



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 Ai

Nationality Bangladesh

Company Number: 8098 Reference Indicator: 8098

Mobile No 94042824 Home/Leave Address: Bangladesh

Personal Details 33y / DOB 01,03,1988 / FD - 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: N/MY

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 .

Date: 11/10/2021 Signature of Applicant: [Signature]

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
156	55	22.6	116 / 80	67 mins.	L Normal R Normal	DISTANT Uncorrected 6/6 Corrected 6/6 NEAR R 6/6 L 6/6

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
✓		1. Urinalysis		
✓		2. Hb, Bloodcount, ESR		
	✓	3. LFT, RFT, RBS 240 → 150 04/12/2021 04/12		
✓		4. Drug Screen		
✓		5. Lipids (40 years +)		
✓		6. Sickle Cell test		
				7. Audiogram
				8. Lung Function
				9. Chest X-Ray
				10. ECG
				11. CVS risk for 40 yrs. & above
				12. HIV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)  
 Adjusted on diet control / continue medication  
 PRS monthly, remain clear.

ASSESSMENT AND RECOMMENDATIONS:  
 FIT ALL AREAS   
  FIT WITH RESTRICTION   
  TEMPORARY UNFIT   
  UNFIT

**DR. SANATH BUDDHIKA PRIYADARSHAN**  
 GENERAL PRACTITIONER  
 RUSAYL HEALTH CENTRE  
 MOBILE NO. 16942

  
 Signature:

Date: 04/12/2021

REVIEW/CONSULTATION

Date: \_\_\_\_\_ Name (Block Capitals): Dr. / Nurse \_\_\_\_\_ Signature: \_\_\_\_\_