

#1229

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

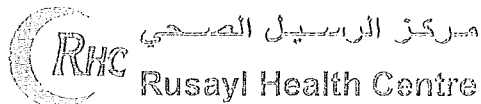


مركز الرعاية الصحية
RUSAYL HEALTH CENTRE
NO. 3, FAKHRAH QARAAHAY, 3-AJA, SAVERVAL, HARZUL

INITIAL EXAMINATION REPORT

Surname Alex CHERIAN John																																																																																																																																					
Forenames DOB. 28-04-1985, CN. 76214089																																																																																																																																					
Address Truckman, Bahja																																																																																																																																					
Place of examination Bahja	Date 25.10.21																																																																																																																																				
Home Telephone number 96228688																																																																																																																																					
If a dependant or fancee entr employees name jere :-																																																																																																																																					
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Nationality Indian	Country of birth India																																																																																																																																				
Religion Christian																																																																																																																																					
☒ Male ☐ Single ☐ Widow(er) ☐ Female ☒ Married ☐ Divorced Separated	Relationship to employee ☒ Wife ☐ Son ☐ Daughter ☐ Fiancee																																																																																																																																				
Number of children 1																																																																																																																																					
Reason for examination ☐ Pre-employment ☒ Pre-overseas	Job :- Rigger Area:- Bahja																																																																																																																																				
Name and address of family doctor	List your last 3 jobs																																																																																																																																				
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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.)																																																																																																																																					
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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 25.10.21	Signature of applicant Alex John																																																																																																																																				

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 5. p.m.

Date : 25-10-21

146-170cm

WT- 77.2kg

BP- 6/6

LABORATORY INVESTIGATION

Name : <u>ALEX CHERIAN</u>		Sex : <u>male</u>	Age : <u>33</u>
Dr. : <u>M. MAUF</u>		Company : <u>Trueb Oman</u>	

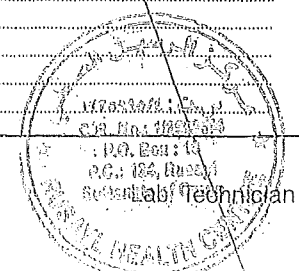
HAEMATOLOGY Total WBC..... (4-11cu/mm) DC - NEUTROPHIL..... (40-75%) LYMPHOCYTE..... (20-45%) EOSINOPHIL..... (1-6%) MONOCYTE..... (2-10%) BASOPHIL..... (0-1%) ESR..... (0-12mm/hr) HB..... <u>15.11</u>..... (14gm/dl---16gm/dl) RBC COUNT..... (4.5-6.6Million/cumm) Platelet count..... (150-400cu/mm) Bleeding Time..... (3-6min) Clotting Time..... (5-10min) HCT..... (40-45%) MCV..... (78--92fl) MCH..... (27--32pg) Sickle cell..... MCHC..... (31---35gm/dl) Blood Group.....	URINE ANALYSIS Colour: <u>pink yellow</u> Sp gravity: <u>1.020</u> Reaction: <u>N</u> Albumin: <u>N</u> Sugar: <u>N</u> Acetone: <u>N</u> Bile Salts: <u>N</u> Urobilinogen: <u>N</u> Occult Blood: <u>N</u> Microscope: Pus cells: <u>/HPF</u> R.B. Cs: <u>/HPF</u> Epithelial cells: <u>/HPF</u> Casts: <u>/HPF</u> Crystals: Parasites: Other:
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BIOCHEMISTRY Diabetic profile Blood sugar(fasting)..... <u>115</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>205</u>..... (upto 200mg/dl) Total Cholesterol..... <u>243</u>..... (<200mg/dl) HDL..... <u>38.53</u>..... (>40mg/dl) LDL..... <u>141.37</u>..... (Up to 130mg/dl) Liver Function test Total bilirubin..... <u>1.09</u>..... (upto 1.0mg/dl) SGOT..... <u>56.90</u>..... (Up to 40IU/L) SGPT..... <u>59.32</u>..... (up to 41IU/L) Total Protein..... (6-8.3gm/dl) Renal function Test S creatinine..... <u>0.919</u>..... (0.7-1.4mg/dl) Urea..... <u>29.35</u>..... (10-45mg/dl) Uric acid..... <u>5.16</u>..... (3.4-7.0 mg/dl) Cardiac profile Troponine T..... (>0.01ng/ml)	STOOL EXAMINATION Colour:..... Consistency:..... Reaction:..... Occult Blood:..... Microscopic ova: Cyst:..... Entamoeba:..... Flagellates:..... 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. R.F. HBsAg. HCV. HIV.
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H. Pylori Test..... Malaria Parasite..... Micro Filaria.....	DR. MOHAMMAD MARUF FERDOUS MEDICAL OFFICER RUSAYL HEALTH CENTRE MOH LIC NO. 12239
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Medical Officer



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	o BMI - 22.64 kg / day								
☒		2. E.N.T.									
☒		3. Teeth & Mouth									
☒		4. Lungs & Chest									
☒		5. Cardiovascular System									
☒		6. Abdo. Viscera									
☒		7. Genital 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 L	HEARING R	VISION: Uncorrected	DISTANT R L	NEAR R L	COLOUR VISION	BLOOD GROUP		
170	77	102/73 mmHg									
N	A	LABORATORY AND SPECIAL INVESTIGATIONS									
☒		1. Urinalysis	o dyslipidemia o total cholesterol 243 mg/dl.						☒		6. Audiogram
☒		2. Hb Bloodcount ESR							☒		7. Lung Function
☒		3. Serum Profile							☒		8. Chest X-Ray
☒		4. Stool							☒		9. Drug Screen
☒		5. E.C.G.							☒		10. CR Screen

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

o BMI : Healthy wt.

Ad.

- o Regular physical exercise
- o Avoid extra calories and fatty foods.

ASSESSMENT

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

Date 28-10-21

Signature

(Signature)

DR. MOHAMMAD MARUF FERDOUS
Name (Block Capitals)
RUSAYL HEALTH CENTRE
MOH LIC NO. 12930

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister

