



# مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

No. B14896

## ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



**RUSAYL HEALTH CENTRE**  
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Mobile No. <b>99566335</b>	Home/Leave Address:	Surname/ Forenames <b>KHALID SAUD KHALIFA AL QURAINI</b>	Nationality <b>45/M/ Oman</b>	Company Number: <b>6059</b>	Reference Indicator:
Personal Details		Cine ID # <b>7968214</b>			

A <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced /Widow(er)
Home/Leave Address:	Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter
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: <b>Supervisor - Nitr</b>	Next Job and Location: <b>Supervisor - Truck Oman</b>
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 your 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:

*[Signature]*





# مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

No. B 14896

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

HEARING

VISION

171

70

23.9

100  
60

/mins.  
59

L (N)  
R (N)

DISTANT

NEAR

R L

R L

Uncorrected  
Corrected

6/6 6/6

6/6 6/6

N

A

## LABORATORY AND OTHER SPECIAL INVESTIGATIONS

N

A

1. Urinalysis
2. Hb, Bloodcount, ESR
3. LFT, RFT, RBS
4. Drug Screen
5. Lipids (40 years +)
6. Sickel Cell test

Hgb 13.8  
FBS 121

7. Audiogram

8. Lung Function

9. Chest X-Ray

10. ECG SB @ 47 → 59

11. CVS risk for 40 yrs. & above 5.6%

12. HIV, Hepatitis screening

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

A Impaired fasting glucose; mild anemia  
Framingham 5.6%, low-risk

## ASSESSMENT AND RECOMMENDATIONS:

☒ FIT ALL AREAS

☐ FIT WITH RESTRICTION

☐ TEMPORARY UNFIT

☐ UNFIT

11 June 2013

DR. ROMMEZ WHIGAL MELENDRES  
GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE  
MOH LIC NO. 13982

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

مركز الرسيل الصحي  
RUSAYL HEALTH CENTRE  
C.R. No.: 1259054, Treated: 10/10/13  
P.O. Box: 18, P.C.: 124, Rusayl  
Sultanate of Oman

## REVIEW/CONSULTATION

A 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:

Name (Block Capitals): Dr. / Nurse

Signature:

11 June 2013