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

No. B 19356

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames: Amarjit Singh	
Nationality: Indian	
Mobile No: 95868127	Home/Leave Address: Indian
Company Number: 6979	Reference Indicator: Marhoun

Personal Details 35y / DOB - 25.01.1987 / ID - 83670739

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: HDD

Next Job and Location: NIMR

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 .

03/08/2022 — Date:

Amarjit Singh — Signature of Applicant:

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PC 124, Rusayl
Sultanate of Oman
C.R. 1/2599/4
Tel. 2438 [illegible]27
SAHARA PAC. NI[illegible]ER
RUSAYL HEALTH CENTRE

مركز الرسيل الصحي
RHC RUSAYL HEALTH CENTRE
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FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
		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
179	90	28	128/88	68 mins.	L N R N	DISTANT R 6/6 L 6/6 NEAR R 6/6 L 6/6 Uncorrected Corrected

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 ordinary precaution.

ASSESSMENT AND RECOMMENDATIONS:

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

DR. SANATH BUDDHIKA PRIYADARSHANA
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE

08/08/2022
Date: 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

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

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

Date : 3/8/22

LABORATORY INVESTIGATION

Name : AMARJIT SINGH Sex : S/M Age : 35

Dr. : Company : TRUCK OMAN

HAEMATOLOGY

Total WBC	7.0	(4000-11000cu/mm)
DC - NEUTROPHIL	65	(40-75%)
LYMPHOCYTE	25	(20-45%)
EOSINOPHIL	05	(1-6%)
MONOCYTE	05	(2-10%)
BASOPHIL	00	(0-1%)
ESR		(0-12mm/hr)
		(M:12-16 gld)
		(F:11-14 gld)
HB	15.3	(14gm/dl—16gm/dl)
RBC COUNT	5.9	(4.5-6.6Million/cumm)
Platelet count	299	(150-400cu/mm)
Bleeding Time		(3-6min)
Clotting Time		(5-10min)
HCT	43.2	(40-45%)
MCV	81.3	(78--92fl)
MCH	29.2	(27--32pg)
Sickle cell	NEGATIVE (RAPID)	
MCHC	32.1	(31—35gm/dl)
Blood Group		

BIOCHEMISTRY

Diabetic profile

Blood sugar(fasting)	88	(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	107	(upto 200mg/dl)
Total Cholestrol	193	(<200mg/dl)
HDL	47.1	(>40mg/dl)
LDL	124.00	(Up to 130mg/dl)

Liver Function test

Total bilirubin	0.8	(upto 1.0mg/dl)
SGOT	29.3	(Up to 40IU/L)
SGPT	17.2	(up to 41IU/L)
Total Protein		(6-8.3gm/dl)

Renal function Test

S creatinine	0.9	(0.7-1.4mg/dl)
Urea	16.0	(10-45mg/dl)
Uric acid	6.1	(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	1.010
pH	5.0
Albumin	
Sugar	
Acetone	
Bile Salts	
Urobilinogen	NORMAL
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 exa:
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

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RUSAYL HEALTH CENTRE

DR. SANATH BUDDHIKA PRIYADARSHANA
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 18167

Medical Officer

Lab. Technician

Fitness to Work Certificate for drivers

Employee Data			Date: 03/08/2022
Name : Amarjit Singh			Department/Company : Transman
I.D. No: 83670939	Age: 35y		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. 16042

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

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RUSAYL HEALTH CENTRE

Screening Quest. For Sleep Apnoea

Employee Data	Date: 03/08/2022
Name: Amarjit Singh	Department/Company: Trunkoman
I. D No. 83670937 Tel #: 95868127	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
0	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	01

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

Signature: _____ Date: 03/08/2022

GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 16642

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RHC

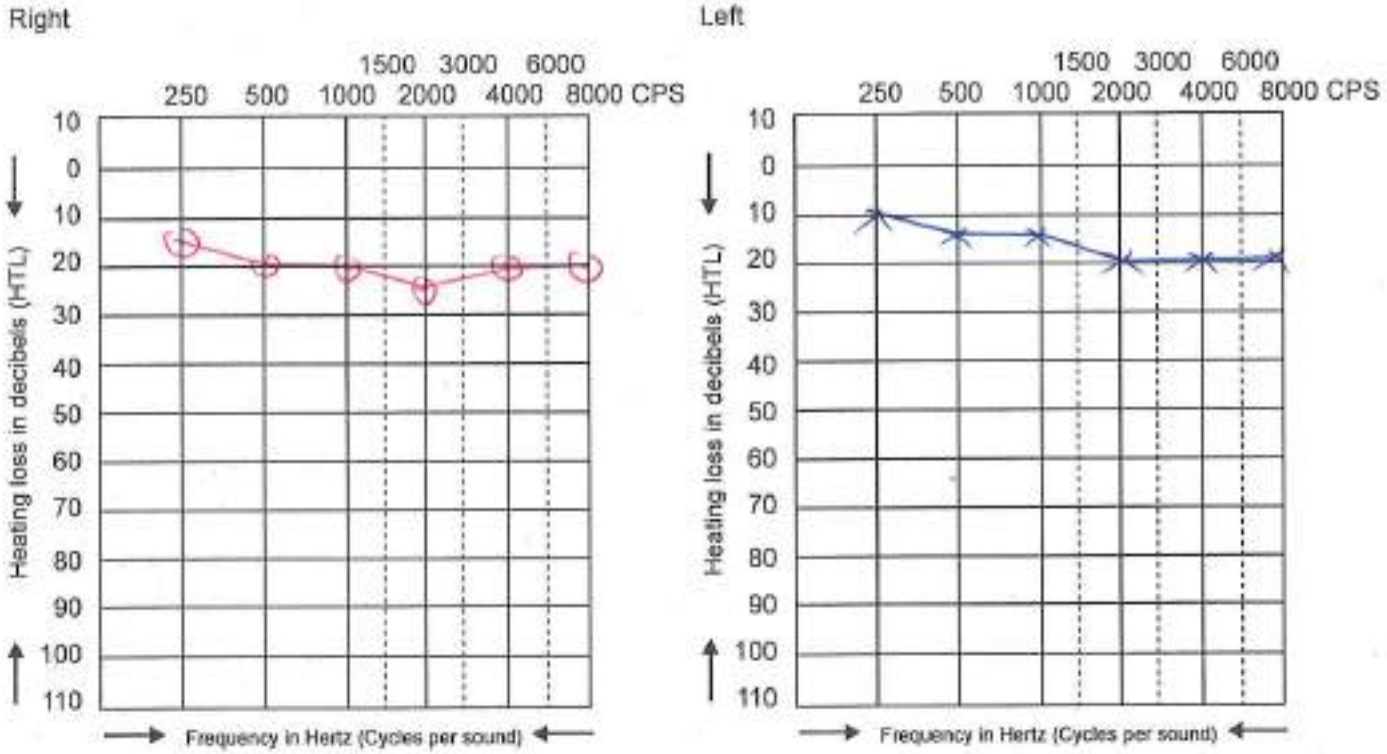
مركز الرسيل الصحي
منطقة الرسيل الصناعية
ص.ب : ١٨ الرسيل الرمز البريدي : ١٢٤
سلطنة عمان
تليفون : ٢٤٤٤٦١٥١ / ٥٤
فاكس : ٢٤٤٤٦٨٣٣

Name of Patient Amarjit Singh اسم المريض

Age 35y السن Sex M الجنس Date 03/08/2023 التاريخ

Name of Company Truckoman اسم الشركة

AUDIOGRAM



Impression :

Normal Study.

DR. SANATH [illegible] PRIYARSHAL
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
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Name of Dr. & Signature