Fitness to Work Certificate for drivers

Employee Data		**Date**	8/11/23
Name	SHAHZAD ALAM	**Department/Company**	TRUCK DRIVER
I.D No.	9014506	**Age** 40	**Occupation** HDD
Type of Medical Evaluation			**Mark those applying √**
A5- HVD- Crane or forklift driving & all heavy vehicles		**A7- Professional driving-light vehicles**	

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)			
The employee is fit for above work but should avoid the following task(s)	***Temporary restriction***	***Permanent restriction***	
Work near moving machinery or sharp edges			
Operate Heavy motor vehicles, forklifts or heavy machinery			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			
Name of health advisor CHOWDHURY **Signature**		**Date** 8/11/23	

مركز الرسيل الصحي
س.ت: ١/٢٥٩٩٥/٤
C.R. No.: 1/2599514
P.O. Box : 16
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

11.20 Appendix 20: (Form SQ5): Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 8/1/23
Name: SHAHZAD ASLAM		Department/Company: TRUCKING
I. D No. 90145765	Tel # 79034789	Occupation: HDD

This questionnaire will help identify if you have any health condition which may need a more detailed medical assessment as part of your fitness to work determination. If you have any queries please contact your local Health Services staff. All information provided on this form and during consultations remains strictly confidential. When further clinical evaluation is required following completion of a screening questionnaire, the details should be recorded on Q1 and E1 forms.

How likely are you to fall asleep in the following situations? (use 0 to 3 score as shown below)

0 Would never doze

1 Slight chance of dozing

2 Moderate chance of dozing

3 High chance of dozing

0	sitting and reading
0	watching TV
0	sitting inactive in a public place (e.g. theatre or meeting)
0	as a passenger in the car for an hour without a break
1	Lying down to rest in the afternoon when circumstances permit
0	Sitting a talking with someone
0	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total	1

If you score a total of 15 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

Declaration: I SHAHZAD ASLAM *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: _____ Date: 8/1/23

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

No. B11894

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames: SHAHZAD ASLAM	
Nationality: PAKISTANI	
Mobile No. 79234789	Home/Leave Address:
Company Number: CIVIL ID - 90105865	Reference Indicator:

Personal Details 46

A ☐ Male ☐ Female ☐ Married ☐ Single ☐ Separated /Divorced /Widow(er)

Home/Leave Address:

Relationship to employee ☐ Wife ☐ Son ☐ Daughter

No of Children: 3

Reason for Examination (tick as appropriate)

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

Employee only

B Present Job and Location: HSE

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?		✓	1 Stick/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: 8/1/03

Signature of Applicant:

مركز الرسيل الصحي
س.ت: ١/٢٥٩٩٥/٤
C.R. No.: 1/25995/4
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

RHC مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
ISO 9001 - 2015 Certified Co.

No. B 11894

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
✓		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 /mins.	HEARING	VISION	DISTANT R	DISTANT L	NEAR R	NEAR L
184	125	36.9	120/70	57	L N R N	Uncorrected	6/9	6/9	N	N
						Corrected				

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	TG – 2.14 ↑	✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR	HDL – 1.37 ↑			8. Lung Function
✓		3. LFT, RFT, RBS	FBS – 9.2%			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.) mild dyslipidemia obesity

ASSESSMENT AND RECOMMENDATIONS:

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

Fit to work

Date: 8/1/23 Name (Block Capitals): Dr. / Nurse ATTENEKA RENJITH Signature:

REVIEW/CONSULTATION

Low fat diet
Repeat FLP in 6 months.

Date: 8/1/23 Name (Block Capitals): Dr. / Nurse ATTENEKA RENJITH Signature:

مركز الرسيل الصحي
س.ت: ١/٢٥٩٩٥/٤
C.R. No.: 1/259954
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

2023-01-08 07:06:37

ID : Shaheed

Name: Aslan

yrs. /

40 yrs / kg

6 Channel + I Rhythm Report

Heart Rate: 57bpm

PR Int.: 186 ms

QRS Dur.: 130 ms

QT/QTc: 422/408 ms

P-R-T axes:

45 -32 31

** Analysis Result ** (To be finally confirmed by cardiologist)

Sinus Bradycardia(HR:50-59)

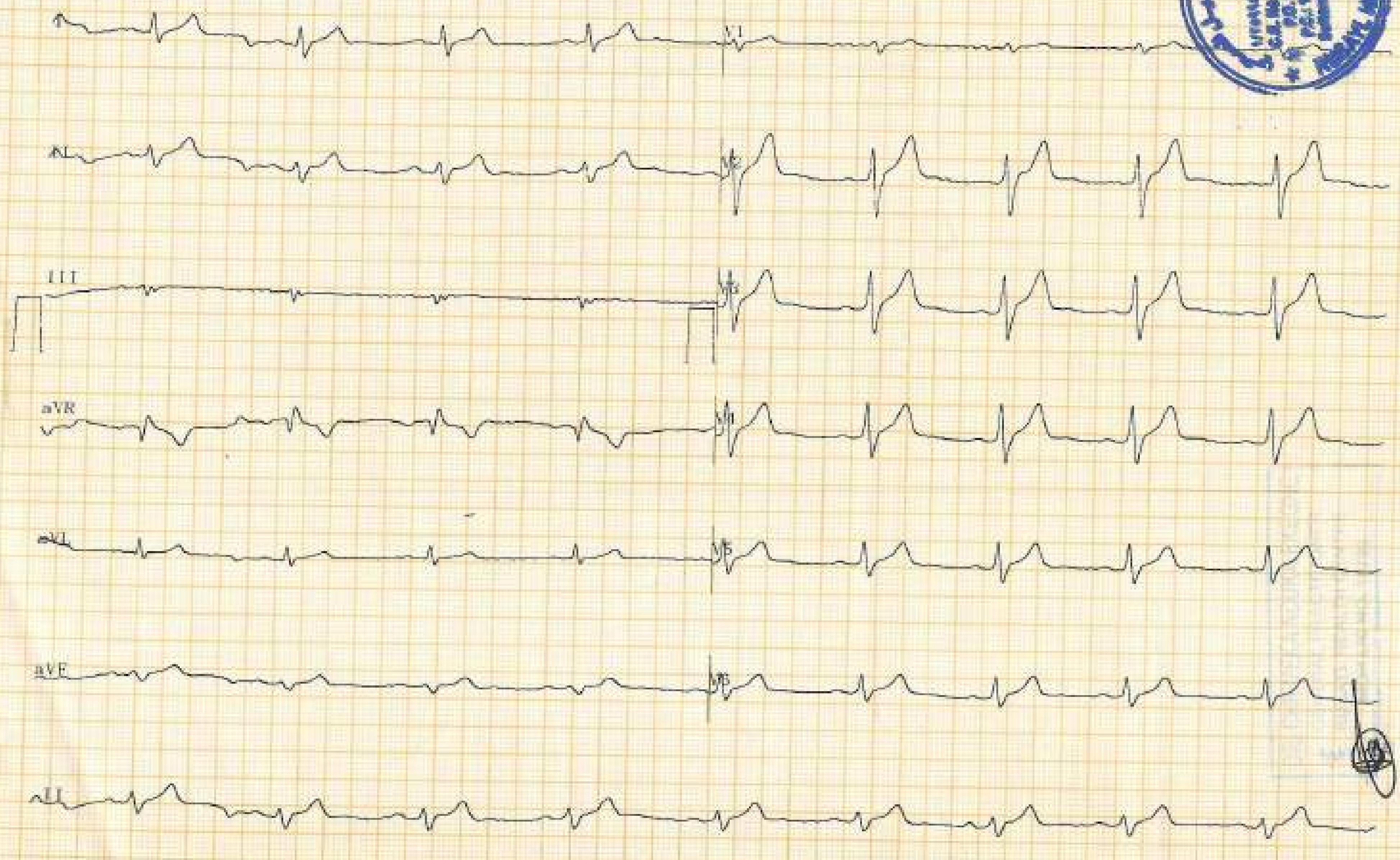
Normal Axis

Nonspecific intraventricular coduction delay

[Minimally Abnormal or Normal Variation ECG]

Hospital:RS PAC MARMUL

Prescribed by:



0.1Hz- 40Hz,AC50Hz,EMG. All Channels:10.0mm/mV,25.0mm/sec. CARDIO-M Ver5.11M 30 Medical Econet GmbH

→

SHAHZAD ASLAM

M/40

Input

Age	40	yr
Systolic blood pressure	120	mmHg
Total cholesterol	187.5	mg/dL
HDL cholesterol	34.4	mg/dL
On blood pressure medication	No (1.93303)	
Cigarette smoker	Yes (0.65451)	
Diabetes present	No (0)	

Results

Risk	9.2	%

GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE

Reset form

Notes

- This calculator is intended for men with no prior history of cardiovascular disease (see next bullet). It helps predict the risk over 10 years of heart attack, stroke, or death from cardiovascular disease.
- A history of cardiovascular disease means a person has (or had in the past) blocked arteries, a heart attack, a stroke, or heart failure.
- Your doctor can help you understand your personal risk and how to interpret your results. The calculator may overestimate or underestimate your risk; it cannot tell for sure whether you will have a cardiovascular event.
- Systolic blood pressure is the top number (eg, 120 if blood pressure is 120/80).
- HDL: high-density lipoprotein.

مركز الرسيل الصحي
C.R. No.: 1/25995/4
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

Equations used

Rusayl Industrial City
P.O. Box : 18, Rusayl
Postal Code : 124
Sultanate of Oman
Tel.: 24446151 / 54
Fax : 24446833

مركز الرسيل الصحي
Rusayl Health Centre
ISO 9001 - 2015 Certified Co.

Timing : O.P.D. 7 a.m. to 5. p.m.

Date : 8/1/2023

LABORATORY INVESTIGATION

Name : SHAHZAD ASLAM Sex : M Age : 40

Dr. : Company : Truckoman

HAEMATOLOGY

Total WBC	5.89	(4000-11000cu/mm)
DC - NEUTROPHIL	63.5	(40-75%)
LYMPHOCYTE	29.4	(20-45%)
EOSINOPHIL	2	(1-6%)
MONOCYTE	5	(2-10%)
BASOPHIL	0.5	(0-1%)
ESR		(0-12mm/hr)
		(M:12-16 g/dl)
		(F:11-14 g/dl)
HB	15.9	(14gm/dl---18gm/dl)
RBC COUNT	6.15	(4.5-6.6Million/cumm)
Platelet count	296,000	(150-400cu/mm)
Bleeding Time		(3-6min)
Clotting Time		(5-10min)
HCT	49.8	(40-45%)
MCV	88.6	(78--92fl)
MCH	31.4	(27--32pg)
Sickle cell	Negative	
MCHC	35.0	(31---35gm/dl)
Blood Group		

URINE ANALYSIS

Colour	Yellow
Sp gravity	1.020
pH	6.5
Albumin	
Sugar	
Acetone	
Bile Salts	
Urobilinogen	
Blood	NIL
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)	96	(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	214	(upto 200mg/dl)
Total Cholestrol	187.5	(<200mg/dl)
HDL	34.4	(>40mg/dl)
LDL	137.8	(Up to 130mg/dl)

Liver Function test

Total bilirubin	0.18	(upto 1.0mg/dl)
SGOT	32.3	(Up to 40IU/L)
SGPT	22.8	(up to 41IU/L)
Total Protein		(6-8.3gm/dl)

Renal function Test

S creatinine	0.81	(0.7-1.4mg/dl)
Urea	31.4	(10-45mg/dl)
Uric acid	4.9	(3.4-7.0 mg/dl)

Cardiac profile

Troponine T		(>0.01ng/ml)

H.Pylori Test

Malaria Parasite

Micro Filaria

STOOL EXAMINATION

Colour

Consistancy

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.C.

Epith: Cells

Morphology Normal: %

Abnormal: %

V.D.R.L./Syphilis

R.F.

HBsAg

HCV

HIV

مركز الرسيل الصحي
C.R. No.: 1/2599514
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

Medical Officer

Lab. Technician

RUSAYL HEALTH CENTRE
Rusayl Industrial Estate
P.O. Box 18, Rusayl, Postal Code 124
Sultanate of Oman
Tel.: 24446151 / 54,
Fax : 24446833

مركز الرسيل الصحي
منطقة الرسيل الصناعية
ص.ب : ١٨ الرسيل الرمز البريدي : ١٢٤
سلطنة عمان
تليفون : ٥٤ / ٢٤٤٤٦١٥١
فاكس : ٢٤٤٤٦٨٣٣

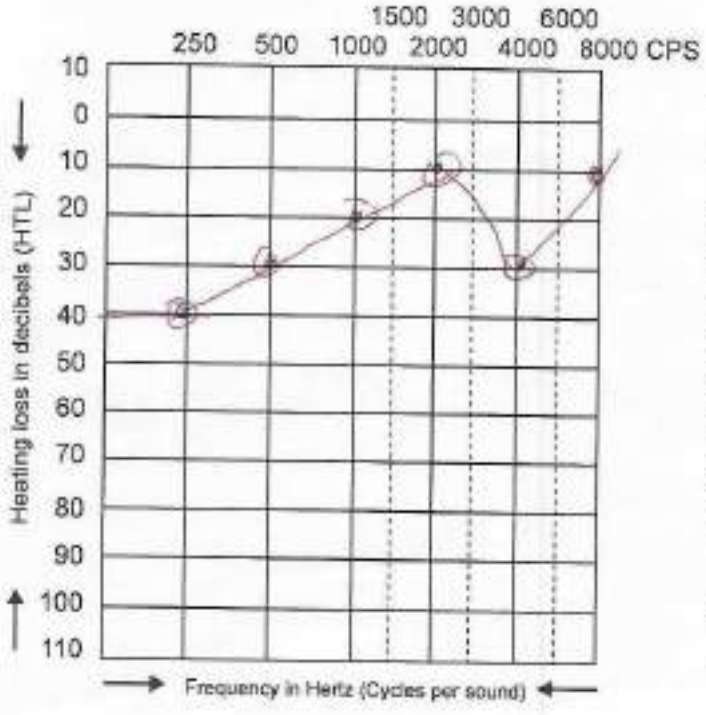
Name of Patient SHAHZAD - ASLAM اسم المريض

Age 46 السن Sex MALE الجنس Date 8/1/23 التاريخ

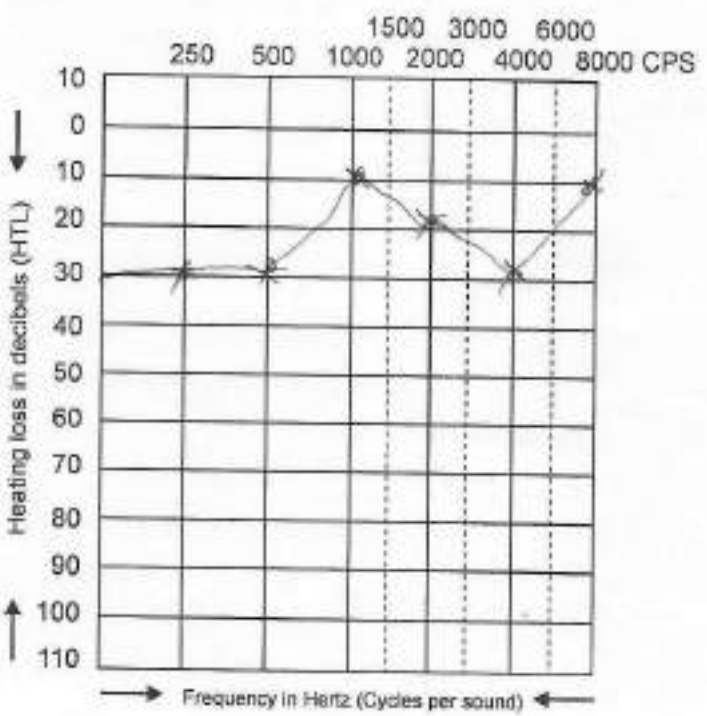
Name of Company اسم الشركة

AUDIOGRAM

Right



Left



Impression : NORMAL HEARING

DR. CHIEMEKA NONIKA EKEGHE
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 19758

مركز الرسيل الصحي
س.ت : ١/٢٥٩٩٥/٤
C.R. No.: 1/25995/4
P.O. Box : 18
P.C.: 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

Name of Dr. & Signature