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

1501

No. B 08465

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
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PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames	PARDIP SINGH
Nationality	INDIA

Mobile No: 96075807	Home/Leave Address:	Company Number: 150 / 100903352 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: 2

Reason for Examination (tick as appropriate)

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

Employee only

B Present Job and Location: HDD, HAIMA. (TRUCK OMAN) | 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?			✓	Diabetic medications
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: 20/6/2021

Signature of Applicant:

DR. CHIEMEKA NDUKA EKEKWE
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 19795

مركز الرسيل الصحي
س.ت: ١/٢٥٩٩٥/٤
C.R. No.: 1/25995/4
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

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RHC RUSAYL HEALTH CENTRE
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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		
✓		1. Eyes & Pupils	Pupils react equally to light
✓		2. E.N.T.	NO Ear discharge
✓		3. Teeth & Mouth	NO Caries
✓		4. Lungs & Chest	Clinically clear
✓		5. Cardiovascular System	S1+2 only
✓		6. Abdo. Viscera	LOSK
✓		7. Hernial Orifices	NO Hernia
✓		8. Anus & Rectum	NO Rectal prolapse
✓		9. Genito-urinary	NO Loin pain
✓		10. Extremities	Symetrical
✓		11. Musculo-skeletal	NO MSK pain or swelling
✓		12. Skin & Varicose Vns.	NO Rash
✓		13. C.N.S.	well oriented

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE /mins.	HEARING	VISION	DISTANT R	DISTANT L	NEAR R	NEAR L
180	95	29.3	150/90	70	L (N) R (N)	Uncorrected	6/6	6/6	6/6	6/6-
						Corrected				

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	T. chol – 202 (5.2318) HDL – 46 (1.1914) FBS=150mg/dl Framgham – 9.4%	✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR				8. Lung Function
Urine	✓	3. LFT, RFT, (RBS)				9. Chest X-Ray
		4. Drug Screen		✓		10. ECG
✓		5. Lipids (40 years +)		✓		11. CVS risk for 40 yrs. & above
		6. Sickle Cell test				12. HIV, Hepatitis screening

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

FBS – 150 mg/dl (High blood sugar)
on examination mild hypertension

ASSESSMENT AND RECOMMENDATIONS:

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

Repeat FBS/BP in 1 month
Dietary modifications
Reduce salt
Exercise

Date: 20/11/2021 Name (Block Capitals): Dr. / ~~Nurse~~ CHERNOKA Signature:

REVIEW/CONSULTATION

Metformin 500mg bd 1/12
Amlodipine 5mg 1-0-0 1/12

Date: 20/11/2021 Name (Block Capitals): Dr. / ~~Nurse~~ CHERNOKA Signature:

DR. CHERNOKA FREDRICK
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 19795

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