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

No. B 14126

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames	Vishnu Gopi Das
Nationality	Indian Tamilnadu
Mobile No. 79930860	**Home/Leave Address:** Fuaiq
Company Number: 1989	**Reference Indicator:**

Personal Details 32y / DOB - 19.06.1990 / ID - 123280623

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: Helper

Next Job and Location: Nil

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 .

04/09/2023

Date: **Signature of Applicant:**

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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		
		1. Eyes & Pupils	
		2. E.N.T.	
		3. Teeth & Mouth	
		4. Lungs & Chest	
		5. Cardiovascular System	
		6. Abdo. Viscera	N A D
		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
178	75	24	122/80	68 /mins.	L Normal R Normal	DISTANT R 6/6 L 6/6 NEAR R N6 L N6 Uncorrected Corrected

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	TC - 251 CDL - 148			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 low fat diet. Regular Exercise
Statin for 03 months. Repeat fLP after 03 months.

ASSESSMENT AND RECOMMENDATIONS:

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

04/04/2023

DR. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH/LIC NO: 12042

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

REVIEW/CONSULTATION

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
P.O. Box: 19, P.C.: 124, Rusayl
Sultanate of Oman
SAHARA NIMR

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

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Rusayl Health Centre
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Date 9/4/2023

LABORATORY INVESTIGATION

Name : VISHNU GOPIDAS Sex : 32yrs/M Age :

Dr.: BUDDHIKA Company : TRUCK-OMAN

HAEMATOLOGY

Total WBC	7.12	(4000-11000cu/mm)
DC - NEUTROPHIL	55.2	(40-75%)
LYMPHOCYTE	30.2	(20-45%)
EOSINOPHIL		(1-6%)
MONOCYTE	6.15	(2-10%)
BASOPHIL		(0-1%)
ESR		(0-12mm/hr)
		(M:12-16 gldl)
		(F:11-14 gldl)
HB	15.0	(14gm/dl----16gm/dl)
RBC COUNT	4.95	(4.5-6.6Million/cumm)
Platelet count	217	(150-400cu/mm)
Bleeding Time		(3-6min)
Clotting Time		(5-10min)
HCT	40.2	(40-45%)
MCV	80	(78--92fl)
MCH	26.8	(27--32pg)
Sickle cell	Negative	
MCHC	34.6	(31---35gm/dl)
Blood Group		

BIOCHEMISTRY

Diabetic profile

Blood sugar(fasting)	94	(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	186	(upto 200mg/dl)
Total Cholestrol	251	(<200mg/dl)
HDL	65	(>40mg/dl)
LDL	148	(Up to 130mg/dl)

Liver Function test

Total bilirubin	0.50	(upto 1.0mg/dl)
SGOT	25	(Up to 40IU/L)
SGPT	36.6	(up to 41IU/L)
Total Protein		(6-8.3gm/dl)

Renal function Test

S creatinine	1.20	(0.7-1.4mg/dl)
Urea	43.2	(10-45mg/dl)
Uric acid	4.18	(3.4-7.0 mg/dl)

Cardiac profile

Troponine T		(>0.01ng/ml)

H.Pylori Test

Malaria Parasite

Micro Filaria

URINE ANALYSIS

Colour	Yellow
Sp gravity	1.020
pH	6.00
Albumin	Nil
Sugar	Nil
Acetone	Nil
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 ova	
Cyst	
Entamoeba	
Flagellaes	
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

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SAHARA HMB

Lab. Technician