



مرکز الرسیل الصحي RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

No. B14586

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/ Forenames	Abdul Raut
Nationality	Pakistani
Company Number:	6902
Reference Indicator:	7/11/2023

Mobile No: 97587 9795	Home/Leave Address:
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Personal Details	Sex: Male ☒ Female ☐ DOB: 11/12/1975	ID: 62056741
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A ☒ Male ☐ Female	☒ Married ☐ Single ☐ Separated /Divorced /Widow(er)
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Home/Leave Address:	Relationship to employee	No of Children:
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Reason for Examination (tick as appropriate)
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Periodic Medical Examination ☒	Final / Retirement ☐	Other Reason ☐
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Employee only

B Present Job and Location: HDD	Next Job and Location: N.M.V
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Are you a registered person with special needs? ☐	Do you belong to any Medical Insurance Scheme? ☐
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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: 15/05/2023	Signature of Applicant: عبد الله
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No. B 14586

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	NAD				
		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	
165	123	45	136 90	71/min.	L Normal R Normal	DISTANT R 6/6 Uncorrected Corrected	NEAR R 6/6 Uncorrected Corrected
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS			N	A	
		1. Urinalysis	LDL - 171 TC - 239.03 HDL - 35.8			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 behaviour, etc.)							
A 2 wise 2 on waist not resolution, low fat 2 d. 2 Renal Overrule, stroke 2 m							
ASSESSMENT AND RECOMMENDATIONS:							
☒ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT							
Date: 25/05/2023 Name (Block Capitals): DR. SAHARA NIMR							
REVIEW/CONSULTATION							
Date: Name (Block Capitals): Dr. / Nurse							

Signature:

SAHARA NIMR
RUSAYL HEALTH CENTRE
C.M. No. 1259854
P.O. Box 124, Rusayl
Sultanate of Oman

Signature:

LABORATORY INVESTIGATION

Name : <u>ABDUL RAUF</u>		Sex : <u>MALE</u>	Age : <u>50</u>
Dr. : <u>RUPDHY</u>		Company : <u>TOULCOMAN</u>	

HAEMATATOLOGY	URINE ANALYSIS
Total WBC <u>6.27</u> (4000-11000/cu/mm)	Colour <u>YELLOW</u>
DC - NEUTROPHIL <u>56.5</u> (40-75%)	Sp gravity <u>1.020</u>
LYMPHOCYTE <u>34.21</u> (20-45%)	pH <u>7</u>
EOSINOPHIL <u>5.62</u> (1-6%)	Albumin <u>Nil</u>
MONOCYTE <u>5.62</u> (2-10%)	Sugar <u>Nil</u>
BASOPHIL <u>5.62</u> (0-1%)	Acetone <u>Nil</u>
ESR <u>14.81</u> (0-12mm/hr)	Bile Salts <u>Nil</u>
MCV <u>5.67</u> (14gm/dl - 16gm/dl)	Urobilinogen <u>Normal</u>
RBC COUNT <u>237.6</u> (4.5-6.6 Million/cu/mm)	Blood <u>Normal</u>
Platelet count <u>237.6</u> (150-400/cu/mm)	Mintar <u>Normal</u>
Bleeding Time <u>44.2</u> (3-8min)	Leukocyte Esterase <u>Normal</u>
Clotting Time <u>79.3</u> (5-10min)	Microscope:
HCT <u>29.3</u> (40-45%)	Pus cells: <u>Nil</u> /HPF
MCV <u>29.3</u> (78-92fl)	RBC: <u>Nil</u> /HPF
MCH <u>30.1</u> (27-32pg)	Epithelial cells: <u>Nil</u> /HPF
Sickle cell <u>NEGATIVE</u>	Casts: <u>Nil</u> /HPF
MCHC <u>30.1</u> (31-35gm/dl)	Crystals: <u>Nil</u>
Blood Group <u>Nil</u>	Bacteria: <u>Nil</u>
	Mucus-Thread: <u>Nil</u>
Pregnancy Test <u>Nil</u>	

BIOCHEMISTRY	STOOL EXAMINATION
Diabetic profile	Colour: <u>Nil</u>
Blood sugar (fasting) <u>100</u> (70mg/dl-110mg/dl) (3.8mmol/l-6.1mmol/l)	Consistency: <u>Nil</u>
PPBS <u>239.03</u> (80mg/dl-130mg/dl) (4.50-7.3mmol/l)	Reaction: <u>Nil</u>
RBS <u>35.5</u> (64mg/dl-160mg/dl) (3.6mmol/l-8.9mmol/l)	Occult Blood: <u>Nil</u>
HBA1C <u>171</u> (4-6.5%)	Microscopic exam:
Lipid profile	Cyst: <u>Nil</u>
Triglycerides <u>161</u> (upto 200mg/dl)	Entamoeba: <u>Nil</u>
Total Cholesterol <u>239.03</u> (<200mg/dl)	Flagellates: <u>Nil</u>
HDL <u>35.5</u> (>40mg/dl)	Pus Cells: <u>Nil</u>
LDL <u>171</u> (Up to 130mg/dl)	R.B. Cs: <u>Nil</u>
Liver Function test	Epith. cells: <u>Nil</u>
Total bilirubin <u>0.41</u> (upto 1.0mg/dl)	Other: <u>Nil</u>
SGOT <u>33</u> (Up to 40IU/L)	
SGPT <u>77.4</u> (up to 41IU/L)	
Total Protein <u>77.4</u> (6-8.3gm/dl)	
Renal function Test	
S creatinine <u>0.72</u> (0.7-1.4mg/dl)	
Urea <u>30.67</u> (10-45mg/dl)	
Uric acid <u>5.40</u> (3.4-7.0 mg/dl)	
Cardiac profile	
Troponin T <u>Nil</u> (>0.01ng/ml)	
H. Pylori Test <u>Nil</u>	
Malaria Parasite <u>Nil</u>	
Mico Filaria <u>Nil</u>	

SEMEN ANALYSIS
Quantity: <u>Nil</u> Reaction: <u>Nil</u>
Total Sperm Count <u>Nil</u> million/ml (Normal 60-150 million/ml)
Microscopic: Active motile <u>Nil</u> %
Sluggish motile <u>Nil</u> %
Dead Sperm: <u>Nil</u> %
Pus Cells <u>Nil</u> R.B. Cs: <u>Nil</u>
Epith. Cells: <u>Nil</u>
Morphology Normal: <u>Nil</u> %
Abnormal: <u>Nil</u> %
V.D.R.L./Syphilis <u>Nil</u>
R.F. <u>Nil</u>
HbsAg <u>Nil</u>
HCV <u>Nil</u>
HIV <u>Nil</u>

Medical Officer

DR. SANATH SUDHAKA PRIYADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOBILE NO. 16047

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
P.O. Box : 18, P.C. : 124, Rusayl
Sultanate of Oman
SAHARA NIMR
Lab. Technician

2023-05-15 08:00:54

6Channel+1 Rhythm Report

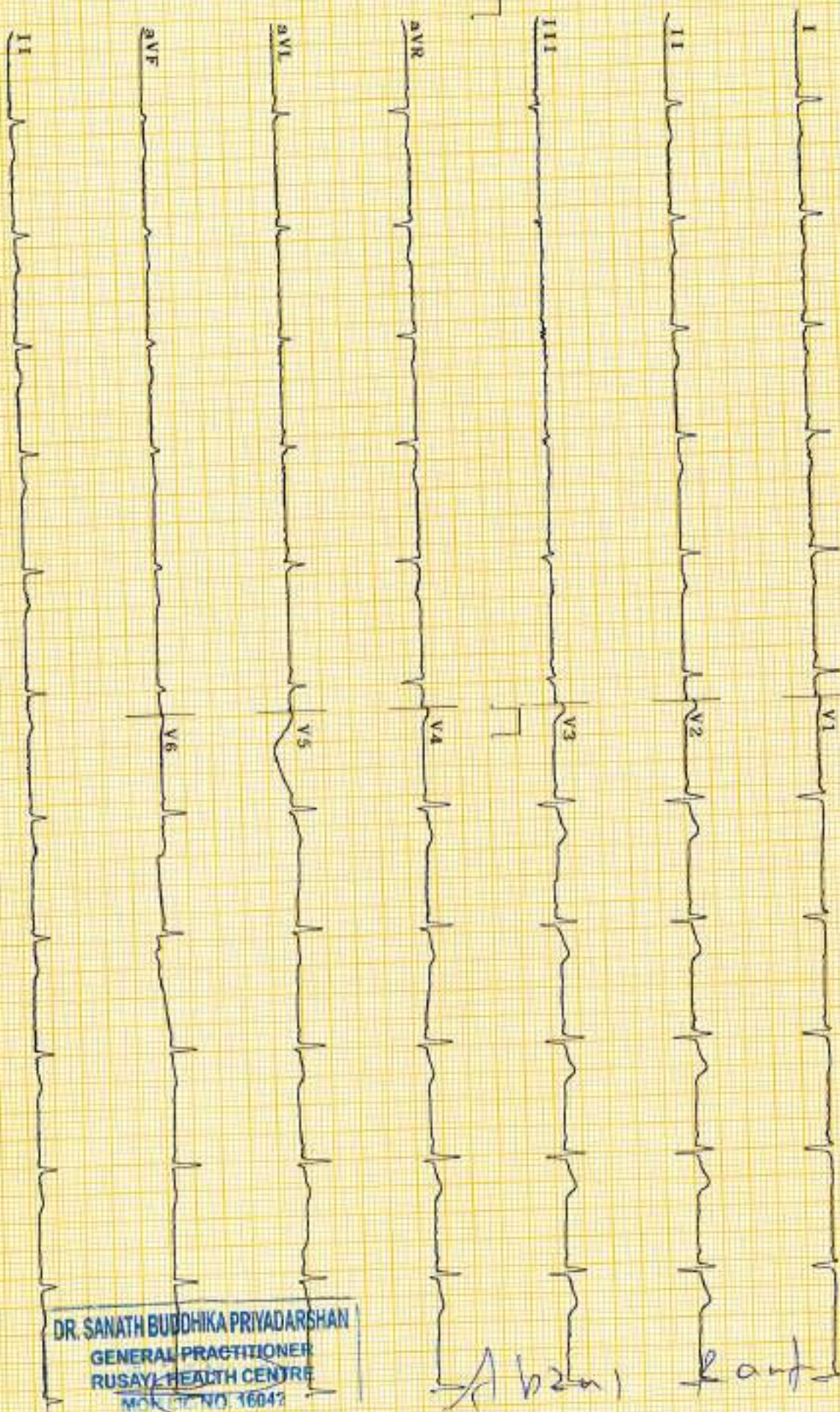
Confirmed by Dr. Sanath Buddhika Priyadarshan (To be finally confirmed by cardiologist)

ID:
Name:
Age: Years
Sex:
H:cm/W:0kg
Heart Rate : 71 bpm
PR Int.: 118 ms
QRS Dur.: 80 ms
QT/QTc: 372/404 ms
P-R-T axes: -9 23 46

** Analysis Result **
Normal Sinus Rhythm
Normal Axis
[Normal ECG]

RUSAYL HEALTH CENTRE
C.R. No: 1259554, (Rusayl, Muscat)
P.O. Box: 18, P.C. 128, Rusayl
Sultanate of Oman
SAHARA NIMR

DR. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOBILE NO. 96042



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Framingham risk score calculator

Posted by dkwinter

For estimation of 10-year Cardiovascular Disease (CVD) Risk to aid in decision to initiate lipid-lowering therapy.

Framingham Risk Score (FRS) Calculator

Gender:

☒ Male ☐ Female

Age (years):

50

Total cholesterol (mmol/L):

6.19

HDL (mmol/L):

0.93

Diabetic:

☐ Yes ☒ No

Smoker:

☐ Yes ☒ No

Systolic BP (mmHg):

136

On antihypertensive medication:

☐ Yes ☒ No

Statin-indicated conditions

Clinical atherosclerosis:

☐ Yes ☒ No

Abdominal Aortic Aneurysm:

☐ Yes ☒ No

Diabetes mellitus & age ≥40

☐ Yes ☒ No

Diabetes mellitus & microvascular disease:

☐ Yes ☒ No

T1DM for ≥15 years & age ≥30:

☐ Yes ☒ No

Age ≥50 and CKD (eGFR ≤60 or ACR ≥3):

☐ Yes ☒ No

For modified FRS

Positive family history of premature cardiovascular disease in a first-degree relative before 55 years of age for men and before 65 years of age for women:

☐ Yes ☒ No

FRS: 13.3%
Total FRS points: 12
Breakdown
+8 points for age + gender
+2 points for Total Cholesterol
+1 points for HDL

Calculate FRS

Abdul Rauf
6902 / Trunkman



RUSAYL HEALTH CENTRE

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



مركز الرسيل الصحي

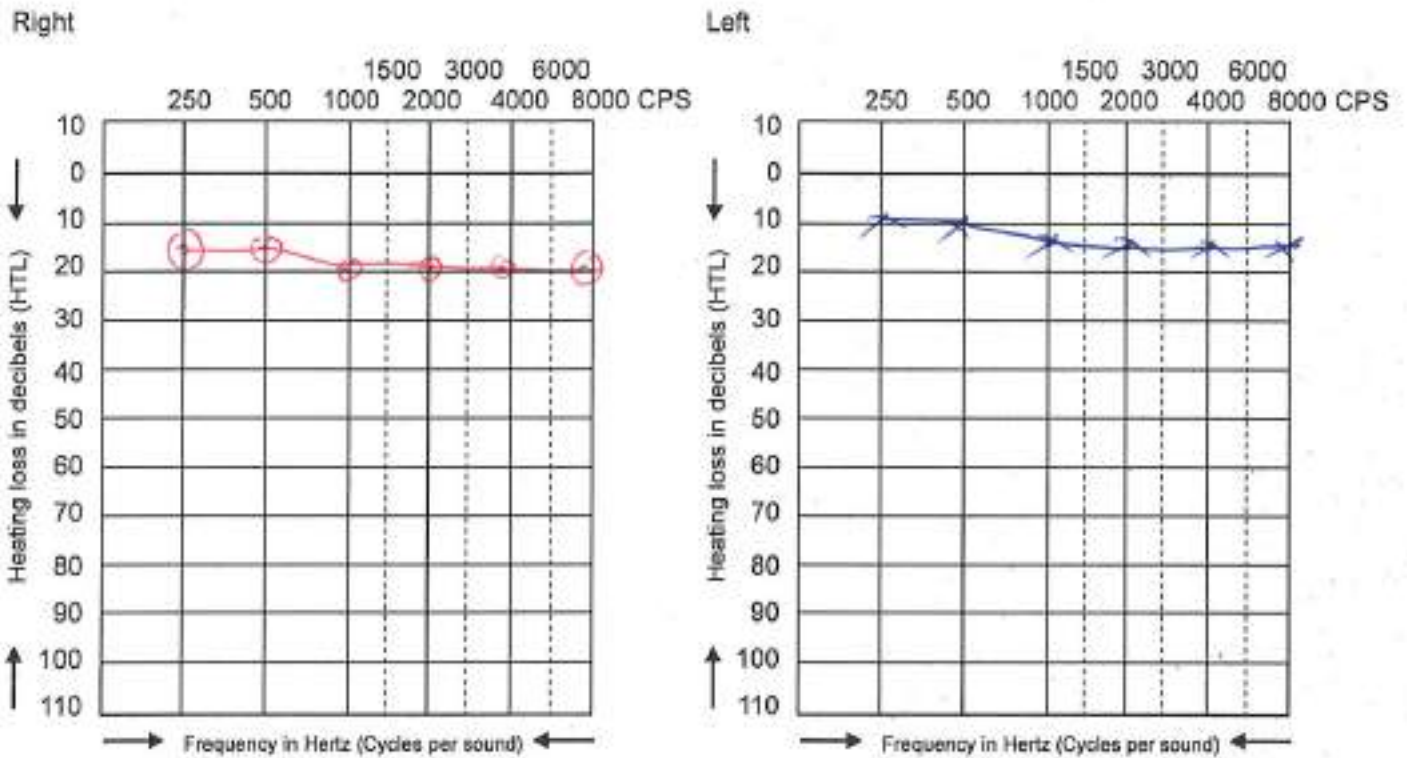
منطقة الرسيل الصناعية
ص ب : ١٨ الرسيل، الرمز البريدي : ١٢٤
سلطنة عمان
تليفون : ٢٤٤٤٦١٥١ / ٥٤
فاكس : ٢٤٤٤٦٨٣٣

Name of Patient Abdul Raut. اسم المريض

Age 50 y السن Sex M الجنس Date 15/05/2023 التاريخ

Name of Company Truckman. اسم الشركة

AUDIOGRAM



Impression :

Normal Study

DR. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 16042

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
C.R. No.: 1258954, 1701191
P.O. Box : 18, P.C.: 124, Rusayl
Sultanate of Oman
SAHARA NIMR

Name of Dr. & Signature

Fitness to Work Certificate for drivers

Employee Data		Date: 25/05/2023	
Name: Abdul Rauf.		Department/Company: Trukman	
I.D. No: 62056741	Age: 50y	Occupation: H.D.I.	
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		TMT - Negative (25/05/2023) ✓	
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 Name of health advisor		Signature Date: 25/05/2023 مركز الرسيل الصحي RUSAYL HEALTH CENTRE C.R. No.: 1259954, 1259955 P.O. Box: 18, P.C.: 124, Rusayl Sultanate of Oman SAHARA NIMR	

Screening Quest. For Sleep Apnoea

Employee Data		Date: 15/05/2023
Name: Abdul Rauf.		Department/Company: TRUKOMAN
I. D No. 62056741	Tel # 9877475	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

0 watching TV

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

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

0 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 00

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

Signature: 

Date: 15/05/2023

DR. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
C.R. No. 1259954, 11st fl, 124, Rusayl
P.O. Box: 18, P.C.: 124, Rusayl
Sultanate of Oman
SAHARA NIMR

STS Summary Report

PEACELAND MEDICAL CENTER

Name: **ABDULRAUF BUTT**

24617149

ID: 01250523

Tested On: 25/05/2023, 08:08 AM

DOB: 50 years (Male), Kg, cm

Doctor: **Dr. SHIMA**

99

Observations: A 50 YEAR OLD MALE UNDERWENT EXERCISE TOLERANCE TEST, UTILIZING MODIFIED BRUCE PROTOCOL.

THE PATIENT DID NOT COMPLAIN OF CHEST PAIN, SOB OR DIZZINESS.

COMPLETED 12:52 MINUTES OF EXERCISE (STAGE 5), ACHIEVED 10.22 METS, AVERAGE FUNCTIONAL CLASS.

RESTING HEART RATE 75 BPM AND INCREASED TO 176 BPM WHICH IS 103% OF THE MAXIMUM AGE-PREDICTED HEART RATE.

RESTING BLOOD PRESSURE: 150/80 MMHG AND INCREASED TO 180/100 MMHG. NEITHER HYPERTENSIVE BLOOD PRESSURE RESPONSE NOR

HYPOTENSION.

RESTING ECG SHOWED NORMAL SINUS RHYTHM.

EXERCISE ECG SHOWED NO SIGNIFICANT ST-T WAVE CHANGES.

REASON FOR TERMINATION WAS FATIGUE.

Final Impression: THE TEST IS NEGATIVE FOR EXERCISE-INDUCIBLE ISCHEMIA.

HE IS CONSIDERED FIT FROM CARDIAC POINT OF VIEW AT PRESENT TO WORK.



Dr. Shima Shalashan
Cardiologist Specialist
MDH Lic. No. 21596



BPL DYNATRAC ULTRA Technician: Done By: Confirmed by:

STS Summary Report

PEACELAND MEDICAL CENTER

Toule Omer

Name: ABDULRAUF BUTT

Details: 50years(Male), Kg.cm

24617149

ID: 01250523

Doctor: Dr. SHIMA

Tested On: 25/05/2023, 09:08 AM

GPE

Test Summary Report

Target HR = 170

Protocol = MODIFIED BRUCE

HR achieved = 176 (103%)
Total time = 17:58

Object of test

: A 50 YEAR OLD MALE, OCCUPATIONAL HEALTH

Peak Ex = Exercise 5
Exercise time = 12:52Max ST deviation = 2.80(Lead V3)
Recovery time = 04:10

Risk factor

: OBESITY & SMOKING

Ex tolerance

Ex Arrhythmia

Hemo Response

Chrono response

: NONE

: NL

Other investigation

Reason for Termination : FATIGUE

Stage-wise Summary

Stage Name	Duration (mm:ss)	HR at the end of stage	Max ST (mm)	Min ST (mm)	Speed km/hr	Slope (%)	METS	systolic(map) (mmHg)	RPP	Comments
Supine	00:26	112	2.80(V3)	-1.52(III)	0.0	0.0	0.00	---	---	
Waiting for Exercise	00:30	110	2.13(V3)	-0.54(AVR)	0.0	0.0	0.00	---	---	
Exercise 1	03:00	125	2.80(V3)	-0.90(AVR)	2.7	0.0	2.29	150/80(103)	18900	
Exercise 2	03:00	129	2.08(V3)	-0.97(II)	2.7	5.0	3.44	150/80(103)	20100	
Exercise 3	03:00	141	1.53(V3)	-1.21(II)	2.7	10.0	4.80	160/80(108)	22560	
Exercise 4	03:00	162	1.53(V3)	-1.02(III)	4.0	12.0	7.02	170/80(110)	27540	
Peak Exercise 5	00:52	173	1.23(V3)	-1.52(III)	5.5	14.0	10.22	180/80(113)	31140	
Recovery 1	01:00	165	2.02(V2)	-0.87(III)	5.5	14.0	0.00	180/100(126)	31680	
Recovery 2	01:00	139	1.99(V3)	-1.18(AVF)	5.5	14.0	0.00	170/90(119)	26350	
Recovery 3	01:00	130	1.36(V2)	-1.05(II)	5.5	14.0	0.00	160/90(113)	22560	
Recovery 4	01:00	127	1.37(V2)	-0.83(II)	5.5	14.0	0.00	150/90(110)	19690	
Recovery 5	00:10	131	1.32(V3)	-0.14(AVR)	5.5	14.0	0.00	---	---	
Medication:										

History: C/S 30 PMR

BPL DYNATRAC ULTRA Technician: Done By: Confirmed by: