مركز الرسيل الصحي
RHC RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

No. B 08732

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RHC RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames	MOHAMMAD YASIN NURUL HAKIM
Nationality	30/M/Bangladeshi
Mobile No. 97241931 / Home/Leave Address:	Company Number: 8094 Reference Indicator:

Personal Details Civil ID # 87446179

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 - Nimr 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 your 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 .

2/9/2024

Date: **Signature of Applicant:**

مركز الرسيل الصحي
س.ت: ١/٢٥٩٩٥/٤
C.R. No.: 1/25995/4
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

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FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
✓		1. Eyes & Pupils	pink conjunctival
✓		2. E.N.T.	
✓		3. Teeth & Mouth	
✓		4. Lungs & Chest	
✓		5. Cardiovascular System	No murmur, Normal rate + rhythm
✓		6. Abdo. Viscera	
✓		7. Hernial Orifices	
✓		8. Anus & Rectum	
✓		9. Genito-urinary	
✓		10. Extremities	
✓		11. Musculo-skeletal	
✓		12. Skin & Varicose Vns.	Nr jaundice
✓		13. C.N.S.	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE /mins.	HEARING	VISION	DISTANT R	DISTANT L	NEAR R	NEAR L
167	64	22.9	120/80	69	L (N) R (N)	Uncorrected	6/6	6/6	6/6	6/6
						Corrected				

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 +)	Trig 325. TC 234 LDL 150			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.)

Dyslipidemia

ASSESSMENT AND RECOMMENDATIONS:

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

2/9/2024

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

DR. ROMMEL W. MELENDRES
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH REG NO. 13982

Signature:

REVIEW/CONSULTATION

Rx Start cholesterol tablet for 3 months; Repeat lipid profile after 3 months; Low-fat diet

Date: 2/9/2024 Name (Block Capitals): Dr. / Nurse

Signature:

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