7008

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE

No.A000133

424.

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames:	MOHAMMAD YOUNAS KHAN
Nationality:	PAKISTANI

Mobile No. 94644786	Home/Leave Address: PAKISTAN	Company Number: 7008	Reference Indicator: TRUCK OMAN

Personal Details

A ■ Male ☐ Female ■ Married ☐ Single ☐ Separated /Divorced

Home/Leave Address: PAKISTAN

Relationship To Employee ☐ Wife ☐ Son ☐ Daughter

No Of Children: 7

Reason For Examination (tick As Appropriate)

Periodic Medical Examination ☐ Initial ■ Periodic

Employee Only

B Present Job And Location: NIMR THDD

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?	■	☐	
Ear, Nose, Eye Or Throat Problems	■	☐	
Chest Problems Like Asthma, Bronchitis, Other Bad Cough	■	☐	
Heart Abnormality, Chest Pains	■	☐	
Abdominal Pains, Abnormal Bowel Motions	■	☐	
Urogenital Problems (kidney Disease, Menstrual Disorder)	■	☐	
Skin Trouble Or Allergies	■	☐	
Epileptic Fits, Dizzy Spells Or Migraine	■	☐	
History Of Mental Illness, Depression Anxiety	■	☐	
Diabetes, Thyroid Disease	■	☐	
Blood Disorder E.G. Anaemia, Blood Cancer E.G. Leukaemia	■	☐	
Any History Of Accidents Or Fractures	■	☐	
Have You Had Any Serious Allergies	■	☐	
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: | 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. . | 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:	Signature :
29/07/2023	M. Younas Khan

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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		
☒	☐	Eyes Pupils	
☒	☐	ENT	
☒	☐	Teeth Mouth	
☒	☐	Lungs Chest	
☒	☐	Cardiovascular System	
☒	☐	Abdo Viscera	
☒	☐	Hernial Orifices	
☒	☐	Anus Rectum	
☒	☐	Genito Urinary	
☒	☐	Extremities	
☒	☐	Musculo Skeletal	
☒	☐	Skin Varicose Vns	
☒	☐	Cns	

HEIGHT 171 Cm	WEIGHT 97 Kg	BMI 33	B.P 122/86	PULSE 80/mins	HEARING L: NORMAL R: NORMAL	VISION: RIGHT 6/6 , LEFT 6/6	Colour Vision: N	Blood Group: N/A

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
☒	☐	1.Urinalysis		☒	☐	7.Audiogram
☒	☐	2 Hb, Bloodcount, ESR		☐	☐	8. Lung Function
☒	☐	3 LFT, RFT, RBS/FBS		☐	☐	9. Chest X-Ray
☐	☐	4. Drug Screen		☒	☐	10. ECG
☒	☐	5. Lipids (40 Years +)		☒	☐	11. CVD Risk For 40 Yrs. & Above
☒	☐	6. Sickle Cell Test		☐	☐	12. HIV, Hepatitis Screening

OTHER FINDINGS (Physique, Scars, Disabilities, Mental Stability Including Behaviour, Etc.):

ASSESSMENT AND RECOMMENDATIONS : ☒ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT

A10 - arelong regulation.

Date: 29/07/2023 Name (Block Capitals). Dr. Dr-Buddhi Signature:

DR. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 10042

REVIEW/CONSULTATION:

Date: 29/07/2023 Name (Block Capitals). Dr. Signature:

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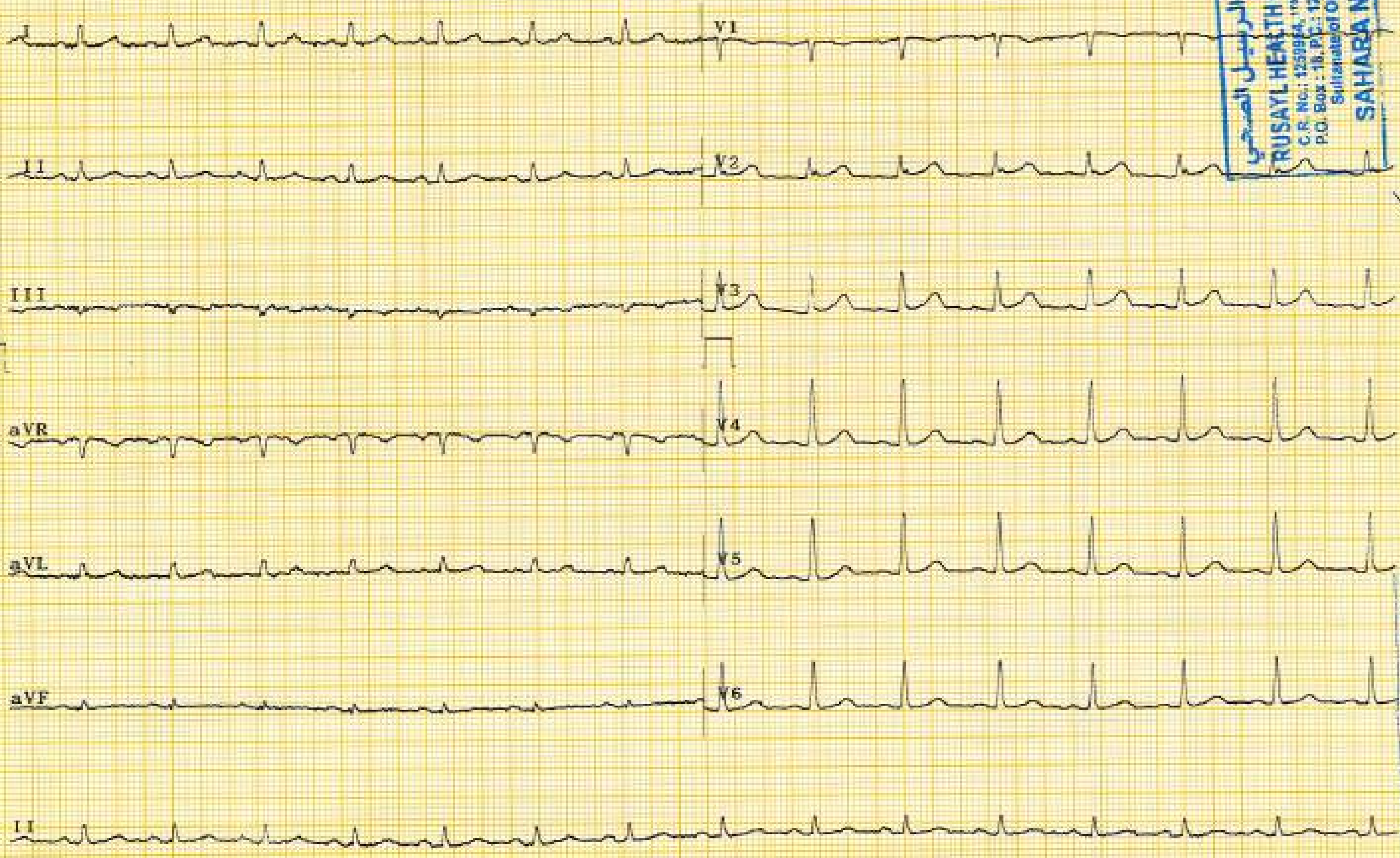
C.R. No.: 1259354
P.O. Box : 18, P.C.: 124, Rusayl
Sultanate of Oman
SAHARA NIMR

Confirmed by:

ID:
Name:
Age:Years
Sex:
H:cm/W:0kg

Heart Rate : 90 bpm
PR Int.: 160 ms
QRS Dur.: 88 ms
QT/QTc: 364/448 ms
P-R-T axes: 48 16 1

** Analysis Result ** (To be finally confirmed by cardiologist)
Normal Sinus Rhythm
Normal Axis
[Normal ECG]



0.1Hz- 40Hz,AC60Hz. All Channels:5.0mm/mV,25.0mm/sec. CardioTouch6.11.30 Bionet Co.,Ltd.

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Sultanate of Oman
SAHARA NIMR

DR. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE

Mohd Yunus 42y
29/07/2023

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

RHC مـركـز الرسـيـل الصـحـي
Rusayl Health Centre
ISO 9001 - 2015 Certified Co.

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

Date : 29/7/23

LABORATORY INVESTIGATION

Name : MOHD YOUNUS KHAN Sex : Male Age : 42

Dr.: DR. BUDDHI Company : TRUCK OMAN

HAEMATOLOGY

Test	Result	Reference
Total WBC	8.3	(4000-11000cu/mm)
DC - NEUTROPHIL	65	(40-75%)
LYMPHOCYTE	31	(20-45%)
EOSINOPHIL		(1-6%)
MONOCYTE	5.1	(2-10%)
BASOPHIL		(0-1%)
ESR		(0-12mm/hr)
		(M:12-16 g/dl)
		(F:11-14 g/dl)
HB	15.1	(14gm/dl----16gm/dl)
RBC COUNT	5.2	(4.5-6.6Million/cumm)
Platelet count	209	(150-400cu/mm)
Bleeding Time		(3-6min)
Clotting Time		(5-10min)
HCT	42	(40-45%)
MCV	84	(78--92fl)
MCH	29	(27--32pg)
Sickle cell	Negative	
MCHC		(31---35gm/dl)
Blood Group		

BIOCHEMISTRY

Diabetic profile

Test	Result	Reference
Blood sugar(fasting)	83	(70mg/dl-110mg/dl)(3.8mmol/l---6.1mmol/l)
PPBS		(80mg/dl-130mg/dl)(4.50-7.2mmol/l)
RBS		(64mg/dl-160mg/dl)(3.6mmol/l-8.9mmol/l)
HBA1C		(4--6.5%)

Lipid profile

Test	Result	Reference
Triglycerides	122	(upto 200mg/dl)
Total Cholestrol	187	(<200mg/dl)
HDL	56	(>40mg/dl)
LDL	107	(Up to 130mg/dl)

Liver Function test

Test	Result	Reference
Total bilirubin	1.0	(upto 1.0mg/dl)
SGOT	33	(Up to 40KU/L)
SGPT	342	(up to 41IU/L)
Total Protein		(6-8.3gm/dl)

Renal function Test

Test	Result	Reference
S creatinine	1.0	(0.7-1.4mg/dl)
Urea	35	(10-45mg/dl)
Uric acid	6.0	(3.4-7.0 mg/dl)

Cardiac profile

Test	Result	Reference
Troponine T		(>0.01ng/ml)

H.Pylori Test:

Malaria Parasite:

Micro Filaria:

URINE ANALYSIS

Test	Result
Colour	Yellow
Sp gravity	1.015
pH	7.0
Albumin	Nil
Sugar	Nil
Acetone	
Bile Salts	Nil
Urobilinogen	Nil
Blood	
Nitrate	
Leukocyte Estrase	

Microscope:

Test	Result	Unit
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

Medical Officer

DR. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE

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Sultanate of Oman
SAHARA N...

Lab. Technician

Fitness to Work Certificate for drivers

Employee Data		Date: 29/07/2023
Name: Mohammad Yunas Khan		Department/Company: Transmaq
I.D. No: EMP-7008	Age: 42y	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 (Specify)			
Temporary Unfit until			
Permanently Unfit			

DR. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE

29/07/2023

Name of health advisor **Signature** **Date:**

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

RHC

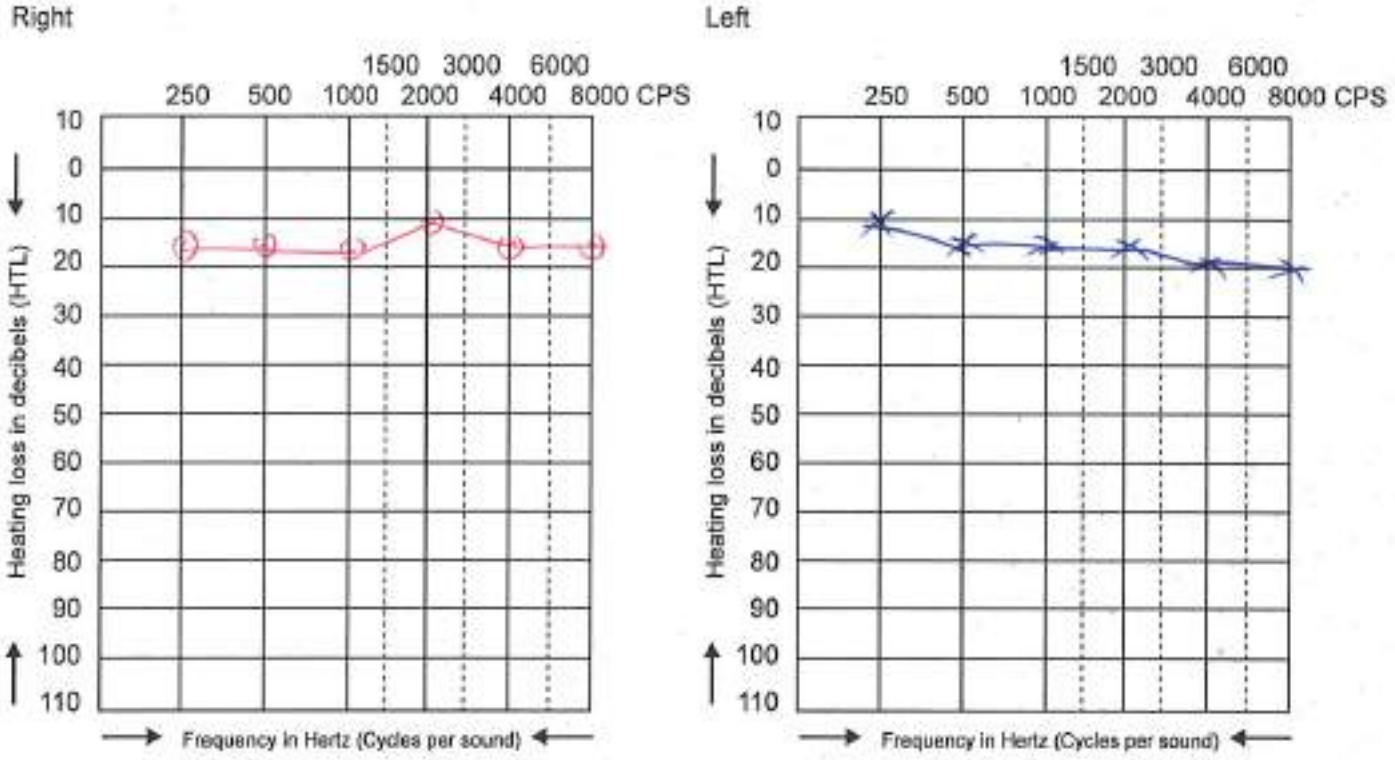
مركز الرسيل الصحي
منطقة الرسيل الصناعية
ص.ب : ١٨ الرسيل الرمز البريدي : ١٢٤
سلطنة عمان
تليفون : ٥٤ / ٢٤٤٤٦١٥١
فاكس : ٢٤٤٤٦٨٣٣

Name of Patient ....Muhammad Younas Khan.... اسم المريض

Age ....42y.... السن Sex (M) الجنس Date ....29/07/2023.... التاريخ

Name of Company ....Trichoman.... اسم الشركة

AUDIOGRAM



Impression : Normal Study

DR. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER

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P.O. Box : 18, P.C.: 124, Rusayl
Sultanate of Oman
SAHARA NIMR

Name of Dr. & Signature

Screening Quest. For Sleep Apnoea

Employee Data	Date: 29/07/2023
Name: Mohammed Younas khan	Department/Company: Truihonay
I. D No. Cng. 7008 / Tel No 94644786	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

Score	Situation
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
0	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total	0 0

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

DR. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE

Signature: ______________ Date: 29/07/2023

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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):	42
Total cholesterol (mmol/L):	4.84
HDL (mmol/L):	1.45
Diabetic:	○ Yes ◉ No
Smoker:	○ Yes ◉ No
Systolic BP (mmHg):	122
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: 3.9%

Total FRS points: 5

Breakdown

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

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Mohamed

424

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