



مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

No. B15537

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/Forenames **SALIM SALEM HAMDAN 28**

Nationality **OMANI**

Mobile No. **9880 7667**

Home/Leave Address:

Company Number: Reference Indicator:

Personal Details

CIVIL ID - 15691701

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, TRUCK OMAN

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:

Signature of Applicant:

DR. CHIEMEKA 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	
☒		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 L R	VISION DISTANT NEAR
175	101	32	140 100	80	(R) (L)	Uncorrected Corrected
						R L R L

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.)

Peripheral bloodness
obesity
Dyslipidaemia
mild hypertension

ASSESSMENT AND RECOMMENDATIONS:

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

Date: 7/4/2022 Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION weekly BP check.

Date: 7/4/2022 Name (Block Capitals): Dr. / Nurse

Signature:

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



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



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

Date : 07/04/2022

LABORATORY INVESTIGATION

15697701

Name : Salim Saleem Hamden Sex : Age : 28 yrs
Dr. : Company : Soule Oman

HAEMATOTOLOGY

Total WBC..... 4.0 (4000-11000/cu/mm)
DC - NEUTROPHIL..... (40-75%)
LYMPHOCYTE..... 53 (20-45%)
EOSINOPHIL..... (1-6%)
MONOCYTE..... (2-10%)
BASOPHIL..... (0-1%)
ESR..... (0-12mm/hr)
..... (M:12-16 gldl)
..... (F:11-14 gldl)
HB..... 14.1 (14gm/dl---16gm/dl)
RBC COUNT..... 4.90 (4.5-6.6 Million/cumm)
Platelet count..... 221 (150-400cu/mm)
Bleeding Time..... (3-6min)
Clotting Time..... (5-10min)
HCT..... (40-45%)
MCV..... 86 (78--92fl)
MCH..... 28 (27--32pg)
Sickle cell.....
MCHC..... 33 (31---35gm/dl)
Blood Group.....

URINE ANALYSIS

Colour..... Yellow
Sp gravity..... 1.020
pH..... 6.00
Albumin.....
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

BIOCHEMISTRY

Diabetic profile
Blood sugar (fasting)..... 101 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..... 127 (upto 200mg/dl)
Total Cholesterol..... 290 (<200mg/dl)
HDL..... 51 (>40mg/dl)
LDL..... 213 (Up to 130mg/dl)

Liver Function test
Total bilirubin..... 0.600 (upto 1.0mg/dl)
SGOT..... 27 (Up to 40IU/L)
SGPT..... 21 (up to 41IU/L)
Total Protein..... (6-8.3gm/dl)

Renal function Test
S creatinine..... 1.30 (0.7-1.4mg/dl)
Urea..... 32 (10-45mg/dl)
Uric acid..... 6.4 (3.4-7.0 mg/dl)

Cardiac profile
Troponine T..... (>0.01ng/ml)

H. Pylori Test.....

Malaria Parasite.....

Micro Filaria.....

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

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