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

INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL) No. A 4090

RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname: Ikram Ullah Baryar

Forenames:

Address: Pakistan

Place of examination: Sahara Clinic Nimr

Date: 31/03/2022

Home telephone number: 99190172

If a dependant enter employee's name here:
Surname:
Forenames: 274/ID - 113106694

Birth date: 11/08/1995
Nationality: Pakistan
Country of birth: Pakistan
Religion:

☑ Male ☐ Female
☐ Married ☑ Single ☐ Separated /Divorced

Relationship to employee: ☐ Wife ☐ Son ☐ Daughter
Number of children:

Reason for examination: Pre-Employment ☑ Pre-Overseas ☐
Job: Crane operator
Area: Wahed Nimr / Nimr

Name and address of family doctor

List your last 3 jobs
(1)
(2)

Are you a Registered Disabled Person? (UK only) ☐
Do you belong to any Medical Insurance Scheme? ☐

DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)

	Y	N		Y	N
1. Sinus trouble		✓	21. Cancer		✓
2. Neck swelling/glands		✓	22. Heart Disease		✓
3. Difficulty in vision		✓	23. Rheumatic fever		✓
4. Any ear discharge		✓	24. Abnormal heartbeat		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓
6. Hayfever /other significant allergy		✓	26. Stroke		✓
7. Any skin trouble		✓	27. Serious chest pain		✓
8. Tuberculosis		✓	28. Any blood disease		✓
9. Shortness of breath		✓	29. Kidney disease		✓
10. Coughed/vomited blood		✓	30. Blood in urine		✓
11. Severe abdominal pain		✓	31. Diabetes		✓
12. Stomach ulcer		✓	32. Headaches/migraine		✓
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓
14. Jaundice or hepatitis		✓	34. Epilepsy		✓
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓
16. Marked change in bowel habits		✓	36. Surgical operation		✓
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓
18. Marked change in weight		✓	38. Tropical disease		✓
19. Varicose veins		✓	39. Fear of heights		✓
20. Lump in breast/armpit		✓			

HAVE YOU EVER BEEN:-	Y	N
40. Rejected for employment or insurance for medical reasons		✓
41. Awarded benefits for industrial injury/illness		✓
42. Treated for a mental condition, e.g. depression		✓
43. Treated for problem drinking or drug abuse		✓
44. Exposed to toxic substance or noise		✓
FOR WOMEN ONLY Have you ever had:-		
45. An abnormal smear		
46. Any gynaecological treatment		
47. Are you pregnant?		
48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		

How much tobacco each day? —
Average daily alcohol consumption —

Have you ever taken elicited drugs? ( ) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes ( ) Tuberculosis ( ) Epilepsy ( ) Asthma ( ) Eczema ( )
Heart disease ( ) High blood pressure ( ) Stroke ( ) Blood Disease ( ) Cancer ( )

PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-

I declared these statements to be true to the best of my knowledge and belief and I agree that the result of this medical examination in general terms may be revealed to the Company if required, and the details sent to my own doctor if this is considered necessary by the examining medical officer. I am also aware that PDO reserve the right to dismiss me if it was found that I have purposely withheld important medical information.

Date: 31/03/2022

Signature of Applicant: [signature]

PC 124, Rusayl
C.R.
Tel.
SAHARA
HEALTH

مركز الرسيل الصحي
RHC **RUSAYL HEALTH CENTRE**
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No. A 4090

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
		1. Eyes & Pupils	
		2. E.N.T.	
		3. Teeth & Mouth	
		4. Lungs & Chest	
		5. Cardiovascular System	
		6. Abdo. Viscera	NAD
		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 DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
179	77	24	108/80	74 /mins.	L Normal R Normal	Uncorrected				Normal	
						Corrected	10		8		

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.)

NAD

ASSESSMENT:

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

31/03/2022
Date:

DR. SANATH BUDDHIKA PRIYADARSHANA
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
Name (Block Capitals): Dr. / Nurse

Signature:

P.O.Box 11
PC 124, Rusayl
Sultanate of Oman
C.R. 1
Tel.
SAHABA PHARMACY
HEALTH

REVIEW/CONSULTATION

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

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.

RHC مركز الرسيل الصحي
Rusayl Health Centre
ISO 9001 - 2015 Certified Co.

Date : 31-03-22

LABORATORY INVESTIGATION

Name : IKRAM ULLAH BARYAR Sex : M Age : 27
Dr.: BUDDIKA Company : WAHAT NIMR

HAEMATOLOGY

Test	Result	Reference
Total WBC	6.7	(4000-11000cu/mm)
DC - NEUTROPHIL	57.2	(40-75%)
LYMPHOCYTE	36.1	(20-45%)
EOSINOPHIL	3.7	(1-6%)
MONOCYTE	5.2	(2-10%)
BASOPHIL	0.2	(0-1%)
ESR		(0-12mm/hr)
		(M:12-16 gidl)
		(F:11-14 gidl)
HB	14.9	(14gm/dl---16gm/dl)
RBC COUNT	5.1	(4.5-6.6Millon/cumm)
Platelet count	230	(150-400cu/mm)
Bleeding Time		(3-6min)
Clotting Time		(5-10min)
HCT	42.1	(40-45%)
MCV	80.7	(78--92fl)
MCH	28.7	(27--32pg)
Sickle cell	-ve	
MCHC	33.7	(31---35gm/dl)
Blood Group		

BIOCHEMISTRY

Test	Result	Reference
Diabetic profile		
Blood sugar(fasting)	79	(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	175	(upto 200mg/dl)
Total Cholestrol	195	(<200mg/dl)
HDL	38.5	(>40mg/dl)
LDL	115	(Up to 130mg/dl)
Liver Function test		
Total bilirubin	0.85	(upto 1.0mg/dl)
SGOT	24.3	(Up to 40IU/L)
SGPT	22.4	(up to 41IU/L)
Total Protein		(6-8.3gm/dl)
Renal function Test		
S creatinine	0.76	(0.7-1.4mg/dl)
Urea	23.2	(10-45mg/dl)
Uric acid	5.8	(3.4-7.0 mg/dl)
Cardiac profile		
Troponine T		(>0.01ng/ml)

H.Pylori Test
Malaria Parasite
Micro Filaria

URINE ANALYSIS

Test	Result
Colour	pale yellow
Sp gravity	1.020
pH	6.0
Albumin	Nill
Sugar	Nill
Acetone	Nill
Bile Salts	Normal
Urobilinogen	Normal
Blood	Normal
Nitrate	Normal
Leukocyte Estrase	Normal
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 exa:
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

DR. SANATH BUDDHIKA PRIYADARSHANA
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 16043

Lab. Technician

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

RHC

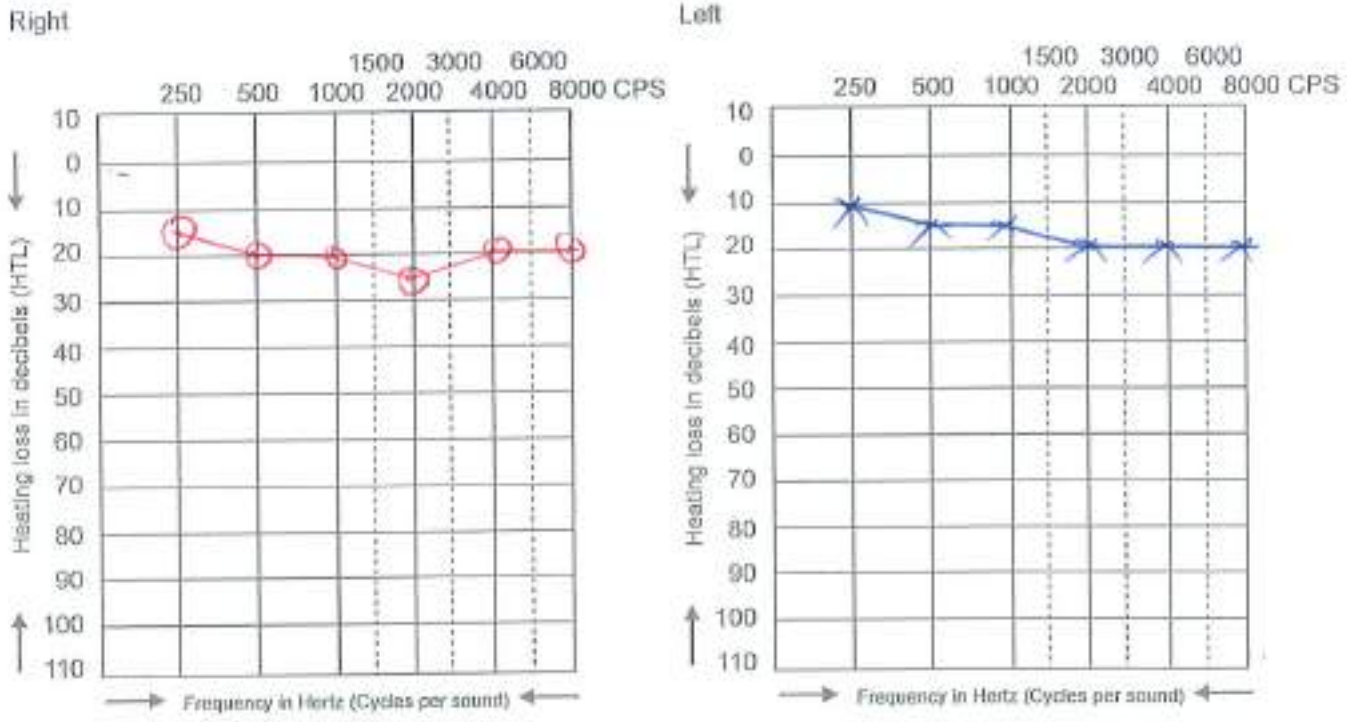
مركز الرسيل الصحي
منطقة الرسيل الصناعية
ص.ب : ١٨ الرسيل الرمز البريدي : ١٢٤
سلطنة عمان
تليفون : ٢٤٤٤٦١٥١ / ٥٤
فاكس : ٢٤٤٤٦٨٣٣

Name of Patient Ikram Ullah Bangar اسم المريض

Age 27y السن Sex (M) الجنس Date 31/03/2022 التاريخ

Name of Company Vahed Nimr اسم الشركة

AUDIOGRAM



Impression :

Normal study.

DR. SARATH BUDDHIKA PRIYADARSHANA
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 1684

P.O.Box 18
PC 124, Rusayl
Sultanate of Oman
Tel.
RUSAYL HEALTH CENTRE

Screening Quest. For Sleep Apnoea

Employee Data		Date: 31/03/2022
Name: Ikram Ullah Baryar		Department/Company: Arabed Nimr
I. D No. 13106694	Tel # 99190172	Occupation: Crane operator

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
1	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 04	

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

DR. SANATH BUDDHIKA PRIYALAL PERERA
GENERAL PRACTITIONER
MOH LIC NO. 14042

Signature: _____ **Date:** 31/03/2022

P.O.Box 18,
PC 124, Barka
Sultanate of Oman
C.R.
Tel
SAHARA INTERNATIONAL HEALTH C

Fitness to Work Certificate for drivers

Employee Data			Date: 31/03/2022
Name : Ikram Ullah Baryar			Department/Company : Wahed NMR
I.D. No: 1131066944	Age: 27y		Occupation : Crane operator

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 (Specifiy)			
Temporary Unfit until			
Permanently Unfit			

DR. SANATH BUDDHIKA PRIYADARSHANA
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 16947

31/03/2022

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

P.O.Box 16
PC 124, Rusayl
Sultanate of Oman
G.R.
Tel
SANAYA PVC
HEALTH