



# مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

No. B 05071

## ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



### RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Surname/  
Forenames

NISHAD PARAPURATH

Nationality

INDIAN (ID NO: 79573868)

Company Number:

Reference Indicator:

Mobile No. 98463564

Home/Leave Address:

TRUCK OMAN

Personal Details

DOB: 25/05/82

AGE: 38 YRS

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:

JOHN ALAM

ELECTRICIAN

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"/>	
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 you taken in the past?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lifelong 15/11/07 08
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:

25/12/20

Signature of Applicant:

AD



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No. B05071

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.

HTN



HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION
177.5	84	26.7	190 140	71 /mins.	L (N) R (N)	DISTANT R L Uncorrected 6/6 6/6 Corrected NEAR R L N N Colors normal (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

FBG = 105mg/dl

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

Counselled on Compliance of follow-up.

## ASSESSMENT AND RECOMMENDATIONS:

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

DR. JUDE NNAMDI UGWUJA

GENERAL PRACTITIONER

RUSAYL HEALTH CENTRE

MOH LIC NO 18259

Date: 17/01/21 Name (Block Capitals): Dr. / Nurse

Signature: [Signature]

## REVIEW/CONSULTATION

BP: 129/50 mmHg

Date: 17/01/21 Name (Block Capitals): Dr. / Nurse

Signature: [Signature]



Rusayl Industrial Estate  
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.

Date : 20/12/2020

## LABORATORY INVESTIGATION

Name : Nfshad . p. Sex : m Age : 38  
Dr.: Company : Joruck Oman

### HAEMATOTOLOGY

Total WBC..... 5.8 (4000-11000cu/mm)  
DC - NEUTROPHIL..... 52.6 (40-75%)  
LYMPHOCYTE..... 41.9 (20-45%)  
EOSINOPHIL..... (1-6%)  
MONOCYTE..... (2-10%)  
BASOPHIL..... (0-1%)  
ESR..... (0-12mm/hr)  
(M:12-16 gldl)  
(F:11-14 gldl)  
HB..... 15.2 (14gm/dl---16gm/dl)  
RBC COUNT..... 5.9 (4.5-6.6Million/cumm)  
Platelet count..... 223 (150-400cu/mm)  
Bleeding Time..... (3-6min)  
Clotting Time..... (5-10min)  
HCT..... 80 (40-45%)  
MCV..... 29.6 (78--92fl)  
MCH..... (27--32pg)  
Sickle cell.....  
MCHC..... 34.5 (31---35gm/dl)  
Blood Group.....

### URINE ANALYSIS

Colour: P. yellow  
Sp gravity: 1.020  
pH: 6.6  
Albumin: Nil  
Sugar: Nil  
Acetone: Nil  
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: /

### BIOCHEMISTRY

Diabetic profile  
Blood sugar(fasting)..... 100 (70mg/dl-110mg/dl)(3.9mmol/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..... 98.2 (upto 200mg/dl)  
Total Cholesterol..... 200.2 (<200mg/dl)  
HDL..... 48 (>40mg/dl)  
LDL..... 132.6 (Up to 130mg/dl)  
Liver Function test  
Total bilirubin..... 1.010 (upto 1.0mg/dl)  
SGOT..... 33.1 (Up to 40IU/L)  
SGPT..... 29.2 (up to 41IU/L)  
Total Protein..... (6-8.3gm/dl)  
Renal function Test  
S creatinine..... 0.990 (0.7-1.4mg/dl)  
Urea..... 19.7 (10-45mg/dl)  
Uric acid..... 6.3 (3.4-7.0 mg/dl)  
Cardiac profile  
Troponine T..... (>0.01ng/ml)

### 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 .....

H. Pylori Test.....

Malaria Parasite.....

Micro Filaria.....

DR. JUDE NNAMDI UGWUJA

GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE

Medical Officer

Lab. Technician