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

No. B 19357

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames: Sukhvir Singh

Nationality: Indian

Mobile No: 79012006 | Home/Leave Address: India | Company Number: 6976 | Reference Indicator: Gratuity

Personal Details 35y | DOB - 24.10.1987 | ID - 11624708

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

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

Reason for Examination (tick as appropriate)

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

Employee only

B Present Job and Location: Id DD | Next Job and Location: NIMV

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 .

03/08/2012 — Sukhvir Singh

Date: **Signature of Applicant:**

P.O.Box 16, PC 124, Rusayl, Sultanate of Oman, C.R. 1/2599/4, Tel. 2438 [illegible], SAHARA PAC. NIMER, RUSAYL HEALTH CENTRE

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FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N = Normal A = Abnormal (please describe)

N	A		PHYSICAL EXAMINATION
✓		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
179	120	40	116/84	76 /mins.	L Normal R Normal	Uncorrected / Corrected DISTANT R L 6/6 NEAR R L 6/6

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.)

Advised on weight reduction Diet control, Regular exercise

ASSESSMENT AND RECOMMENDATIONS:

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

DR. SANATH BUDDHIKA PRIYADARSHANA
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH DL NO [illegible]

Date: 03/08/2022 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

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

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RUSAYL HEALTH CENTRE

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

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

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

Date : 8/8/22

LABORATORY INVESTIGATION

Name : SUKHVIR SINGH
Sex : 35/M Age : 35
Dr.:
Company : TRUCK OMAN

HAEMATOLOGY

Test	Result	Reference
Total WBC	5.9	(4000-11000cu/mm)
DC - NEUTROPHIL	62	(40-75%)
LYMPHOCYTE	28	(20-45%)
EOSINOPHIL	04	(1-6%)
MONOCYTE	06	(2-10%)
BASOPHIL	00	(0-1%)
ESR		(0-12mm/hr)
		(M:12-16 gldl)
		(F:11-14 gldl)
HB	14.9	(14gm/dl---16gm/dl)
RBC COUNT	5.0	(4.5-6.6Million/cumm)
Platelet count	310	(150-400cu/mm)
Bleeding Time		(3-6min)
Clotting Time		(5-10min)
HCT	42.3	(40-45%)
MCV	87.1	(78--92fl)
MCH	29.1	(27--32pg)
Sickle cell	NEGATIVE (RAPID)	
MCHC	32.1	(31---35gm/dl)
Blood Group		

BIOCHEMISTRY

Diabetic profile

Test	Result	Reference
Blood sugar(fasting)	95	(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	117	(upto 200mg/dl)
Total Cholestrol	187	(<200mg/dl)
HDL	43.1	(>40mg/dl)
LDL	121.00	(Up to 130mg/dl)

Liver Function test

Test	Result	Reference
Total bilirubin	0.8	(upto 1.0mg/dl)
SGOT	27.2	(Up to 40IU/L)
SGPT	24.1	(up to 41IU/L)
Total Protein		(6-8.3gm/dl)

Renal function Test

Test	Result	Reference
S creatinine	0.9	(0.7-1.4mg/dl)
Urea	20.6	(10-45mg/dl)
Uric acid	5.8	(3.4-7.0 mg/dl)

Cardiac profile

Test	Result	Reference
Troponine T		(>0.01ng/ml)

H.Pylori Test:

Malaria Parasite:

Micro Filaria:

URINE ANALYSIS

Test	Result
Colour	Yellow
Sp gravity	1.020
pH	6.0
Albumin	NORMAL
Sugar	NORMAL
Acetone	NORMAL
Bile Salts	NORMAL
Urobilinogen	NORMAL
Blood	NORMAL
Nitrate	NORMAL
Leukocyte Estrase	NORMAL

Microscope:

Test	Result	Unit
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. SARATH DUDDHIKA PRIYADARSHANA
GENERAL PRACTITIONER
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Medical Officer Lab. Technician

Fitness to Work Certificate for drivers

Employee Data			Date: 03/08/2022
Name : Sukhvir Singh			Department/Company : Transoman
I.D. No: 11624408	Age: 35 y		Occupation : HDD

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. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO: 16842

Name of health advisor | Signature | Date: 03/08/2022

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SAHARA PAC. MI[illegible]ER
RUSAYL HEALTH CENTRE

Screening Quest. For Sleep Apnoea

Employee Data	Date: 03/08/2022
Name: Sukhvir Singh	Department/Company: Truikoman
I.D No. 116249408 / Tel # 94020068	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

Score	Situation
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
1	Lying down to rest in the afternoon when circumstances permit
0	Sitting a talking with someone
1	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total	02

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

Signature: [signature] Date: 03/08/2022

DR. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTER
MOH LIC NO. 18042

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RHC

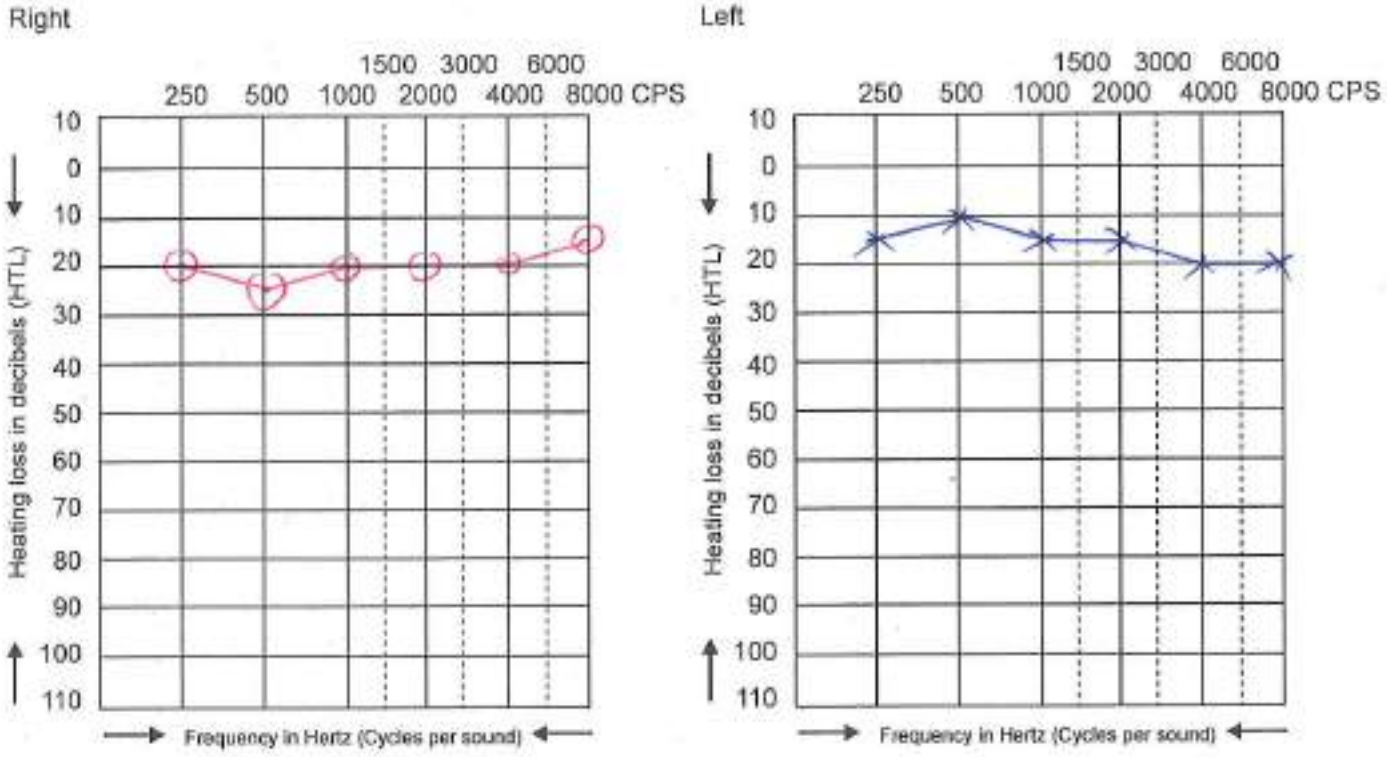
مركز الرسيل الصحي
منطقة الرسيل الصناعية
ص.ب : ١٨ الرسيل الرمز البريدي : ١٢٤
سلطنة عمان
تليفون : ٥٤ / ٢٤٤٤٦١٥١
فاكس : ٢٤٤٤٦٨٣٣

Name of Patient ..... Sukhvir Singh ..... اسم المريض

Age ..... 35 Y ..... السن Sex ..... (M) ..... الجنس Date ..... 03/08/2022 ..... التاريخ

Name of Company ..... Trukoman ..... اسم الشركة

AUDIOGRAM



Impression :

Normal Study.

DR. SANATH BUDDHIKA PRIYADARSHAN
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Name of Dr. & Signature