

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/Forenames: *khadija Salim, Hadi, Iman, Faruha*
Nationality: *Qatari*

Mobile No. <i>92764772</i>	Home/Leave Address: <i>47g 1D03 - 05, 10, 1977</i>	Company Number: <i>8053</i>	Reference Indicator: <i>PRUHAN</i>
Personal Details <i>47g 1D03 - 05, 10, 1977</i>		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced /Widow(er)	
Home/Leave Address:		<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	No of Children:

Reason for Examination (tick as appropriate)

Periodic Medical Examination Final / Retirement Other Reason:

Employee only

B Present Job and Location: <i>IT Clinics</i>	Next Job and Location: <i>Nimr</i>
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	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?		<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.

08/06/2023

Date:

Signature of Applicant:

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	9							
	2. E.N.T.								
	3. Teeth & Mouth								
	4. Lungs & Chest								
	5. Cardiovascular System	N/A							
	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	Uncorrected	DISTANT R. L.	VISION NEAR R. L.	
167	88	31.6	110/82	61	Normal Normal		6/6	6/6	
					Corrected				
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A		
✓	1. Urinalysis	FBs 181 trig 218. TC 231 LDL 131						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.)

Ans: Obesity, Elevated Fasting glucose, Rule out DM T2.
Dyslipidemia, Framingham 5.6% low-risk

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

Dr. Buddhi

10 June 2023

Date:

Name (Block Capitals): Dr. / Nurse

DR. ROMMEL WRIGAN MELENDRES
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 13982

رسيل الصحي
RUSAYL HEALTH CEN.
C.R. No.: 1259954, 1704101
P.O. Box: 18, P.C.: 1'4, Rus.
Sultanate of Oman

REVIEW/CONSULTATION

Ans: Weight management; Monitor weight regularly; DASH diet, low fat diet + Exercise; Start Metformin 500mg OS, Start Torvont 100mg OS; Repeat lipid profile after 3 months monitor FBs monthly, Refer acedgyl

Date:

Name (Block Capitals): Dr. / Nurse

10 June 2023