



ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/
Forenames *Musamal Hossain 41%*

Nationality *Pakistani Civil ID # 108911556*

Mobile No. <i>93227071</i>	Home/Leave Address:	Company Number: <i>TRUCK Oman</i>	Reference Indicator:
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Personal Details

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)
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Home/Leave Address:	Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	No of Children: <i>4</i>
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Reason for Examination (tick as appropriate)

Periodic Medical Examination Final / Retirement Other Reason:

Employee only

B Present Job and Location: <i>DRiver / Hafiza</i>	Next Job and Location:
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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?	<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?	<input checked="" type="checkbox"/>		
Do you smoke? If yes, what and how much each day?	<input checked="" type="checkbox"/>		
Do you drink alcohol? If yes, what is your average weekly intake?	<input checked="" type="checkbox"/>		
Have you ever taken elicited/recreational drugs?	<input checked="" type="checkbox"/>		
Are you doing regular sports or physical activities?	<input checked="" type="checkbox"/>	<i>foreman</i>	

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.

Oct 18, 2021

✓

Signature of Applicant: *[Signature]*

Date: <i>Oct 18, 2021</i>	Signature of Applicant: <i>[Signature]</i>	DR. EUGENE R. LOPEZ MEDICAL OFFICER RUSAYL HEALTH CENTRE MOH LIC NO. 13458
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مركز الرسيل الصحي

RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

Date: 15/10/2021 Name: Dr. Eugene Lopez

No. B 09740

COMPLETION BY EXAMINING DOCTOR OR NURSE

Enter details of medical history and recreational activities

Name: Dr. Eugene Lopez

Date: 15/10/2021

		PHYSICAL EXAMINATION					
N	A						
✓	1. Eyes & Pupils	ERTL, pink palpebral conjunctiva					
✓	2. E.N.T.	unremarkable					
✓	3. Teeth & Mouth	dental caries					
✓	4. Lungs & Chest	(CE, clear BC RLF, O crackles)					
✓	5. Cardiovascular System	A dynamic prec. AB 5th LOP MCL O murmur					
✓	6. Abdo. Viscera	Flabby abdomen, non-tenderness					
✓	7. Hernial Orifices	unremarkable					
✓	8. Anus & Rectum	unremarkable					
✓	9. Genito-urinary	unremarkable					
✓	10. Extremities	IT pulses full and equal					
✓	11. Musculo-skeletal	No deformities, no pain					
✓	12. Skin & Varicose Vns.	No active skin lesions					
✓	13. C.N.S.	unremarkable					
HEIGHT cm 166	WEIGHT kg 91	BMI 33	B.P. 115 72	PULSE 71/mins.	HEARING L (N) R (N)	VISION	
					Uncorrected Corrected	DISTANT R 1/6 L 1/6	NEAR R 1/6 L 1/6
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A
✓	1. Urinalysis	FRG 102 mg/dL				✓	7. Audiogram
✓	2. Hb, Bloodcount, ESR	TC 800					8. Lung Function
✓	3. LFT, RFT, RBS	TC 240					9. Chest X-Ray
✓	4. Drug Screen	BBL 40				✓	10. ECG
✓	5. Lipids (40 years +)	LDL 140					11. CVS risk for 40 yrs. & above
	6. Sickle Cell test (negative)						12. HIV, Hepatitis screening

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

1. Improve diet and exercise regularly. Lose the excess weight gradually

2. For repeat lipid profile test after 3 months

3. FRV 5.6% (low ntk) Dyslipidemia

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

FIT to work as driver

October 18, 2021

Dr. Eugene Lopez

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION

October 18, 2021

Dr. Eugene Lopez

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

DR. EUGENE R. LOPEZ
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 13455