

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/
Forenames

Saif Rashid Salim

Nationality

AI, Hanai.

OMANI

Arabic name

Company Number:

8057

Reference Indicator:

1D - 20,05,1983 1D - 14663999

Mobile No: 95063731

Home/Leave Address:

Bahig

Personal Details

38y

1 DSB

Male Female

Married

Single

Separated /Divorced /Widow(er)

Home/Leave Address:

Relationship to employee

Wife

Son

Daughter

No of Children: 02

Reason for Examination (tick as appropriate)

Periodic Medical Examination

Final / Retirement

Other Reason:

Employee only

B Present Job and Location:

Next Job and Location:

NIMY

Are you a registered person with special needs?

Do you belong to any Medical Insurance Scheme?

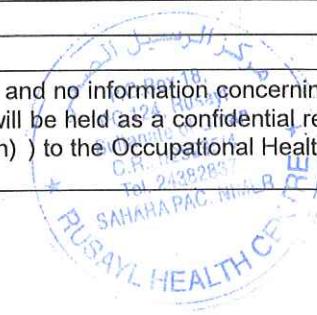
Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.

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 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.

Date:	Signature of Applicant:
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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.											
HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE mins.	HEARING L R	Normal Normal Uncorrected Corrected	DISTANT R L	VISION R L	NEAR R L				
174	74	24.4	122/80	74			6/6	6/6	6/6				
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.)

NAD

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

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

01/11/2021

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

Signature:

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

