#10310

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

RUSAYL HEALTH CENTRE

INITIAL EXAMINATION REPORT

Surname	Nasser Beni Graba
Forenames	Tami Yousef
Address	Frick Oman Mediab
	Age : 32yrs
Home Telephone number	GSM No: 97553171

Place of examination: RHC — Date: 20/11/17

If a dependant or fiancee enter employees name here :-

Surname : — Forenames:

Nationality	Country of birth	Religion
Omani	Oman	Muslim

				Relationship to employee	Number of Children
✓ Male	Single	Widow(er)		1 Wife, 2 Son, Daughter, Fiancee	2
Female	✓ Married	Divorced / Separated			

Reason for examination: ✓ Pre-employment — Job :- Drivers; Pre-overseas — Area :- Desert

Name and address of family doctor	List your last 3 jobs
	(1)
	(2)
	(3)

Are you Registered Disabled Person? (UK) ☐ — Do you belong to any Medical Insurance Scheme? ☐

DO YOU HAVE OR HAVE YOU HAD :- (Tick 'yes' or 'No' column or put a '?' if uncertain exclude minor ailments.)

	Y	N
1. Sinus trouble		✗
2. Neck swellings/glands		✗
3. Difficulty in vision		✗
4. Any ear discharge		✗
5. Asthma/bronchitis		✓
6. Hayfever/other allergy		✗
7. Any skin trouble		✗
8. Tuberculosis		✗
9. Shortness of breath		✗
10. Coughed/vomited blood		✗
11. Severe abdominal pain		✗
12. Stomach ulcer		✗
13. Recurrent indigestion		✗
14. Jaundice or hepatitis		✗
15. Gall bladder disease		✗
16. Marked change in bowel habits		✗
17. Blood in stools (motions)		✗
18. Marked change in weight		✗
19. Varicose veins		✗
20. Lump in breast/armpit		✗
21. Cancer		✗

	Y	N
22. Heart Disease		✗
23. Rheumatic Fever		✗
24. Abnormal heartbeat		✗
25. High blood pressure		✗
26. Stroke		✗
27. Serious chest pain		✗
28. Any blood disease		✗
29. Kidney disease		✗
30. Painful passage of urine		✗
31. Blood in urine		✗
32. Diabetes		✗
33. Headaches /migraine		✗
34. Dizziness/fainting		✗
35. Epilepsy		✗
36. Joints/spinal trouble		✗
37. Surgical operation		✗
38. Serious accident /fracture		✗
39. Tropical disease		✗
40. Fear of heights		✗
HAVE YOU EVER BEEN:- 41. Rejected for employment or insurance for medical reasons		✓

	Y	N
42. Awarded benifities for industrial injury/illness		✗
43. Treated for a mental condition. eg . depression		✗
44. Treated for problem drinking or drug abuse		✗
45. Exposed to toxic substance or noise		✗
FOR WOMEN ONLY Have you ever had:-		
46. An abnormal smear		
47. Any gynaecological treatment		
48. Are you pregnant?		
49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE ?		

How much tabacco each day ? occasionally — Average daily alcohol consuption 2or1

Family history: Diabetes ✗ — Tuberculosis ✗ — Epilepsy ✗ — Asthama ✓ — Eczema ✗ — Heart disease ✓ — High blood pressure ✗ — Stroke ✓ — Cancer ✗ — Blood disease ✗

PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT :-
I declare these statements to be true to the best of my knowledge and belief and I agree that the result of this medical in general terms may be revealed to the company if required, and the details sent to my own doctor if this is considered necessary by the examining medical officer.

Date: 20/11/17 — Signature of applicant: [signature]

FOR COMPLETION BY EXAMINING DOCTOR OR SISTER

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.	
✓		14. Breasts	
		15.	

HEIGHT cm	WEIGHT kg	B.P.	HEARING	HEARING	VISION:	DISTANT R / L	NEAR R / L	COLOUR VISION	BLOOD GROUP
185cm	177 kg	140/80	L N R	L N R	Uncorrected	6/6	N/N	Normal	
					Corrected				

N	A		LABORATORY AND SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	BMI - 52	✓		6. Audiogram
✓		2. Hb Bloodcount ESR	FBS - 107.67 mg/dl			7. Lung Function
	✓	3. Serum Profile	Sickling test - negative			8. Chest X-Ray
✓		4. Stool		✓		9. Drug Screen
		5. E.C.G.				10. CR Screen

OTHER FINDINGS (physique, scars, disabilities, mental stability etc.)

Framingham Score : 8%

(+) Forced Whisper Test

1 BMI, (morbidly obese); dietary and lifestyle modification advised to lose weight

1 mild Hyperuricemia; low purine diet; may take

ASSESSMENT Allopurinol 100 mg/tab. on then repeat uric acid after one month

☑ FIT ALL AREAS ☐ FIT HOME SERVICES ONLY ☐ UNFIT/UNSUITABLE ☐ MAY BE REASSESSED

Date 21/11/2019 Signature [illegible] Name (Block Capitals) Doctor / Sister

DR. EVALYN T. DEOCAREZA
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO 10242

REVIEW/CONSULTATION

Date Signature Name (Block Capitals) Doctor / Sister

RUSAYL HEALTH CENTRE

Rusayl Industrial Estate,
P.O.BOX: 18 Rusayl, Postal Code :124
Phone : 24446151/54 Fax : 24446833

Doc No: 0017513 Date: 20/11/2017 Time: 15:54

Name: TAMIR YOUSUF NASSER BANI URABA Age: 32 Y Sex: M

Address CPR No:

Ref. By: DR.EVALYN Bill No: 0026642 File No: 0022912

Chs No: GSM No: 97553171

Test	Result	Normal Range
MEDICAL: TRUCK OMAN : FTW		
CBC		
Haemoglobin	15.9 g/dl	Male: 12 - 16g/dl Female: 11 -14 g/dl
R.B.C	6.04 Mln/cu mm	4.5 - 6.5 Mln/cu mm
Haematocrit	45.37 %	35-45 %
M.C.V	75.0 Fl	78-90 fl
M.C.H	26.3 Pg	27 - 32 pg
MCHC	35.1 %	30 - 35 %
Platelets	198 Thsds/cu m	150-400
TLC	5700 per cu mm	4000-11000 per cu mm
Diff :Leukocyte Count		
NEUTROPHIL	38 %	40-75 %
LYMPHOCYTE	52 %	20-45 %
EOSINOPHIL	01 %	01-06 %
MONOCYTE	09 %	02-10 %
BASOPHIL	00 %	< 1 %
SICKLING TEST	NEGATIVE	
FBS	107.67 mg/dL	70-110 mg/dl

Medical Technologist

Clinical Pathologist

RUSAYL HEALTH CENTRE

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RUSAYL HEALTH CENTRE

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P.O.BOX: 18 Rusayl, Postal Code :124
Phone : 24448151/54 Fax : 24446833

Doc No: 0017513 Date: 20/11/2017 Time: 15:54

Name: TAMIR YOUSUF NASSER BANI URABA Age: 32 Y Sex: M

Address CPR No:

Ref. By: DR.EVALYN Bill No: 0028642 File No: 0022912

Chs No: GSM No: 97553171

Test	Result	Normal Range
LIPID PROFILE		
Total Cholesterol	200.03 mg/dl.	< 200 mg/dl
HDL Cholesterol	34.01 mg/dl.	>40 mg/dl (gen)
LDL Cholesterol	144.648 mg/dL	100-129 mg/dl
VLDL Cholesterol	27.374 mg/dL	12-30 mg/dL
Triglycerides	136.87 mg/dL	<150 mg/dL
LIVER FUNCTION TEST (LFT)		
Bilirubin Total	0.30 mg/dl	up to 1.2 mg/dl
S.G.O.T.	20.2 U/L	up to 40 U/L
S.G.P.T.	28.2 U/L	up to 40 U/L
RFT (RENAL FUNCTION TEST)		
Blood Urea	25.75 mg/dl	16.6-48.5 mg/dL
S. Creatinine	0.88 mg/dl	M: 0.70 - 1.20 mg/dL F: 0.50 - 0.90 mg/dL

Medical Technologist

Clinical Pathologist

20/11/2017 3:54:05 PM

RUSAYL HEALTH CENTRE
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P.O.BOX: 18 Rusayl, Postal Code :124
Phone : 24446151/54 Fax : 24446833

Doc No: 0017513 **Date:** 20/11/2017 **Time:** 15:54

Name: TAMIR YOUSUF NASSER BANI URABA **Age:** 32 Y **Sex:** M

Address **CPR No:**

Ref. By: DR.EVALYN **Bill No:** 0026642 **File No:** 0022912

Chs No: **GSM No:** 97553171

Test	Result	Normal Range
Crystals	NIL	
Bacteria	FEW	
Mucus Thread	NIL	
Amorphous Urates/ Phosphates	NIL	

DRUG SCREENING IN URINE

COCAINE (COC)	NEGATIVE
AMPHETAMINE (AMP)	NEGATIVE
METHAMPHETAMINE (MET)	NEGATIVE
MARIJUANA (THC)	NEGATIVE
METHADONE (MTD)	NEGATIVE
TRAMADOL (TML)	NEGATIVE
MORPHINE (MOP)	NEGATIVE
OPIATES (OPI)	NEGATIVE
PHENCYCLIDINE (PCP)	NEGATIVE
BARBITURATES (BAB)	NEGATIVE
BENZODIAZEPINES (BZO)	NEGATIVE
TRICYCLIC ANTIDEPRESSANTS (TCA)	NEGATIVE

Medical Technologist

Clinical Pathologist

RUSAYL HEALTH CENTRE

Employee:		Date: 20/11/17
Name: Aamit Yousef Naser Bani Araba		Department/Company: Truck Oman medical
ID Date: 10 9646009	Tel # 7155317	Occupation : Driver

This questionnaire will help identify if you have any health condition which may need a more detailed medical assessment as part of your fitness to work determination. If you have any queries please contact your local Health Services staff. All information provided on this form and during consultations remains strictly confidential. When further clinical evaluation is required following completion of a screening questionnaire, the details should be recorded on O1 and E1 forms.

How likely are you to fall asleep in the following situations? (use 0 to 3 score as shown below)

0 Would never doze

1 Slight chance of dozing

2 Moderate chance of dozing

3 High chance of dozing

0 sitting and reading

0 watching TV

0 sitting inactive in a public place (e.g. theatre or meeting)

1 as a passenger in the car for an hour without a break

2 Lying down to rest in the afternoon when circumstances permit

0 Sitting a talking with someone

2 Sitting quietly after lunch without alcohol

0 In a car, while stopped for a few minutes in traffic

Total 5

If you score a total of 15 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

Declaration: I, Aamit Yousef Naser Bani Araba (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: [signature] Date: 20/11/17

RUSAYL HEALTH CENTRE
Rusayl Industrial Estate
P.O. Box 18, Rusayl, Postal Code 124
Sultanate of Oman
Tel.: 24446181/54
Fax: 24446832

RHC

مركز الرسيل الصحي
منطقة الرسيل الصناعية
ص.ب : ١٨ الرسيل الرمز البريدي : ١٢٤
سلطنة عمان
تليفون : ٢٤٤٤٦١٨١ / ٥٤
فاكس : ٢٤٤٤٦٨٣٢

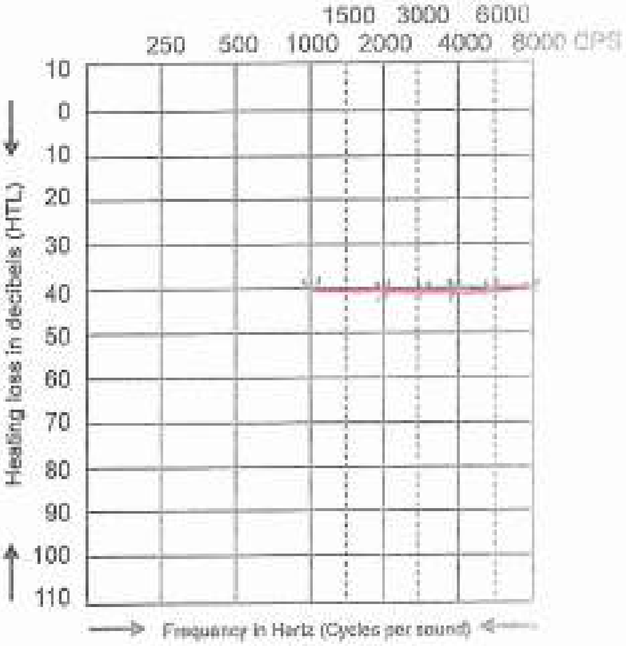
Name of Patient [illegible] اسم المريض

Age 38yrs السن Sex Male الجنس Date 20/11/17 التاريخ

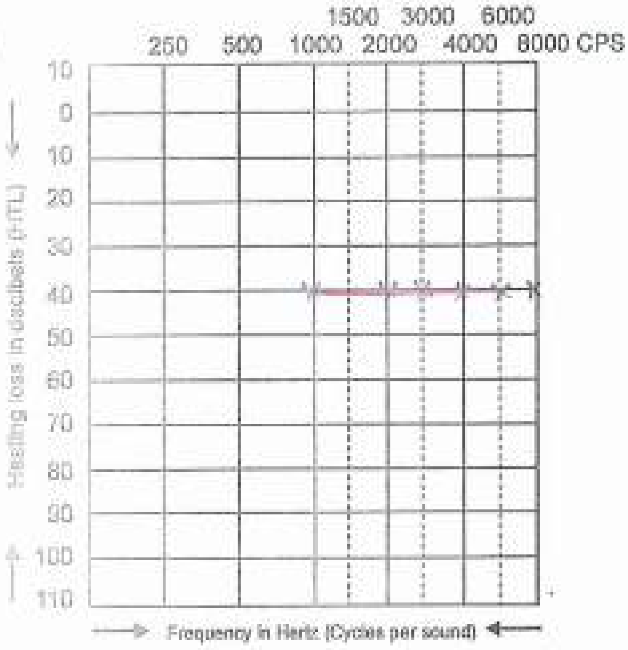
Name of Company [illegible] اسم الشركة

AUDIOGRAM

Right



Left



Impression :

Result -

Audiogram Normal

DR. S.C. SONAWANE
M.B.B.S.
RUSAYL HEALTH CENTRE
MOH LIC NO. [illegible]

Name of Dr. & Signature