

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



**RUSAYL HEALTH CENTRE**

ISO 9001-2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Mobile No. 968945748 Home/Leave Address:

Surname/  
Forenames GOPAL RAMALINGAM  
Nationality INDIAN  
Company Number: 1405 Reference Indicator: C051D-B4781423

Personal Details

A <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced /Widow(er)
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Home/Leave Address:	<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	No of Children: <u>2</u>
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Reason for Examination (tick as appropriate)

Periodic Medical Examination  Final / Retirement  Other Reason:

Employee only

B. Present Job and Location: <u>ADMIN, TRUCK OWNER</u>	Next Job and Location: <u></u>
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Are you a registered person with special needs? <input type="checkbox"/>	Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>
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**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.

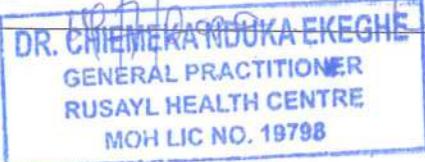
Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' Please describe

	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	<input checked="" type="checkbox"/>		
2 Chest problems like asthma, bronchitis, other bad cough	<input checked="" type="checkbox"/>		
3 Heart abnormality, chest pains	<input checked="" type="checkbox"/>		
4 Abdominal pains, abnormal bowel motions	<input checked="" type="checkbox"/>		
5 Urogenital problems (kidney disease, menstrual disorder)	<input checked="" type="checkbox"/>		
6 Skin trouble or allergies	<input checked="" type="checkbox"/>		
7 Epileptic fits, dizzy spells or migraine	<input checked="" type="checkbox"/>		
8 History of mental illness, depression anxiety	<input checked="" type="checkbox"/>		
9 Diabetes, thyroid disease	<input checked="" type="checkbox"/>		
10 Blood disorder e.g. anaemia, blood cancer e.g. leukaemia	<input checked="" type="checkbox"/>		
11 Any history of accidents or fractures	<input checked="" type="checkbox"/>		
12 Have you had any serious allergies	<input checked="" type="checkbox"/>		
13 Do any dependants have a significant ongoing illness?	<input checked="" type="checkbox"/>		
14 Any family history of cancers	<input checked="" type="checkbox"/>		
Do you take any regular medicines, or have you taken in the past?	<input checked="" type="checkbox"/>		
Do you smoke? If yes, what and how much each day?	<input checked="" type="checkbox"/>		
Do you drink alcohol? If yes, what is your average weekly intake?	<input checked="" type="checkbox"/>		
Have you ever taken elicited/recreational drugs?	<input checked="" type="checkbox"/>		
Are you doing regular sports or physical activities?	<input checked="" type="checkbox"/>		

**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: 11/11/22

Signature of Applicant: DR. CHIEMERAKINDUKA EKEGHE



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. 114 63	PULSE /mins.	HEARING L (W) R (W)	Uncorrected Corrected	DISTANT R L	VISION NEAR R L
166	65	23		86				

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
	1. Urinalysis	TC-237. HDL-42		7. Audiogram
	2. Hb, Bloodcount, ESR	TG-255		8. Lung Function
	3. LFT, RFT, RBS	DL-1441		9. Chest X-Ray
	4. Drug Screen	FBS-8-7%		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.)

Dyslipidemia

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS  FIT WITH RESTRICTION  TEMPORARY UNFIT  UNFIT

FTI

Date: 10/9/2022 Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION

Low fat diet  
repeat FAP after 6 months

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

DR. CHIEMEKA NDUKA EREGHE  
GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE  
MOH LIC NO. 19798



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.

Date : 14/07/2022

## LABORATORY INVESTIGATION

64731423

Name : Gopal Ramalingam  
Dr. : .....

Sex : ..... Age : 46 yrs  
Company : Taxidea oman

### HAEMATOLOGY

Total WBC.....	<u>7.3</u>	(4000-11000cu/mm)
DC - NEUTROPHIL.....	<u>4.2</u>	(40-75%)
LYMPHOCYTE.....	<u>4.2</u>	(20-45%)
EOSINOPHIL.....		(1-6%)
MONOCYTE.....		(2-10%)
BASOPHIL.....		(0-1%)
ESR.....		(0-12mm/hr)
		(M:12-16 g/dl)
		(F:11-14 g/dl)
HB.....	<u>14.2</u>	(14gm/dl---16gm/dl)
RBC COUNT.....	<u>4.92</u>	(4.5-6.6 Million/cumm)
Platelet count.....	<u>286</u>	(150-400cu/mm)
Bleeding Time.....		(3-6min)
Clotting Time.....		(5-10min)
HCT.....		(40-45%)
MCV.....	<u>79</u>	(78-92fl)
MCH.....	<u>27</u>	(27-32pg)
Sickle cell.....		
MCHC.....	<u>34</u>	(31---35gm/dl)
Blood Group.....		

### BIOCHEMISTRY

Diabetic profile	
Blood sugar(fasting).....	<u>101 mg/dl</u>
PPBS.....	(70mg/dl-110mg/dl)(3.8mmol/l---6.1mmol/l)
RBS.....	(80mg/dl-130mg/dl)(4.50-7.3mmol/l)
HbA1C.....	(64mg/dl-160mg/dl)(3.6mmol/l-8.9mmol/l)
Lipid profile	
Triglycerides.....	<u>255</u>
Total Cholestrol.....	(upto 200mg/dl)
HDL.....	<u>4.2</u>
LDL.....	(<200mg/dl)
Total bilirubin.....	<u>0.600</u>
SGOT.....	(Up to 40IU/L)
SGPT.....	<u>27</u>
Total Protein.....	(Up to 8.3gm/dl)
Renal function Test	
S creatinine.....	<u>1.10</u>
Urea.....	(0.7-1.4mg/dl)
Uric acid.....	<u>2.8</u>
Troponin T.....	(10-45mg/dl)
H.Pylori Test.....	
Malaria Parasite.....	
Micro Filaria.....	

### URINE ANALYSIS

Colour:.....	<u>Yellow</u>
Sp gravity:.....	<u>1.020</u>
pH:.....	<u>6.00</u>
Albumin:.....	
Sugar:.....	
Acetone:.....	
Bile Salts:.....	
Urobilinogen:.....	
Blood:.....	
Nitrate:.....	
Leukocyte Esterase:.....	
Microscope:.....	
Pus cells:.....	/HPF
RBC:.....	/HPF
Epithelial cells:.....	/HPF
Casts:.....	/HPF
Crystals:.....	
Bacteria:.....	
Mucus-Thread:.....	

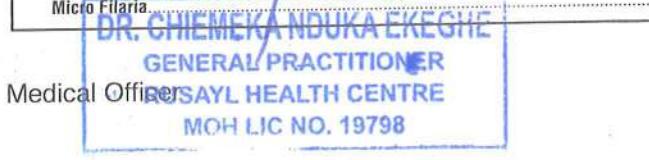
### Pregnancy Test

### STOOL EXAMINATION

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

### 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 Lab. Technician