

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE  
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/Forenames		TAHER ABDALLAH MUBARAK ALAWI	
Nationality		44/M/Omani	
Mobile No.	Home/Leave Address:	Company Number:	Reference Indicator:

Mobile No. 98299068

Home/Leave Address:

Company Number: # 10122 Reference Indicator:

civil ID # 9564505

Personal Details

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

Home/Leave Address:  Wife  Son  Daughter No of Children: 1

Reason for Examination (tick as appropriate)

Periodic Medical Examination  Final / Retirement  Other Reason:

Employee only

B Present Job and Location: HD Driver - Nimir Next Job and Location: HD Driver - 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	<input checked="" type="checkbox"/>		
2 Chest problems like asthma, bronchitis, other bad cough	<input checked="" type="checkbox"/>		
3 Heart abnormality, chest pains	<input checked="" type="checkbox"/>		
4 Abdominal pains, abnormal bowel motions	<input checked="" type="checkbox"/>		
5 Urogenital problems (kidney disease, menstrual disorder)	<input checked="" type="checkbox"/>		
6 Skin trouble or allergies	<input checked="" type="checkbox"/>		
7 Epileptic fits, dizzy spells or migraine	<input checked="" type="checkbox"/>		
8 History of mental illness, depression anxiety	<input checked="" type="checkbox"/>		
9 Diabetes, thyroid disease	<input checked="" type="checkbox"/>		
10 Blood disorder e.g. anaemia, blood cancer e.g. leukaemia	<input checked="" type="checkbox"/>		
11 Any history of accidents or fractures	<input checked="" type="checkbox"/>		
12 Have you had any serious allergies	<input checked="" type="checkbox"/>		
13 Do any dependants have a significant ongoing illness?	<input checked="" type="checkbox"/>		
14 Any family history of cancers	<input checked="" type="checkbox"/>		
Do you take any regular medicines, or have you taken in the past?	<input checked="" type="checkbox"/>		
Do you smoke? If yes, what and how much each day?	<input checked="" type="checkbox"/>		
Do you drink alcohol? If yes, what is your average weekly intake?	<input checked="" type="checkbox"/>		
Have you ever taken elicited/recreational drugs?	<input checked="" type="checkbox"/>		
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.

15 July 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										
✓		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. / mmHg	PULSE /mins.	HEARING L R	VISION		DISTANT R L		NEAR R L	
174		128	42.3	70	86	(N) (N)	Uncorrected Corrected	6/6 4/6		6/6 6/6		
N	A					LABORATORY AND OTHER SPECIAL INVESTIGATIONS			N	A		
✓		1. Urinalysis				TC 217 LDL 146			✓		7. Audiogram	
✓		2. Hb, Bloodcount, ESR							✓		8. Lung Function	
✓		3. LFT, RFT, RBS							✓		9. Chest X-Ray	
		4. Drug Screen							✓	✓	10. ECG NS TWC	
	✓	5. Lipids (40 years +)							✓		11. CVS risk for 40 yrs. & above 6.72	
✓		6. Sickle Cell test									12. HIV, Hepatitis screening	

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

1. PENDING: For cardiology clearance - Morbid obesity w/ Abnormal ECG  
Dyslipidemia, Framingham 6.72 low-risk

## ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS

FIT WITH RESTRICTION

TEMPORARY UNFIT

UNFIT

20 July 2023

RESTRICTION  TEMPORARY   
DR. ROMUALD WHICAN MELINDRES  
GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE  
is): Dr. / Nurse  
FED. PRACT. LIC. NO. 13982

Signature:

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**REVIEW/CONSULTATION**

Name (Block Capitals): Dr. / Nurse

REVIEW/CONSULTATION w/ Cardiology clearance, ECHO (July 18, 2023)  
P, Weight management, low-fat diet & exercise, monitor weight regularly,  
Start Torstar 20mg Tab OB x 3 months, then repeat lipid profile on  
Nov 2023.

Date: 20 July 2023 Name (Block Capitals): Dr. / Nurse Signature: JN