

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE  
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames MOHIB ULLAH HOSON ALI

Nationality Bangladeshi 30/M

Mobile No. 94939357

Home/Leave Address: Bangladesh

Company Number: 1603

Reference Indicator:

Civil : 107026648

Personal Details

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

Home/Leave Address: Relationship to employee  
 Wife  Son  Daughter No of Children:

Reason for Examination (tick as appropriate)

Periodic Medical Examination  Final / Retirement  Other Reason:

Employee only

B Present Job and Location: Helper - Niam Marmul | Next Job and Location: Helper - 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		✓		
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 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?		✓		Occasional
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:

17/7/2021

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 (N) R (N)	VISION			
						DISTANT R L	NEAR R L		
159	67	26.5	120 / 80	60	Uncorrected Corrected	6/6	6/6	6/6	6/6

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		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.)

As Dyslipidemia

ASSESSMENT AND RECOMMENDATIONS:

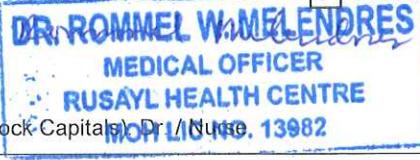
FIT ALL AREAS

FIT WITH RESTRICTION

TEMPORARY UNFIT

UNFIT

17/7/2021



Date:

Name (Block Capitals): Dr. / Nurse

Signature:



REVIEW/CONSULTATION

As low-fat diet, exercise; Repeat lipid profile test after 3-6 mos

Date: 17/7/2021 Name (Block Capitals): Dr. / Nurse

Signature: