



مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

No. B15521

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Mobile No. 9679474 Home/Leave Address: Surname/Forenames GOPAL RAMALINGAM
Nationality INDIAN
Company Number: 1405 Reference Indicator: CIVIL ID- B4781423

Personal Details

A ☒ Male ☐ Female

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

Home/Leave Address:

Relationship to employee

☐ Wife ☐ Son ☐ Daughter

No of Children: 2

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☒ Final / Retirement ☐ Other Reason: ☐

Employee only

B Present Job and Location:

ADMIN, TRUCK OMAN

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 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 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:

Signature of Applicant:

DR. CHIEMEKATIDUKA EKEGHE
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 19798





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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	
<input checked="" type="checkbox"/>		1. Eyes & Pupils
<input checked="" type="checkbox"/>		2. E.N.T.
<input checked="" type="checkbox"/>		3. Teeth & Mouth
<input checked="" type="checkbox"/>		4. Lungs & Chest
<input checked="" type="checkbox"/>		5. Cardiovascular System
<input checked="" type="checkbox"/>		6. Abdo. Viscera
<input checked="" type="checkbox"/>		7. Hernial Orifices
<input checked="" type="checkbox"/>		8. Anus & Rectum
<input checked="" type="checkbox"/>		9. Genito-urinary
<input checked="" type="checkbox"/>		10. Extremities
<input checked="" type="checkbox"/>		11. Musculo-skeletal
<input checked="" type="checkbox"/>		12. Skin & Varicose Vns.
<input checked="" type="checkbox"/>		13. C.N.S.

HEIGHT
cm

WEIGHT
kg

BMI

B.P.

PULSE
/mins.

HEARING
L
R

DISTANT

NEAR

Uncorrected
Corrected

168

65

23

114
69

86

L
R

R L
6/6 6/6

R L
N N

N

A

LABORATORY AND OTHER SPECIAL INVESTIGATIONS

N

A

<input checked="" type="checkbox"/>		1. Urinalysis	TC-237 HDL-42	<input checked="" type="checkbox"/>		7. Audiogram
<input checked="" type="checkbox"/>		2. Hb, Bloodcount, ESR	TG-255	<input checked="" type="checkbox"/>		8. Lung Function
<input checked="" type="checkbox"/>		3. LFT, RFT, RBS	DL-1441	<input checked="" type="checkbox"/>		9. Chest X-Ray
<input checked="" type="checkbox"/>		4. Drug Screen	FBS-8-7%	<input checked="" type="checkbox"/>		10. ECG
<input checked="" type="checkbox"/>		5. Lipids (40 years +)		<input checked="" type="checkbox"/>		11. CVS risk for 40 yrs. & above
<input checked="" type="checkbox"/>		6. Sickie Cell test		<input checked="" type="checkbox"/>		12. HIV, Hepatitis screening

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

Dyslipidaemia

ASSESSMENT AND RECOMMENDATIONS:

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

Date: 19/7/2022 Name (Block Capitals): Dr. / Nurse CHIEMKA TOBY

Signature: [Signature]

REVIEW/CONSULTATION

Date: 19/7/22 Name (Block Capitals): Dr. / Nurse CHIEMKA TOBY

Signature: [Signature]

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 Sex : Age : 49 yrs
Dr.: Company : Truete Oman

HAEMATOLOGY

Total WBC: 7.3 (4000-11000cu/mm)
DC - NEUTROPHIL: 42 (40-75%)
LYMPHOCYTE: 42 (20-45%)
EOSINOPHIL: (1-6%)
MONOCYTE: (2-10%)
BASOPHIL: (0-1%)
ESR: (0-12mm/hr)
HB: 14.2 (14gm/dl---16gm/dl)
RBC COUNT: 4.92 (4.5-6.6Million/cumm)
Platelet count: 296 (150-400cu/mm)
Bleeding Time: (3-6min)
Clotting Time: (5-10min)
HCT: (40-45%)
MCV: 79 (78--92fl)
MCH: 27 (27--32pg)
Sickle cell:
MCHC: 34 (31--35gm/dl)
Blood Group:

URINE ANALYSIS

Colour: P. yellow
Sp gravity: 1.020
pH: 6.00
Albumin:
Sugar:
Acetone:
Bile Salts:
Urobilinogen:
Blood:
Nitrate:
Leukocyte Estrase:
Microscope:
Pus cells: /HPF
RBC: /HPF
Epithelial cells: /HPF
Casts: /HPF
Crystals:
Bacteria:
Mucus-Thread:

Pregnancy Test

BIOCHEMISTRY

Diabetic profile
Blood sugar(fasting): 101 mg/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: 255 (upto 200mg/dl)
Total Cholesterol: 237 (<200mg/dl)
HDL: 42 (>40mg/dl)
LDL: 144 (Up to 130mg/dl)
Liver Function test
Total bilirubin: 0.600 (upto 1.0mg/dl)
SGOT: 24 (Up to 40IU/L)
SGPT: 27 (up to 41IU/L)
Total Protein: (6-8.3gm/dl)
Renal function Test
S creatinine: 1.10 (0.7-1.4mg/dl)
Urea: 28 (10-45mg/dl)
Uric acid: 5.60 (3.4-7.0 mg/dl)
Cardiac profile
Troponine T: (>0.01ng/ml)

STOOL EXAMINATION

Colour:
Consistency:
Reaction:
Occult Blood:
Microscopic ova:
Cyst:
Entamoeba:
Flagellates:
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

H. Pylori Test

Malaria Parasite

Micro Filaria

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Medical Officer

