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

No. B 10585

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames: MOHSIN SAID SAAD HUWAR

Nationality: OMANI

Mobile No. 99206057 | Home/Leave Address:

Company Number: 7039 | Reference Indicator:

Personal Details D.O.B 02/08/82, 40 yrs.

A ☑ Male ☐ Female | ☑ Married ☐ Single ☐ Separated /Divorced /Widow(er)

Home/Leave Address: | **Relationship to employee** ☐ Wife ☐ Son ☐ Daughter | No of Children: 4

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☑ Final / Retirement ☐ Other Reason: ☐

Employee only

B Present Job and Location: MML DAWRA | 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?		✓		
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 .

Date: 19/05/20

Signature of Applicant:

RUSAYL HEALTH CENTRE

Fitness to Work Certificate for drivers

Employee Data		Date 19/05/22	
Name MOHSIN SAID SAAD KHWAR		Department/Company TAVEKLO MAN	
I.D No. 9450292	Age 40.	Occupation DRIVER	
Type of Medical Evaluation		Mark those applying √	
A6- 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			
Name of health advisor Signature [signature] Date			

مركز الرسيل الصحي
س.ت : ١/٢٥٩٩٥/٤
C.R. No.: 1/25995/4
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

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

No. B 10585

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.

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION
165	83.8	30.8	110/80	88 /mins.	L R ✓ (N.)	DISTANT R L / NEAR R L Uncorrected R 6/4 L 6/4 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.)

ASSESSMENT AND RECOMMENDATIONS:

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

DR. LIPON KANTI BARUA
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
BCH LIC NO. 14657

Date: 19/05/22 Name (Block Capitals): Dr. / Nurse Signature:

C.R. No.: 1059004
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

REVIEW/CONSULTATION

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

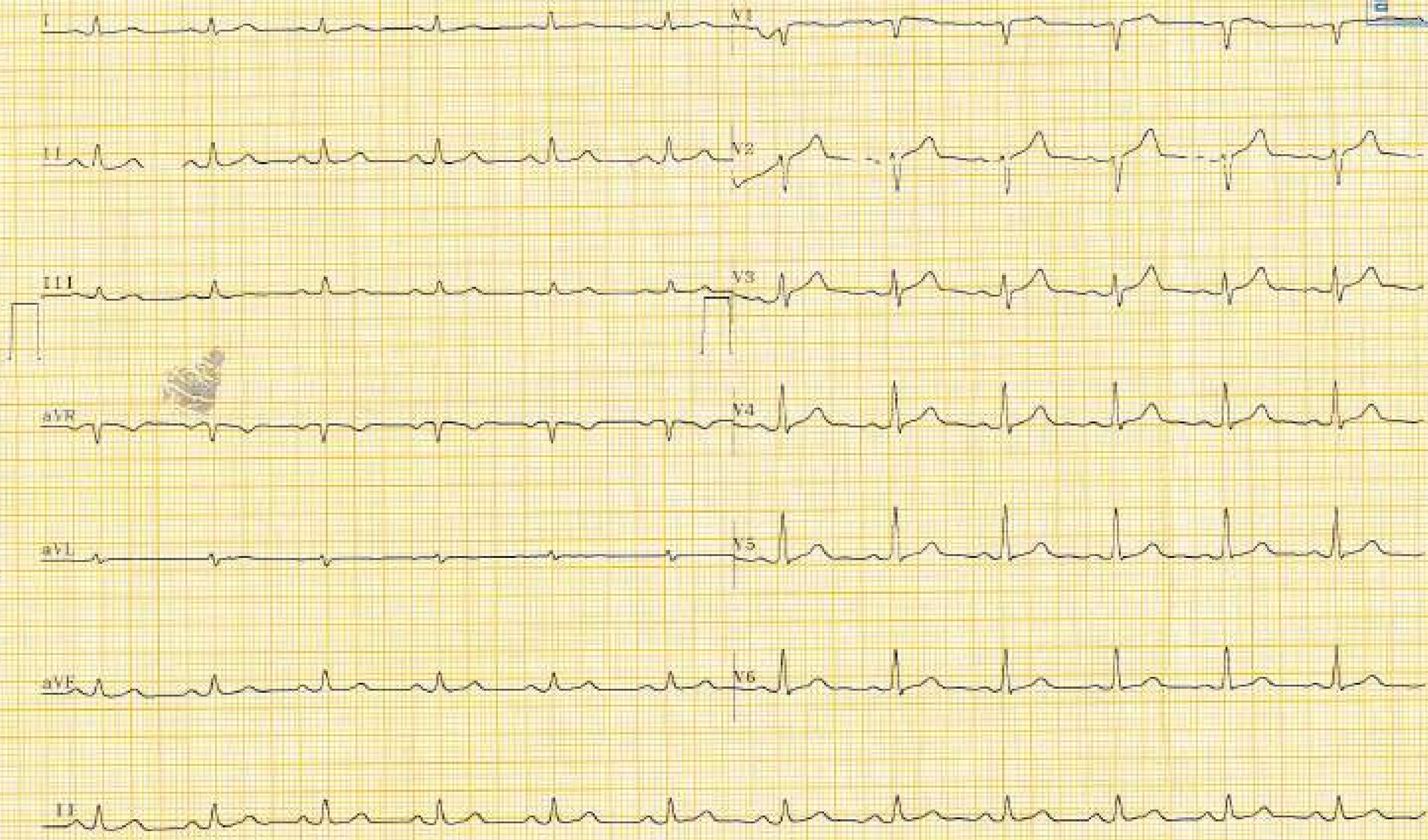
2022-05-19 10:50:37 6 Channel + 1 Rhythm Report Hospital:RS PAC MARMUL
Prescribed by:

ID : MOHSIN
Name:
yrs. / 7039
cm / kg

Heart Rate: 74bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 172 ms Normal Sinus Rhythm
QRS Dur.: 84 ms Low Voltage QRS
QT/QTc: 388/430 ms Normal Axis
P-R-T axes: *** Axis and MI may be incorrect due to low voltage.
64 58 58 [Moderately Abnormal ECG]

NSOL

DR. LIPON KANTI BARUA
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 14857



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
RHC Rusayl Health Centre
ISO 9001 - 2015 Certified Co.

Date : 19/5/2022

LABORATORY INVESTIGATION

Name : MOHSIN JAID SAAD KHUMAIR Age : Sex

Dr.: Company : TRUCK OMAN

HAEMATOLOGY

Total WBC	6.79	(4000-11000cu/mm)
DC - NEUTROPHIL	50.4	(40-75%)
LYMPHOCYTE	44.5	(20-45%)
EOSINOPHIL	3.2	(1-6%)
MONOCYTE	0.1	(2-10%)
BASOPHIL		(0-1%)
ESR		(0-12mm/hr)
		(M:12-16 g/dl)
		(F:11-14 g/dl)
HB	16.1	(14gm/dl---16gm/dl)
RBC COUNT	5.62	(4.5-6.6Million/cumm)
Platelet count	190,000	(150-400cu/mm)
Bleeding Time		(3-6min)
Clotting Time		(5-10min)
HCT	44.9	(40-45%)
MCV	80	(78--92fl)
MCH	28.6	(27--32pg)
Sickle cell	Nigeham	
MCHC	35.8	(31---35gm/dl)
Blood Group		

BIOCHEMISTRY

Diabetic profile

Blood sugar(Fasting)	93	(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	184	(upto 200mg/dl)
Total Cholesterol	191.6	(<200mg/dl)
HDL	54.0	(>40mg/dl)
LDL	140	(Up to 130mg/dl)

Liver Function test

Total bilirubin	0.58	(upto 1.0mg/dl)
SGOT	28.3	(Up to 40IU/L)
SGPT	21.4	(up to 41IU/L)
Total Protein		(6-8.3gm/dl)

Renal function Test

S creatinine	0.86	(0.7-1.4mg/dl)
Urea	30.8	(10-45mg/dl)
Uric acid	5.1	(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	
Albumin	NORMAL	
Sugar		
Acetone		
Bile Salts		
Urobilinogen		
Blood		
Nitrate		
Leukocyte Estrase		

Microscopic

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

Medical Officer

DR. LIPON KANTI BARUA
GENERAL PRACTITIONER
RUSAIL HEALTH CENTRE
MOH LIC NO. 14457

Lab. Technician

→

Input

Age	40	yr
Systolic blood pressure	110	mmHg
Total cholesterol	191.6	mg/dL
HDL cholesterol	54	mg/dL
On blood pressure medication	No (1.93303)	
Cigarette smoker	No (0)	
Diabetes present	No (0)	

Results

Risk	2.8	%

Reset form

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).
- HDL: high-density lipoprotein.

MOHSIN SAID SAAD KHUWAR

Equations used

DR. ... KANTI BARUA
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 14657

مركز الرسيل الصحي
C.R. No.: 1/2585519
P.O. Box: 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

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

RHC

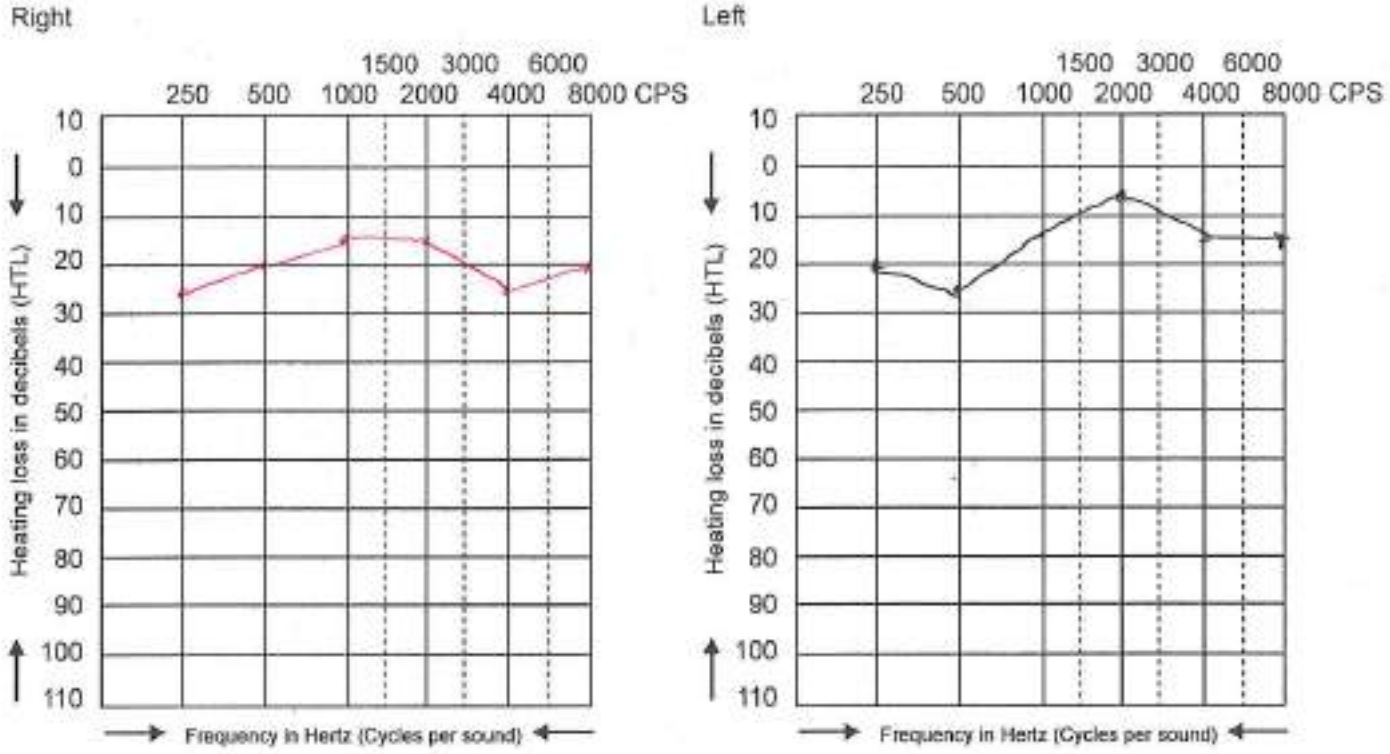
مركز الرسيل الصحي
منطقة الرسيل الصناعية
ص.ب : ١٨ الرسيل الرمز البريدي : ١٢٤
سلطنة عمان
تليفون : ٢٤٤٤٦١٥١ / ٥٤
فاكس : ٢٤٤٤٦٨٣٣

Name of Patient MOHSIN SAID SAAD KHUWAR اسم المريض

Age 40 yrs السن Sex M الجنس Date 19/05/22 التاريخ

Name of Company TRUCKMAN. اسم الشركة

AUDIOGRAM



Impression : Normal Hearing

RUSAYL HEALTH CENTRE
C.R. No.: 1/2599524
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman

DR. [illegible] KANTI BARUA
FAMILY MEDICINE PRACTITIONER
RUSAYL HEALTH CENTRE

Name of Dr. & Signature

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

Employee Data		Date: 19/05/22
Name: MOHSIN SAID SAAD KHUWAR		Department/Company: Truck Oman
I. D No. 9450292	Tel # 99206057	Occupation: DRIVER

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

0 Sitting quietly after lunch without alcohol

0 In a car, while stopped for a few minutes in traffic

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

Signature: [signature] **Date:** 19/05/22

C.R. No.: 1/2690594
P.O. Box: 18
P.C.: 124, Rusayl
Oman
HEALTH CENTRE