



مركز الرسائل الصحي RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

No. B 09740

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/
Forenames

Muzamal Hossain 417/6

Nationality

Pakistani Civil ID # 10891556

Mobile No. 93227071

Home/Leave Address:

Company Number: TRUCK Oman

Reference Indicator:

Personal Details

A ☒ Male ☐ Female

☒ Married ☐ Single ☐ Separated /Divorced /Widow(er)

Home/Leave Address:

Relationship to employee

☐ Wife ☐ Son ☐ Daughter

No of Children: 4

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☒

Final / Retirement ☐

Other Reason: ☐

Employee only

B Present Job and Location:

Driver / Halma

Next Job and Location:

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 your 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"/>	tennis

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 13, 2021

Date:

Signature of Applicant:

DR. EUGENE R. LOPEZ
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 13458



مركز الرسيل الصحي RUSAYL HEALTH CENTRE

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No. B 09740

ama/ Hosain 41 % CMI ID # 108911556

COMPLETION BY EXAMINING DOCTOR OR NURSE

er details of medical history and recreational activities

N = Normal A = Abnormal (please describe)		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, @ crackles
✓		5. Cardiovascular System	ndynamic prec. AB 5th LIP MCL @ murmur
✓		6. Abdo. Viscera	Flabby abdomen, non-tender
✓		7. Hernial Orifices	unremarkable
✓		8. Anus & Rectum	unremarkable
✓		9. Genito-urinary	unremarkable
✓		10. Extremities	++ pulses full and equal
✓		11. Musculo-skeletal	no deformities, no mass
✓		12. Skin & Varicose Vns.	no active skin lesions
✓		13. C.N.S.	unremarkable

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION			
166	91	33	115 72	71 /mins.	L (N) R (N)	DISTANT	NEAR		
						Uncorrected	Corrected		
						R L	R L		
						6/6 6/6	6/6 6/6		

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS		N	A
✓		1. Urinalysis	FB/C 102 mg/dL	✓	7. Audiogram
✓		2. Hb, Bloodcount, ESR	TC 200		8. Lung Function
✓		3. LFT, RFT, RBS	TC 240		9. Chest X-Ray
	✓	4. Drug Screen	HDL 40	✓	10. ECG
		5. Lipids (40 years +)	LDL 140		11. CVS risk for 40 yrs. & above
		6. Sickie 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

Obese Class 1 (BMI 33)
FRR 5.6% (low ntk)
Dyslipidemia

ASSESSMENT AND RECOMMENDATIONS:

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

Fit to work as driver

October 13, 2021

Dr. Eugene Lopez

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

Signature:

REVIEW/CONSULTATION

October 15, 2021

Dr. Eugene Lopez

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

Signature:



MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 13459