



# مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001 - 2015 Certified Co.

No. B 3489

## ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



### RUSAYL HEALTH CENTRE

ISO 9001 - 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Surname/  
Forenames

MANIKANDAN UTHIRAPATHY

Nationality

INDIAN

Mobile No. 95950718

Home/Leave Address:

Company Number: 8140

Reference Indicator:

Personal Details

Age: 39yrs

Civil ID: 96187491

TRUCKOMAN

A ☒ Male ☐ Female

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

Home/Leave Address:

Relationship to employee

☐ Wife ☐ Son ☐ Daughter

No of Children:

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☒

Final / Retirement ☐

Other Reason: ☐

Employee only

B Present Job and Location:

HELPER / MARMUL

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	<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 your 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: 17th September, 2020 Signature of Applicant:





# مركز الرسيل الصحي RUSAYL HEALTH CENTRE

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No. B 3489

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			
166	65	24.0	130 80	72/min.	L ~ R ~	DISTANT		NEAR	
						R	L	R	L
						Uncorrected	6/6	6/6	~
						Corrected			

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.)

Normal findings

## ASSESSMENT AND RECOMMENDATIONS:

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

Date: 17/09/20

Name (Block Capitals) Dr. / Nurse

DR. SAMUEL SUNDAY EMEKA  
GENERAL PRACTITIONER  
RUSAYL HEALTH CENTRE  
MOH LIC NO. 17734

Signature:

## REVIEW/CONSULTATION

Date: Name (Block Capitals) Dr. / Nurse

Signature:







## LABORATORY INVESTIGATION

Name : MANIKANDAN UTHIRAPATHY Sex : M Age : 37  
 Dr. : \_\_\_\_\_ Company : TRUCK OMAN - 8140

## HAEMATOTOLOGY

Total WBC..... 8.21 ..... (4000-11000/cu/mm)  
 DC - NEUTROPHIL..... 55.0 ..... (40-75%)  
 LYMPHOCYTE..... 36.0 ..... (20-45%)  
 EOSINOPHIL..... ..... (1-6%)  
 MONOCYTE..... 3.9 ..... (2-10%)  
 BASOPHIL..... ..... (0-1%)  
 ESR..... ..... (0-12mm/hr)  
 ..... (M:12-16 gldl)  
 ..... (F:11-14 gldl)  
 HB..... 15.0 ..... (14gm/dl---16gm/dl)  
 RBC COUNT..... 5.17 ..... (4.5-6.6Million/cumm)  
 Platelet count..... 283 ..... (150-400cu/mm)  
 Bleeding Time..... ..... (3-6min)  
 Clotting Time..... ..... (5-10min)  
 HCT..... 44.4 ..... (40-45%)  
 MCV..... 89.0 ..... (78-92fl)  
 MCH..... 31.21 ..... (27-32pg)  
 Sick cell..... -ve  
 MCHC..... 32.41 ..... (31-35gm/dl)  
 Blood Group.....

## URINE ANALYSIS

Colour..... P. yellow  
 Sp gravity..... 1.010  
 pH..... 6.0  
 Albumin..... 2 Negative  
 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

## 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. ....

## BIOCHEMISTRY

Diabetic profile  
 Blood sugar(fasting)..... 108 ..... (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..... 156 ..... (upto 200mg/dl)  
 Total Cholesterol..... 109.87 ..... (<200mg/dl)  
 HDL..... 57.33 ..... (>40mg/dl)  
 LDL..... 122.10 ..... (Up to 130mg/dl)  
 Liver Function test  
 Total bilirubin..... 0.89 ..... (upto 1.0mg/dl)  
 SGOT..... 21.2 ..... (Up to 40IU/L)  
 SGPT..... 22.7 ..... (up to 41IU/L)  
 Total Protein..... (6-8.3gm/dl)  
 Renal function Test  
 S creatinine..... 1.10 ..... (0.7-1.4mg/dl)  
 Urea..... 26.17 ..... (10-45mg/dl)  
 Uric acid..... 5.17 ..... (3.4-7.0 mg/dl)  
 Cardiac profile  
 Troponine T..... (>0.01ng/ml)

H. Pylori Test.....

Malaria Parasite.....

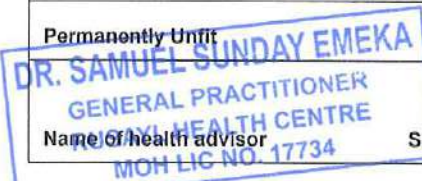
Micro Filaria.....

DR. SAMUEL SUNDAY EMEKA  
 GENERAL PRACTITIONER  
 RUSAYL HEALTH CENTRE  
 MOH LIC NO. 17734

Medical Officer

Lab. Technician

### 11.15 Appendix 15: Fitness to Work Certificate

Employee Data		Date <u>17/09/2020</u>	
Name <u>MANIKANDAN UTHIRAPATHY</u>		Department/Company <u>TANUKOMAN</u>	
I.D No. <u>96187491</u>	Age <u>37 yrs</u>	Occupation <u>HELPER</u>	
Type of Medical Evaluation		Mark those applying ✓	
A1 Aircraft refuelling		A6 Fire / Emergency response team work	
A2 Breathing apparatus		A7 Professional driving	
A3 Business traveller		A8 Remote location work	
A4 Catering and food preparation		A9 Transfers – group A country	
A5 Crane or forklift driving & all heavy vehicles		A10 Transfers – group B country	
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)			
<i>The employee is fit for above work but should avoid the following task(s)</i>	<i>Temporary restriction</i>	<i>Permanent restriction</i>	
Work near moving machinery or sharp edges			
Working at height			
Pulling, pushing, or carrying weight over ____ Kg			
Ascend/descend ladders or stairs			
Operate motor vehicles, forklifts or heavy machinery			
Use of a respirator			
Repetitive twisting of valves or wrenches			
Flying			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit		Date	
		Signature <u>[Signature]</u> Date <u>17/09/20</u>	
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