



مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001 - 2015 Certified Co.

No. B 08289

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE
ISO 9001 - 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/ Forenames	SULTAN SAID SALIM AL - HASHTIMI
Nationality	OMANI
Company Number:	10183 TRUCKOMANI
Reference Indicator:	

Mobile No. 9211 1340	Home/Leave Address:
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Personal Details	AGE - 37yrs, DOB: 07/08/1978
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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)
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Home/Leave Address:	Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	No of Children: 3
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Reason for Examination (tick as appropriate)
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Periodic Medical Examination <input checked="" type="checkbox"/>	Final / Retirement <input type="checkbox"/>	Other Reason: <input type="checkbox"/>
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Employee only

B Present Job and Location: HDP	Next Job and Location:
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Are you a registered person with special needs? <input type="checkbox"/>	Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>
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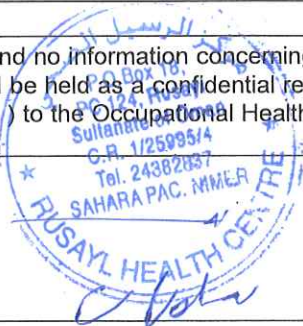
Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.

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?	✓ AS ABOVE
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 .

DR. INNOCENT IFEANYI NWOKEDIUKO
GENERAL PRACTITIONER
Date: 05/07/2021
MOH LIC NO. 20062

Signature of Applicant:





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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 /mins.	HEARING L R	VISION			
						DISTANT		NEAR	
						Uncorrected	Corrected	Uncorrected	Corrected
165	79	29.0	150 90		L N R N	R 9/9 L 9/9		R 9/6 L 9/6	

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 NA			10. ECG
✓		5. Lipids (40 years +)			11. CVS risk for 40 yrs. & above
✓		6. Sickie Cell test			12. HIV, Hepatitis screening

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

ASSESSMENT AND RECOMMENDATIONS:

☒ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT

DR. INNOCENT IFEANYI NWOKEDIUKO
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
Name (Block Capitals): Dr. / Nurse

Monthly BP follow up visit and compliance
on medication advised.
Signature: [Signature]

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr. / Nurse

Signature: