مـركـز الرسـيـل الصـحـي

RHC **RUSAYL HEALTH CENTRE**

ISO 9001- 2015 Certified Co.

No. B11439

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RHC **RUSAYL HEALTH CENTRE**
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames: Balwant Singh.

Nationality: Indian

Mobile No: 9503492?5 | Home/Leave Address: India

Company Number: 1431 | Reference Indicator: Tyuchoman

Personal Details: 47y / DoB - 05.10.1974 / ID - 8990?5??

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

Home/Leave Address: | Relationship to employee ☐ Wife ☐ Son ☐ Daughter | No of Children: 01

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☑ Final / Retirement ☐ Other Reason ☐

Employee only

B Present Job and Location: HDD | Next Job and Location: N:MY

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		✓	DM	on Followup.
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?			✓	Asabale
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: 08/12/2021

Signature of Applicant: BALWANT SINGH

RUSAYL HEALTH CENTRE P.O. Box ..., PC 124, Rusayl, Sultanate of Oman, C.R. 1259..., Tel. 2436..., SAHARA PAC. MINDR

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RHC **RUSAYL HEALTH CENTRE**
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No. B 11439

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	NAD
✓		2. E.N.T.	
✓		3. Teeth & Mouth	
✓		4. Lungs & Chest	
	✓	5. Cardiovascular System	BP - 130 / 90 mmHg.
✓		6. Abdo. Viscera	NAD
✓		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
169	78	27	130/90	87 /mins.	L Normal R Normal	DISTANT R L Uncorrected 6/6 Corrected; NEAR R L 6/6

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	FBS - 130	✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR	LDL - 148.51			8. Lung Function
	✓	3. LFT, RFT, RBS	TG - 201			9. Chest X-Ray
		4. Drug Screen	TC - 231	✓		10. ECG
	✓	5. Lipids (40 years +)	HDL - 38.14	✓		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.)

Advised on regular follow up for DM / HTN
Low fat diet, Regular exercise, statin daily

ASSESSMENT AND RECOMMENDATIONS:

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

with medications & follow up.

Date: 08/12/2021 Name (Block Capitals): Dr. / Nurse DR. SANATH BUDDHIKA PRIYADARSHAN GENERAL PRACTITIONER RUSAYL HEALTH CENTRE MOH LIC NO. 16842 Signature: [signature]

REVIEW/CONSULTATION

مركز الرسيل الصحي P.O.Box 18, PC 124, Rusayl Sultanate of Oman C.R. 1050984 Tel. 2436 ... SAHARA PAC. ... RUSAYL HEALTH CENTRE

Date: Name (Block Capitals): Dr. / Nurse Signature:

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

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

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

Date : 8/12/21

LABORATORY INVESTIGATION

Name : Balwanth Singh Sex : Male Age : 47
Dr.: Raddhika Company : Maaleoman

HAEMATOLOGY

Test	Result	Reference
Total WBC	8.4	(4000-11000cu/mm)
DC - NEUTROPHIL	56.13	(40-75%)
LYMPHOCYTE	34.14	(20-45%)
EOSINOPHIL	3.1	(1-6%)
MONOCYTE	7.2	(2-10%)
BASOPHIL	0.2	(0-1%)
ESR		(0-12mm/hr)
		(M:12-16 g/dl)
		(F:11-14 g/dl)
HB	14.3	(14gm/dl---16gm/dl)
RBC COUNT	5.6	(4.5-6.6Million/cumm)
Platelet count	241.0	(150-400cu/mm)
Bleeding Time		(3-6min)
Clotting Time		(5-10min)
HCT	41.31	(40-45%)
MCV	84.51	(78--92fl)
MCH	29.32	(27--32pg)
Sickle cell	-ve	
MCHC	35.1	(31---35gm/dl)
Blood Group		

BIOCHEMISTRY

Diabetic profile

Test	Result	Reference
Blood sugar(fasting)	130	(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--6.0%)

Lipid profile

Test	Result	Reference
Triglycerides	201	(upto 200mg/dl)
Total Cholestrol	221	(<200mg/dl)
HDL	38.14	(>40mg/dl)
LDL	148.51	(Up to 130mg/dl)

Liver Function test

Test	Result	Reference
Total billrubin	0.81	(upto 1.0mg/dl)
SGOT	23.14	(Up to 40IU/L)
SGPT	21.14	(up to 41IU/L)
Total Protein		(6-8.3gm/dl)

Renal function Test

Test	Result	Reference
S creatinine	1.1	(0.7-1.4mg/dl)
Urea	24.51	(10-45mg/dl)
Uric acid	6.4	(3.4-7.0 mg/dl)

Cardiac profile

Test	Result	Reference
Troponine T	/	(>0.01ng/ml)

H.Pylori Test

Malaria Parasite

Micro Filaria

URINE ANALYSIS

Test	Result
Colour	Normal
Sp gravity	1.020
pH	6.0
Albumin	Nil
Sugar	Nil
Acetone	Nil
Bile Salts	Normal
Urobilinogen	Normal
Blood	Normal
Nitrate	Normal
Leukocyte Estrase	Normal

Microscope:

Test	Result	Unit
Pus cells	/	/HPF
RBC	/	/HPF
Epithelial cells	/	/HPF
Casts	/	/HPF
Crystals	/	
Bacteria	/	
Mucus-Thread		

Pregnancy Test

STOOL EXAMINATION

Colour:
Consistancy:
Reaction:
Occult Blood:
Microscopic exa:
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

DR. SAMATH BUDDHIKA PRIYADARSHANI
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE

مركز الرسيل الصحي
P.O.Box-18, PC 124, Rusayl
Sultanate of Oman
RUSAYL HEALTH CENTRE

Medical Officer

Lab. Technician

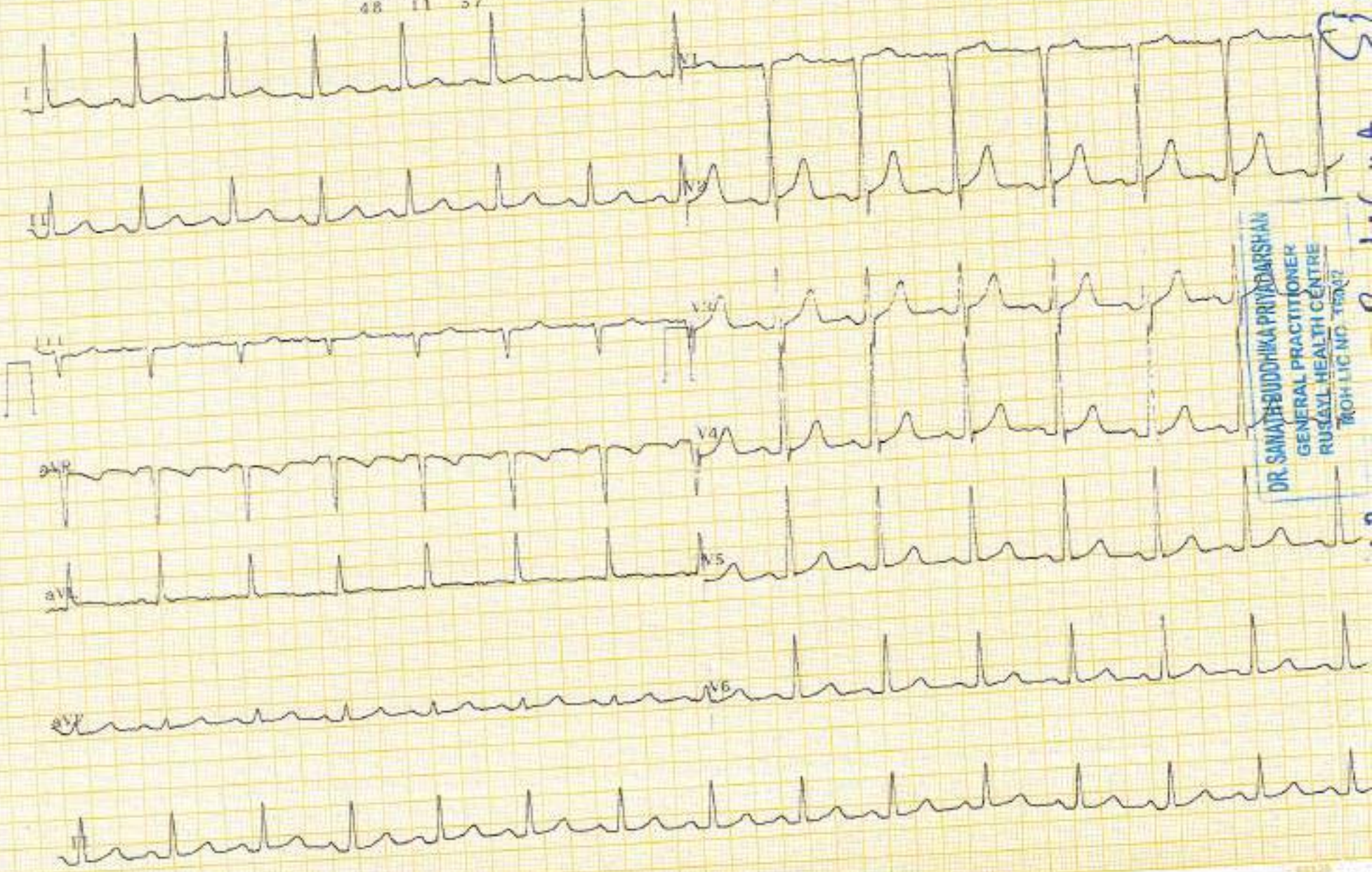
2021-12-08 09:39:54

6 Channel + 1 Rhythm Report

Prescribed by:

ID :
Name:
yrs. / Male
cm / kg

Heart Rate: 87bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 178 ms Normal Sinus Rhythm
QRS Dur.: 72 ms Normal Axis
QT/QTc: 376/455 ms [Normal ECG]
P-R-T axes:
48 11 57



DR. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER
RUHUNU HEALTH CENTRE
MOH LIC NO: [illegible]

All Channels 10.0mm/mV 25.0mm/sec

Framingham risk score calculator

Posted by dkwinter

For estimation of 10-year Cardiovascular Disease (CVD) Risk to aid in decision to initiate lipid-lowering therapy.

Framingham Risk Score (FRS) Calculator

Gender:	◉ Male ○ Female
Age (years):	47
Total cholesterol (mmol/L):	5.98
HDL (mmol/L):	0.99
Diabetic:	◉ Yes ○ No
Smoker:	○ Yes ◉ No
Systolic BP (mmHg):	130
On antihypertensive medication:	○ Yes ◉ No

Statin-indicated conditions

Clinical atherosclerosis:	○ Yes ◉ No
Abdominal Aortic Aneurysm:	○ Yes ◉ No
Diabetes mellitus & age ≥40	○ Yes ◉ No
Diabetes mellitus & microvascular disease:	◉ Yes ○ No
T1DM for ≥15 years & age ≥30:	○ Yes ◉ No
Age ≥50 and CKD (eGFR ≤60 or ACR ≥3):	○ Yes ◉ No
Positive family history of premature cardiovascular disease in a first-degree relative before 55 years of age for men and before 65 years of age for women:	○ Yes ◉ No

Calculate FRS

FRS: 11.2%

Total FRS points: 11

DR. SANATH BUDDHIKA PRIYADARSHAN
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RUSAYL HEALTH CENTRE
MOH LIC NO. 16042

Balwant Singh
1431 / Trichomon.

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

RHC

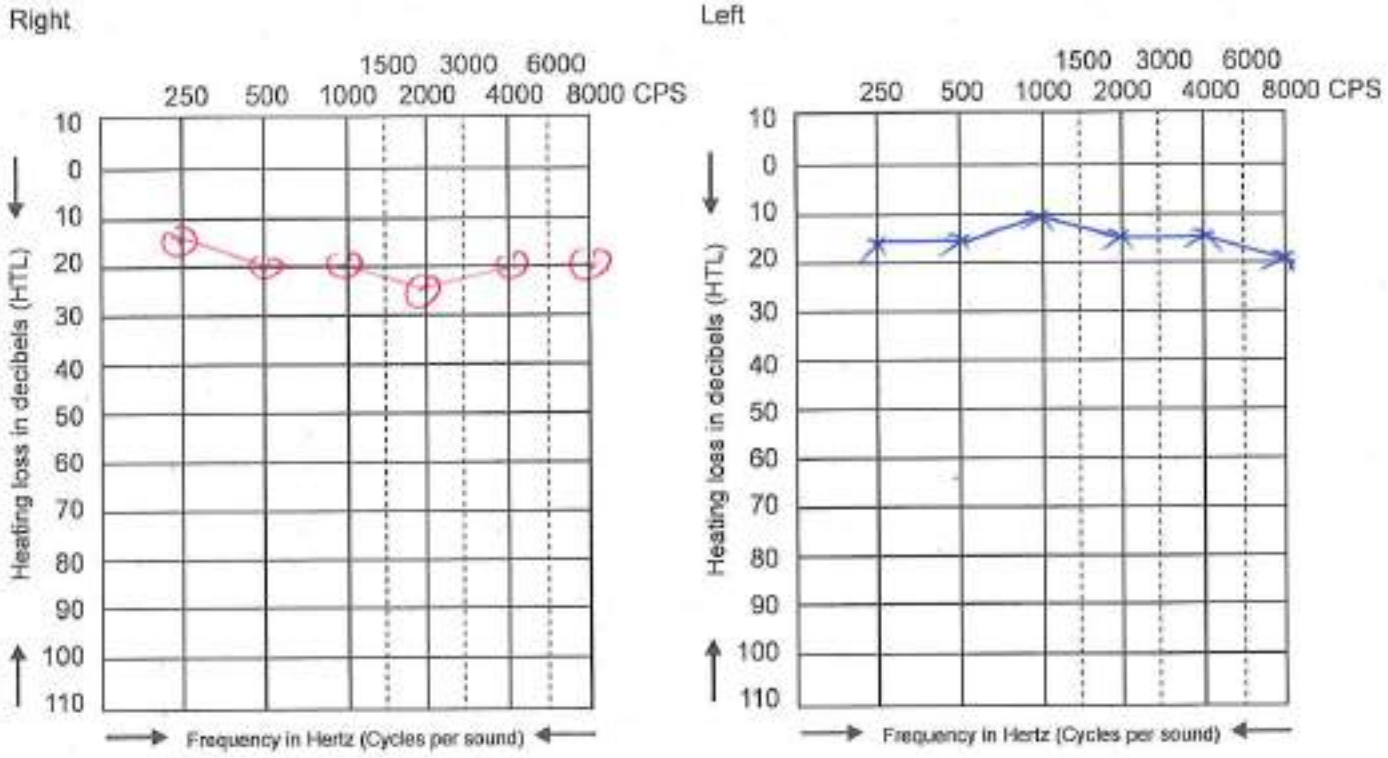
مركز الرسيل الصحي
منطقة الرسيل الصناعية
ص.ب : ١٨ الرسيل. الرمز البريدي : ١٢٤
سلطنة عمان
تليفون : ٢٤٤٤٦١٥١ / ٥٤
فاكس : ٢٤٤٤٦٨٣٣

Name of Patient ..... Balwana Singh ..... اسم المريض

Age ..... 47 y ..... السن Sex ..... (M) ..... الجنس Date ..... 08/12/2021 ..... التاريخ

Name of Company ..... Turk oman. ..... اسم الشركة

AUDIOGRAM



Impression :

Normal study.

DR. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 16042

Name of Dr. & Signature

Fitness to Work Certificate for drivers

Employee Data			Date: 08/12/2021
Name : Balwant Singh			Department/Company : Truckoman
I.D. No: 89908547	Age: 47y		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 with medications / followup			✓
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 (Specifiy)			
Temporary Unfit until			
Permanently Unfit			

DR. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER
SUSAN HEALTH CENTRE
MOH LIC NO. 16942

Name of health advisor | Signature | Date: 08/12/2021

Screening Quest. For Sleep Apnoea

Employee Data		Date: 08/12/2021
Name: Balwant Singh		Department/Company: Trulkman
I. D No. 89908547	Tel # 95039925	Occupation : MDD.

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
1	watching TV
1	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	03

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, Balwant Singh. *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: _____ **Date:** 08/12/2021

DR. SANATH SUDHIRA PRIYADARSHAN
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