

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE  
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/  
Forenames

Mohammed Khalifa

Nationality

AI Harrasi

OMAN

Trukoman

Company Number:

8073

Reference Indicator:

Mobile No.	95549751	Home/Leave Address:	319 Nizwa		
Personal Details		1 D03 - 09, 01, 1991			ID- 11532597
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)			
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 <input checked="" type="checkbox"/>		Final / Retirement <input type="checkbox"/>		Other Reason: <input type="checkbox"/>	
Employee only					
B Present Job and Location:		Next Job and Location: Nizwa			
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.					
Date:		08/06/2023			
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										
		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 b/mins.	HEARING L R	N NR Uncorrected Corrected	DISTANT R L	VISION NEAR R L
165	73	26.8	110/78	66	N NR Uncorrected Corrected		R 6/6 L 6/6	R 6/6 L 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.)

A. Essentially Normal findings

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS

FIT WITH RESTRICTION

TEMPORARY UNFIT

UNFIT

10 June 2023

DR. ROKMESH WHIGAN METENDES  
GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE  
MOH NO. 13982

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION

P. Continue healthy lifestyle

Date:

Name (Block Capitals): Dr. / Nurse

