

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/Forenames *MD Rabir Khalifa*

Nationality *Bangladeshi*

Mobile No *97002412* Home/Leave Address: *Bangladesh* Company Number: *1608* Reference Indicator: *T ruckonan*

Personal Details *27y* DOB *02/01/1994* ID *107544676*

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

Home/Leave Address: Relationship to employee  
 Wife  Son  Daughter No of Children: *0*

Reason for Examination (tick as appropriate)

Periodic Medical Examination  Final / Retirement  Other Reason:

Employee only

B Present Job and Location: *Helper* Next Job and Location: *NIMR*

Are you a registered person with special needs?  Do you belong to any Medical Insurance Scheme?

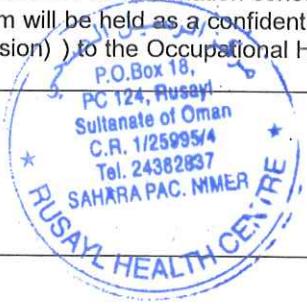
Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.

		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.

Date: *11/10/2021*

Signature of Applicant: *Rabir*



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	HEARING	VISION
161	71.27	27	112/82	79 mins.	L Normal R Normal Uncorrected Corrected	DISTANT R L 6/6 NEAR R L 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.)

A advise on low fat diet / regular exercise

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS  FIT WITH RESTRICTION  TEMPORARY UNFIT  UNFIT

11/10/2021

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

DR. SANATH BUDDHIKA PRIYADARSHAN  
GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE  
MOH LIC NO. 10042

Signature:

REVIEW/CONSULTATION

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

Signature:

