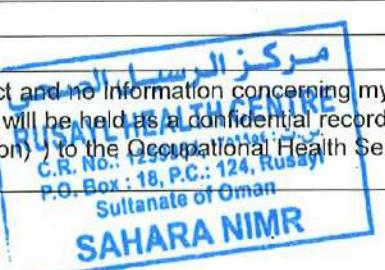


ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Mobile No. 9543778	Home/Leave Address: Surwai	Company Number: 8143	Reference Indicator: 7777777777
Personal Details A <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced /Widow(er) 45y DOB - 28/03/1978 /FD - 7667345			
Home/Leave Address:	Relationship to employee		No of Children:
Reason for Examination (tick as appropriate) Periodic Medical Examination <input checked="" type="checkbox"/> Final / Retirement <input type="checkbox"/> Other Reason: <input type="checkbox"/>			
Employee only B Present Job and Location: Helper Next Job and Location: NIMR Are you a registered person with special needs? <input type="checkbox"/> Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>			
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 you 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.			
 RUSAY HEALTH CENTRE C.R. NO. 1234567890 P.O. Box: 18, P.C.: 124, Rusay Sultanate of Oman SAHARA NIMR			
05/02/2023		Signature of Applicant:	
Date:			

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

				PHYSICAL EXAMINATION					
N	A								
		1. Eyes & Pupils		2					
		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 158	WEIGHT kg 76	BMI 30	B.P. 126/86	PULSE 78/mins.	HEARING L Normal R Normal Uncorrected Corrected	DISTANT R 6/ L 6/	VISION NEAR R 6/ L 6/		
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. Sickle Cell test						12. HIV, Hepatitis screening	

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

A 25yo male on creatine 702ml/dl

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

DR. SANATH BUDDHIKA PRIYADARSHAN

05/02/2023

GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOBILE NO. 16942

REVIEW/CONSULTATION

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

Signature:



Signature: