

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/
Forenames

KHALID SALEH SALIM (44yrs)

Nationality

OMANI

Mobile No. 92764772

Home/Leave Address:

Company Number:

8053

Reference Indicator:

DOB - 05/10/1977

Personal Details

A Male Female

Married Single Separated /Divorced /Widow(er)

Home/Leave Address: MUSCAT OMAN

Relationship to employee

Wife

Son

Daughter

No of Children: 1 NA

Reason for Examination (tick as appropriate)

Periodic Medical Examination

Final / Retirement

Other Reason:

Employee only

B Present Job and Location:

HELPER, TRUCK OMAN

Next Job and Location:

NIMR

Are you a registered person with special needs?

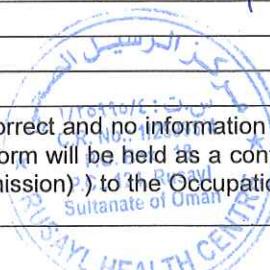
Do you belong to any Medical Insurance Scheme?

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 you taken in the past?			✓	
Do you smoke? If yes, what and how much each day?			✓	3 sticks / 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: 13-06-2021

Signature of Applicant:

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

KHALID SAIF SALIM (44 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. 140/ 90 kg/m ² mmHg	PULSE 78 /mins.	HEARING L R	Uncorrected Corrected	VISION	
							DISTANT R L	NEAR R L
169	83	29.06					6/6	6/6

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
✓		1. Urinalysis		
✓		2. Hb, Bloodcount, ESR		
✓	✓	3. LFT, RFT, RBS FBS		
		↑ FBS Not done		
		4. Drug Screen		
	✓	5. Lipids (40 years +)		
✓		6. Sickle Cell test		
		↑ T Chol - Negative		
				7. Audiogram
				8. Lung Function
				9. Chest X-Ray
			✓	10. ECG
			✓	11. CVS risk for 40 yrs. & above = 42%
				12. HIV, Hepatitis screening - Not done

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

- Overweight
BMI = 29.06 kg/m²
- Smoker [3 sticks / day], Hypercholesterolemia (T.Chol = 221 mg/dl) R.adm
- IFC = ↑ FBS = 115 mg/dl. Adv. Risk FBS and Rx. accordingly.
- No other physical or mental abnormality found.

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

013-06-2021 DR. MOHD HARUN AR RASHID

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



REVIEW/CONSULTATION

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

Signature:

DR. MOHAMMAD HARUN AR RASHID

MEDICAL OFFICER

RUSAYL HEALTH CENTRE

MOH LIC NO. 555

Signature: