: 5

Reason for Examination (tick as appropriate)

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

Employee only

B Present Job and Location:	Next Job and Location:
DRIVER HEAVY, TRUCK OMAN.	NIMR

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	✓		
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?		✓		

مركز الرسيل الصحي ش.م.م C.R. No.: 1/25995/4 P.O. Box : 18 P.C.: 124, Rusayl RUSAYL HEALTH CENTRE

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: 05-07-2021 **Signature of Applicant:**

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FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities: SAID SAHM SAIF (40 yrs)

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	DISTANT R	DISTANT L	NEAR R	NEAR L
163	59	22.21 Kg/m²	100/70 mmHg	72 /mins.	L N R N	Uncorrected	6	6	6	6
						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~~ FBS				9. Chest X-Ray — Not done
		4. Drug Screen	— Not done	✓		10. ECG
✓		5. Lipids (40 years +)		✓		11. CVS risk for 40 yrs. & above = 0.9%
✓		6. Sickle Cell test	— Negative			12. HIV, Hepatitis screening — Not done

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

- No physical or mental abnormality found.

ASSESSMENT AND RECOMMENDATIONS:

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

مركز الرسيل الصحي
س.ت: ١/٢٥٩٩٥/٤
C.R. No.: 1/25995/4
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

05-07-2021 DR. MOHD HARUN AR RASHID

Date: Name (Block Capitals): Dr. / Nurse Signature:

DR. MOHAMMAD HARUN AR RASHID
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 555

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr. / Nurse Signature: