



ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Surname/  
Forenames

Nationality

Company Number:

Reference Indicator:

Mobile No. 96540218

Home/Leave Address:

Personal Details

A ☒ Male ☐ Female

☒ Married ☐ Single ☐ Separated /Divorced /Widow(er)

Home/Leave Address:

Relationship to employee

☐ Wife ☐ Son ☐ Daughter

No of Children: 4

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☒

Final / Retirement ☐

Other Reason: ☐

Employee only

B Present Job and Location:

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. It should 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 .

*[Signature]*

Date:

22/07/20

Signature of Applicant:



# مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

No. B 3834

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	
/		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	
					L	R	
164	78.2	29.1	120/80	68/min.	(N)		
						DISTANT	NEAR
						R	L
						Uncorrected	Corrected
						6/6	6/6
						N	N
						Colour vision (N)	

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
/		1. Urinalysis		
/		2. Hb, Bloodcount, ESR		
/		3. LFT, RFT, RBS		
		4. Drug Screen		
	/	5. Lipids (40 years +)		
		6. Sickle Cell test		
		7. Audiogram		
		8. Lung Function		
		9. Chest X-Ray		
		10. ECG		
		11. CVS risk for 40 yrs. & above		
		12. HIV, Hepatitis screening		

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

Dietary & lifestyle modifications; Toxoid comp. review in 3/12

ASSESSMENT AND RECOMMENDATIONS:

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

Date: 22/09/20 Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION

DR. JUDE NNAMDI UGWUJA  
GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE  
MCH LIC NO 18259

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

Signature:

Code : 124  
Sultanate of Oman  
Tel.: 24446151 / 54  
Fax : 24446833



مرکز الرسیل الصحي  
Rusayl Health Centre  
ISO 9001 - 2015 Certified Co.

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

Date : 22/09/2020

## LABORATORY INVESTIGATION

Name : Mohammed Farid Sex : M Age : 33  
Dr. : Company : Tawakol Oman

### HAEMATOLOGY

Total WBC..... 7.58 (4000-11000/cu/mm)  
DC - NEUTROPHIL..... 48.3 (40-75%)  
LYMPHOCYTE..... 40.6 (20-45%)  
EOSINOPHIL..... (1-6%)  
MONOCYTE..... (2-10%)  
BASOPHIL..... (0-1%)  
ESR..... (0-12mm/hr)  
(M:12-16 g/dl)  
(F:11-14 g/dl)  
HB..... 16.2 (14gm/dl---16gm/dl)  
RBC COUNT..... 6.2 (4.5-6.6 Million/cumm)  
Platelet count..... 259 (150-400cu/mm)  
Bleeding Time..... (3-6min)  
Clotting Time..... (5-10min)  
HCT..... (40-45%)  
MCV..... 78 (78--92fl)  
MCH..... 25.9 (27--32pg)  
Sickle cell.....  
MCHC..... 29.6 (31--35gm/dl)  
Blood Group.....

### URINE ANALYSIS

Colour: P. yellow  
Sp gravity: 1.020  
pH: 6  
Albumin: Nil  
Sugar: Nil  
Acetone: Nil  
Bile Salts:  
Urobilinogen: L Normal  
Blood:  
Nitrate:  
Leukocyte Estrase:  
Microscope:  
Pus cells: /HPF  
RBC: /HPF  
Epithelial cells: /HPF  
Casts: /HPF  
Crystals:  
Bacteria:  
Mucus-Thread:

Pregnancy Test

### STOOL EXAMINATION

Colour:  
Consistency:  
Reaction:  
Occult Blood:  
Microscopic ova:  
Cyst:  
Entamoeba:  
Flagellates:  
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

### BIOCHEMISTRY

Diabetic profile  
Blood sugar(fasting) 90 (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 258.9 (upto 200mg/dl)  
Total Cholesterol 160.7 (<200mg/dl)  
HDL 28.9 (>40mg/dl)  
LDL 80.2 (Up to 130mg/dl)  
Liver Function test  
Total bilirubin 0.640 (upto 1.0mg/dl)  
SGOT 30.9 (Up to 40IU/L)  
SGPT 41.5 (up to 41IU/L)  
Total Protein..... (6-8.3gm/dl)  
Renal function Test  
S creatinine 0.820 (0.7-1.4mg/dl)  
Urea 11.7 (10-45mg/dl)  
Uric acid 4.55 (3.4-7.0 mg/dl)  
Cardiac profile  
Troponine T..... (>0.01ng/ml)

H. Pylori Test.....

Malaria Parasite.....


Micro Filaria.....

DR. JUDE ANANDU GUNAJA  
GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE  
MOH LIC NO. 18259

Medical Officer

Lab. Technician

## Fitness to Work Certificate for Drivers

<b>Employee Data</b>		<b>Date: 22-SEPTEMBER-2020</b>	
<b>Name: MUHAMMAD FARYAD MUHAMMAD IBRAHIM</b>		<b>Department/Company: TRUCK OMAN</b>	
<b>I.D No. 91425613</b>	<b>Age: 33</b>	<b>Occupation: CRANE OPERATOR</b>	
<b>Type of Medical Evaluation</b>		<b>Mark those applying ✓</b>	
<b>A5 HVD- Crane or forklift driving &amp; all heavy vehicles</b>		<b>A7 Professional driving- Light Vehicles</b>	
<b>Health Advisor Statement :</b> 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.			
<b>Fit with no restrictions</b>		✓	
<b>Fit with following restriction(s)</b>			
<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/light motor vehicles, forklifts or heavy machinery			
Other (Specify)			
<b>Temporary Unfit until</b>			
<b>Permanently Unfit</b>		<b>Date</b>	
<b>Name of Health Advisor</b>		<b>Signature</b>	<b>Date</b>
			<b>22-SEPTEMBER-2020</b>

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