مركز الرسيل الصحي
RUSAYL HEALTH CENTRE

No.A001495

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames:	SUKHWINDER SINGH AJIT SINGH
Nationality:	INDIAN

Mobile No. 97489105	Home/Leave Address: PUNJAB, INDIA	Company Number: 104123689	Reference Indicator: TRUCKOMAN

Personal Details

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

Home/Leave Address: PUNJAB, INDIA | Relationship To Employee ☐ Wife ☐ Son ☐ Daughter | No Of Children: 2

Reason For Examination (tick As Appropriate)

Periodic Medical Examination ☐ Initial ■ Periodic

Employee Only

B Present Job And Location: DRIVER | Next Job And Location: NONE

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 :

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RUSAYL HEALTH CENTRE
C.R. No.: 1259854, Postal Code:
P.O. Box : 18, P.C.: 124, Rusayl
Sultanate of Oman
RS PAC MURMUL CLINIC

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE

No.A001495

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	WEIGHT	BMI	B.P	PULSE	HEARING	VISION	Colour Vision	Blood Group
172 Cm	102 Kg	34	130/80	70/mins	L: NORMAL R: NORMAL	6/6 RIGHT 6/6 LEFT	N	B POSITIVE

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.): Mildly Obese

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

Date: 28/10/2023 Name (Block Capitals). Dr. Dr-Magnus Signature:

DR. MAGNUS CHIBUZO IWU
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 17579

REVIEW/CONSULTATION:

Date: 28/10/2023

Name (Block Capitals). Dr. Mild Obesity & Moderate Dyslipidemia: Low Fat Diet And Lifestyle Changes Advised. Tabs Lowlip 600mg Bid X 3/12. To Repeat Flp After 3/12.

Signature:

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C.R. No.: 1259854, Postal Code:
P.O. Box : 18, P.C.: 124, Rusayl
Sultanate of Oman
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11.15 Appendix 15: Fitness To Work Certificate

Employee Data:		Date: 28/10/2023
Name: Sukhwinder Singh		Department/Company: Truckoman
ID.No: 104123689	Age: 42	Occupation: HDD

Type Of Medical Evaluation — Mark Those Applying

A1 Aircraft Refuelling	☐	A6 Fire/Emergency Response Team Work	☐
A2 Breathing Apparatus	☐	A7 Professional Driving	☐
A3 Business Traveller	☐	A8 Remote Location Work	☐
A4 Catering And Food Preparation	☐	A9 Transfers-Group A Country	☐
A5 Crane Or Forklift Driving & All Heavy Vehicles	■	A10 Transfers-Group B Country	☐

Health Advisor Statement : The Above Named Parson Has Been Examinad 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	☐	☐
Working At Height	☐	☐
Puling, Pushing, Or Carrying Weight Over	☐	☐
Ascend/descend Ladders Or Stairs	☐	☐
Operate Motor Vehicles, Forklifts Or Heavy Machinery	☐	☐
Use Of A Respirator	☐	☐
Repetitive Twisting Of Valves Or Wrenches	☐	☐
Flying	☐	☐
Other	☐	☐
Temporary Unfit Until ☐		
Permanently Unfit ☐		
Name Of Health Advisor: Dr-Magnus	Signature:	Date: 28/10/2023

DR. MAGNUS CHIBUZO IWU
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 11579

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SUKHWINDER SINGH

Input

Age	42	yr
Systolic blood pressure	130	mmHg
Total cholesterol	247.9	mg/dL
HDL cholesterol	45.8	mg/dL
On blood pressure medication	No (1.93303)	
Cigarette smoker	No (0)	
Diabetes present	No (0)	

Results

Risk	6.9	%

Reset form

DR. MAGNUS CHIBUZO IWU
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
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P.O. Box : 18, P.C.: 124, Rusayl
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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).

RUSAYL HEALTH CENTRE

ISO 9001-2015 Certified Co.
Rusayl Industrial Estate
P.O BOX: 18 Rusayl, Postal Code:124
Phone: 22084053

Name: SUKHWINDER SINGH AJITH SINGH
Company: TRUCKOMAN

Date: 28/10/2023
Sex: MALE
Age: 42

Test	Result	Normal Range
FBS	100.0 mg/dL	70-110 mg/dl
LIPID PROFILE		
Total Cholesterol	247.9 mg/dL	< 200 mg/dl
HDL Cholesterol	45.8 mg/dL	>40 mg/dl (gen)
LDL Cholesterol	119.3 mg/dL	100-129 mg/dl
VLDL Cholesterol	23.50 mg/dL	12-30 mg/dL
Triglycerides	252.0 mg/dL	<150 mg/dL
LFT (LIVER FUNCTION TEST)		
Bilirubin Total	0.84 mg/dL	up to 2.0mg/dl
SGOT/AST	26.3 U/L	up to 40 U/L
SGPT/ALT	25.8 U/L	up to 40 U/L
RFT (RENAL FUNCTION TEST)		
Urea	20.9 mg/dl	16.6-48.5 mg/dL
S. Creatinine	0.86 mg/dl	M: 0.70 - 1.20 mg/dL F: 0.50 - 0.90 mg/dL
S. Uric Acid	5.3 mg/dl	M: 3.4 - 7.0 mg/dL F: 2.4 - 5.7 mg/dL

Medical Technologist

Medical Officer

DR. MAGNUS CHIBUZO IWU
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 17579

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RUSAYL HEALTH CENTRE

ISO 9001-2015 Certified Co.
Rusayl Industrial Estate
P.O BOX: 18 Rusayl, Postal Code:124
Phone: 22084053

Name: SUKHWINDER SINGH AJITH SINGH
Company: TRUCKOMAN

Date: 28/10/2023
Sex: MALE
Age : 42

Test		Result	Normal Range
CBC			
	Total WBC	5,650 per cu mm	4500-11000 per cu mm
	Diff :Leukocyte Count		
	NEUTROPHIL	58 %	40-75 %
	LYMPHOCYTE	33 %	20-45 %
	EOSINOPHIL	02 %	01-06 %
	MONOCYTE	08 %	02-10 %
	BASOPHIL	01 %	< 1 %
	Haemoglobin	14.5 g/dl	M: 13.5 - 17.5 g/dl F: 12.0 - 16.0 g/dl
	R.B.C	4.65 Mln/cu mm	M: 4.3 - 5.9 Mln/cu mm F: 3.5 - 5.5 Mln/cu mm
	Haematocrit	43.6 %	M: 41% - 53 % F: 36% - 46 %
	M.C.V	81.1 fl	80 - 100 fl
	M.C.H	26.8 pg	25.4 - 34.6 pg
	MCHC	32.0 %	31 - 36 %
	Platelets	231 Thsds/cu mm	150 - 400
	SICKLE CELL TEST	NEGATIVE	

Medical Technologist

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CLINIC

Medical Officer

DR. MAGNUS CHIBUZO IWU
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 17579

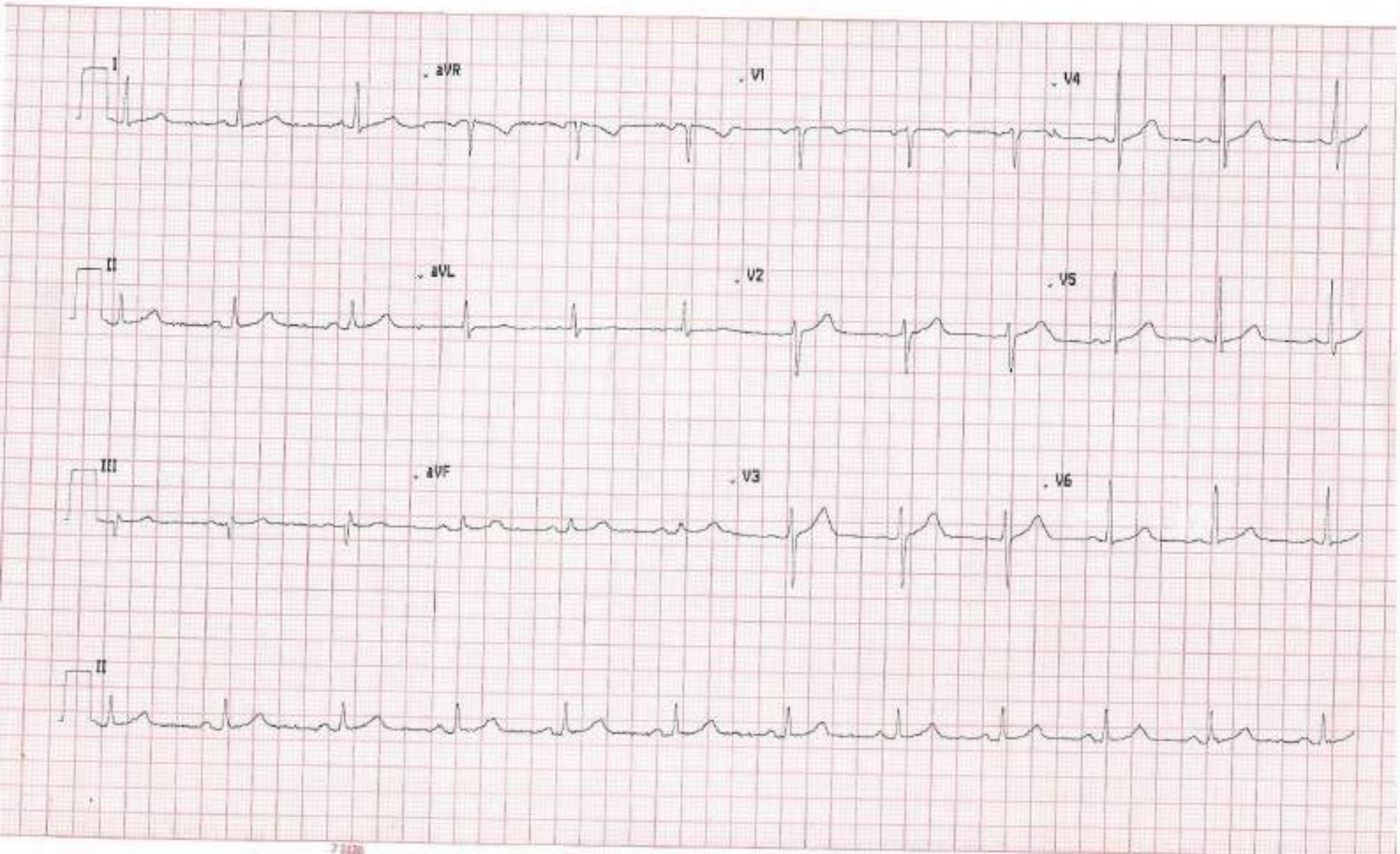
10-May-2011 19:37:11

DOB:
yr.

Vent rate:	68 BPM
PR int:	169 ms
QRS dur:	84 ms
QT/QTc:	392/409 ms
P-R-T axes:	58 25 51

SINUS RHYTHM
NORMAL ECG
WARNING: DATA QUALITY MAY AFFECT INTERPRETATION
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS

UNCONFIRMED REPORT MR. SUKHWINDER SINGH.



11.20 Appendix 20: (Form SQ5): Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 28/10/23
Name: Sukhwinder Singh		Department/Company: T/Oman
I. D No. 104123689	Tel #	Occupation: HOD

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 chence of dozing

3 High chance of dozing

0	sitting and reading
0	watching TV
1	sitting inactive in a public place (e.g. theatre or meeting)
0	as a passenger in the car for an hour without a break
1	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	3

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

Sukhwinder Singh

Signature: _____ Date: 28 - 10 - 23

DR. MAGNUS CHIBUZO IWU
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P.O. Box 18, Rusayl, Postal Code 124
Sultanate of Oman
Tel.: 24446151 / 54,
Fax : 24446833

RHC

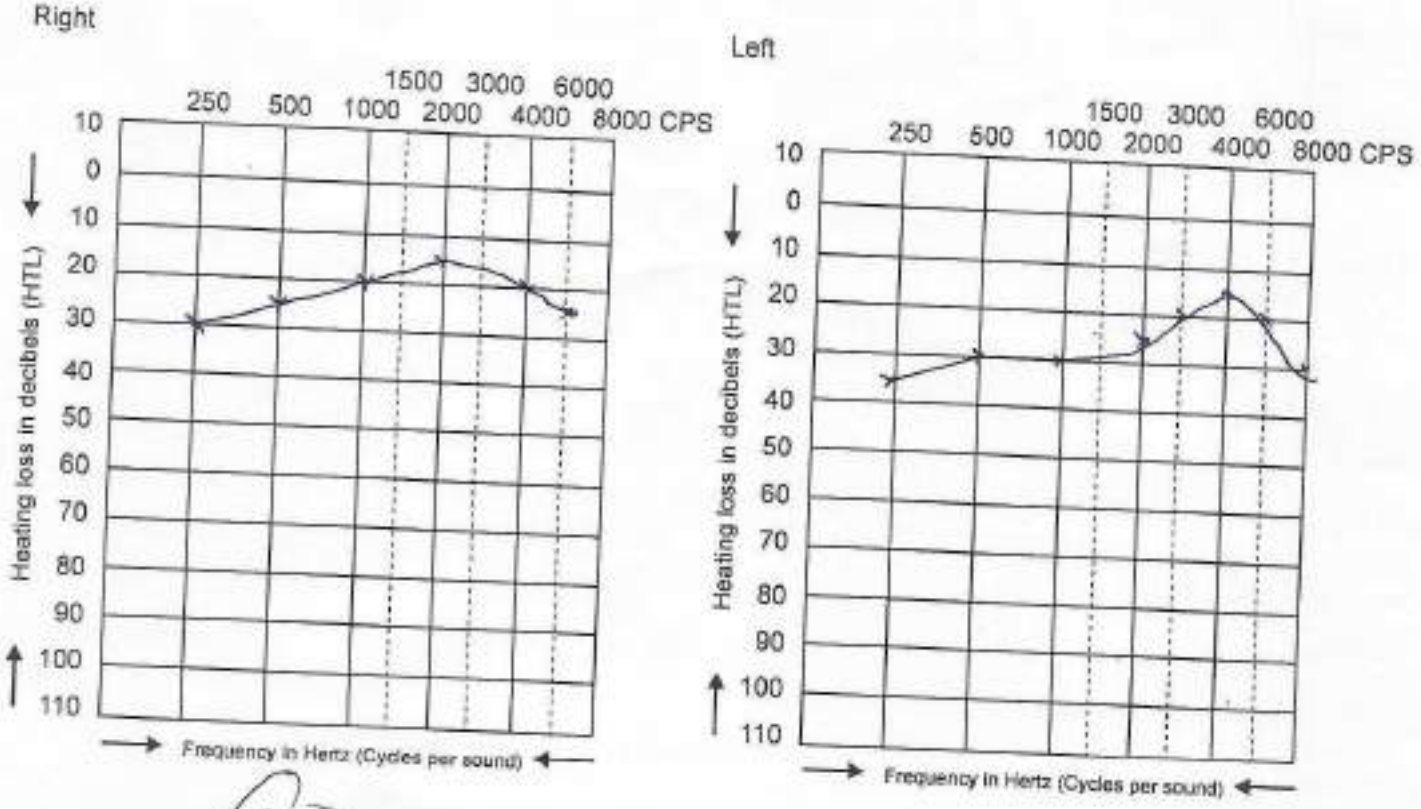
مركز الرسيل الصحي
منطقة الرسيل الصناعية
ص.ب : ١٨ الرسيل الرمز البريدي : ١٢٤
سلطنة عمان
تليفون : ٢٤٤٤٦١٥١ / ٥٤
فاكس : ٢٤٤٤٦٨٣٣

Name of Patient Sukhwinder Singh Arif Singh اسم المريض

Age 42 السن Sex male الجنس Date 28/10 التاريخ

Name of Company اسم الشركة

AUDIOGRAM



Impression :

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مركز الرسيل الصحي
RUSAYL H[illegible]
C.R. No.: 1259[illegible]
P.O. Box : 18, P.C. [illegible]
Sultanate of [illegible]an
RS PAC MURMUL CLINIC

Name of Dr. & Signature