



ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/Forenames: Salim Sabayah Rashid Masoud Al Donyaki
Nationality: Omani
Company Number: 8077 Reference Indicator: Truck over

Mobile No: 99517889 Home/Leave Address: Kabil

Personal Details: 41y 1 DOB: 03,05,1980 ID: 9584675
A Male Female Married Single Separated /Divorced /Widow(er)

Home/Leave Address: Relationship to employee: Wife Son Daughter No of Children: 03

Reason for Examination (tick as appropriate)
Periodic Medical Examination Final / Retirement Other Reason:

Employee only
B Present Job and Location: Helper Next Job and Location: Musun

Are you a registered person with special needs? Do you belong to any Medical Insurance Scheme?

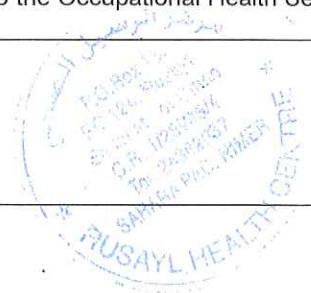
Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.

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"/>	
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 your taken in the past?		<input checked="" type="checkbox"/>	
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"/>	

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: 16/05/2021 Signature of Applicant: [Signature]





مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

No. B07030

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.

NAD

HEIGHT cm 171	WEIGHT kg 76	BMI 26	B.P. 126/86	PULSE 64 mins.	HEARING L Normal R normal	DISTANT R L Uncorrected 6/6 Corrected 6/6	VISION R L 6/6
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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		
		LDL - 132		
		HDL - 39.79		
				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.)
 A rise in low fat diet, regular exercise, corona production.

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

Date: 16/05/2021 Name (Block Capitals): Dr. / Nurse Signature:

DR. SANATH BUDDHIKA PRIYADAKSINI
 GENERAL PRACTITIONER
 RUSAYL HEALTH CENTRE
 MOBILE NO. 16042



REVIEW/CONSULTATION

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