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

No. B 07595

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RHC RUSAYL HEALTH CENTRE
ISO 9001 - 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames	HARISHA PALE POOVAPPA
Nationality	INDIAN
Mobile No. 95067062	Home/Leave Address:
Company Number:	Reference Indicator:
Personal Details (IN: 1146999 33	DOB: 15/05/1993
A ☑ Male ☐ Female	☑ Married ☐ Single ☐ Separated /Divorced /Widow(er)
Home/Leave Address:	Relationship to employee ☐ Wife ☐ Son ☑ Daughter
No of Children: 01	

Reason for Examination (tick as appropriate)

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

Employee only JOB: RIGGER

B Present Job and Location: FARHA | Next Job and Location:

Are you a registered person with special needs? ☐ NO | 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?	✓		
	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?		✓	

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

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: 10.08.2021 **Signature of Applicant:** Harishan P. P.

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

RHC

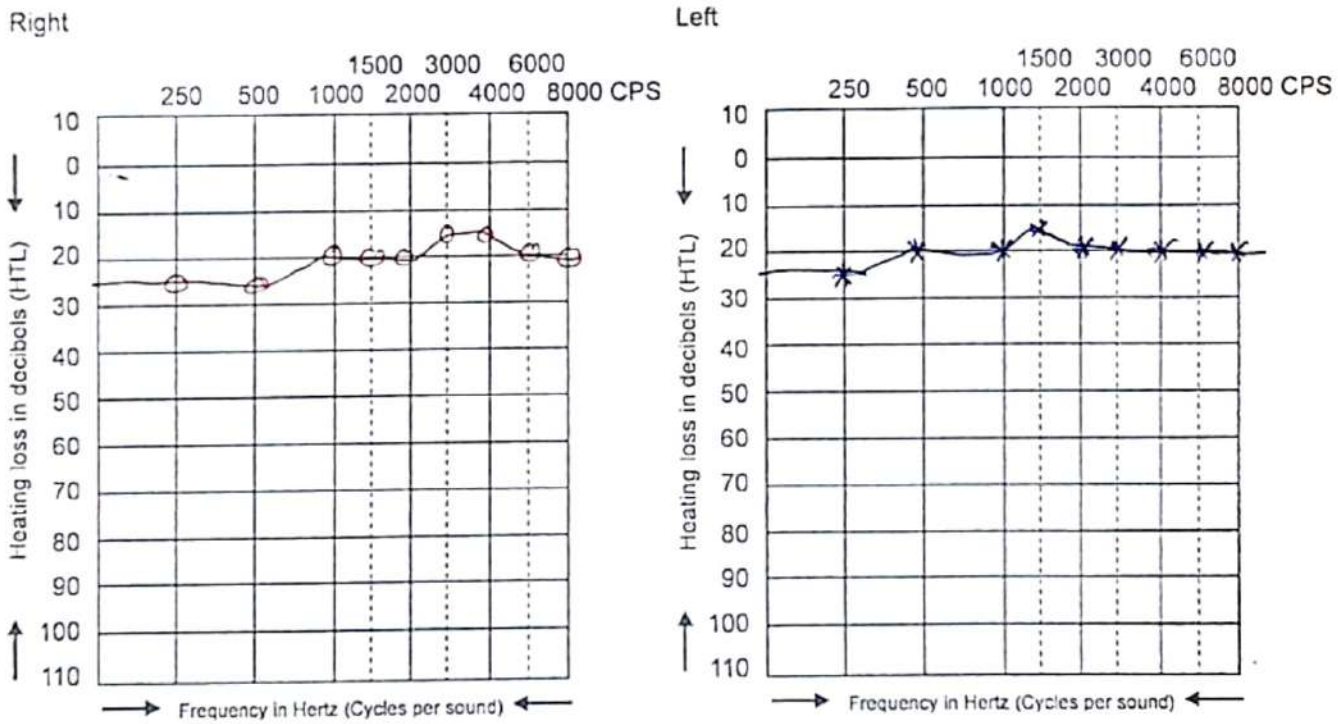
مركز الرسيل الصحي
منطقة الرسيل الصناعية
ص.ب : ١٨ الرسيل الرمز البريدي : ١٢٤
سلطنة عمان
تليفون : ٥٤ / ٢٤٤٤٦١٥١
فاكس : ٢٤٤٤٦٨٣٣

Name of Patient Harisha pale Poovappa اسم المريض

Age 28 السن Sex male الجنس Date 10/8/21 التاريخ

Name of Company Truet oman اسم الشركة

AUDIOGRAM



Impression : Normal Hearing Frequency

DR. MD MONIRUL AZIM
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 14866

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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 /mins.	HEARING	VISION	DISTANT R	DISTANT L	NEAR R	NEAR L
164.0	64.4	23.9	114/73	64	L Normal R Normal	Uncorrected				
						Corrected	6/6	6/6		

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	Normal			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. Sickle Cell test				12. HIV, Hepatitis screening

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

NAD

ASSESSMENT AND RECOMMENDATIONS:

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

10.08.2021

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

DR. MD MONIRUL AZIM
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 14866

Signature:

مركز الرسيل الصحي ش.ت: ١/٢٥٩٩٥/٤
C.R. No.: 1/2599574
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

REVIEW/CONSULTATION

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

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

Timing : O.P.D. 7 a.m. to 6. p.m.

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Date : 10/6/2021

LABORATORY INVESTIGATION

Name : Harisha Pale Poovappa Sex : male Age : 28
Dr. Company : Truck owner

HAEMATOLOGY

Total WBC	8.0	(4000-11000cu/mm)
DC - NEUTROPHIL	62.3	(40-75%)
LYMPHOCYTE	27.4	(20-45%)
EOSINOPHIL		(1-6%)
MONOCYTE		(2-10%)
BASOPHIL		(0-1%)
ESR		(0-12mm/hr)
		(M 12-16 g/dl)
		(F 11-14 g/dl)
HB	17.6	(14gm/dl---16gm/dl)
RBC COUNT	6.80	(4.5-6.6Million/cumm)
Platelet count	228	(150-400cu/mm)
Bleeding Time		(3-6min)
Clotting Time		(5-10min)
HCT	44.58	(40-45%)
MCV	73	(78--92fl)
MCH	24.2	(27--32pg)
Sickle cell		
MCHC	34.8	(31---35gm/dl)
Blood Group		

BIOCHEMISTRY

Diabetic profile

Blood sugar(fasting)	87	(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	109	(upto 200mg/dl)
Total Cholestrol	143.22	(<200mg/dl)
HDL	46.22	(>40mg/dl)
LDL	75.2	(Up to 130mg/dl)

Liver Function test

Total bilirubin	0.93	(upto 1.0mg/dl)
SGOT	24.6	(Up to 40IU/L)
SGPT	36.7	(up to 41IU/L)
Total Protein		(6-8.3gm/dl)

Renal function Test

S creatinine	1.02	(0.7-1.4mg/dl)
Urea	29.35	(10-45mg/dl)
Uric acid	5.96	(3.4-7.0 mg/dl)

Cardiac profile

Troponine T		(<0.01ng/ml)

H.Pylori Test

Malaria Parasite

Micro Filaria

URINE ANALYSIS

Colour	Pale yellow
Sp gravity	1.010
pH	6
Albumin	NIL
Sugar	NIL
Acetone	NIL
Bile Salts	NIL
Urobilinogen	NIL
Blood	NIL
Nitrate	NIL
Leukocyte Estrase	NIL

Microscope

Pus cells	/HPF
RBC	/HPF
Epithelial cells	/HPF
Casts	/HPF
Crystals	
Bacteria	
Mucus Thread	

Pregnancy Test

STOOL EXAMINATION

Colour	
Consistancy	
Reaction	
Occult Blood	
Microscopic pus	
Cyst	
Entamoeba	
Flagellates	
Pus Cells	
R.B. Cs	
Epith. cells	
Other	

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	

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Medical Officer

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Lab Technician