



مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

No. B17501

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/Forenames: **Muhammed Saleel**

Nationality: **Indian**

Company Number: **2032**

Reference Indicator: **Truckman**

Mobile No: **93085130** Home/Leave Address: **India**

Personal Details: **27y** DOB: **13.06.1995** ID: **113462368**

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: **Operation** Next Job and Location: **NIMV**

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: **24/08/2022**

Signature of Applicant:





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.
173	82	28	128/86
			PULSE
			66 mins.
			HEARING
			L Normal
			R Normal
			VISION
			DISTANT
			R L
			Uncorrected
			Corrected
			NEAR
			R L
			Uncorrected
			Corrected
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	
		1. Urinalysis	
		2. Hb, Bloodcount, ESR	
		3. LFT, RFT, RBS	
		4. Drug Screen	
		5. Lipids (40 years +)	
		6. Sickie Cell test	
		7. Audiogram	
		8. Lung Function	
		9. Chest X-Ray	
		10. ECG	
		11. CVS risk for 40 yrs. & above	
		12. HIV, Hepatitis screening	

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

A21522 on diabetes medication.
FBS monitoring, regular exercise

ASSESSMENT AND RECOMMENDATIONS:

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

DR. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE

Date: 29/08/2022 Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION

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

Signature:



LABORATORY INVESTIGATION

Name : <u>MUHAMMAD SALEEL</u>		Sex : <u>M</u>	Age : <u>27</u>
Dr. : <u>BUDDHIKA</u>		Company : <u>Truckoman</u>	

HAEMATOLOGY Total WBC: <u>5.2</u> (4000-11000cu/mm) DC - NEUTROPHIL: <u>56.2</u> (40-75%) LYMPHOCYTE: <u>33.4</u> (20-45%) EOSINOPHIL: <u>3.7</u> (1-6%) MONOCYTE: <u>7.6</u> (2-10%) BASOPHIL: <u>0.2</u> (0-1%) ESR: (0-12mm/hr) HB: <u>15.2</u> (14gm/dl---16gm/dl) RBC COUNT: <u>5.7</u> (4.5-6.6Million/cumm) Platelet count: <u>218</u> (150-400cu/mm) Bleeding Time: (3-6min) Clotting Time: (5-10min) HCT: <u>40.7</u> (40-45%) MCV: <u>86</u> (78--92fl) MCH: <u>29.5</u> (27--32pg) Sickle cell: <u>-ve</u> MCHC: <u>34.3</u> (31---35gm/dl) Blood Group:	URINE ANALYSIS Colour: <u>pale yellow</u> Sp gravity: <u>1.020</u> pH: <u>6.0</u> Albumin: <u>Nil</u> Sugar: <u>Nil</u> Acetone: <u>Nil</u> Bile Salts: Urobilinogen: Blood: } <u>Normal</u> Nitrate: } Leukocyte Estrase: } Microscope: Pus cells: /HPF RBC: /HPF Epithelial cells: /HPF Casts: /HPF Crystals: Bacteria: Mucus-Thread:
--	---

BIOCHEMISTRY Diabetic profile Blood sugar(fasting): <u>120</u> (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: <u>175</u> (upto 200mg/dl) Total Cholesterol: <u>168.20</u> (<200mg/dl) HDL: <u>51.30</u> (>40mg/dl) LDL: <u>102.63</u> (Up to 130mg/dl) Liver Function test Total bilirubin: <u>0.85</u> (upto 1.0mg/dl) SGOT: <u>22.5</u> (Up to 40IU/L) SGPT: <u>28.4</u> (up to 41IU/L) Total Protein: (6-8.3gm/dl) Renal function Test S creatinine: <u>0.75</u> (0.7-1.4mg/dl) Urea: <u>21.60</u> (10-45mg/dl) Uric acid: <u>6.1</u> (3.4-7.0 mg/dl) Cardiac profile Troponine T: (>0.01ng/ml)	STOOL EXAMINATION Colour: Consistency: 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.
---	--

Malaria Parasite: Micro Filaria:	H. Pylori Test:
--	------------------------------

Medical Officer

DR. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOB NO. 16042

Franklin Lab Technician