

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE  
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Mobile No. 99566335

Home/Leave Address:

Surname/Forenames		KHALID SAM KHALIFA	
Nationality		AL QURAINI	
Company Number:		45/M/ Oman	Reference Indicator: 6059

Personal Details

A  Male  Female  Married  Single  Separated /Divorced /Widow(er)

Home/Leave Address: Relationship to employee  
 Wife  Son  Daughter No of Children: 5

Reason for Examination (tick as appropriate)

Periodic Medical Examination  Final / Retirement  Other Reason:

Employee only

B. Present Job and Location:

Supervisor - Ning

Next Job and Location:

Supervisor - Truck Oman

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:

11 June 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	Physical Examination
✓		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	VISION			
						DISTANT		NEAR	
R L		R L							
171	70	23.9	100/60	59	N N	Uncorrected		6/6	
						Corrected		6/6	

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
✓	1. Urinalysis	Hgb 13.8 RBS 121		7. Audiogram
✓	2. Hb, Bloodcount, ESR			8. Lung Function
✓	3. LFT, RFT, RBS			9. Chest X-Ray
✓	4. Drug Screen		✓	10. ECG SB @ 47 → 59
✓	5. Lipids (40 years +)		✓	11. CVS risk for 40 yrs. & above 5.6%
✓	6. Sickle Cell test			12. HIV, Hepatitis screening

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

A. Impaired fasting glucose; mild anaemia  
Framingham 5.62%, low-risk

## ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS

WITH RESTRICTION | TEMPORARY  
**DR. ROMMEZ WHIGAN MELINDRES**  
GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE  
MOH LIC NO. 13982  
Capitals): Dr. / Nurse

Date:

Name (Block Capitals): Dr. MOH

UNFIT

مركز الرسيل الصحي  
RUSAYL HEALTH CENTRE  
C.R. No.: 1259954 | ترخيص: ١٢٥٩٩٥٤  
P.O. Box: 18, P.C.: 124, Rusayl  
Sultanate of Oman

## REVIEW/CONSULTATION

B. Diabetic diet for 3 months; consume Iron-rich food or  
Iron supplement tablet daily for 3 months; Monitor FBS  
monthly; Repeat CBC after 3 months

Date:

monthly; Re-

3 m  
Signature:

11 June 2023