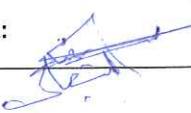
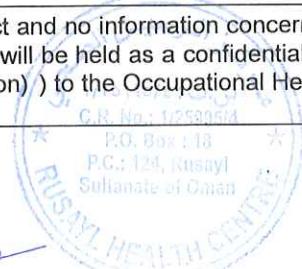


ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

 RUSAYL HEALTH CENTRE <small>ISO 9001- 2015 Certified Co.</small>		Surname/Forenames <i>SAID ABDULLAH MANSOOR (42 Yrs)</i>							
PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS		Nationality <i>OMANI</i>							
Mobile No. <i>96403736</i>	Home/Leave Address:	Company Number: <i>977</i>	Reference Indicator:						
Personal Details <table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">A <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female</td> <td style="width: 75%;"><input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced /Widow(er)</td> </tr> <tr> <td>Home/Leave Address: <i>DAHLA OMAN</i></td> <td> Relationship to employee <input checked="" type="checkbox"/> Wife <input type="checkbox"/> Son <input checked="" type="checkbox"/> Daughter </td> </tr> <tr> <td></td> <td>No of Children: <i>3</i></td> </tr> </table>				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: <i>DAHLA OMAN</i>	Relationship to employee <input checked="" type="checkbox"/> Wife <input type="checkbox"/> Son <input checked="" type="checkbox"/> Daughter		No of Children: <i>3</i>
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: <i>DAHLA OMAN</i>	Relationship to employee <input checked="" type="checkbox"/> Wife <input type="checkbox"/> Son <input checked="" type="checkbox"/> Daughter								
	No of Children: <i>3</i>								
Reason for Examination (tick as appropriate) <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Periodic Medical Examination <input checked="" type="checkbox"/></td> <td style="width: 33%;">Final / Retirement <input type="checkbox"/></td> <td style="width: 33%;">Other Reason: <input type="checkbox"/></td> </tr> </table>				Periodic Medical Examination <input checked="" type="checkbox"/>	Final / Retirement <input type="checkbox"/>	Other Reason: <input type="checkbox"/>			
Periodic Medical Examination <input checked="" type="checkbox"/>	Final / Retirement <input type="checkbox"/>	Other Reason: <input type="checkbox"/>							
Employee only									
B Present Job and Location: <i>DRIVER - HEAVY. AT TRUCKMAN, NIMR</i>		Next Job and Location: <i></i>							
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	<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.									
Date: <i>13-06-2021</i>		Signature of Applicant: 							
 C.R. No.: 1/253054 P.O. Box: 13 P.C.: 124, Rusayl Sultanate of Oman									

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

SAID ABDULLAH MANSOOR (42yrs)

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. 120 80 mm Hg	PULSE 78 /mins.	HEARING L N R N	Uncorrected Corrected	DISTANT R L	VISION NEAR R L					
177	88	28.09	Kg/m ²				6 6	6 6					
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS					N	A					
✓	1. Urinalysis	→ Not done → Negative					✓	7. Audiogram					
✓	2. Hb, Bloodcount, ESR						8. Lung Function	Not done					
✓	3. LFT, RFT, RBS FBG						9. Chest X-Ray						
	4. Drug Screen						10. ECG						
✓	5. Lipids (40 years +)						11. CVS risk for 40 yrs. & above = 22%						
✓	6. Sickle Cell test						12. HIV, Hepatitis screening Not done						
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)													
<ul style="list-style-type: none"> Overweight [BMI = 28.09 Kg/m²]. No other physical or mental abnormalities found. 													
ASSESSMENT AND RECOMMENDATIONS:													
<input checked="" type="checkbox"/> FIT ALL AREAS		<input type="checkbox"/> FIT WITH RESTRICTION		<input type="checkbox"/> TEMPORARY UNFIT		<input type="checkbox"/> UNFIT							
13-06-2021		DR. MOHAMMAD HARUN AR RASHID						 Signature: _____					
Date:		Name (Block Capitals): Dr. / Nurse						DR. MOHAMMAD HARUN AR RASHID MEDICAL OFFICER RUSAYL HEALTH CENTRE MOH LIC NO. 555					
REVIEW/CONSULTATION		C.R. No.: 1/25995/4 P.O. Box : 18 P.C.: 124, Rusayl Sultanate of Oman											
Date:		Name (Block Capitals): Dr. / Nurse						Signature: _____					