



مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001 - 2015 Certified Co.

No. B **3837**

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE

ISO 9001 - 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/
Forenames

ALI NAZAKAT

Nationality

PAKISTANI CID No: 108992202

Mobile No. 99837120

Home/Leave Address:

TRUCK OMAN

Company Number:

Reference Indicator:

Personal Details

DOB: 02/08/88

AGE: 32 YRS

A ☒ Male ☐ Female

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

Home/Leave Address:

Relationship to employee

☐ Wife ☐ Son ☐ Daughter

No of Children:

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☒

Final / Retirement ☐

Other Reason: ☐

Employee only

B Present Job and Location:

OMAN ALUM

KDD

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?	/		
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:

24/09/20

Signature of Applicant:

Ali Nazakat





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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		
<input checked="" type="checkbox"/>		1. Eyes & Pupils	
<input checked="" type="checkbox"/>		2. E.N.T.	
<input checked="" type="checkbox"/>		3. Teeth & Mouth	
<input checked="" type="checkbox"/>		4. Lungs & Chest	
<input checked="" type="checkbox"/>		5. Cardiovascular System	
<input checked="" type="checkbox"/>		6. Abdo. Viscera	
<input checked="" type="checkbox"/>		7. Hernial Orifices	
<input checked="" type="checkbox"/>		8. Anus & Rectum	
<input checked="" type="checkbox"/>		9. Genito-urinary	
<input checked="" type="checkbox"/>		10. Extremities	
<input checked="" type="checkbox"/>		11. Musculo-skeletal	
<input checked="" type="checkbox"/>		12. Skin & Varicose Vns.	
<input checked="" type="checkbox"/>		13. C.N.S.	



HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION			
					L	R	DISTANT	NEAR	
							R	L	R
166.5	98	26.3	130/90	68/min.	(N)		Uncorrected	Corrected	6/6
									6/6
									N
									N

Correct vision (N)

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS		N	A
<input checked="" type="checkbox"/>		1. Urinalysis	<p>FBG = 90mg/dl</p> <p>9 mg/dl</p> <p>4 HbC</p>	<input checked="" type="checkbox"/>	7. Audiogram
<input checked="" type="checkbox"/>		2. Hb, Bloodcount, ESR		<input checked="" type="checkbox"/>	8. Lung Function
<input checked="" type="checkbox"/>		3. LFT, RFT, RBS		<input checked="" type="checkbox"/>	9. Chest X-Ray
<input checked="" type="checkbox"/>		4. Drug Screen		<input checked="" type="checkbox"/>	10. ECG
<input checked="" type="checkbox"/>		5. Lipids (40 years +)		<input checked="" type="checkbox"/>	11. CVS risk for 40 yrs. & above
<input checked="" type="checkbox"/>		6. Sickie Cell test		<input checked="" type="checkbox"/>	12. HIV, Hepatitis screening

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

Dietary & lifestyle changes i. Toxist 100% Review d 3/12

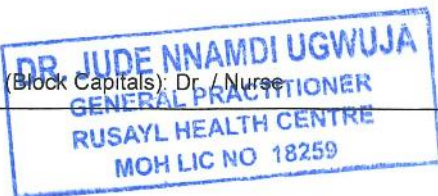
ASSESSMENT AND RECOMMENDATIONS:

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

Date: 24/09/20 Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION



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

Signature:

Fitness to Work Certificate for Drivers

Employee Data		Date: 24-SEPTEMBER-2020	
Name: ALI NAZAKAT		Department/Company: TRUCK OMAN	
I.D No. 108992208	Age: 32	Occupation: HDD	
Type of Medical Evaluation		Mark those applying ✓	
A5 HVD- Crane or forklift driving & all heavy vehicles		A7 Professional driving- Light Vehicles	
<p>Health Advisor Statement : The above named person has been examined according to the statements laid down in "Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work". At this time his/her fitness to work status for the above tasks is as follows.</p>			
Fit with no restrictions		✓	
Fit with following restriction(s)			
The employee is fit for above work but should avoid the following task(s)	Temporary restriction	Permanent restriction	
Work near moving machinery or sharp edges			
Operate heavy/light motor vehicles, forklifts or heavy machinery			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit		Date	
Name of Health Advisor		24-SEPTEMBER-2020	
Signature		Date	

DR. JUDE NNAMDI UGWUJA
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO 18259

