



# مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001 - 2015 Certified Co.

No. B18987

## ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



**RUSAYL HEALTH CENTRE**  
ISO 9001 - 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Surname/ Forenames	Mahmood Nasser Ahmad Ali
Nationality	Pakistani
Company Number:	ISAS
Reference Indicator:	

Mobile No.	95269224
Home/Leave Address:	Pakistan

Personal Details	DOB: 15/06/1980	ID: 105652937
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A. <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced /Widow(er)
Home/Leave Address:	Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter
No of Children:	

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:	Next Job and Location:
HDD	NIMV

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.

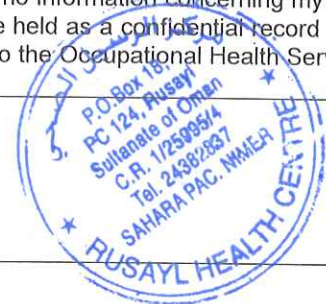
Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' Please describe

	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.

Date: 19/02/2022

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							
		1. Eyes & Pupils		NA D				
		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 mins.	HEARING L R	VISION DISTANT NEAR Uncorrected Corrected
170		87		30	122 84	76	Normal Normal	6/6 6/6
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A	
		1. Urinalysis						
		2. Hb, Bloodcount, ESR						
		3. LFT, RFT, RBS						
		4. Drug Screen						
		5. Lipids (40 years +)						
		6. Sickie 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.)

Advised on weight reduction  
coor fat diet, regular exercise

ASSESSMENT AND RECOMMENDATIONS:

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

DR. SANATH BUDDHIKA PRIYADARSHAN  
GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE

Date: 19/02/2022 Name (Block Capitals): Dr. / Nurse. 16042

Signature:

REVIEW/CONSULTATION

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

Signature:

