



مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001 - 2015 Certified Co.

No. B15596

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE

ISO 9001 - 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/
Forenames **ISSA MOHD ISSA SAHAIL** **RASADT**
Nationality **OMANI**

Mobile No. 963883380	Home/Leave Address: 31 years	Company Number: Civil ID - 21005962	Reference Indicator:
Personal Details			
A <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced /Widow(er)		
Home/Leave Address:	Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> 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: **1 DD. ROCKMAN** 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 .

Date: **12/11/2022**

Signature of Applicant: **عيسى**

DR. CHIEMERA NDUKA 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	VISION DISTANT NEAR R L R L Uncorrected Corrected
167	89	31	136 80	88	(N) (N)	6/6 6/6 N N

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
<input checked="" type="checkbox"/>		1. Urinalysis	Lymphocyte - 53.1	<input checked="" type="checkbox"/>		7. Audiogram
<input checked="" type="checkbox"/>		2. Hb, Bloodcount, ESR	MCV - 76.5			8. Lung Function
<input checked="" type="checkbox"/>		3. LFT, RFT, RBS	MCH - 24.1			9. Chest X-Ray
		4. Drug Screen	TG - 788 mg/dl ↑			10. ECG
		5. Lipids (40 years +)	Total Bil - 2.08 ↑			11. CVS risk for 40 yrs. & above
		6. Sick Cell test	SGOT - 41.1 ↑			12. HIV, Hepatitis screening
			unc acid - 7.0			

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

High Triglyceride
High Lymphocyte
Low MCH, MCHC
High Bilirubin
Borderline SGOT, unc acid
high

ASSESSMENT AND RECOMMENDATIONS:

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

Gen. medicine fitness to work required
FTW given by MOTT 13/7/2022
CHIEMEKA NDUKA EKEGHE

Date: 18/7/2022 Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION

Date: 18/7/2022 Name (Block Capitals): Dr. / Nurse

Signature:

DR. CHIEMEKA NDUKA EKEGHE
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
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Petroleum Development Oman LLC

Revision: 4.0
Effective: October 2016

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

Employee ID:		Date: 12/06/2022
Name: ISSA MOHAMMED	Department/Company: PDC OMAN	
I.D No. 21005962	Tel# 96383880	Occupation: LDD

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

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: ISSA MOHAMMED (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.


Signature:

Date: 12/06/2022

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



Fitness to Work Certificate for Drivers

Employee Data		Date: 12 Feb 2022	
Name: ISSA MOHAMMED ISSA SUHAI		Department/Company: TRUCK OMNI	
I.D. NO: 21005962	Age: 31	Occupation: LDD	
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)			
<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	✓		
Operate Heavy motor vehicles, forklifts or heavy machinery	✓		
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> DR. CHIEMEKA NDUKA EKEGHE GENERAL PRACTITIONER RUSAYL HEALTH CENTRE MOH LIC NO. 19798 </div>			
Name of health advisor: CHIEMEKA		Signature: [Signature]	Date: 18 Feb 2022