



مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

No. B 09658

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/
Forenames

Mahoj V Planparanbi
Ranakrishnan

Nationality

Indian

Company Number:

8023

Reference Indicator:

Mobile No. 79673600

Home/Leave Address:

2 n 219

Personal Details

44y / DOB 11.05.1972 / ID - 77293383

A ☒ Male ☐ Female

☒ Married ☐ Single ☐ Separated / Divorced / Widow(er)

Home/Leave Address:

Relationship to employee

☐ Wife ☐ Son ☐ Daughter

No of Children: 02

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:

NIMY

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 you 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 illicit/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:

11/10/2021

Signature of Applicant:

[Signature]





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
167	69	24.7	124/84	64/min.	L Normal R Normal	DISTANT R L Uncorrected Corrected
						NEAR R L Uncorrected Corrected

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
		1. Urinalysis				7. Audiogram
		2. Hb, Bloodcount, ESR	Tb - 205			8. Lung Function
		3. LFT, RFT, RBS	HDL - 38.4			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.)

Assessed on 10th Feb 2021, regular exercise

ASSESSMENT AND RECOMMENDATIONS:

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

DR. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE

Date: 11/10/2021 Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION

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

Signature:



LABORATORY INVESTIGATION

Name : <u>Manoj</u>		Sex : <u>Male</u>	Age : <u>49</u>
Dr. : <u>Buddhika</u>		Company : <u>Truck Oman</u>	

HAEMATOLOGY		URINE ANALYSIS	
Total WBC	<u>7,300</u> (4000-11000/mm)	Colour	<u>pale yellow</u>
DC - NEUTROPHIL	<u>63.2%</u> (40-75%)	Sp gravity	<u>1.015</u>
LYMPHOCYTE	<u>26.8%</u> (20-45%)	pH	<u>6</u>
EOSINOPHIL	<u>5%</u> (1-6%)	Albumin	<u>1</u>
MONOCYTE	<u>4%</u> (2-10%)	Sugar	<u>1</u>
BASOPHIL	<u>1%</u> (0-1%)	Acetone	<u>1</u>
ESR	<u>14.4</u> (0-12mm/hr)	Bile Salts	<u>-ve</u>
	(M:12-16 g/dl)	Urobilinogen	<u>1</u>
	(F:11-14 g/dl)	Blood	<u>1</u>
HB	<u>14.4</u> (14gm/dl - 16gm/dl)	Nitrate	<u>1</u>
RBC COUNT	<u>4.9</u> (4.3-6.6 Million/cumm)	Leukocyte Esterase	<u>1</u>
Platelet count	<u>239,000</u> (150-400/cumm)	Microscope	
Bleeding Time	<u>3</u> (3-6min)	Pus cells	<u>1</u> HPF
Clotting Time	<u>10.1</u> (5-10min)	RBC	<u>1</u> HPF
HCT	<u>40.1</u> (40-45%)	Epithelial cells	<u>1</u> HPF
MCV	<u>79.8</u> (78-92fl)	Casts	<u>1</u> HPF
MCH	<u>29.5</u> (27-32pg)	Crystals	<u>1</u>
Stk cell	<u>negative</u>	Bacteria	<u>1</u>
MCHC	<u>32.5</u> (31-35gm/dl)	Mucin-Throat	<u>1</u>
Blood Group		Pregnancy Test	

BIOCHEMISTRY		STOOL EXAMINATION	
Diabetic profile		Colour	
Blood sugar (fasting)	<u>98</u> (70mg/dl-110mg/dl) (3.8mmol/l-6.1mmol/l)	Consistency	
PPBS	<u>98</u> (80mg/dl-130mg/dl) (4.50-7.3mmol/l)	Reaction	
RBS	<u>98</u> (64mg/dl-160mg/dl) (3.6mmol/l-8.9mmol/l)	Occult Blood	
HBA1C	<u>5.5</u> (4-6.5%)	Microscopic eva	
Lipid profile		Cyst	
Triglycerides	<u>205</u> (upto 200mg/dl)	Entamoeba	
Total Cholesterol	<u>186.2</u> (<200mg/dl)	Flagellates	
HDL	<u>38.4</u> (>40mg/dl)	Pus Cells	
LDL	<u>106.8</u> (Up to 130mg/dl)	R.B. Cst	
Liver Function test		Epith cells	
Total bilirubin	<u>0.9</u> (upto 1.0mg/dl)	Other	
SGOT	<u>30.12</u> (Up to 40IU/L)		
SGPT	<u>22.19</u> (up to 41IU/L)		
Total Protein	<u>7.8</u> (6-8.3gm/dl)		
Renal function Test			
S creatinine	<u>0.6</u> (0.7-1.4mg/dl)		
Urea	<u>22.44</u> (10-45mg/dl)		
Uric acid	<u>4.06</u> (3.4-7.0 mg/dl)		
Cardiac profile			
Troponin T	<u>0.01</u> (>0.01ng/ml)		
H. Pylori Test			
Malaria Parasite			
Micro Filaria			

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. Cst
Epith Cells	
Morphology Normal	%
Abnormal	%
V.D.R./Syphilis	
R.F.	
HBeAg	
HBV	
HIV	

Medical Officer

DR. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MED. LIC NO. 16043

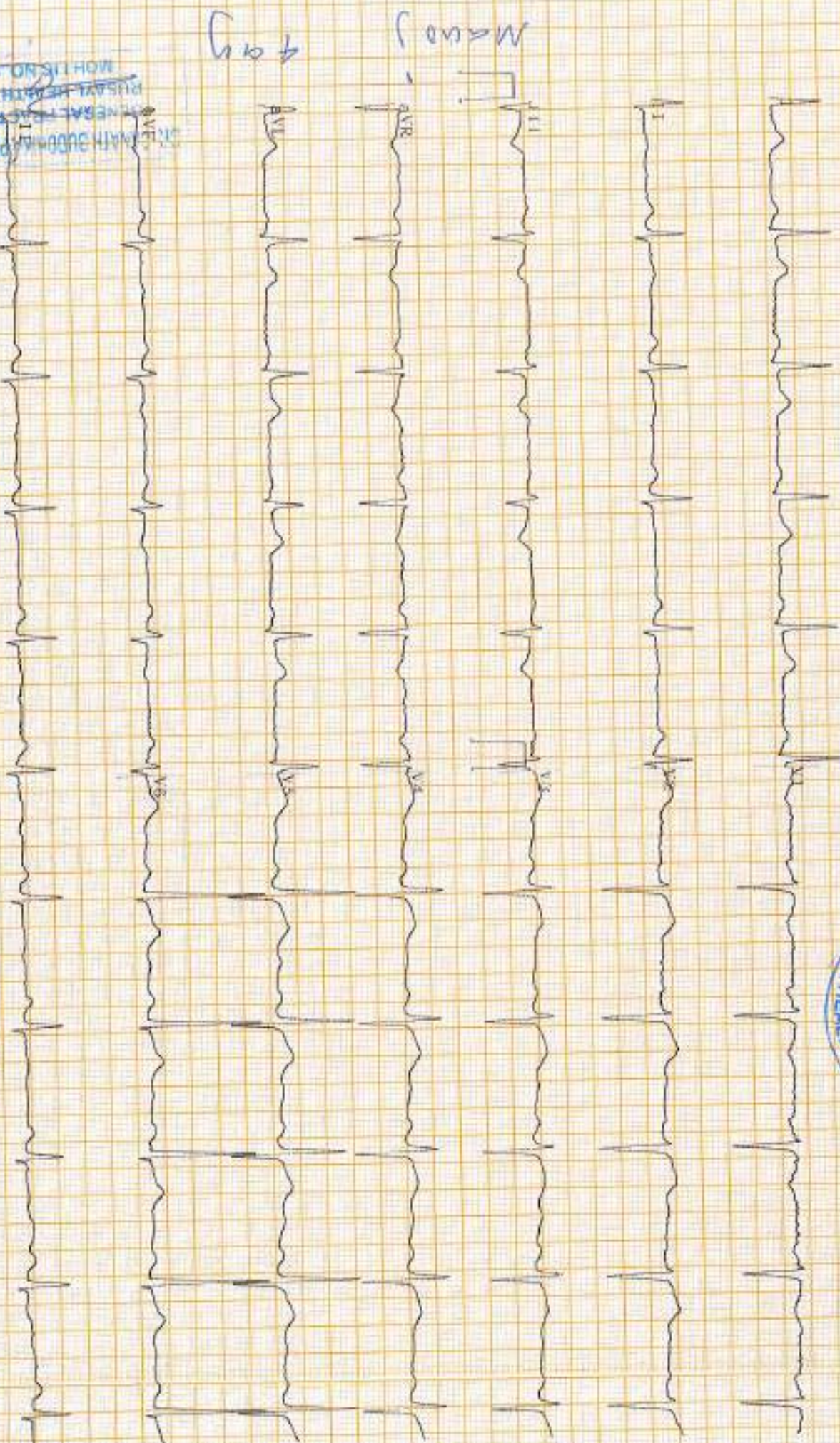

P.O. Box 18,
PC 124, Rusayl
Sultanate of Oman
C.N. 112529574
Tel: 24462837
SAHARA FAC. MMER
RUSAYL HEALTH CENTRE

Lab. Technician

PC 124, Pasay
Schematic of Grand
Schematic of Grand
Schematic of Grand

45 5-17

For the Registrar,
PC 124, Mysore
Sahakar of Orman
C.R. 11259546
Tel: 2632887
SHARAD, NAGER
HUSANT HEALTH CENTRE



EKG2000 Vers. 03M.30 Blonnet Co., Ltd.

Disease

Dont

Search (for example: fena)

My posts

Favorites

Search

Framingham risk score calculator

Posted by dkwinter

For estimation of 10-year Cardiovascular Disease (CVD) Risk to aid in decision to initiate lipid-lowering therapy.

Framingham Risk Score (FRS) Calculator

Gender: ☒ Male ☐ Female

Age (years):

Total cholesterol (mmol/L):

HDL (mmol/L):

Diabetic: ☐ Yes ☒ No

Smoker: ☐ Yes ☒ No

Systolic BP (mmHg):

On antihypertensive medication: ☐ Yes ☒ No

Statin-indicated conditions

Clinical atherosclerosis: ☐ Yes ☒ No

Abdominal Aortic Aneurysm: ☐ Yes ☒ No

Diabetes mellitus & age ≥ 40 : ☐ Yes ☒ No

Diabetes mellitus & microvascular disease: ☐ Yes ☒ No

T1DM for ≥ 15 years & age ≥ 30 : ☐ Yes ☒ No

Age ≥ 50 and CKD (eGFR ≤ 60 or ACR ≥ 3): ☐ Yes ☒ No

Positive family history of premature cardiovascular disease in a first-degree relative before 55 years of age for men and before 65 years of age for women: ☐ Yes ☒ No

FRS: 7.9%

Total FRS points: 9



Manoj / 8023 / Trachman

DR. SANATH BUDDHIKA PRIYADARSINI
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 1