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

~~11~~ 1915
No. B15598

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RHC **RUSAYL HEALTH CENTRE**
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames	ARIF HUSSAIN
Nationality	PAKISTANI
Mobile No. 91358288 Home/Leave Address:	Company Number: Reference Indicator:
Personal Details	37 years CIVIL ID – 95375552
A ☐ Male ☐ Female	☑ Married ☐ Single ☐ Separated /Divorced /Widow(er)
Home/Leave Address:	**Relationship to employee** ☐ Wife ☐ Son ☐ Daughter — No of Children: 5

Reason for Examination (tick as appropriate)

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

Employee only

B Present Job and Location: HDD, IRUKOMAN | Next Job and Location:

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: 12/6/2022 **Signature of Applicant:** حارق حسين

DR. CHIEMEKA NDUKA EKEGHE
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 13758

مركز الرسيل الصحي
س.ت: ١/٢٥٩٩٥/٤
C.R. No.: 1/25995/4
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

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

No. B 15598

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (please describe)	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
161	81.	31.	120/77	59.	L ✓ R ✓	DISTANT R 6/6 L 6/6. NEAR R L. Uncorrected / Corrected

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	Hb – 13.5g/dl ↓ MCV – 75 ↓ MCH – 24 ↓ HDL – 40N	✓		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. Sickle Cell test				12. HIV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.) ? Iron deficiency Anaemia borderline overweight

ASSESSMENT AND RECOMMENDATIONS:

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

FIT.

Date: 12/6/2020 Name (Block Capitals): Dr. / Nurse CHIEMEKA TOBY Signature:

REVIEW/CONSULTATION Regular exercise Iron Rich foods/vegetables recommended.

Date: 12/6/2020 Name (Block Capitals): Dr. / Nurse CHIEMEKA TOBY Signature:

DR. CHIEMEKA NDUKA EKEGHE
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 19798

مركز الرسيل الصحي
س.ت: ١/٢٥٩٩٥/٤
C.R. No.: 1/25995/4
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

Rusayl Industrial City
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.

مركز الرسيل الصحي
Rusayl Health Centre
ISO 9001 - 2015 Certified Co.

Date : 12/06/2022

LABORATORY INVESTIGATION

(95375552)

Name : Arif Hussain Sex : Age : 37yrs

Dr.: Company : Jacobs oman

HAEMATOLOGY

Total WBC	5.4	(4000-11000cu/mm)
DC - NEUTROPHIL		(40-75%)
LYMPHOCYTE	29	(20-45%)
EOSINOPHIL		(1-6%)
MONOCYTE		(2-10%)
BASOPHIL		(0-1%)
ESR		(0-12mm/hr)
		(M:12-16 gldl)
		(F:11-14 gldl)
HB	13.5	(14gm/dl----16gm/dl)
RBC COUNT	5.26	(4.5-6.6Million/cumm)
Platelet count	199	(150-400cu/mm)
Bleeding Time		(3-6min)
Clotting Time		(5-10min)
HCT		(40-45%)
MCV	75	(78--92fl)
MCH	24	(27--32pg)
Sickle cell		
MCHC	32	(31---35gm/dl)
Blood Group		

BIOCHEMISTRY

Diabetic profile

Blood sugar(fasting)	98 mg/dl	(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	190	(upto 200mg/dl)
Total Cholestrol	179	(<200mg/dl)
HDL	40	(>40mg/dl)
LDL	101	(Up to 130mg/dl)

Liver Function test

Total bilirubin	0.700	(upto 1.0mg/dl)
SGOT	22	(Up to 40IU/L)
SGPT	15	(up to 41IU/L)
Total Protein		(6-8.3gm/dl)

Renal function Test

S creatinine	1.11	(0.7-1.4mg/dl)
Urea	22	(10-45mg/dl)
Uric acid	5.23	(3.4-7.0 mg/dl)

Cardiac profile

Troponine T		(>0.01ng/ml)

H.Pylori Test

Malaria Parasite

Micro Filaria

URINE ANALYSIS

Colour	Sp. yellow
Sp gravity	1.020
pH	6.00
Albumin	
Sugar	
Acetone	
Bile Salts	
Urobilinogen	Trace
Blood	
Nitrate	
Leukocyte Estrase	

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. CHIEMEKA NDUKA EKEGHE
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 19798

Medical Officer

C.R. No.: 1125990/4
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

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 : ٥٤ / ٢٤٤٤٦١٥١
فاكس : ٢٤٤٤٦٨٣٣

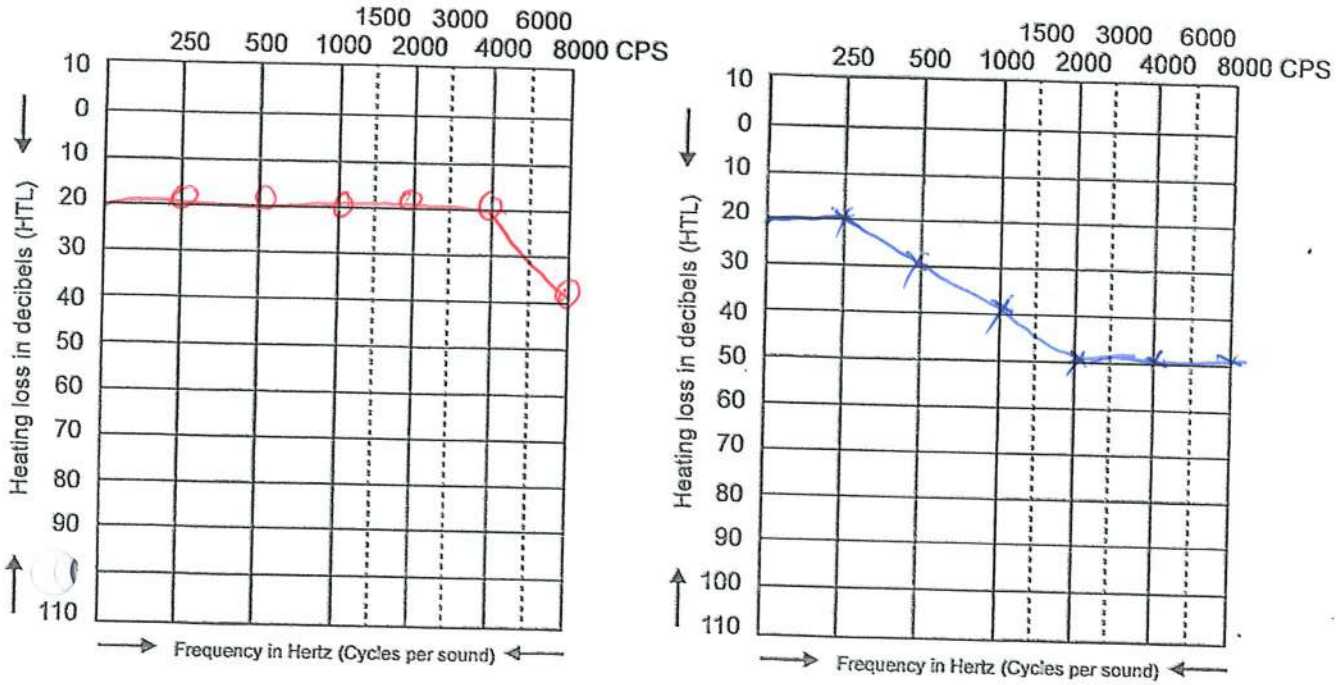
Name of Patient ARIF HUSSAIN اسم المريض

Age 37 السن Sex M الجنس Date 12/6/22 التاريخ

Name of Company TRUCKONDA اسم الشركة

AUDIOGRAM

Left



Impression : NORMAL HEARING ON THE RIGHT
MODERATE HEARING LOSS TO HIGH FREQUENCY SOUNDS ON THE LEFT.

DR. CHIEMEKA NDUKA EKEGHE
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 1979

مركز الرسيل الصحي
س.ت : ١/٢٥٩٩٥/٤
C.R. No.: 1/25995/4
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE