



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

Company Number:

Reference Indicator:

Mobile No. 96178921

Home/Leave Address:

Personal Details

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:

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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1 Ear, nose, eye or throat problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 Chest problems like asthma, bronchitis, other bad cough	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3 Heart abnormality, chest pains	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Abdominal pains, abnormal bowel motions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5 Urogenital problems (kidney disease, menstrual disorder)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Skin trouble or allergies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Epileptic fits, dizzy spells or migraine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8 History of mental illness, depression anxiety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9 Diabetes, thyroid disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DM
10 Blood disorder e.g. anaemia, blood cancer e.g. leukaemia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Any history of accidents or fractures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12 Have you had any serious allergies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13 Do any dependants have a significant ongoing illness?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14 Any family history of cancers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Do you take any regular medicines, or have your taken in the past?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Metformin 500mg
Do you smoke? If yes, what and how much each day?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Do you drink alcohol? If yes, what is your average weekly intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Have you ever taken elicited/recreational drugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are you doing regular sports or physical activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

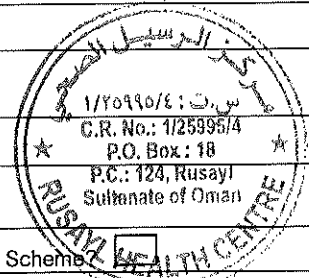
STATEMENT: I have read the above questions and the above answers are correct and no information concerning my present or past state of health has been withheld. I understand and agree that this form will be held as a confidential record by PDO Medical Department, and may be copied (by paper or secure 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:

Feb





مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

No. B 3832

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	HEARING	VISION			
					L R	DISTANT R L		NEAR R L	
165.3	73.8	27.0	140 80	72 /mins.	(N)	Uncorrected			
						Corrected	6/6	6/6	N/N

(s/s as vision (N))

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

Handwritten notes in lab section:
 FBS = 12 /mpl L
 ↑ triglycerides
 ↑ total cholesterol

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

ASSESSMENT AND RECOMMENDATIONS:

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

Date: 22/09/20 Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION

DR. NDE NNAMDI UGWUJA
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MCH LIC NO 18249

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

Signature:

Input:

Age	50	yr	▼
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)		▼

Results:

Risk 11.4 % ▼

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.

$$\text{Risk_Factors} = (\ln(\text{Age}) * 3.06117) + (\ln(\text{Total_cholesterol}) * 1.12370) - (\ln(\text{HDL_cholesterol}) * 0.93263) + (\ln(\text{Systolic_blood_pressure}) * \text{On_blood_pressure_medication}) + \text{Cigarette_smoker} + \text{Diabetes_present} - 23.9802$$

$$\text{Risk} = 100 * (1 - 0.88936^{(\text{Risk_Factors})})$$

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 : <u>Ajith Kumar</u>		Sex : <u>M</u>	Age : <u>50</u>
Dr.:		Company : <u>Touche Oman</u>	

HAEMATOTOLOGY	URINE ANALYSIS
Total WBC..... <u>7.46</u> (4000-11000cu/mm)	Colour: <u>P. yellow</u>
DC - NEUTROPHIL..... <u>50.6</u> (40-75%)	Sp gravity: <u>1.020</u>
LYMPHOCYTE..... <u>42.9</u> (20-45%)	pH: <u>6.8</u>
EOSINOPHIL..... (1-6%)	Albumin: <u>NA</u>
MONOCYTE..... (2-10%)	Sugar: <u>NA</u>
BASOPHIL..... (0-1%)	Acetone: <u>NA</u>
ESR..... (0-12mm/hr)	Bile Salts: <u>NA</u>
..... (M:12-16 gldl)	Urobilinogen: <u>NA</u>
..... (F:11-14 gldl)	Blood: <u>NA</u>
HB..... <u>15.6</u> (14gm/dl---16gm/dl)	Nitrate: <u>NA</u>
RBC COUNT..... <u>5.8</u> (4.5-6.6Million/cumm)	Leukocyte Estrase: <u>NA</u>
Platelet count..... <u>226</u> (150-400cu/mm)	Microscope:
Bleeding Time..... (3-6min)	Pus cells: <u>NA</u> /HPF
Clotting Time..... (5-10min)	RBC: <u>NA</u> /HPF
HCT..... <u>81</u> (40-45%)	Epithelial cells: <u>NA</u> /HPF
MCV..... <u>88.9</u> (78-92fl)	Casts: <u>NA</u> /HPF
MCH..... <u>28.9</u> (27-32pg)	Crystals: <u>NA</u>
Sickle cell.....	Bacteria: <u>NA</u>
MCHC..... <u>34.6</u> (31---35gm/dl)	Mucus-Thread: <u>NA</u>
Blood Group.....	Pregnancy Test

BIOCHEMISTRY	STOOL EXAMINATION
Diabetic profile	Colour: <u>NA</u>
Blood sugar(fasting)..... <u>121</u> (70mg/dl-110mg/dl)(3.8mmol/l-6.1mmol/l)	Consistency: <u>NA</u>
PPBS..... (80mg/dl-130mg/dl)(4.50-7.3mmol/l)	Reaction: <u>NA</u>
RBS..... (64mg/dl-160mg/dl)(3.6mmol/l-8.9mmol/l)	Occult Blood: <u>NA</u>
HBA1C..... (4--6.5%)	Microscopic ova:
Lipid profile	Cyst: <u>NA</u>
Triglycerides..... <u>84.6</u> (upto 200mg/dl)	Entamoeba: <u>NA</u>
Total Cholesterol..... <u>216.2</u> (<200mg/dl)	Flagellaes: <u>NA</u>
HDL..... <u>43.9</u> (>40mg/dl)	Pus Cells: <u>NA</u>
LDL..... <u>98.1</u> (Up to 130mg/dl)	R.B. Cs: <u>NA</u>
Liver Function test	Epith: cells: <u>NA</u>
Total bilirubin..... <u>1.15</u> (upto 1.0mg/dl)	Other: <u>NA</u>
SGOT..... <u>17.3</u> (Up to 40IU/L)	
SGPT..... <u>30.6</u> (up to 41IU/L)	
Total Protein..... (6-8.3gm/dl)	
Renal function Test	
S creatinine..... <u>0.790</u> (0.7-1.4mg/dl)	
Urea..... <u>21.2</u> (10-45mg/dl)	
Uric acid..... <u>4.27</u> (3.4-7.0 mg/dl)	
Cardiac profile	
Troponine T..... (>0.01ng/ml)	
H.Pylori Test.....	
Malaria Parasite.....	
Micro Filaria.....	

SEMEN ANALYSIS
Quantity: <u>7</u> Reaction: <u>NA</u>
Total Sperm Count million/ml
(Normal 60-150 million/ml)
Microscopic: Active motile: <u>7</u> %
Sluggish motile: <u>NA</u> %
Dead Sperms: <u>NA</u> %
Pus Cells R.B. Cs: <u>NA</u>
Epith: Cells: <u>NA</u> %
Morphology Normal: <u>NA</u> %
Abnormal: <u>NA</u> %
V.D.R.L./Syphilis
R.F.
HBsAg
HCV
HIV

2020-09-22 09:31:11

6 Channel + 1 Rhythm Report

Hospital:

Prescribed by:

(To be finally confirmed by cardiologist)

ID : *Ayith Kumar*

Heart Rate: 68bpm

** Analysis Result **

PR Int.: 138 ms Normal Sinus Rhythm

Name:

PR

Int.:

138 ms

Normal

Sinus

Rhythm

QRS

Dur.:

102 ms

Normal

Axis

QT/QTc:

390/414 ms

[Normal ECG]

Yrs.:

7

kg

cm

50

102

390/414

ms

[Normal ECG]

P-R-T axes:

61 84 56

50

7

kg

cm

50

102

390/414

ms

[Normal ECG]

P-R-T axes:

61 84 56

50

7

kg

cm

50

102

390/414

ms

[Normal ECG]

