

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/Forenames		Balay Vinod Resavan	
Nationality		Indian	
Company Number:		1453	Reference Indicator: Tachowan

Mobile No: 96057501	Home/Leave Address: 1219	DOB: 30/05/1970	ID: 73426228
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Personal Details: SIV	Married <input checked="" type="checkbox"/>	Single <input type="checkbox"/>	Separated /Divorced /Widow(er) <input type="checkbox"/>
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Home/Leave Address:	Relationship to employee: Wife <input type="checkbox"/>	Son <input type="checkbox"/>	Daughter <input type="checkbox"/>	No of Children: 02
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Reason for Examination (tick as appropriate)	Periodic Medical Examination <input checked="" type="checkbox"/>	Final / Retirement <input type="checkbox"/>	Other Reason: <input type="checkbox"/>
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Employee only

B Present Job and Location: H D D	Next Job and Location: M M R U A
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Are you a registered person with special needs? <input type="checkbox"/>	Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>
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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?		<input checked="" type="checkbox"/>		
1	Ear, nose, eye or throat problems	<input checked="" type="checkbox"/>		
2	Chest problems like asthma, bronchitis, other bad cough	<input checked="" type="checkbox"/>		
3	Heart abnormality, chest pains	<input checked="" type="checkbox"/>		
4	Abdominal pains, abnormal bowel motions	<input checked="" type="checkbox"/>		
5	Urogenital problems (kidney disease, menstrual disorder)	<input checked="" type="checkbox"/>		
6	Skin trouble or allergies	<input checked="" type="checkbox"/>		
7	Epileptic fits, dizzy spells or migraine	<input checked="" type="checkbox"/>		
8	History of mental illness, depression anxiety	<input checked="" type="checkbox"/>		
9	Diabetes, thyroid disease	<input checked="" type="checkbox"/>		
10	Blood disorder e.g. anaemia, blood cancer e.g. leukaemia	<input checked="" type="checkbox"/>		
11	Any history of accidents or fractures	<input checked="" type="checkbox"/>		
12	Have you had any serious allergies	<input checked="" type="checkbox"/>		
13	Do any dependants have a significant ongoing illness?	<input checked="" type="checkbox"/>		
14	Any family history of cancers	<input checked="" type="checkbox"/>		

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?

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: 17/05/2021	Signature of Applicant: Vinod	SAFARI FARM RUSAYL HEALTH CENTRE
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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	N/A									
✓	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 158	WEIGHT kg 72	BMI 28.8	B.P. 118/84	PULSE 61/mins.	HEARING L Normal R Normal Uncorrected Corrected	DISTANT R 6/ L 6/ 6/6	VISION NEAR R 6/ L 6/ 6/6				

N A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS		N	A	
✓	1. Urinalysis	FBS - 129 mg/200		✓	7. Audiogram	
✓	2. Hb, Bloodcount, ESR	HDL - 36		✓	8. Lung Function	
✓	3. LFT, RFT, RBS	LDL - 131		✓	9. Chest X-Ray	
✓	4. Drug Screen	T-Bil - 2.10		✓	10. ECG	
✓	5. Lipids (40 years +)			✓	11. CVS risk for 40 yrs. & above	6.7
✓	6. Sickle Cell test			✓	12. HIV, Hepatitis screening	

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

Advice on weight reduction, diet (ours),
FBS monitoring, regular exercise.

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

Date: 17/05/2021	Name (Block Capitals): Dr. / Nurse: DR. SANATH BUDDHIKA PRIYADARSHAN GENERAL PRACTITIONER RUSAYL HEALTH CENTRE MOH LIC NO. 16042	Signature:
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Date: Name (Block Capitals): Dr. / Nurse: Signature: