

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE  
ISO 9001-2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/  
Forenames

RAJINDER SINGH AGRAWAL

Nationality

INDIAN

Mobile No. 96958294

Home/Leave Address:

Company Number:

1511

Reference Indicator:

DOB - 02/03/1975

Personal Details

A  Male  Female

Married  Single  Separated /Divorced /Widow(er)

Home/Leave Address: PANJAB  
INDIA

Relationship to employee

Wife

Son

Daughter

No of Children: 4

Reason for Examination (tick as appropriate)

Periodic Medical Examination

Final / Retirement

Other Reason:

Employee only

B Present Job and Location:

MECHANIC, TRUCKMAN, NMR

Next Job and Location:

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		✓	
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		✓	T2DM on R.
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 you 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: 11-07-2021

Signature of Applicant: 21051218

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

#### Further details of medical history and recreational activities

RAJINDER SINGH (46yrs.)

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. <u>130</u> <u>80</u>	PULSE <u>82</u> mins.	HEARING L R	VISION			
						DISTANT		NEAR	
						R	L	R	L
172	82	27.72	Kg/m <sup>2</sup>			Uncorrected	6	6	6
						Corrected			C

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	<p>→ ↑ FBS</p> <p>→ Not done</p> <p>→ Negative</p>		7. Audiogram	
✓		2. Hb, Bloodcount, ESR			8. Lung Function	Not done
✓		3. LFT, RFT, RBS FBS			9. Chest X-Ray	
		4. Drug Screen		✓	10. ECG	
✓		5. Lipids (40 years +)		✓	11. CVS risk for 40 yrs. & above = 8'1 Y.	
✓		6. Sickle Cell test			12. HIV, Hepatitis screening	Not done

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

- Known To DM [FBG = 238 mg/dl] uncontrolled. Rx. advised
- Overweight [BMI = 27.72 kg/m<sup>2</sup>].
- No other physical or mental abnormalities found.

## **ASSESSMENT AND RECOMMENDATIONS:**

FIT ALL AREAS

□ FIT WITH RESTRICTION

TEMPORARY UNFIT

UNFIT

11-07-2021

## Re: DRAFT MARSHAL REPORT

Date:

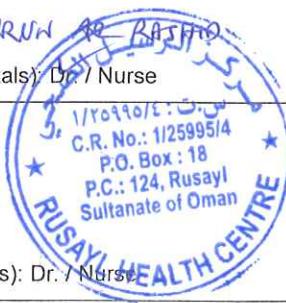
Name (Block Capitals): Dr. / Nurse

## REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse:

Signature:





Signature:

Signature  
DR. MOHAMMAD HARUN AR RASHID  
MEDICAL OFFICER  
RUSAYL HEALTH CENTRE  
MOH LIC NO. 555

Signature: