مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

No. B 08248

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
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PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames	SURJI SINGH
Nationality	INDIAN
Mobile No. 99812493 **Home/Leave Address:**	**Company Number:** TRUCK OWNER **Reference Indicator:** 1697
Personal Details	AGE - 44yrs DOB - 28/08/1977
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: HPP / NIMR	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	✗	✓	ON ORAL ANTI DIABETIC
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?		✗	✓	AS ABOVE
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 .

DR. INNOCENT IFEANYI NWOKEDIUKO
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH Lic. NO. 24062

Date: 12/8/2021

Signature of Applicant: Surji S

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FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities: Newly diagnosed Diabetic on Oral medication

N	A		PHYSICAL EXAMINATION
✓		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 /mins.	HEARING	VISION
168	68	24.1	140/90	~~110~~ 116	L N R N	DISTANT R 6/9 L 6/9; NEAR R L; Uncorrected / Corrected

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
	✓	1. Urinalysis	FBS – 16 mmol/dl Urine – 2+ Glucosi. TG – 2.21 HBA1c –	✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR				8. Lung Function
	✓	3. LFT, RFT, RBS				9. Chest X-Ray
		4. Drug Screen		✓		10. ECG
1	✓	5. Lipids (40 years +)		✓		11. CVS risk for 40 yrs. & above 13.2
		6. Sickle Cell test				12. HIV, Hepatitis screening

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

Repeat FBS – 128 mmol/dl (05/08/2021

ASSESSMENT AND RECOMMENDATIONS:

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

DR. INNOCENT IFEANYI NWOKEDIUKO
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MDCN REG NO: [illegible]

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

A Tab Torvast 10mg daily,
R Advised to be compliant with medication and
repeat FBS/FLP in 3 months.
Regular Clinic follow up advised.

REVIEW/CONSULTATION

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