

#1229

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS



RUAYL HEALTH CENTRE
RUSAYL, JALAJIR, KUALA LUMPUR, MALAYSIA

INITIAL EXAMINATION REPORT

Surname Alex CHERIAN John	
Forenames DOB, 28-04-1985, CN, 76214089	
Address Truckman, Bahya	
Place of examination Bahya	Date 1 / 1 25.10.21
Home Telephone number 9622 8688	

If a dependant or fiancee enter employees name here:

Surname:

Forenames:

Nationality **Indian** Country of birth **India** Religion **Christian**

☒ Male ☐ Single ☐ Widow(er) Relationship to employee
☐ Female ☒ Married ☐ Divorced ☐ Separated ☒ Wife ☐ Son ☐ Daughter ☐ Fiancee Number of children **1**

Reason for examination ☐ Pre-employment Job: **REGGON**
☒ Pre-overseas Area: **Bahya**

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		Y	N		Y	N
1. Scurvy			22. Heart Disease			42. Awarded benefits for Industrial injury/illness		
2. Neck swellings/lumps			23. Rheumatic Fever			43. Treated for a mental condition, eg, depression		
3. Difficulty in vision			24. Abnormal heartbeats			44. Treated for problem drinking or drug abuse		
4. Any ear discharge			25. High blood pressure			45. Exposed to toxic substance or noise		
5. Asthma/bronchitis			26. Stroke			FOR WOMEN ONLY		
6. Hayfever/other allergy			27. Serious chest pain			Have you ever had:-		
7. Any skin trouble			28. Any blood disease			46. An abnormal smear		
8. Tuberculosis			29. Kidney disease			47. Any gynaecological treatment		
9. Shortness of breath			30. Painful passage of urine			48. Are you pregnant?		
10. Coughing/vomited blood			31. Blood in urine			49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE?		
11. Severe abdominal pain			32. Diabetes					
12. Stomach ulcer			33. Headaches/migraine					
13. Recurrent indigestion			34. Dizziness/fainting					
14. Jaundice or hepatitis			35. Epilepsy					
15. Gall bladder disease			36. Joints/spinal trouble					
16. Marked change in bowel habits			37. Surgical operation					
17. Blood in stools (motions)			38. Serious accident/fracture					
18. Marked change in weight			39. Tropical disease					
19. Varicose veins			40. Fear of heights					
20. Lump in breast/armpit			HAVE YOU EVER BEEN:-					
21. Cancer			41. Rejected for employment or insurance for medical reasons					

How much tobacco each day? **NA** Average daily alcohol consumption **Social drinker**

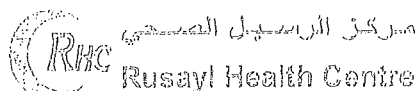
Family history Diabetes ☒ Tuberculosis ☐ Epilepsy ☐ Asthma ☐ Eczema ☒
 Heart disease ☐ High blood pressure ☐ Stroke ☐ Cancer ☐ Blood disease ☒

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 it 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
b/p- 6/6

LABORATORY INVESTIGATION

Name : <u>ALEX CHERIAN</u>		Sex : <u>male</u>	Age : <u>36</u>
Dr. : <u>M. MARUF</u>		Company : <u>True Oman</u>	

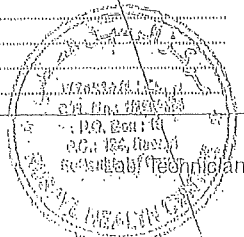
HAEMATOLOGY		URINE ANALYSIS	
Total WBC.....	(4-11cu/mm)	Colour.....	<u>Dark yellow</u>
DC - NEUTROPHIL.....	(40-75%)	Sp gravity.....	<u>1.020</u>
LYMPHOCYTE.....	(20-45%)	Reaction.....	<u>N</u>
EOSINOPHIL.....	(1-6%)	Albumin.....	<u>N</u>
MONOCYTE.....	(2-10%)	Sugar.....	<u>N</u>
BASOPHIL.....	(0-1%)	Acetone.....	<u>N</u>
ESR.....	(0-12mm/hr)	Bile Salts.....	<u>N</u>
		Urobilinogen.....	<u>N</u>
		Occult Blood.....	<u>N</u>
HB.....	(14gm/dl---16gm/dl)	Microscope:	
RBC COUNT.....	(4.5-6.6Million/cumm)	Pus cells.....	<u>HPF</u>
Platelet count.....	(150-400cu/mm)	R.B. Cs.....	<u>HPF</u>
Bleeding Time.....	(3-6min)	Epithelial cells.....	<u>HPF</u>
Clotting Time.....	(5-10min)	Casts.....	<u>HPF</u>
HCT.....	(40-45%)	Crystals.....	
MCV.....	(78-92fl)	Parasites.....	
MCH.....	(27-32pg)	Other.....	
Sickle cell.....		Pregnancy Test	
MCHC.....	(31-35gm/dl)		
Blood Group.....			

BIOCHEMISTRY		STOOL EXAMINATION	
Diabetic profile		Colour.....	
Blood sugar(fasting).....	<u>115</u> (70mg/dl-110mg/dl)(3.8mmol/l-6.1mmol/l)	Consistency.....	
PPBS.....	(80mg/dl-130mg/dl)(4.50-7.3mmol/l)	Reaction.....	
RBS.....	(64mg/dl-160mg/dl)(3.6mmol/l-8.9mmol/l)	Occult Blood.....	
HBA1C.....	(4-6.5%)	Microscopic ova:	
Lipid profile		Cyst.....	
Triglycerides.....	<u>205</u> (upto 200mg/dl)	Entamoeba.....	
Total Cholesterol.....	<u>243</u> (<200mg/dl)	Flagellates.....	
HDL.....	<u>38.53</u> (>40mg/dl)	Pus Cells.....	
LDL.....	<u>141.37</u> (Up to 130mg/dl)	R.B. Cs.....	
Liver Function test		Epith. cells.....	
Total bilirubin.....	<u>1.09</u> (upto 1.0mg/dl)	Other.....	
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)		
H. Pylori Test.....			
Malaria Parasite.....			
Micro Filaria.....			

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.....	

Medical Officer

DR. MOHAMMAD MARUF PERDOUS
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 12008



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									
N	A	2. E.N.T.										
N	A	3. Teeth & Mouth										
N	A	4. Lungs & Chest										
N	A	5. Cardiovascular System										
N	A	6. Abdo. Viscera										
N	A	7. Genital Orifices										
N	A	8. Anus & Rectum										
N	A	9. Genito - Urinary										
N	A	10. Extremities										
N	A	11. Musculo-skeletal										
N	A	12. Skin & Varicose Vns.										
N	A	13. C.N.S.										
N	A	14. Breasts										
N	A	15.										
HEIGHT cm	WEIGHT kg	B.P.	HEARING	HEARING	VISION:	DISTANT	HEAR	COLOUR	BLOOD			
170	77	119/75	L	L	Uncorrected	R L	R L	1	GROUP			
			R	R	Corrected							
		LABORATORY AND SPECIAL INVESTIGATIONS								N	A	
N	A	1. Urinalysis	o dyslipidemia, " Total cholesterol 248 mg/dl.									
N	A	2. Hb Bloodcount ESR										
N	A	3. Serum Profile										
N	A	4. Stool										
N	A	5. E.C.G.										
OTHER FINDINGS (physique, scars, disabilities, mental stability etc.)												

o BMI : Healthy wt.

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

DR. MOHAMMAD NARUF FERDOUS
Name (Block Capitals)
RUMYL HEALTH CENTRE
RUMYL, LGD, 13000

Doctor / Sister

REVIEW/CONSULTATION

Date

Signature

Name (Block Capitals)

Doctor / Sister