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

No. B14154

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
ISO 9001 - 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames	MATAR HASSAN MOHSIN SALIM AL WAHEIBI
Nationality	33/M/Omani
Mobile No. 93227668	Home/Leave Address:
Company Number: 6940	Reference Indicator:

Personal Details Civil ID # 21612255

A ☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated /Divorced /Widow(er)

Home/Leave Address: **Relationship to employee** ☐ Wife ☐ Son ☐ Daughter No of Children: 3

Reason for Examination (tick as appropriate)

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

Employee only

B Present Job and Location: Heavy Driver - Marmul | Next Job and Location: HD Driver - Truck Oman

Are you a registered person with special needs? ☐ | 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?				

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: 9 | May 2023

Signature of Applicant:

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RHC **RUSAYL HEALTH CENTRE**
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FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N	A		PHYSICAL EXAMINATION
✓		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	VISION DISTANT L	VISION NEAR R	VISION NEAR L
184	138.4	40.9	120/70	67	L (N) R (A)	Uncorrected 6/6	6/6	6/6	6/6
						Corrected			

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis		✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR				8. Lung Function
	✓	3. LFT, RFT, RBS	SEPT 54			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.)

A? Obesity, Slightly elevated liver enzyme without clinical symptoms

ASSESSMENT AND RECOMMENDATIONS:

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

1 May 2023

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

Romulus Wirlendres
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
LICENCE NO. 13982

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RUSAYL HEALTH CENTRE
C.R. No.: 1259854, [illegible]
P.O. Box: 18, P.C.: 124, Rusayl
Sultanate of Oman
SAHARA NIMR

REVIEW/CONSULTATION

P- Weight management, diet + exercise, monitor weight regularly, Practice healthy lifestyle; Repeat liver function test on Sept 2023

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

1 May 2023

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.

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RHC Rusayl Health Centre
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Date : 01/05/2023

LABORATORY INVESTIGATION

Name : MATAR HASSAN   Sex : MALE   Age : 33
Dr.: ROMMEL   Company : TRUCK OMAN

HAEMATOLOGY

Test	Result	Reference
Total WBC	5.9	(4000-11000cu/mm)
DC - NEUTROPHIL	52	(40-75%)
LYMPHOCYTE	41	(20-45%)
EOSINOPHIL		(1-6%)
MONOCYTE	3.2	(2-10%)
BASOPHIL		(0-1%)
ESR		(0-12mm/hr)
		(M:12-16 g/dl)
		(F:11-14 g/dl)
HB	15.23	(14gm/dl---16gm/dl)
RBC COUNT	4.91	(4.5-6.6Million/cumm)
Platelet count	299	(150-400cu/mm)
Bleeding Time		(3-6min)
Clotting Time		(5-10min)
HCT	43	(40-45%)
MCV	90	(78--92fl)
MCH	26	(27--32pg)
Sickle cell	NEGATIVE	
MCHC	33	(31---35gm/dl)
Blood Group		

BIOCHEMISTRY

Diabetic profile

Test	Result	Reference
Blood sugar(fasting)	103	(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

Test	Result	Reference
Triglycerides	162	(upto 200mg/dl)
Total Cholestrol	185.3	(<200mg/dl)
HDL	41	(>40mg/dl)
LDL	112	(Up to 130mg/dl)

Liver Function test

Test	Result	Reference
Total bilirubin	0.65	(upto 1.0mg/dl)
SGOT	33	(Up to 40IU/L)
SGPT	54	(up to 41IU/L)
Total Protein		(6-8.3gm/dl)

Renal function Test

Test	Result	Reference
S creatinine	0.81	(0.7-1.4mg/dl)
Urea	45	(10-45mg/dl)
Uric acid	6.19	(3.4-7.0 mg/dl)

Cardiac profile

Troponine T .... (>0.01ng/ml)

H.Pylori Test ....

Malaria Parasite ....

Micro Filaria ....

URINE ANALYSIS

Colour: YELLOW
Sp gravity: 1.010
pH: 7
Albumin:, Sugar:, Acetone:, Bile Salts: NIL
Urobilinogen:, Blood:, Nitrate:, Leukocyte Estrase: NORMAL

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 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./Syphilis ....
R.F. ....
HBsAg. ....
HCV. ....
HIV ....

DR. ROMMEL W. MELENDRES
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 13952

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C.R. No: 1209994, ...
P.O. Box : 18, P.C.: 124, Rusayl
Sultanate of Oman

SAHAR NIMR

Medical Officer   Lab. Technician

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 : ٢٤٤٤٦١٥١ / ٥٤
فاكس : ٢٤٤٤٦٨٣٣

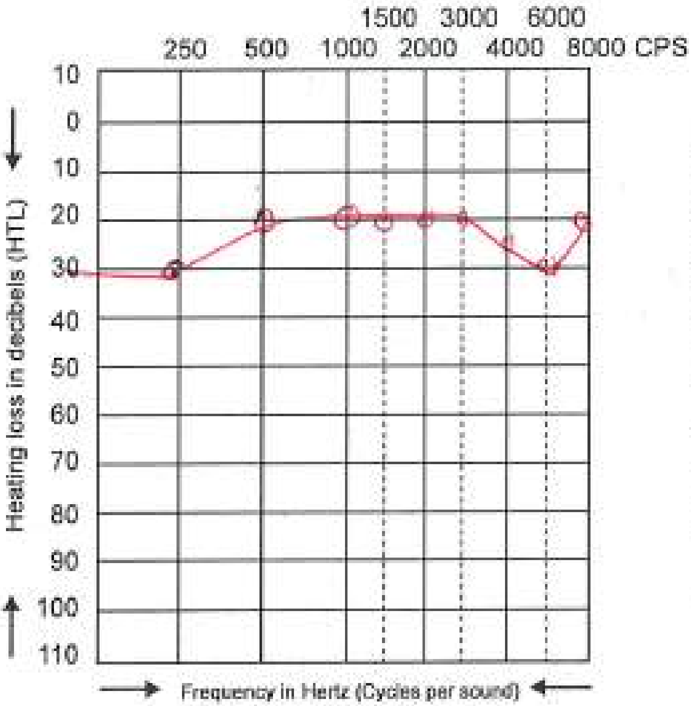
Name of Patient: Mattar Hassan Al Wahaibi اسم المريض

Age: 33 السن Sex: Male الجنس Date: 1 May 2023 التاريخ

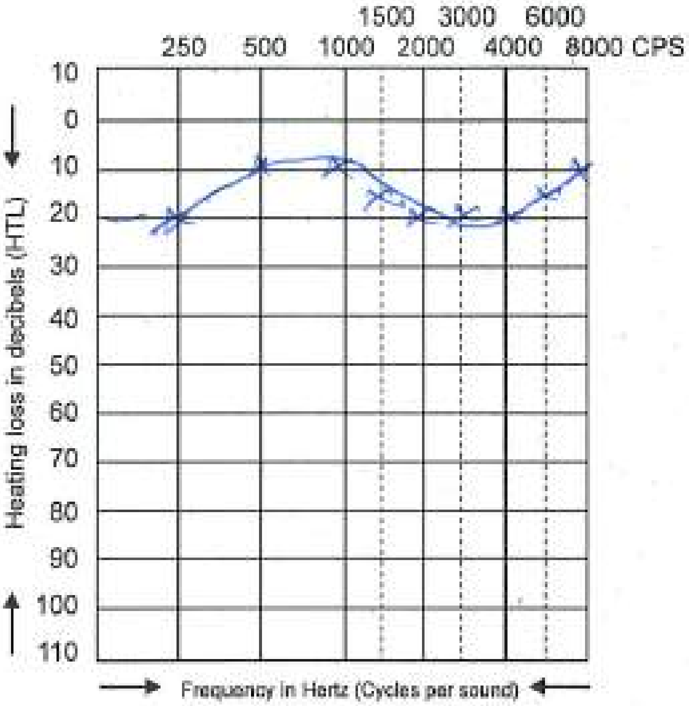
Name of Company: Truck Oman اسم الشركة

AUDIOGRAM

Right



Left



Impression : Normal hearing

مركز الرسيل الصحي
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C.R. No.: 1255954, Hatsel: ...
P.O. Box: 18, P.C.: 124, Rusayl
Sultanate of Oman

DR. ROMMEL W. MELENDRES
MEDICAL OFFICER
RUSAYL HEALTH CENTRE

Name of Dr. & Signature

Screening Quest. For Sleep Apnoea

Employee Data		Date: 1 May 2023
Name: Mattar Hassan Al Wahaibi		Department/Company: Trucks Oman
I. D No. 6940	Tel # 93227663	Occupation : HD Driver

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)
1	as a passenger in the car for an hour without a break
1	Lying down to rest in the afternoon when circumstances permit
1	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	3

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

Signature: _____ **Date:** 1 May 2023

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SAHARA NIMR

DR. ROMMEL W. MELENDRES
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 13982

Fitness to Work Certificate for drivers

Employee Data		Date: 1 May 2023
Name : Mattar Hassan Al Wahaibi		Department/Company : Truck Oman
I.D. No: 6940	Age: 33	Occupation : HO Driver

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			✓
Fit with following restriction(s)			
The employee is fit for above work but should avoid the following task(s)	*Temporary restriction*	*Permanent restriction*	
Work near moving machinery or sharp edges			
Operate Heavy motor vehicles, forklifts or heavy machinery			
Other (Specifiy)			
Temporary Unfit until			
Permanently Unfit			

DR. ROMMEL W. MELENDRES
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 13982

1 May 2023

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RUSAYL HEALTH CENTRE
C.R. No.: 1259956
P.O. Box : 16, P.C.: 124, Rusayl
Sultanate of Oman
SAHARA NMR

Name of health advisor | Signature | Date: