

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/ Forenames	Naji, Khalifa
Nationality	Omani
Company Number:	10099
Reference Indicator:	77110000

Mobile No. 99070420	Home/Leave Address: Barha
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Personal Details	DOB - 14.05.1977 / ID - 695705
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	No of Children:
	<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	

Reason for Examination (tick as appropriate)

Periodic Medical Examination Final / Retirement Other Reason:

Employee only

B Present Job and Location: HDS Next Job and Location: NIMV

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.

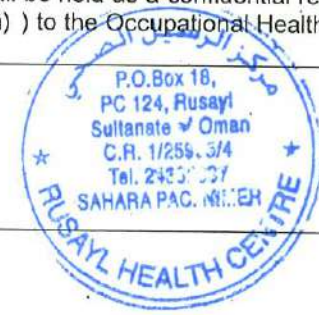
Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' Please describe

	Description	N	Y
	Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?	N	Y
1	Ear, nose, eye or throat problems	N	Y
2	Chest problems like asthma, bronchitis, other bad cough	N	Y
3	Heart abnormality, chest pains	N	Y
4	Abdominal pains, abnormal bowel motions	N	Y
5	Urogenital problems (kidney disease, menstrual disorder)	N	Y
6	Skin trouble or allergies	N	Y
7	Epileptic fits, dizzy spells or migraine	N	Y
8	History of mental illness, depression anxiety	N	Y
9	Diabetes, thyroid disease	N	Y
10	Blood disorder e.g. anaemia, blood cancer e.g. leukaemia	N	Y
11	Any history of accidents or fractures	N	Y
12	Have you had any serious allergies	N	Y
13	Do any dependants have a significant ongoing illness?	N	Y
14	Any family history of cancers	N	Y
	Do you take any regular medicines, or have your taken in the past?	N	Y
	Do you smoke? If yes, what and how much each day?	N	Y
	Do you drink alcohol? If yes, what is your average weekly intake?	N	Y
	Have you ever taken elicited/recreational drugs?	N	Y
	Are you doing regular sports or physical activities?	N	Y

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: 17/01/2013

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 190	WEIGHT kg 87	BMI 29	B.P. 110/82	PULSE 60/min.	HEARING L Normal R Normal	DISTANT Uncorrected Corrected	VISION NEAR R L 6/6 6/6
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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		10. ECG
✓		5. Lipids (40 years +)		11. CVS risk for 40 yrs. & above
✓		6. Sickle Cell test		12. HIV, Hepatitis screening

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

ASSESSMENT AND RECOMMENDATIONS:
 FIT ALL AREAS
 FIT WITH RESTRICTION
 TEMPORARY UNFIT
 UNFIT
 Date: 17/01/2023 Name (Block Capitals): Dr. / Nurse: DR. SANATH BUDDHIKA PRIYADARSHAN
 GENERAL PRACTITIONER
 RUSAYL HEALTH CENTRE
 MOBILE NO. 16042 Signature:

REVIEW/CONSULTATION
 Date: Name (Block Capitals): Dr. / Nurse Signature:

