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

No. B 08038

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames	Jaswant Singh Satnam
Nationality	38/M / Indian / Truck Operator
Mobile No. 95089364	Home/Leave Address:
Company Number: 10435233 2	Reference Indicator:

Personal Details

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: Heavy Driver - Haima | 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?		✓		
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 .

29 Aug 2022 — Date:

Signature of Applicant:

مركز الرسيل الصحي
RHC **RUSAYL HEALTH CENTRE**
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No. B 08038

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	pink conjunctivae
✓		2. E.N.T.	
✓		3. Teeth & Mouth	
✓		4. Lungs & Chest	
✓		5. Cardiovascular System	No murmur
✓		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			
						DISTANT		NEAR	
						R	L	R	L
178.5	96.3	23.9	150/90 ↓ 130/80	/mins. 60	L (N) R (N)	Uncorrected 6/6	6/6	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	SGPT 52			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.)

A: Hypertension suspect, slightly elevated SGPT w/o clinical symptoms

ASSESSMENT AND RECOMMENDATIONS:

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

29 August 2022

Date: Name (Block Capitals): Dr. / Nurse: DR. ROMMEL VHIGAN MELENDRES GENERAL PRACTITIONER RUSAYL HEALTH CENTRE MOH LIC NO. 13982 Signature:

مركز الرسيل الصحي C.R. No.: 1/2589954 P.O. Box: 18 P.C.: 124, Rumays Sultanate of Oman RUSAYL HEALTH CENTRE

REVIEW/CONSULTATION

P: Regular BP monitoring; May repeat liver function test after 3-6 months

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

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No. B 08038

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: Jaswant Singh Sarnam

Nationality: 38/M / Indian / Truck Omasn

Mobile No. 95089364 | Home/Leave Address:

Company Number: 10 4352332 Reference Indicator:

Personal Details

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)

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Employee only

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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?	✓		
	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: 29 Aug 2022

Signature of Applicant:

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

Timing : O.P.D. 7 a.m. to 6. p.m.

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

Date : 28 . 08 . 20

LABORATORY INVESTIGATION

Name : Jaswant Singh Sex : male Age : 38 yrs

Dr. : Company : Truck oman

HAEMATOLOGY

Total WBC	5.50	(4000-11000cu/mm)
DC - NEUTROPHIL		(40-75%)
LYMPHOCYTE	38.10	(20-45%)
EOSINOPHIL		(1-6%)
MONOCYTE		(2-10%)
BASOPHIL		(0-1%)
ESR		(0-12mm/hr)
		(M:12-16 gdl)
		(F:11-14 gdl)
HB	14.60	(14gm/dl---16gm/dl)
RBC COUNT	4.99	(4.5-6.6Million/cumm)
Platelet count	186.00	(150-400cu/mm)
Bleeding Time		(3-6min)
Clotting Time		(5-10min)
HCT		(40-45%)
MCV	88.10	(78--93fl)
MCH	29.20	(27--32pg)
Sickle cell		
MCHC	33.10	(31---35gm/dl)
Blood Group		

BIOCHEMISTRY

Diabetic profile

Blood sugar(fasting)	92 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	135.00	(upto 200mg/dl)
Total Cholestrol	142.31	(<200mg/dl)
HDL	50.97	(>40mg/dl)
LDL	66.34	(Up to 130mg/dl)

Liver Function test

Total bilirubin	0.88	(upto 1.0mg/dl)
SGOT	38.03	(Up to 40IU/L)
SGPT	52.60	(up to 41IU/L)
Total Protein		(6-8.3gm/dl)

Renal function Test

S creatinine	0.89	(0.7-1.4mg/dl)
Urea	20.04	(10-45mg/dl)
Uric acid	5.84	(3.4-7.0 mg/dl)

Cardiac profile

Troponine T	(>0.01ng/ml)

H.Pylori Test

Malaria Parasite

Micro Filaria

URINE ANALYSIS

Colour	Yellow
Sp gravity	1.000
pH	7.000
Albumin	NIL
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	
Consistancy	
Reaction	
Occult Blood	
Microscopic ova	
Cyst	
Entamoeba	
Flagellates	
Pus Cells	
R.B. Cs	
Epith: cells	
Other	

SEMEN ANALYSIS

Quantity: Reaction

Total Sperm Count millon/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

DR. ROMMEL WHIGAN MELENDRES
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 13982

C.R. No.: 1/259954
P.O. Box : 18
P.C. : 124, Rusayl
Sultanate of Oman

Lab. Technician

11.15 Appendix 15: Fitness to Work Certificate

Employee Data			Date 29 August 2022
Name Jaswant Singh Satnam			Department/Company Truck Oman
I.D No. 104352332	Age 38		Occupation HDD

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 Travellers – group A country	
A5 Crane or forklift driving & all heavy vehicles	✓	A10 Travellers – 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)			
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			
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			Stamp: RUSAYL HEALTH CENTRE P.C.: 124, Rusayl Sultanate of Oman P.O. Box : 18 C.R. No. : 1/2599/4

DR. ROMMEL WHIGAN MELENDRES
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 13982

Name of Health Advisor | Signature | 29 Aug 22 Date

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

Employee Data		Date: 29 Aug 2022
Name: Jaswant Singh Satnan		Department/Company: TMEK Oman
I. D No. 104352332	Tel # 95089364	Occupation: HOD

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
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
1	Sitting quietly after lunch without alcohol
1	In a car, while stopped for a few minutes in traffic
Total	4

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

Signature: _____ Date: 29/08/22

DR. ROMMEL WHIGAN MELENDRES
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO. 13982

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

RUSAYL HEALTH CENTRE
Rusayl Industrial Estate
P.O. Box 1A, Rusayl, Postal Code 124
Sultanate of Oman
Tel.: 24448181 / 54,
Fax : 24448833

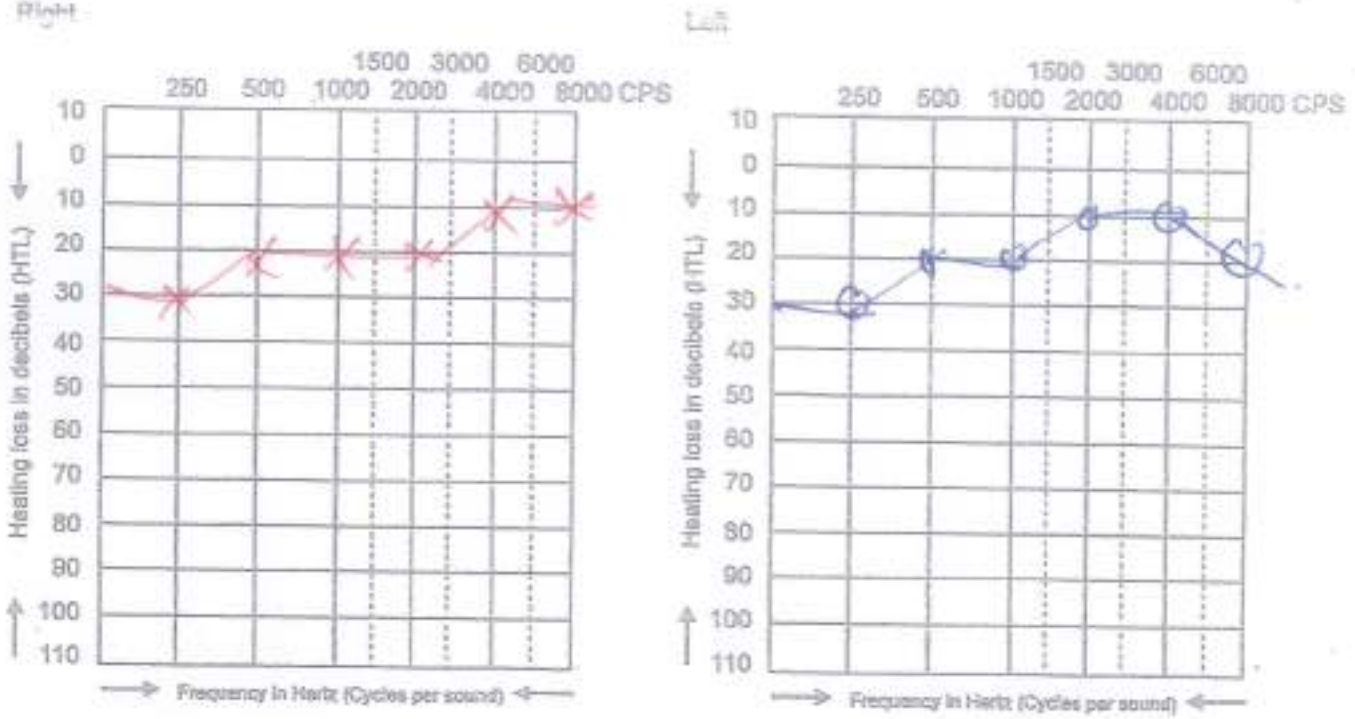
مركز الرسيل الصحي
منطقة الرسيل الصناعية
ص.ب : 1A الرسيل الرمز البريدي : 124
سلطنة عمان
الهاتف : 24448181 / 54
فاكس : 24448833

Name of Patient Jaswant Singh Satnam اسم المريض

Age 38 السن Sex Male الجنس Date 29 Aug 2011 التاريخ

Name of Company Truck Oman اسم الشركة

AUDIOGRAM



Impression : Normal hearing / study

DR. ROMMEL WHIGAN MELENDRES
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مركز الرسيل الصحي
س.ت : 1/1259514
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