

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/Forenames SURJIT SINGH SARWAN	
Nationality 46/M/Indian	
Company Number: #1697	Reference Indicator:

Mobile No. 77294912	Home/Leave Address:
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Personal Details

Chc ID # 111419242

A ☒ Male ☐ Female

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

Home/Leave Address:

Relationship to employee

☐ Wife ☐ Son ☐ Daughter

No of Children: **2**

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☒ Final / Retirement ☐ Other Reason: ☐

Employee only

B Present Job and Location:

AD Driver (JCB) - Nimr

Next Job and Location:

AD Driver (JCB) - Truck Oman

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?			

Ⓟ DM T2 - on OHA

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: **9 July 2023**

Signature of Applicant:

Surjit S



مركز الرسيل الصحي

RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

No. B 16745

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
✓		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

HEARING

VISION

DISTANT

NEAR

R L

R L

Uncorrected
Corrected

R L

R L

6/6 6/6 6/6 6/6

6/6 6/6 6/6 6/6

N

A

LABORATORY AND OTHER
SPECIAL INVESTIGATIONS

N

A

N	A			N	A	
✓		1. Urinalysis				7. Audiogram
✓		2. Hb, Bloodcount, ESR				8. Lung Function
	✓	3. LFT, RFT, RBS	FBS 150, SGPT 55			9. Chest X-Ray
		4. Drug Screen		✓		10. ECG ST @ 104
	✓	5. Lipids (40 years +)	Trig 230, TC	✓		11. CVS risk for 40 yrs. & above 2.42
✓		6. Sickie Cell test				12. HIV, Hepatitis screening

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

A Hypertension suspect with tachycardia vs. white collar HTN (Impaired Fasting glucose), slightly elevated liver enzyme without clinical symptoms, triglyceridemia; DM2, FBS 150, SGPT 55 low risk

ASSESSMENT AND RECOMMENDATIONS:

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

8 July 2013

DR. ROMMEL WHIGAN MELENDRES
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 13982

Signature:

Date:

Name (Block Capitals): Dr. / Nurse

REVIEW/CONSULTATION

A Diabetic diet for 3 months with monthly FBS monitoring; low-fat diet + exercise; Repeat Lipid profile + Liver function test after 3-6 months, monitor BP + Heart rate on a weekly to monthly basis + refer accordingly

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

8 July 2013

