

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



Surname/
Forenames

MADUSODANA PONICKER AJITH KUMAR

Nationality

INDIAN (ID NO : 77139601)

Company Number:

Reference Indicator:

Mobile No. 96178921	Home/Leave Address: TAUK OMAN
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Personal Details DV8 04/05/20	Age : 38 yrs
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A <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced /Widow(er)
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Home/Leave Address:	<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	No of Children: 2
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Reason for Examination (tick as appropriate)
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Periodic Medical Examination <input checked="" type="checkbox"/>	Final / Retirement <input type="checkbox"/>	Other Reason: <input type="checkbox"/>
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Employee only

B Present Job and Location: OMAN ALAM HELPER	Next Job and Location:
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Are you a registered person with special needs? <input type="checkbox"/>	Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>
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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	/	/	DM
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: 22/05/20	Signature of Applicant: <i>Ab</i>
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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.

HEIGHT cm	WEIGHT kg	BMI	B.P. 140 80	PULSE 72 /mins.	HEARING L R (W) R	VISION	
						DISTANT R L	NEAR R L
165.3	73.8	27.0			Uncorrected Corrected	6/6 + 6/6	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

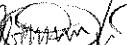
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

Dietary & lifestyle no hypertension; known bp from review in 3/12

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

Date: 22/03/20	Name (Block Capitals): Dr. / Nurse GENERAL PRACTITIONER RUSAYL HEALTH CENTRE HIGH LIC NO. 18280
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Signature: 

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

Input:				Results:	
Age	50	yr	▼	Risk	11.4 %
Systolic blood pressure	140	mmHg	▼	▼	
Total cholesterol	211.2	mg/dL	▼	▼	
HDL cholesterol	43.9	mg/dL	▼	▼	
On blood pressure medication	No (1.93303)	▼	▼		
Cigarette smoker	No (0)	▼	▼		
Diabetes present	No (0)	▼	▼		

[Reset form](#)

Notes

- This calculator is intended for men with no prior history of cardiovascular disease (see next bullet). It helps predict the risk over 10 years of heart attack, stroke, or death from cardiovascular disease.
- A history of cardiovascular disease means a person has (or had in the past) blocked arteries, a heart attack, a stroke, or heart failure.
- Your doctor can help you understand your personal risk and how to interpret your results. The calculator may overestimate or underestimate your risk; it cannot tell for sure whether you will have a cardiovascular event.
- Systolic blood pressure is the top number (eg, 120 if blood pressure is 120/80).
- HDL: high-density lipoprotein.

Equations used

Below is the math that this calculator used to get the result.

$$\begin{aligned}
 \text{Risk factors} &= (\ln(\text{Age}) * 0.00117) + (\ln(\text{Total cholesterol}) * -0.2370) + (\ln(\text{HDL cholesterol}) * 0.03263) + \\
 &(\ln(\text{Systolic blood pressure}) * \text{On blood pressure medication}) + \text{Cigarette smoker} + \text{Diabetes present} + 23.9802 \\
 \text{Risk} &= 100 * (1 - 0.883746^{\text{Risk factors}})
 \end{aligned}$$

DR. JUDE NNAONI UGWULIA

GENERAL PRACTITIONER

RUSAYL HEALTH CENTRE

MCH LIC NO: 18260

References

1. D'Agostino RB Sr, Vasan RS, Pencina MJ, et al. General cardiovascular risk profile for use in primary care: the Framingham Heart Study. *Circulation* 2008; 117:743.

Only digits 0 to 9 and a single decimal point (".") are acceptable as numeric inputs. Attempted input of other characters into a numeric field may lead to an incorrect result.

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LABORATORY INVESTIGATION

Name : Ajith Kumar		Sex : M	Age : 50
Dr. : Taneel D.M.A.			
HAEMATOLOGY			
Total WBC	7.96	(4000-11000cu/mm)	
DC - NEUTROPHIL	50.6	(40-75%)	
LYMPHOCYTE	17.09	(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	15.6	(14gm/dl--16gm/dl)	
RBC COUNT	5.63	(4.5-6.6Million/cumm)	
Platelet count	22.6	(150-400cu/mm)	
Bleeding Time		(3-6min)	
Clotting Time		(5-10min)	
HCT		(40-45%)	
MCV	81	(78-92fl)	
MCH	28.9	(27-32pg)	
Sickle cell			
MCHC	34.6	(31---35gm/dl)	
Blood Group			
BIOCHEMISTRY			
Diabetic profile			
Blood sugar(fastling)	121	(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	84.6	(upto 200mg/dl)	
Total Cholesterol	211.2	<200mg/dl)	
HDL	43.9	>40mg/dl)	
LDL	98.1	(Up to 130mg/dl)	
Liver Function test			
Total bilirubin	1.15	(upto 1.0mg/dl)	
SGOT	17.3	(Up to 40IU/L)	
SGPT	30.6	(up to 41IU/L)	
Total Protein		(6-8.3gm/dl)	
Renal function Test			
S creatinine	0.790	(0.7-1.4mg/dl)	
Urea	21.2	(10-45mg/dl)	
Uric acid	4.27	(3.4-7.0 mg/dl)	
Cardiac profile			
Troponine T		>0.01ng/ml)	
H.Pylori Test			
Malaria Parasite			
Micro Filaria			
RUSAYL HEALTH CENTRE			
Medical Officer	MEDICAL PRACTITIONER		Lab. Technician
	RUSAYL HEALTH CENTRE		
	MOH LIC NO. 18260		

