



مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001 - 2015 Certified Co.

No. B19057

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/
Forenames

Habib Ullah

Nationality

Bangladesh

Company Number:

6795

Reference Indicator:

Trachman

Mobile No. 96953031

Home/Leave Address:

Bangladesh

Personal Details

34y / DOB - 01.01.1988 / ID - 111557831

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:

HCI/Dr

Next Job and Location:

N.M.V

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 you 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:

Signature of Applicant:



Rusayl Industrial City
P.O. Box : 18, Rusayl
Postal Code : 124
Sultanate of Oman
Tel.: 24446151 / 54
Fax : 24446833

Date : 10-07-2022

LABORATORY INVESTIGATION

Name : <u>HABIB ULLAH</u>		Sex : <u>M</u>	Age : <u>34</u>
Dr. : <u>BUDDHIKA</u>		Company : <u>Trauckoman</u>	

HAEMATOLOGY Total WBC..... <u>5.2</u> (4000-11000cu/mm) DC - NEUTROPHIL..... <u>56.7</u> (40-75%) LYMPHOCYTE..... <u>33.1</u> (20-45%) EOSINOPHIL..... <u>8.4</u> (1-6%) MONOCYTE..... <u>6.2</u> (2-10%) BASOPHIL..... <u>0.3</u> (0-1%) ESR..... (0-12mm/hr) (M:12-16 gldl) (F:11-14 gldl) HB..... <u>15.4</u> (14gm/dl---16gm/dl) RBC COUNT..... <u>5.2</u> (4.5-5.6Million/cumm) Platelet count..... <u>242</u> (150-400cu/mm) Bleeding Time..... (3-6min) Clotting Time..... (5-10min) HCT..... <u>40.4</u> (40-45%) MCV..... <u>86</u> (78-92fl) MCH..... <u>29.5</u> (27-32pg) Sickle cell..... <u>-ve</u> MCHC..... <u>34.2</u> (31---35gm/dl) Blood Group.....	URINE ANALYSIS Colour..... <u>pale yellow</u> Sp gravity..... <u>1.020</u> pH..... <u>6.0</u> Albumin..... <u>Nil</u> Sugar..... <u>Nil</u> Acetone..... <u>Nil</u> Bile Salts..... Urobilinogen..... Blood..... Nitrate..... Leukocyte Estrase..... Microscope: Pus cells..... /HPF RBC..... /HPF Epithelial cells..... /HPF Casts..... /HPF Crystals..... Bacteria..... Mucus-Thread.....
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BIOCHEMISTRY Diabetic profile Blood sugar(fasting)..... <u>94</u> (70mg/dl-110mg/dl)(3.8mmol/l---6.1mmol/l) PPBS..... (80mg/dl-130mg/dl)(4.50-7.3mmol/l) RBS..... (64mg/dl-160mg/dl)(3.6mmol/l-8.9mmol/l) HBA1C..... (4--6.5%) Lipid profile Triglycerides..... <u>155</u> (upto 200mg/dl) Total Cholesterol..... <u>186</u> (<200mg/dl) HDL..... <u>41.5</u> (>40mg/dl) LDL..... <u>103.2</u> (Up to 130mg/dl) Liver Function test Total bilirubin..... <u>0.82</u> (upto 1.0mg/dl) SGOT..... <u>33.4</u> (Up to 40IU/L) SGPT..... <u>35.8</u> (up to 41IU/L) Total Protein..... (6-8.3gm/dl) Renal function Test S creatinine..... <u>0.75</u> (0.7-1.4mg/dl) Urea..... <u>25.2</u> (10-45mg/dl) Uric acid..... <u>5.4</u> (3.4-7.0 mg/dl) Cardiac profile Troponine T..... (>0.01ng/ml) H. Pylori Test..... Malaria Parasite..... Micro Filaria.....	STOOL EXAMINATION Colour..... Consistency..... Reaction..... Occult Blood..... Microscopic ova: Cyst..... Entamoeba..... Flagellaes..... Pus Cells..... R.B. Cs..... Epith: cells..... Other.....
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SEMEN ANALYSIS Quantity..... Reaction..... Total Sperm Count..... million/ml (Normal 60-150 million/ml) Microscopic: Active motile:..... % Sluggish motile:..... % Dead Sperms:..... % Pus Cells..... R.B. Cs..... Epith: Cells..... Morphology Normal:..... % Abnormal:..... % V.D.R.L./Syphilis..... R.F..... HBsAg..... HCV..... HIV.....	P.O.Box 18, PC 124, Rusayl Sultanate of Oman Tel : 24446151 / 54 Fax : 24446833 * SABAH AL-KHALIFA * * RUSAYL HEALTH CENTRE * * 10-07-2022 * * Habib Ullah * * Buddhika * * Trauckoman * * 24446151 / 54 * * 24446833 * * 10-07-2022 * * Habib Ullah * * Buddhika * * Trauckoman *
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Medical Officer

DR. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE

Lab. Technician



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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
		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	WEIGHT	BMI	B.P.	PULSE	HEARING	VISION			
cm	kg			/mins.	L R	DISTANT		NEAR	
						R	L	R	L
173	85	28	122/76	82	Normal	Uncorrected		Corrected	
						6/6		6/6	

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
		1. Urinalysis			7. Audiogram
		2. Hb, Bloodcount, ESR			8. Lung Function
		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. Sickie Cell test			12. HIV, Hepatitis screening

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

Assess on weight reduction.

ASSESSMENT AND RECOMMENDATIONS:

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

Date: 10/07/2022 Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION

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

Signature:

