مـركـز الرسـيـل الصـحـي
RHC
RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

No. B15576

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: HARPAL SINGH

Nationality: INDIAN

Mobile No. 97849325

Home/Leave Address:

Company Number:

Reference Indicator:

Personal Details: AGE 59 CIVIL ID - 7780097

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

Home/Leave Address:

Relationship to employee ☐ Wife ☐ Son ☐ Daughter

No of Children: 2

Reason for Examination (tick as appropriate)

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

Employee only

B Present Job and Location: HDD, IRUK OMAN

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: 18/8/2022

Signature of Applicant: HarPal

DR. CHIEDOZIKA NOUKA EKECHE
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 10799

مركز الرسيل الصحي
C.R. No.: 1059594
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 15576

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 /mins.	HEARING	VISION
176	90	29	139/84	84	L (N) R (N)	DISTANT: Uncorrected R 6/6 L 6/6; Corrected —. NEAR: R N L N

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	Total cholesterol - 230	✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR	HDL - 60			8. Lung Function
✓		3. LFT, RFT, RBS	LDL - 148		✓	9. Chest X-Ray
		4. Drug Screen	FRS - 9.4%	✓		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.) Mild dyslipidemia overweight

ASSESSMENT AND RECOMMENDATIONS:

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

FIT

Date: 8/5/2022 Name (Block Capitals): Dr. / Nurse CHIEMEKA Signature: [signature]

REVIEW/CONSULTATION

Low fat/oily diet
Repeat FLP in 6 months
Regular exercise

Date: 12/5/2022 Name (Block Capitals): Dr. / Nurse CHIEMEKA Signature: [signature]

DR. CHIEMEKA ANDUKA ERECHE
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 15755

مركز الرسيل الصحي
C.R. No.: 1029954
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 : 18/05/2022

LABORATORY INVESTIGATION

77800917

Name : Halpal Singh Sex : Age : 51 yrs

Dr.: Company : Truelcoman

HAEMATOLOGY

Total WBC	6.3	(4000-11000cu/mm)
DC - NEUTROPHIL		(40-75%)
LYMPHOCYTE	22	(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	14.1	(14gm/dl---16gm/dl)
RBC COUNT	4.53	(4.5-6.6Million/cumm)
Platelet count	200	(150-400cu/mm)
Bleeding Time		(3-6min)
Clotting Time		(5-10min)
HCT		(40-45%)
MCV	91	(78---92fl)
MCH	31	(27---32pg)
Sickle cell	negative	
MCHC	34	(31---35gm/dl)
Blood Group		

BIOCHEMISTRY

Diabetic profile

Blood sugar(fasting)	106 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	150	(upto 200mg/dl)
Total Cholestrol	230	(<200mg/dl)
HDL	60	(>40mg/dl)
LDL	140	(Up to 130mg/dl)

Liver Function test

Total bilirubin	0.800	(upto 1.0mg/dl)
SGOT	38	(Up to 40IU/L)
SGPT	30	(up to 41IU/L)
Total Protein		(6-8.3gm/dl)

Renal function Test

S creatinine	1.30	(0.7-1.4mg/dl)
Urea	38	(10-45mg/dl)
Uric acid	6.69	(3.4-7.0 mg/dl)

Cardiac profile

Troponine T		(>0.01ng/ml)

H.Pylori Test

Malaria Parasite

Micro Filaria

URINE ANALYSIS

Colour	P. yellow	
Sp gravity	1.020	
pH	6.00	
Albumin		
Sugar		
Acetone		
Bile Salts		
Urobilinogen		
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

DR. CHIEMEKA NDUKA EKECHE
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 19799

Medical Officer

Lab Technician

ID:
DOB:
yr.

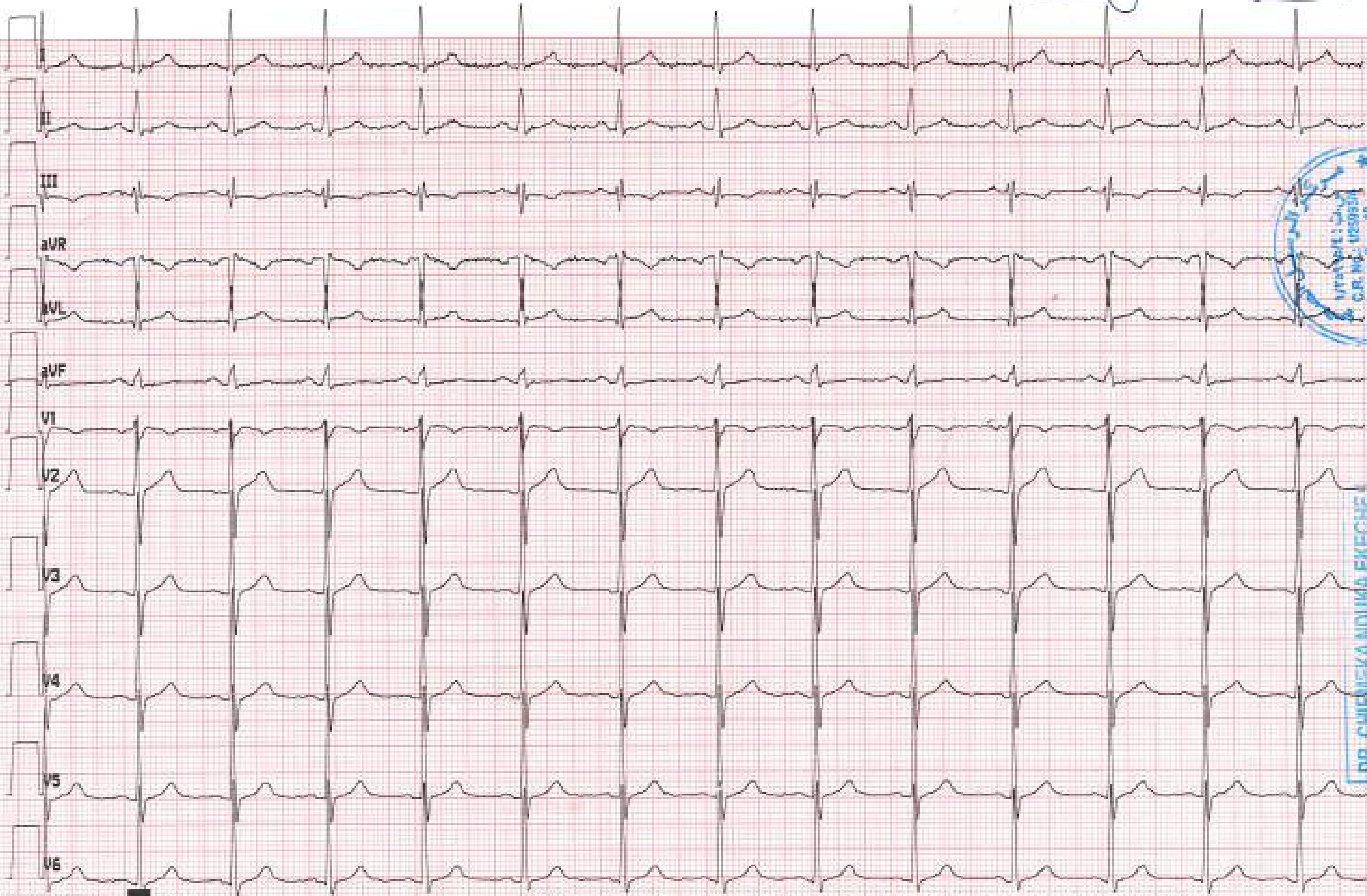
18-May-2022 8:01:58

Vent rate:	82	BPM
PR int:	166	ms
QRS dur:	90	ms
QT/QTc:	361/399	ms
P-R-T axes:	70 29 19	

SINUS RHYTHM
NORMAL ECG

UNCONFIRMED REPORT

Harpal Singh
Oman
51 y 77800917



RUSAYL HEALTH CENTRE
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Sultanate of Oman

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

108334431163 [redacted] No Site Name Site # 0 Cart # 0 Version 1.30.09 Sequence #09607 25mm/s 10mm/mV 0.05-40 Hz

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

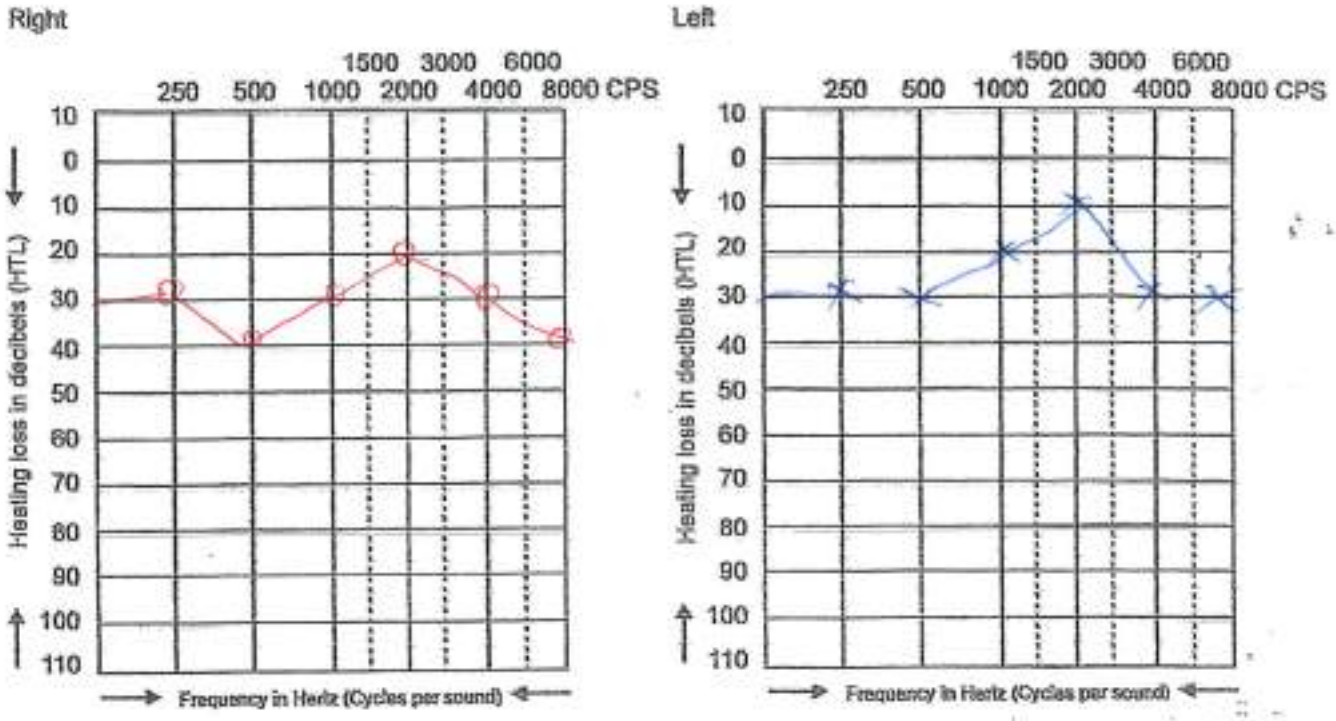
مركز الرسيل الصحي
منطقة الرسيل الصناعية
ص.ب : ١٨ الرسيل الرمز البريدي : ١٢٤
سلطنة عمان
تليفون : ٢٤٤٤٦١٥١ / ٥٤
فاكس : ٢٤٤٤٦٨٣٣

Name of Patient HARBAL SINGH اسم المريض

Age 51 السن Sex MALE الجنس Date 18/5/2022 التاريخ

Name of Company TRUCK OMAN اسم الشركة

AUDIOGRAM



Impression :

NORMAL HEARING LEFT EAR
MILD HEARING LOSS RIGHT EAR

DR. CHIEMEKA NDUKA EKEGHE
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MEDICAL REG. NO. 19795

مركز الرسيل الصحي
س.ت : ١/٢٥٩٩٥/L
C.R. No.: 1/2599514
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

11.20 Appendix 20: (Form SQ5): Epworth Screening Quest. for Sleep Apnoea

Employee's Details		Date: 18/5/2020
Name: HARPAL SINGH		Department/Company: TRUCK OMAN
I. D No. 778009	Tel # 9784235	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

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 2

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

Signature: [signature] Date: 18/05/2020

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Sultanate of Oman

DR. CHIEMEKA NDUKA EKECHE
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RUSAYL HEALTH CENTRE
MOH LIC NO. 19799

Fitness to Work Certificate for Drivers

Employee Data			Date: 8/9/2022
Name: HARPAL SINGH			Department/Company: TRUCKSMAN
I.D. NO: 7780091?	Age: 51		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 (Specify)			
Temporary Unfit until			
Permanently Unfit			

DR. CHIEMEKA NDUKA EKECHE
GENERAL PRACTITIONER
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MOH LIC NO. 19795

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P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

Name of health advisor CHIEMEKA Signature [signature] Date 18/9/2022