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

No. B 18015

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	PERVAIZ AKHTAR
Nationality	PAKISTANI
Company Number:	Reference Indicator:

Mobile No. 79947682	Home/Leave Address:	
Personal Details	Age – 43 yrs,	ID – 1075782795
A ☑ Male ☐ Female	☑ Married ☐ Single ☐ Separated /Divorced /Widow(er)	
Home/Leave Address:	Relationship to employee: 1 Wife 2 Son 3 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: HOD (Onw) / Nimr	Next Job and Location: TRUCKOMAN
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: 12/11/22 **Signature of Applicant:** Pervaiz

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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)	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.

Nil significant findings

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION clear
171	85	29.1	120/80 mmHg	82/mins.	L N R N	DISTANT R 6/6 L 6/6 NEAR R N L N Uncorrected Corrected

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	FBS – 90mg/dl	✓		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 +) mild	dyslipidaemia	✓		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.)

Framingham Score
⇒ 5.6%

✓ Diet modification advised
✓ Weight reduction advised
✓ Start Lowlip 600mg tds x 3/12
✓ Repeat FLP in 3 months.

ASSESSMENT AND RECOMMENDATIONS:

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

Date: 12/11/22 Name (Block Capitals): Dr. / Nurse

DR. JEPHTHAH CHIRUZO NNADI
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH/LIC NO. 17247

Signature:

REVIEW/CONSULTATION

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

P.O.B No 19, PC 124, Rusayl, Sultanate of Oman, Tel. [illegible], 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 : 12-11-2022

LABORATORY INVESTIGATION

Name : PERVAIZ AKHTAR Sex : M Age : 43

Dr.: NNADI Company : TRUCKOMAN

HAEMATOLOGY

Total WBC	5.1	(4000-11000cells/mm)
DC - NEUTROPHIL	56.3	(40-75%)
LYMPHOCYTE	34.1	(20-45%)
EOSINOPHIL	3.9	(1-6%)
MONOCYTE	5.2	(2-10%)
BASOPHIL	0.2	(0-1%)
ESR		(0-12mm/hr)
		(M:12-16 gld)
		(F:11-14 gld)
HB	14.5	(14gm/dl---16gm/dl)
RBC COUNT	5.4	(4.5-6.6Million/cumm)
Platelet count	252	(150-400cells/mm)
Bleeding Time		(3-6min)
Clotting Time		(5-10min)
HCT	40.1	(40-45%)
MCV	86	(78--92fl)
MCH	29.4	(27--32pg)
Sickle cell	Negative	
MCHC	33.7	(31---35gm/dl)
Blood Group		

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	335	(upto 200mg/dl)
Total Cholestrol	242.84	(<200mg/dl)
HDL	52.53	(>40mg/dl)
LDL	112.75	(Up to 130mg/dl)

Liver Function test

Total bilirubin	0.69	(upto 1.0mg/dl)
SGOT	31.4	(Up to 40IU/L)
SGPT	29.8	(up to 41IU/L)
Total Protein		(6-8.3gm/dl)

Renal function Test

S creatinine	0.95	(0.7-1.4mg/dl)
Urea	30.58	(10-45mg/dl)
Uric acid	5.9	(3.4-7.0 mg/dl)

Cardiac profile

Troponine T		(>0.01ng/ml)

H.Pylori Test

Malaria Parasite

Micro Filaria

URINE ANALYSIS

Colour	pale yellow
Sp gravity	1.020
pH	6.0
Albumin	Nil
Sugar	Nil
Acetone	Nil
Bile Salts	Normal
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:	
Consistancy:	
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. JEPHTHAH CHIBUZO NNADI
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 17247

Medical Officer

Lab. Technician

2022-11-12 08:02:19 6 Channel + 1 Rhythm Report Hospital:RHC.NIMREALTH

Prescribed by:

ID :

Name:

yrs. / Male

cm / kg

Heart Rate: 59bpm ** Analysis Result ** (To be finally confirmed by cardiologist)

PR Int.: 170 ms Sinus Bradycardia(HR:50-59)

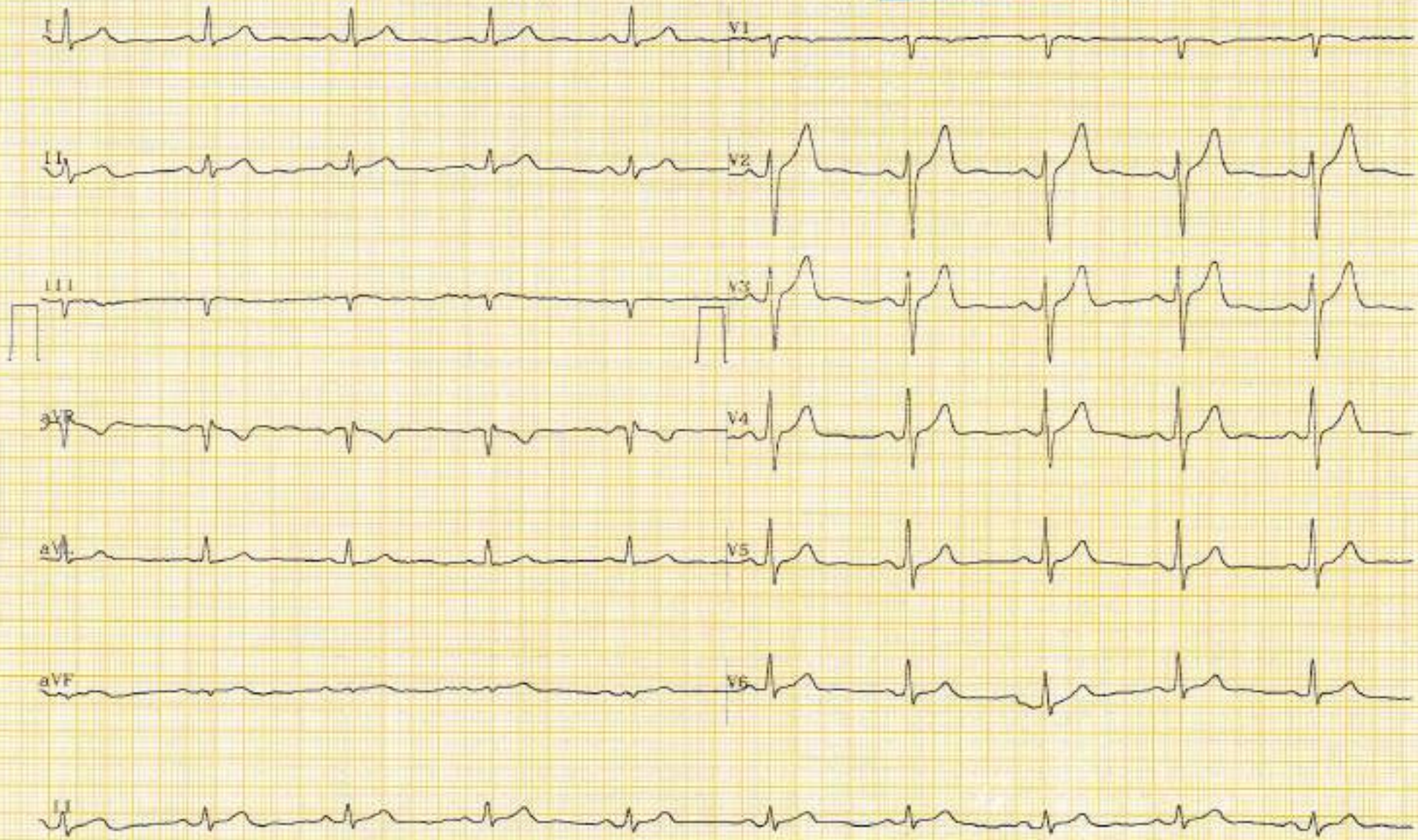
QRS Dur.: 104 ms Normal Axis

QT/QTc: 406/400 ms [Minimally Abnormal or Normal Variation ECG]

P-R-T axes:

34 -1 32

DR. JEPHTHAH CHIR...
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 17247



Fitness to Work Certificate for drivers

Employee Data			Date: 12/11/22
Name: PERVAIZ AKHTAR			Department/Company: TRUCKOMAN
I.D. No: 107578275	Age: 43yrs		Occupation: TRUCKOMAN Driver

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. JEPHTHAH CHIBUZO NNADI
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH REG. 17247

Name of health advisor: Signature: Date: 12/11/22

P.O.Box 18,
PC 124, Rusayl
Sultanate of Oman
C.R. [illegible]
Tel [illegible]
SAHARA MEDICAL [illegible]
RUSAYL HEALTH CENTRE

Screening Quest. For Sleep Apnoea

Employee Data	Date: 12/11/22
Name: PERVAIZ AKHTAR	Department/Company: TRUCK OMAN
I. D No. 107578275 Tel # 79947687	Occupation : Driver

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

0 Sitting quietly after lunch without alcohol

0 In a car, while stopped for a few minutes in traffic

Total 1

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

Signature: [signature] Date: 12/11/22

P.O.Box 19, PC 124, Sultanate of Oman, C.R. Tel SAHARA ... HEALTH CENTRE

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

RHC

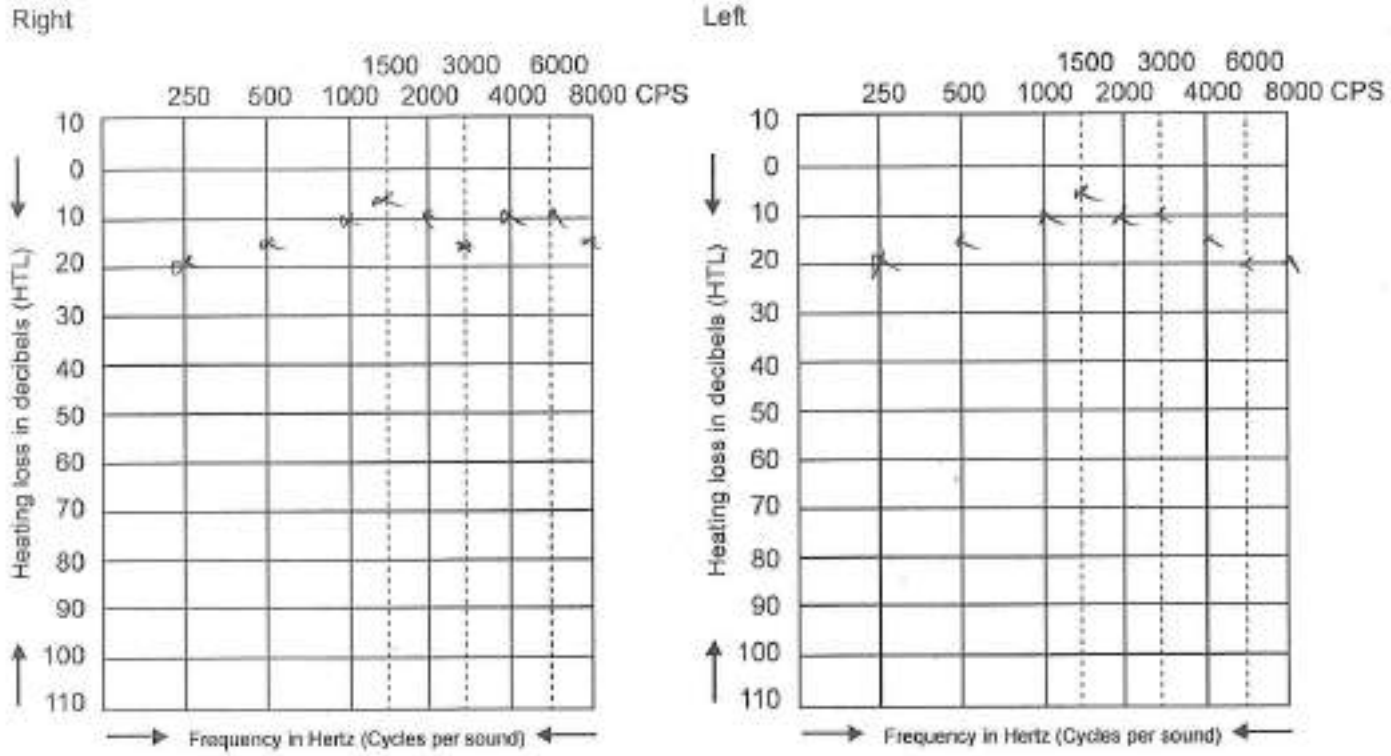
مركز الرسيل الصحي
منطقة الرسيل الصناعية
ص.ب : ١٨ الرسيل. الرمز البريدي : ١٢٤
سلطنة عمان
تليفون : ٥٤ / ٢٤٤٤٦١٥١
فاكس : ٢٤٤٤٦٨٣٣

Name of Patient ..... PERVAIZ AKHTAR ..... اسم المريض

Age ..... 43yrs ..... السن Sex ..... MALE ..... الجنس Date ..... 12/11/22 ..... التاريخ

Name of Company ..... TRUKOMAN ..... اسم الشركة

AUDIOGRAM



Impression :

Normal hearing sensitivities

DR. JEPHTHAH CHIBUZO NNADI
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 17247

Name of Dr. & Signature

Medscape Portal

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Framingham risk score calculator

Posted by dkwinter

For estimation of 10-year Cardiovascular Disease (CVD) Risk to aid in decision to initiate lipid-lowering therapy.

Framingham Risk Score (FRS) Calculator

Gender:	◉ Male ○ Female
Age (years):	43
Total cholesterol (mmol/L):	6.29
HDL (mmol/L):	1.36
Diabetic:	○ Yes ◉ No
Smoker:	○ Yes ◉ No
Systolic BP (mmHg):	120
On antihypertensive medication:	○ Yes ◉ No

Statin-indicated conditions

Clinical atherosclerosis:	○ Yes ◉ No
Abdominal Aortic Aneurysm:	○ Yes ◉ No
Diabetes mellitus & age ≥40	○ Yes ◉ No
Diabetes mellitus & microvascular disease:	○ Yes ◉ No
T1DM for ≥15 years & age ≥30:	○ Yes ◉ No
Age ≥50 and CKD (eGFR ≤60 or ACR ≥3):	○ Yes ◉ No

For modified FRS

Positive family history of premature cardiovascular disease in a first-degree relative before 55 years of age for men and before 65 years of age for women:	○ Yes ◉ No

Calculate FRS

FRS: 5.6%

Total FRS points: 7

Breakdown

+5 points for age + gender
+3 points for Total Cholesterol
-1 points for HDL
0 points for Blood Pressure without treatment

Step 4[2,3]

Using 10-year CVD risk from Step 2, determine if patient is Low, Moderate or High risk.[1] Indicate Lipid and/or Apo B targets

Risk Level[1]	Initiate Treatment If:	Primary Target (LDL-C)	Alternate Target
High FRS ≥20%	• Consider treatment in all *(Strong, High)*	• ≤2 mmol/L or ≥50% decrease in LDL-C *(Strong, Moderate)*	• Apo B ≤0.8 g/L or • Non-HDL-C ≤2.6 mmol/L *(Strong, High)*
Intermediate FRS 10-19%	• LDL-C ≥3.5 mmol/L *(Strong, Moderate)* • For LDL-C <3.5 mmol/L consider if: • Apo B ≥1.2 g/L • OR Non-HDL-C ≥4.3 mmol/L *(Strong, Moderate)* • *Men ≥50 and women ≥60 with 1 risk factor: low HDL-C, impaired fasting glucose, high waist circumference, smoker, hypertension*	• ≤2 mmol/L or ≥50% decrease in LDL-C *(Strong, Moderate)*	• Apo B ≤0.8 g/L or • Non-HDL-C ≤2.6 mmol/L *(Strong, Moderate)*
Low FRS <10%	• statins generally not indicated	• statins generally not indicated	• statins generally not indicated
Statin-indicated conditions**	• *Clinical atherosclerosis* • *Abdominal aortic aneurysm* • *Diabetes mellitus* *Age ≥ 40 years* *15-Year duration for age ≥ 30 years (DM1) Microvascular disease* • *Chronic kidney disease (age ≥ 50 years) eGFR <60 mL/min/1.73 m2 or ACR > 3 mg/mmol*		

Lipid targets LDL-C:_____ or Apo B:_____

Reference: Framingham Risk Score Worksheet by Canadian Cardiovascular Society (CCS) PDF [780 KB]