



ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/
Forenames

Mansur Alam Ali

Nationality

Bangladesh

Ahmad

8098

Reference Indicator: trulhoman

8098

87425383

Mobile No 94042824 Home/Leave Address: Bangladesh

Company Number: 8098

Personal Details 33y / DOB: 01,03,1988 / F - 87425383

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

Home/Leave Address: Relationship to employee
Wife Son Daughter No of Children: 03

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: NMY

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?		<input checked="" type="checkbox"/>	

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.

11/10/2021

Date:

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											
		7										
	1. Eyes & Pupils											
	2. E.N.T.											
	3. Teeth & Mouth											
	4. Lungs & Chest											
	5. Cardiovascular System	NAID										
	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 156	WEIGHT kg 55	BMI 22.6	B.P. 116 80	PULSE 64 mins.	HEARING L R	Normal Normal Uncorrected Corrected		DISTANT R L	VISION R L	NEAR R L	6/6 6/6	

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A			
	1. Urinalysis	04/12/2021 → 150 Mg/dl					7. Audiogram			
	2. Hb, Bloodcount, ESR									8. Lung Function
	3. LFT, RFT, RBS 240									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.)

Asymmetry on side control (suture intersection)
RBS mouth, penile clearable.

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

DR. SANATH BUDDHIKA PRIYADARSHAN

GENERAL PRACTITIONER

RUSAYL HEALTH CENTRE

MOH LIC NO. 16942

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

Signature:

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature: