



مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

No. B 3703

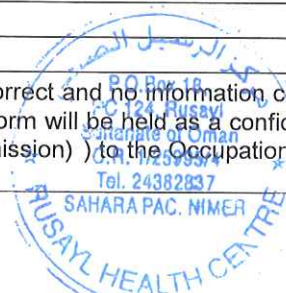
ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/Forenames: <u>Mazen Hilal Hamad</u>		Nationality: <u>Omani</u>	
Mobile No. <u>95522036</u>		Home/Leave Address: <u>Sungie</u>	
Company Number: <u>10162</u>		Reference Indicator: <u>Tyathoman</u>	
Personal Details: <u>31 Y / DOB - 01.09.1989 / ID - 20143641</u>			
A ☒ Male ☐ Female		☒ Married ☐ Single ☐ Separated / Divorced / Widow(er)	
Home/Leave Address:		Relationship to employee ☐ Wife ☐ Son ☐ Daughter	
No of Children: <u>01</u>			
Reason for Examination (tick as appropriate)			
Periodic Medical Examination ☒ Final / Retirement ☐ Other Reason: ☐			
Employee only			
B Present Job and Location: <u>Admin</u>		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: <u>21/09/2020</u>		Signature of Applicant: <u>[Signature]</u>	





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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
✓		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
164	64	23.7	130/82	78/min.	L Normal R Normal	DISTANT R L Uncorrected 6/6 Corrected 6/6

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	HDL - 37.87			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 +) HDL				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.)

Arrived on diet.

ASSESSMENT AND RECOMMENDATIONS:

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

DR. SANATH BUDDHIKA PRIYADARSHAN

GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE

21/09/2020

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature:



LABORATORY INVESTIGATION

Name : Mazin Helal Hamed Sex : Male Age : 31 Yrs
Dr. : Bugetteka Ganage Company : frukoman

HAEMATOLOGY

Total WBC..... 7.0 (4000-11000cu/mm)
DC - NEUTROPHIL..... 69.3 (40-75%)
LYMPHOCYTE..... 10.1 (20-45%)
EOSINOPHIL..... 2.8 (1-6%)
MONOCYTE..... 6.3 (2-10%)
BASOPHIL..... 0.0 (0-1%)
ESR..... (0-12mm/hr)
(M:12-16 gdl)
(F:11-14 gdl)
HB..... 15.8 (14gm/dl---16gm/dl)
RBC COUNT..... 5.63 (4.5-6.6Million/cumm)
Platelet count..... 214.0 (150-400cu/mm)
Bleeding Time..... (3-6min)
Clotting Time..... (5-10min)
HCT..... 44.9 (40-45%)
MCV..... 79.7 (78--92fl)
MCH..... 28.1 (27--32pg)
Sickle cell.....
MCHC..... 35.2 (31--35gm/dl)
Blood Group.....

URINE ANALYSIS

Colour: amber Red
Sp gravity: 1.020
pH: 7.0
Albumin: } Nil
Sugar: } Nil
Acetone: } Nil
Bile Salts: } Nil
Urobilinogen: } Nil
Blood: } Nil
Nitrate: } Nil
Leukocyte Estrase: } Nil
Microscope:
Pus cells: /HPF
RBC: /HPF
Epithelial cells: /HPF
Casts: /HPF
Crystals:
Bacteria:
Mucus-Thread:

Pregnancy Test

STOOL EXAMINATION

Colour:
Consistency:
Reaction:
Occult Blood:
Microscopic ova:
Cyst:
Entamoeba:
Flagellaes:
Pus Cells:
R.B. Cs:
Epith: cells:
Other:

BIOCHEMISTRY

Diabetic profile

Blood sugar(fasting)..... 7.1mg/dl (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..... 118 (upto 200mg/dl)
Total Cholesterol..... 165.15 (<200mg/dl)
HDL..... 37.87 (>40mg/dl)
LDL..... 112.0 (Up to 130mg/dl)

Liver Function test

Total bilirubin..... 0.85 (upto 1.0mg/dl)
SGOT..... 18.3 (Up to 40IU/L)
SGPT..... 12.7 (up to 41IU/L)
Total Protein..... (6-8.3gm/dl)

Renal function Test

S creatinine..... 0.96 (0.7-1.4mg/dl)
Urea..... 28.13 (10-45mg/dl)
Uric acid..... 6.49 (3.4-7.0 mg/dl)

Cardiac profile

Troponine T..... (>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. Cs:
Epith: Cells:
Morphology Normal: %
Abnormal: %

V.D.R.L./Syphilis

R.F.

HBsAg

HCV

HIV

Medical Officer

DR. SANATH BUDDHIK
RUSAYL HEALTH CENTRE
MOH LIC NO. 1000

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