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

No. B 12833

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
ISO 9001 - 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames	Muhammad Zubair
Nationality	Pakistani

Mobile No. 71201479	Home/Leave Address: Pakistan	Company Number: 6777	Reference Indicator: Truck driver

Personal Details 43y / DOB - 01.01.1980 / ID - 104817246

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: IT DD Next Job and Location: NIMR

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 .

01/03/2023 Zubair

Date: Signature of Applicant:

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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)

N	A		PHYSICAL EXAMINATION
✓		1. Eyes & Pupils	NAD
✓		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	HEARING	VISION
173	108	36	124/86	78 /mins.	L Normal R Normal	DISTANT R/L 6/6; NEAR R/L 6/6 Uncorrected 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			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

Tch - 271

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

Advised on low fat diet
Regular exercise, weight reduction.

ASSESSMENT AND RECOMMENDATIONS:

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

DR. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE

Date: 01/03/2023 Name (Block Capitals): Dr. / Nurse Signature:

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
C.R. No.: 1250954, Hatef: ...
P.O. Box: 18, P.C.: 124, Rusayl
Sultanate of Oman
SAHARA NIMR

REVIEW/CONSULTATION

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

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

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Rusayl Health Centre
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Date : 01/03/2023

LABORATORY INVESTIGATION

Name : MUHAMMAD ZUBAIR Sex : 23y/m Age :

Dr.: BUDDHI Company : OMAN

HAEMATOLOGY

Total WBC	6.05	(4000-11000cu/mm)
DC - NEUTROPHIL	67.05	(40-75%)
LYMPHOCYTE	25.2	(20-45%)
EOSINOPHIL		(1-6%)
MONOCYTE	3.62	(2-10%)
BASOPHIL		(0-1%)
ESR		(0-12mm/hr)
		(M:12-16 g/dl)
		(F:11-14 g/dl)
HB	14.2	(14gm/dl---16gm/dl)
RBC COUNT	6.02	(4.5-6.6Million/comm)
Platelet count	192	(150-400cu/mm)
Bleeding Time		(3-6min)
Clotting Time		(5-10min)
HCT	39.2	(40-45%)
MCV	77	(78--92fl)
MCH	30.2	(27--32pg)
Sickle cell	negative	
MCHC	36.2	(31---35gm/dl)
Blood Group		

BIOCHEMISTRY

Diabetic profile

Blood sugar(fasting)	100	(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	271	(upto 200mg/dl)
Total Cholestrol	167	(<200mg/dl)
HDL	91	(>40mg/dl)
LDL	72	(Up to 130mg/dl)

Liver Function test

Total bilirubin	0.59	(upto 1.0mg/dl)
SGOT	18.5	(Up to 40IU/L)
SGPT	31	(up to 41IU/L)
Total Protein		(6-8.3gm/dl)

Renal function Test

S creatinine	1.32	(0.7-1.4mg/dl)
Urea	41	(10-45mg/dl)
Uric acid	5.11	(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	1.015
pH	6.0
Albumin	Nil
Sugar	Nil
Acetone	Nil
Bile Salts	
Urobilinogen	Normal
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 : 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

RUSAYL HEALTH CENTRE C.R. No: 1209454 P.O. Box: 18, P.C.: 124 Rusayl Sultanate of Oman

SAHADA NIMFA

DR. SANATH BUDDHIKA PRIYADARSHANA
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE

Medical Officer

Lab. Technician

ID :
Name:
yrs. / Male
cm / kg

Heart Rate: [illegible]
PR Int.: 168 ms
QRS Dur.: 118 ms
QT/QTc: 392/433 ms
P-R-T axes:
65 55 39

Muhammad Zubair 45Y

01/05/2025

DR. SANATH BUDDHIKA PRIYADARSHAN
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH LIC NO 16047

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I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

III

0.1Hz- 150Hz, AC50Hz, EMG. All Channels: 10.0mm/mV, 25.0mm/sec. EKG2000 Ver5.05M.30 Bionet Co., Ltd.

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):	43
Total cholesterol (mmol/L):	4.33
HDL (mmol/L):	1.06
Diabetic:	○ Yes ◉ No
Smoker:	○ Yes ◉ No
Systolic BP (mmHg):	124
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

For modified FRS

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: 5.6%

Total FRS points: 7

Breakdown

+5 points for age + gender

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

Muhamad Zubair
6777 / Twikoman

Screening Quest. For Sleep Apnoea

Employee Data		Date: 01/03/2023
Name: Muhammad Zubair		Department/Company : Transhuman
I. D No. 10481724b	Tel # 71201979	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
0	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	0 0

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

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

Signature: _____ **Date:** 01/03/2023

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Sultanate of Oman
Tel.: 24446151 / 54,
Fax : 24446833

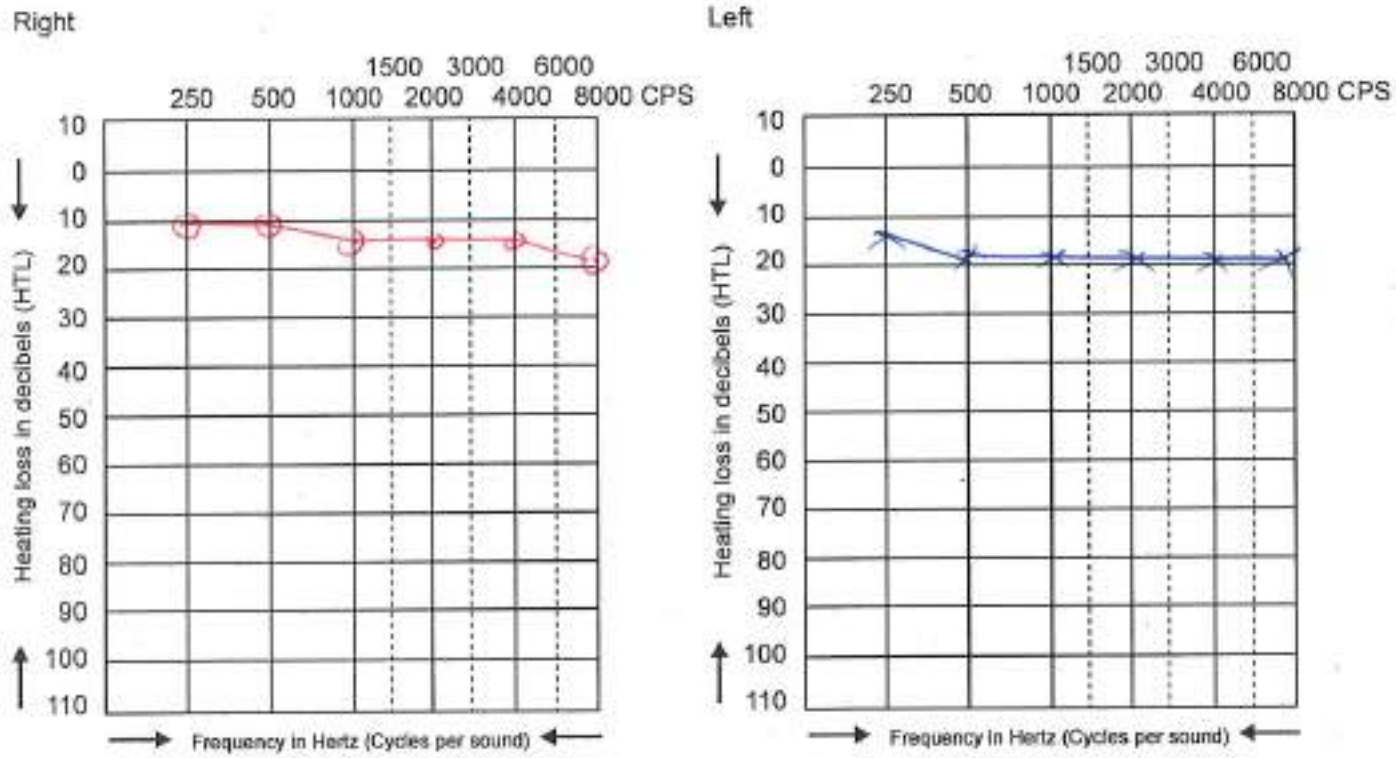
مركز الرسيل الصحي
منطقة الرسيل الصناعية
ص.ب : ١٨ الرسيل. الرمز البريدي : ١٢٤
سلطنة عمان
تليفون : ٢٤٤٤٦١٥١ / ٥٤
فاكس : ٢٤٤٤٦٨٣٣

Name of Patient ..Muhammed Zubair..... اسم المريض

Age ..43Y.. السن Sex ..(M)..... الجنس Date ..01/05/2023.. التاريخ

Name of Company ..Trichovan..... اسم الشركة

AUDIOGRAM



Impression : Normal Study.

DR. SANATH BUDDHIKA PRIYADARSHANA
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Sultanate of Oman
SAHARA NIMR

Name of Dr. & Signature

Fitness to Work Certificate for drivers

Employee Data			Date: 01/03/2023
Name : Muhamad Zubair			Department/Company : Transmach
I.D. No: 104817246	Age: 43y		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			

DR. SANATH BUDDHIKA PRIYADARSHANI
GENERAL PRACTITIONER
RUSAYL HEALTH CENTRE
MOH/AIC/NO.46043

Name of health advisor **Signature** **Date:** 01/03/2023

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