



مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001 - 2015 Certified Co.

No. B18318

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE
ISO 9001 - 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/Forenames: Javed / a a o o b
Nationality: Pakistani
Company Number: 6813 Reference Indicator: 79149781

Mobile No: 79149781 Home/Leave Address: Pakistan

Personal Details: 39y / 1 DOB: 02, 04, 1983 ID: 102303709

A ☒ Male ☐ Female ☒ Married ☐ Single ☐ Separated / Divorced / Widow(er)

Home/Leave Address: Relationship to employee: ☐ Wife ☐ Son ☐ Daughter No of Children: 05

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☒ Final / Retirement ☐ Other Reason ☐

Employee only

B Present Job and Location: HDD Next Job and Location: NIMY

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 illicit/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: 25/01/2022 Signature of Applicant: Javed





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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 cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION
162	53	20.2	110/80	79 mins.	L Normal R Normal	DISTANT R L Uncorrected 6/6 Corrected 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 behavior, etc.)

Advised on 10th Feb 2022
Regular exercise.

ASSESSMENT AND RECOMMENDATIONS:

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

Date: 25/01/2022 Name (Block Capitals): Dr. / Nurse

REVIEW/CONSULTATION

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

Signature:





Date : 25/01/09

LABORATORY INVESTIGATION

Name : <u>Javed Yapoob</u> Dr : <u>Baddhika</u> Sex : <u>male</u> Age : <u>39</u> Company : <u>Trackman</u>	Sex : <u>male</u> Age : <u>39</u> Company : <u>Trackman</u>
HAEMATOLOGY Total WBC : <u>8.1</u> (4000-11000/cu/mm) DC - NEUTROPHIL : <u>54.13</u> (40-75%) LYMPHOCYTE : <u>35.61</u> (20-45%) EOSINOPHIL : <u>3.1</u> (1-6%) MONOCYTE : <u>7.3</u> (2-10%) BASOPHIL : <u>0.1</u> (0-1%) ESR : <u>10.3</u> (0-12mm/hr) Hb : <u>14.3</u> (14gm/dl - 16gm/dl) RBC COUNT : <u>5.4</u> (4.5-6.6 Million/cumm) Platelet count : <u>259.0</u> (150-400/cu/mm) Bleeding Time : <u>3.6</u> (3-6min) Clotting Time : <u>5.1</u> (5-10min) HCT : <u>41.21</u> (40-45%) MCV : <u>84.5</u> (78-92fl) MCH : <u>29.41</u> (27-32pg) Sickle cell : <u>-ve</u> MCNC : <u>24.1</u> (31-35gm/dl) Blood Group : <u></u>	URINE ANALYSIS Colour : <u>normal</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 : <u>3</u> Urobilinogen : <u>normal</u> Blood : <u>normal</u> Nitrate : <u>normal</u> Leukocyte Esterase : <u>normal</u> Microscope : <u>/</u> Pus cells : <u>/</u> /HPF RBC : <u>/</u> /HPF Epithelial cells : <u>/</u> /HPF Casts : <u>/</u> /HPF Crystals : <u>/</u> Bacteria : <u>/</u> Mucus-Thread : <u>/</u>
BIOCHEMISTRY Diabetic profile Blood sugar (fasting) : <u>87</u> (70mg/dl-110mg/dl) (3.0mmol/l-6.1mmol/l) PPBS : <u>199</u> (80mg/dl-130mg/dl) (4.50-7.3mmol/l) RBS : <u>128.41</u> (64mg/dl-160mg/dl) (3.6mmol/l-8.9mmol/l) HBA1C : <u>0.81</u> (4-6.5%) Lipid profile Triglycerides : <u>251</u> (upto 200mg/dl) Total Cholesterol : <u>199</u> (<200mg/dl) HDL : <u>43.12</u> (>40mg/dl) LDL : <u>128.41</u> (Up to 130mg/dl) Liver Function test Total bilirubin : <u>0.81</u> (upto 1.0mg/dl) SGOT : <u>22.41</u> (Up to 40IU/L) SGPT : <u>26.51</u> (up to 41IU/L) Total Protein : <u>6.51</u> (6-8.3gm/dl) Renal function Test S creatinine : <u>0.98</u> (0.7-1.4mg/dl) Urea : <u>24.51</u> (10-45mg/dl) Uric acid : <u>5.6</u> (3.4-7.0 mg/dl) Cardiac profile TropoT : <u>0.01</u> (>0.01ng/ml) H. Pylori Test : <u>/</u> Malaria Parasite : <u>/</u> Micro Filaria : <u>/</u>	STOOL EXAMINATION Colour : <u>/</u> Consistency : <u>/</u> Reaction : <u>/</u> Occult Blood : <u>/</u> Microscopic exam : <u>/</u> Cyst : <u>/</u> Entamoeba : <u>/</u> Flagellates : <u>/</u> Pus Cells : <u>/</u> R.B. Cs : <u>/</u> Epith. cells : <u>/</u> Other : <u>/</u>
SEMEN ANALYSIS Quantity : <u>/</u> Reaction : <u>/</u> Total Sperm Count : <u>/</u> million/ml (Normal 60-150 million/ml) Microscopic : Active motile : <u>/</u> % Sluggish motile : <u>/</u> % Dead Sperm : <u>/</u> % Pus Cells : <u>/</u> R.B. Cs : <u>/</u> Epith. cells : <u>/</u> Morphology : Normal : <u>/</u> % Abnormal : <u>/</u> % V.D.R.L./Syphilis : <u>/</u> R.F. : <u>/</u> HBsAg : <u>/</u> HCV : <u>/</u> HIV : <u>/</u>	Lab. Technician

Medical Officer

DR. SARATH BULLUKA PRYADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 10045



Screening Quest. For Sleep Apnoea

Employee Data		Date: 25/01/2022
Name: Javed Yaroob Muhammad		Department/Company: Truckway
I. D No. 102303709	Tel # 7919791	Occupation: HDD

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 Q1 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

1 watching TV

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

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

1 Lying down to rest in the afternoon when circumstances permit

0 Sitting a talking with someone

0 Sitting quietly after lunch without alcohol

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

Total 05

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, Javed Yaroob Muhammad (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

DR. SANATH BUTT
GENERAL PRACTITIONER
MOH LIC NO. 10047

Signature: [Signature]

Date: 25/01/2022

Fitness to Work Certificate for drivers

Employee Data		Date: 25/01/2022	
Name: Javed Yousuf Muhammad		Department/Company: Truckman	
I.D. No: 102303704	Age: 39y	Occupation: H.D.D	
Type of Medical Evaluation		Mark those applying ✓	
A5- HVD- Crane or forklift driving & all heavy vehicles		A7- Professional driving-light vehicles	
Health Advisor Statement: The above named person has been examined according to the statements laid down in "Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work". At this time his/her fitness to work status for the above tasks is as follows.			
Fit with no restrictions		✓	
Fit with following restriction(s)			
<i>The employee is fit for above work but should avoid the following task(s)</i>	<i>Temporary restriction</i>	<i>Permanent restriction</i>	
Work near moving machinery or sharp edges			
Operate Heavy motor vehicles, forklifts or heavy machinery			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			
DR. SANATH BUDDHIKA PRIYADARSHAN GENERAL PRACTITIONER RUSAYL HEALTH CENTRE 55/101/2010042 Name of health advisor Signature 25/01/2022 Date:			

RUSAYL HEALTH CENTRE

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

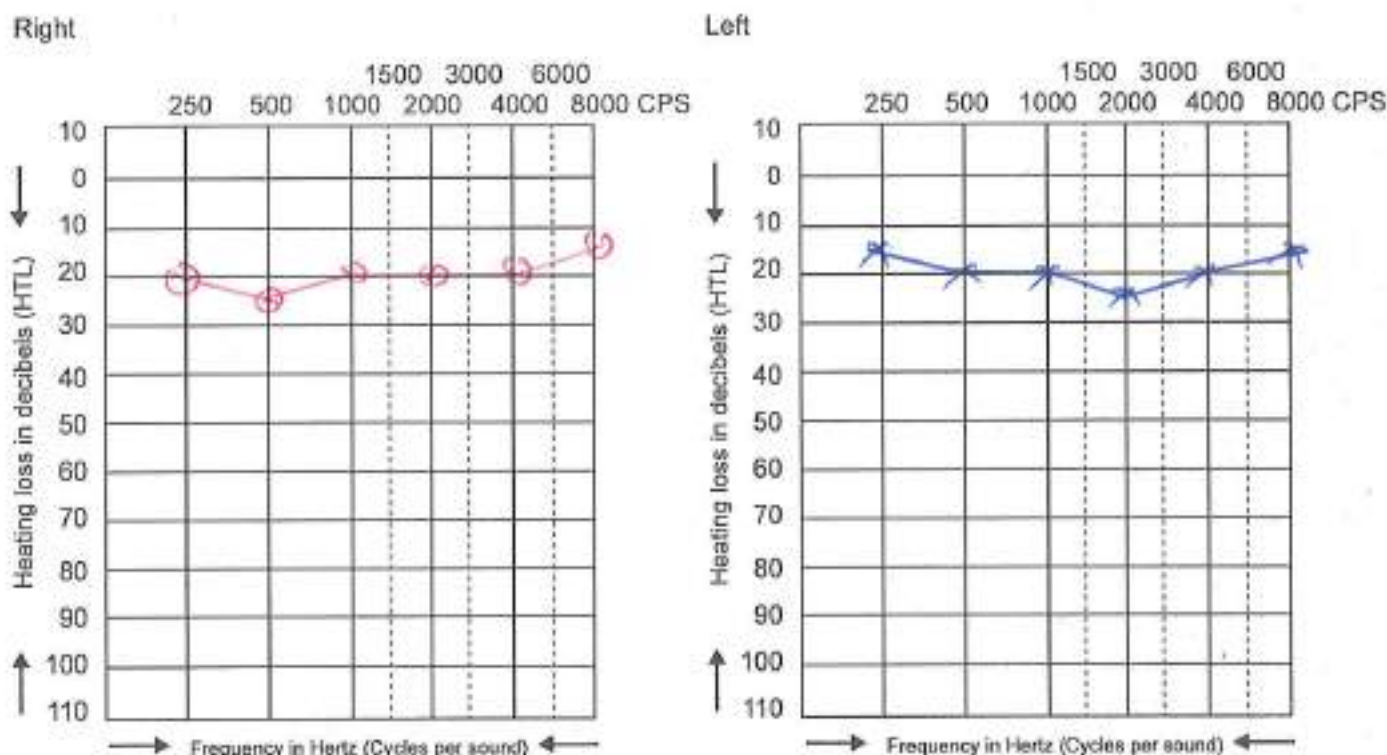


مركز الرشيل الصحي

منطقة الرشيل الصناعية
ص.ب : ١٨ الرشيل الرمز البريدي : ١٢٤
سلطنة عمان
تليفون : ٢٤٤٤٦١٥١ / ٥٤
فاكس : ٢٤٤٤٦٨٣٣

Name of Patient Tareed Yaroub Mahammat اسم المريض
Age 39 y السن Sex M الجنس Date 25/01/2022 التاريخ
Name of Company Truk Oman اسم الشركة

AUDIOGRAM



Impression :

Normal Study

DR. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 10042

Name of Dr. & Signature