

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

ANJAB MEHMUD MUSAHMAD ASSLAM
PAKISTANI (ID NO : 95941915)

Mobile No. 98842399

Home/Leave Address: TRUCK OWNER

Company Number:

Reference Indicator:

Personal Details DOB: 14/07/90

AGE: 30 yrs

A Male Female

Married Single Separated /Divorced /Widow(er)

Home/Leave Address:

Relationship to employee

Wife Son Daughter

No of Children: 1

Reason for Examination (tick as appropriate)

Periodic Medical Examination

Final / Retirement

Other Reason:

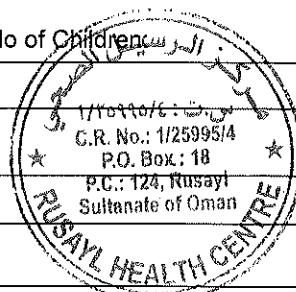
Employee only

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. 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 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: 22/09/20

Signature of Applicant:

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. 180 90	PULSE 62 /mins.	HEARING L (N) R	VISION	
						DISTANT R L	NEAR R L
197.5	81.4	28.8				Uncorrected 6/6 6/6	Corrected N/N

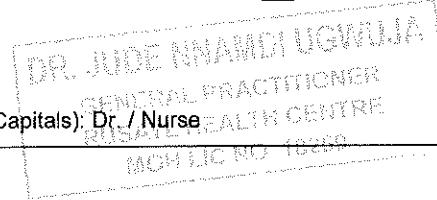
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
/		1. Urinalysis		7. Audiogram
/		2. Hb, Bloodcount, ESR		8. Lung Function
/		3. LFT, RFT, RBS		9. Chest X-Ray
/		4. Drug Screen		10. ECG
/		5. Lipids (40 years +)		11. CVS risk for 40 yrs. & above
/		6. Sickle Cell test		12. HIV, Hepatitis screening

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

Dietary & lifestyle modifications; Fasting blood glucose in 3/12

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT



REVIEW/CONSULTATION

Signature: 

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

LABORATORY INVESTIGATION

Name : <u>Amjai Memon</u>		Sex : <u>M</u>	Age : <u>30</u>		
Dr. : <u>Salma</u> Oma					
HAEMATOLOGY Total WBC <u>7.44</u> (4000-11000cu/mm) DC - NEUTROPHIL <u>6.3</u> (40-75%) LYMPHOCYTE <u>3.3</u> (20-45%) EOSINOPHIL <u>0.3</u> (1-6%) MONOCYTE <u>0.1</u> (2-10%) BASOPHIL <u>0.1</u> (0-1%) ESR <u>0</u> (0-12mm/hr) <u>0</u> (M:12-16 g/dl) <u>0</u> (F:11-14 g/dl) HB <u>16.2</u> (14gm/dl---16gm/dl) RBC COUNT <u>4.0</u> (4.5-6.6Million/cumm) Platelet count <u>234</u> (150-400cu/mm) Bleeding Time <u>3-6</u> (3-6min) Clotting Time <u>5-10</u> (5-10min) HCT <u>40</u> (40-45%) MCV <u>78</u> (78-92fl) MCH <u>27.1</u> (27-32pg) Sickle cell <u>0</u> MCHC <u>34.7</u> (31---35gm/dl) Blood Group <u>0</u>		URINE ANALYSIS Colour <u>P</u> yellow Sp gravity <u>1.022</u> pH <u>6.5</u> Albumin <u>NIL</u> Sugar <u>NIL</u> Acetone <u>NIL</u> Bile Salts <u>NIL</u> Urobilinogen <u>NIL</u> Blood <u>NIL</u> Nitrate <u>NIL</u> Leukocyte Estrase <u>NIL</u> Microscope: Pus cells <u>0</u> /HPF RBC <u>0</u> /HPF Epithelial cells <u>0</u> /HPF Casts <u>0</u> /HPF Crystals <u>0</u> Bacteria <u>0</u> Mucus-Thread <u>0</u> Pregnancy Test			
BIOCHEMISTRY Diabetic profile Blood sugar(fasting) <u>81</u> (70mg/dl-110mg/dl)(3.8mmol/l---6.1mmol/l) PPBS <u>80</u> (80mg/dl-130mg/dl)(4.50-7.3mmol/l) RBS <u>64</u> (64mg/dl-160mg/dl)(3.6mmol/l-8.9mmol/l) HbA1C <u>4.65</u> (4-6.5%) Lipid profile Triglycerides <u>170.5</u> (upto 200mg/dl) Total Cholesterol <u>270.4</u> (<200mg/dl) HDL <u>34.2</u> (>40mg/dl) LDL <u>202</u> (Up to 130mg/dl) Liver Function test Total bilirubin <u>0.790</u> (upto 1.0mg/dl) SGOT <u>34.7</u> (Up to 40IU/L) SGPT <u>39.6</u> (up to 41IU/L) Total Protein <u>6.8.3gm/dl</u> Renal function Test S creatinine <u>0.930</u> (0.7-1.4mg/dl) Urea <u>29.6</u> (10-45mg/dl) Uric acid <u>6.52</u> (3.4-7.0 mg/dl) Cardiac profile Troponine T <u>>0.01ng/ml</u> H.Pylori Test <u>0</u> Malaria Parasite <u>0</u> Micro Filaria <u>0</u>				STOOL EXAMINATION Colour <u>0</u> Consistency <u>0</u> Reaction <u>0</u> Occult Blood <u>0</u> Microscopic ova: Cyst <u>0</u> Entamoeba <u>0</u> Flagellae <u>0</u> Pus Cells <u>0</u> R.B. Cs <u>0</u> Epith. cells <u>0</u> Other <u>0</u> SEMEN ANALYSIS Quantity <u>0</u> Reaction <u>0</u> Total Sperm Count <u>0</u> million/ml (Normal 60-150 million/ml) Microscopic: Active motile <u>0</u> % Sluggish motile <u>0</u> % Dead Sperms <u>0</u> % Pus Cells <u>0</u> R.B. Cs <u>0</u> Epith. Cells <u>0</u> Morphology Normal <u>0</u> % Abnormal <u>0</u> % V.D.R.L/Syphilis <u>0</u> R.F. <u>0</u> HBsAg <u>0</u> HCV <u>0</u> HIV <u>0</u>	

Fitness to Work Certificate for Drivers

Employee Data		Date: 22-SEPTEMBER-2020	
Name: AMJAD NEHMOOD MUHAMMAD ASLAM		Department/Company: TRUCK OMAN	
I.D No. 95941915	Age: 30	Occupation: HDD	
Type of Medical Evaluation		Mark those applying <input checked="" type="checkbox"/>	
A5 HVD- Crane or forklift driving & all heavy vehicles		<input type="checkbox"/>	<input type="checkbox"/>
A7 Professional driving- Light Vehicles		<input type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>			
Fit with no restrictions			<input checked="" type="checkbox"/>
Fit with following restriction(s)			<input type="checkbox"/>
<i>The employee is fit for above work but should avoid the following task(s)</i>		Temporary restriction	Permanent restriction
Work near moving machinery or sharp edges		<input type="checkbox"/>	<input type="checkbox"/>
Operate heavy/light motor vehicles, forklifts or heavy machinery		<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)		<input type="checkbox"/>	<input type="checkbox"/>
Temporary Unfit until			<input type="checkbox"/>
Permanently Unfit			Date
Name of Health Advisor		Signature  Date 22-SEPTEMBER-2020	