# 1229

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
NEAR, FAHUD, QARNALAY, BHAJA, SAHERWAL, MARWUL

## INITIAL EXAMINATION REPORT

| | |
|---|---|
| Surname | Alex CHERIAN John |
| Forenames | DOB. 28-04-1985 , CN. 76214089 |
| Address | Truckoman , Bahja |
| Home Telephone number | 9622 8688 |

Place of examination: Bahja
Date: 25.10.21

If a dependant or fiancee entr employees name jere :-

Surname : Forenames:

Naticnality: 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: 0

Reason for examination: PDO medical — ☐ Pre-employment ☐ Pre-overseas — Job :- Rigger — Area:- Bahja

| 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 uncerlain exclude minor ailments.)

| | Y | N |
|---|---|---|
| 1. Sirius rouble | | ✓ |
| 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 benifilies 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 aver 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 ? NA - Average daily alcohol consuption Social Drinker

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

مركز الرسيل الصحي
Rusayl Health Centre

Timing : O.P.D. 7 a.m. to 5. p.m.

Date : 25 · 10 · 21

144 · 170cm
WT · 77.2kg
BP - 6/6

# LABORATORY INVESTIGATION

Name : ALEX CHERIAN Sex : male Age : 33

Dr.: MARUF Company : Trueplomen

## 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 | 15.11 | (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 | | |

## BIOCHEMISTRY

**Diabetic profile**

| | | |
|---|---|---|
| Blood sugar(fasting) | 115 | (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 | 205 | (upto 200mg/dl) |
| Total Cholestrol | 243 | (<200mg/dl) |
| HDL | 38.53 | (>40mg/dl) |
| LDL | 141.37 | (Up to 130mg/dl) |

**Liver Function test**

| | | |
|---|---|---|
| Total bilirubin | 1.09 | (upto 1.0mg/dl) |
| SGOT | 56.90 | (Up to 40IU/L) |
| SGPT | 59.32 | (up to 41IU/L) |
| Total Protein | | (6-8.3gm/dl) |

**Renal function Test**

| | | |
|---|---|---|
| S creatinine | 0.919 | (0.7-1.4mg/dl) |
| Urea | 29.35 | (10-45mg/dl) |
| Uric acid | 5.16 | (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 | 1.020 | |
| Reaction | N | |
| Albumin | N | |
| Sugar | N | |
| Acetone | N | |
| Bile Salts | N | |
| Urobilinogen | N | |
| Occult Blood | N | |
| Microscope: | | |
| Pus cells | | /HPF |
| R.B. Cs | | /HPF |
| Epithelial cells | | /HPF |
| Casts | | /HPF |
| Crystals | | |
| Parasites | | |
| Other | | |

Pregnancy Test

## STOOL EXAMINATION

Colour:
Consistancy:
Reaction:
Occult Blood:
Microscopic ova:
Cyst:
Entamoeba:
Flagellaes:
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.
R.F.
HBsAg.
HCV.
HIV

DR. MOHAMMAD MARUF FERDOUS
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 12039

Medical Officer

Lab Technician

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 | • Bmi - 22.64 kg / day |
| ✓ | | 2. E.N.T. | |
| ✓ | | 3. Teeth & Mouth | |
| ✓ | | 4. Lungs & Chest | |
| ✓ | | 5. Cardiovascular System | |
| ✓ | | 6. Abdo. Viscera | |
| ✓ | | 7. Hermial Orifices | |
| ✓ | | 8. Anus & Recturn | |
| ✓ | | 9. Genito - urinary | |
| ✓ | | 10. Extremities | |
| ✓ | | 11. Muscula-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 |
|---|---|---|---|---|---|---|---|---|---|
| 170 | 77 | 122/78 mmHg | L ✓ | L ✓ | Uncorrected | ✓ | ✓ | ✓ | |
| | | | R ✓ | R ✓ | Corrected | | | | |

| N | A | | LABORATORY AND SPECIAL INVESTIGATIONS | N | A | |
|---|---|---|---|---|---|---|
| ✓ | | 1. Urimalysis | • dyslipidemia, | | | 6. Audiogram |
| ✓ | | 2. Hb Bloodcount ESR | • Total Cholesteral 248 mg/dl. | | | 7. Lung Function |
| | ✓ | 3. Sarum 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.)

• Bmi : Healthy wt.

Adv.
• Do regular physical exercise
• Avoid extra calories and fatty foods.

ASSESSMENT

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

Date 28-10-21 Signature • MBBS R. Name (Block Capitals) DR. MOHAMMAD MARUF FERDOUS MEDICAL OFFICER RUSAYL HEALTH CENTRE MOH LIC NO. 12030 Doctor / Sister

REVIEW/CONSULTATION

Date Signature Name (Block Capitals) Doctor / Sister