



مركز الرسيل الصحي RUSAYL HEALTH CENTRE

ISO 9001- 2015 Certified Co.

No. B10903

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)



RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/
Forenames **SOHAIL AHMAD**

Nationality **PAKISTANI**

Mobile No. **91711042** Home/Leave Address: Company Number: Reference Indicator:

Personal Details **Age - 31 yrs, I.D - 98085664**

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

Home/Leave Address: Relationship to employee ☒ Wife ☐ Son ☒ Daughter No of Children: **1**

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☒ Final / Retirement ☐ Other Reason: ☐

Employee only

B Present Job and Location: **Driver (HDD) / Nimer** Next Job and Location: **TRUCK DRIVER**

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?		<input checked="" type="checkbox"/>	

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: **26/11/22** Signature of Applicant:





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	HEARING	VISION
173	119	39.8	110/80 monthly	72/min.	L AP R AI	clear
						DISTANT NEAR
						R L R L
						Uncorrected Corrected
						6/6 6/6

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	FBS - 84mg/dl			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. Sickie Cell test				12. HIV, Hepatitis screening

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

* BMI ↑ weight reduction advised
* Increase exercise
* Diet modification advised

ASSESSMENT AND RECOMMENDATIONS:

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

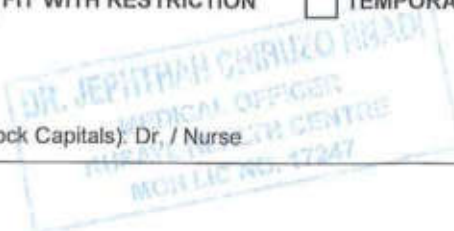
Date: 26/11/22 Name (Block Capitals): Dr. / Nurse

Signature: [Signature]

REVIEW/CONSULTATION

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

Signature:



LABORATORY INVESTIGATION

Name : <u>Sohail Ahmad</u>		Sex : <u>m</u>	Age : <u>31</u>
Dr. : <u>ANWARI</u>		Company : <u>TRUCKOMAN</u>	

HAEMATOTOLOGY	URINE ANALYSIS
Total WBC <u>5.6</u> (4000-11000/cu/mm)	Colour: <u>pale yellow</u>
DC - NEUTROPHIL <u>57.3</u> (40-75%)	Sp gravity: <u>1.030</u>
LYMPHOCYTE <u>33.4</u> (20-45%)	pH: <u>6.0</u>
EOSINOPHIL <u>3.9</u> (1-6%)	Albumin: <u>N/I</u>
MONOCYTE <u>7.5</u> (2-10%)	Sugar: <u>N/I</u>
BASOPHIL <u>0.2</u> (0-1%)	Acetone: <u>N/I</u>
ESR (0-12mm/hr)	Bile Salts: <u>3</u>
(M: 12-16 g/dl)	Urobilinogen: <u>1</u>
(F: 11-14 g/dl)	Blood: <u>normal</u>
HB <u>15.5</u> (14gm/dl-16gm/dl)	Nitrate: <u>1</u>
RBC COUNT <u>5.2</u> (4.5-6.6 Million/cumm)	Leukocyte Estrase: <u>1</u>
Platelet count <u>236</u> (150-400cu/mm)	Microscope:
Bleeding Time (3-6min)	Pus cells: <u>1</u> /HPF
Clotting Time (5-10min)	RBC: <u>1</u> /HPF
HCT <u>40.6</u> (40-45%)	Epithelial cells: <u>1</u> /HPF
MCV <u>86</u> (78-92fl)	Casts: <u>1</u> /HPF
MCH <u>29.4</u> (27-32pg)	Crystals: <u>1</u>
Sickle cell <u>-negative</u>	Bacteria: <u>1</u>
MCHC <u>35.1</u> (31-35gm/dl)	Mucus-Thread: <u>1</u>
Blood Group	
Pregnancy Test	

BIOCHEMISTRY	STOOL EXAMINATION
Diabetic profile	Colour: <u>1</u>
Blood sugar (fasting) <u>84</u> (70mg/dl-110mg/dl)(3.8mmol/l-6.1mmol/l)	Consistency: <u>1</u>
PPBS (80mg/dl-130mg/dl)(4.50-7.3mmol/l)	Reaction: <u>1</u>
RBS (64mg/dl-160mg/dl)(3.6mmol/l-8.9mmol/l)	Occult Blood: <u>1</u>
HBA1C (4-6.5%)	Microscopic ova:
Lipid profile	Cyst: <u>1</u>
Triglycerides <u>160</u> (upto 200mg/dl)	Entamoeba: <u>1</u>
Total Cholesterol <u>178.40</u> (<200mg/dl)	Flagellates: <u>1</u>
HDL <u>61.50</u> (>40mg/dl)	Pus Cells: <u>1</u>
LDL <u>101.75</u> (Up to 130mg/dl)	R.B. Cs: <u>1</u>
Liver Function test	Epith. cells: <u>1</u>
Total bilirubin <u>0.95</u> (upto 1.0mg/dl)	Other: <u>1</u>
SGOT <u>24.50</u> (Up to 40IU/L)	
SGPT <u>29.36</u> (up to 41IU/L)	
Total Protein (6-8.3gm/dl)	
Renal function Test	
S creatinine <u>1.05</u> (0.7-1.4mg/dl)	
Urea <u>33.4</u> (10-45mg/dl)	
Uric acid <u>5.8</u> (3.4-7.0 mg/dl)	
Cardiac profile	
Troponine T (>0.01ng/ml)	
H. Pylori Test	
Malaria Parasite	
Micro Filaria	

SEMEN ANALYSIS
Quantity: <u>1</u> Reaction: <u>1</u>
Total Sperm Count <u>1</u> million/ml
(Normal 60-150 million/ml)
Microscopic: Active motile: <u>1</u> %
Sluggish motile: <u>1</u> %
Dead Sperms: <u>1</u> %
Pus Cells <u>1</u> R.B. Cs: <u>1</u>
Epith. Cells: <u>1</u>
Morphology Normal: <u>1</u> %
Abnormal: <u>1</u> %
V.D.R.L./Syphilis <u>1</u>
R.F. <u>1</u>
HBsAg <u>1</u>
HCV <u>1</u>
HIV <u>1</u>

Fitness to Work Certificate for drivers

Employee Data		Date: 26/11/22	
Name: SOHAIL AHMAD		Department/Company: TRUCKOMAN	
I.D. No: 98085664	Age: 31 yrs	Occupation: Driver	
Type of Medical Evaluation		Mark those applying ✓	
A5- HVD- Crane or forklift driving & all heavy vehicles	<input checked="" type="checkbox"/>	A7- Professional driving-light vehicles	<input type="checkbox"/>
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		<input checked="" type="checkbox"/>	
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			
Name of health adviser: DR. JEPHTHAH CHIRUZO NHADI		Signature: [Signature] Date: 26/11/22	
MEDICAL OFFICER RUSAYL HEALTH CENTRE MOB NO. 17247			



Screening Quest. For Sleep Apnoea

Employee Data		Date: 26/11/22
Name: SOHAIL AHMAD		Department/Company: TRUCKOMAN
I. D No. 98085664	Tel # 91711042	Occupation: Driver

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 and talking with someone

0 Sitting quietly after lunch without alcohol

0 In a car, while stopped for a few minutes in traffic

Total

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

Signature: [Signature]

Date: 26/11/22

DR. JEPHTHAH CHIBUZO NYADI
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 17247



RUSAYL HEALTH CENTRE

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



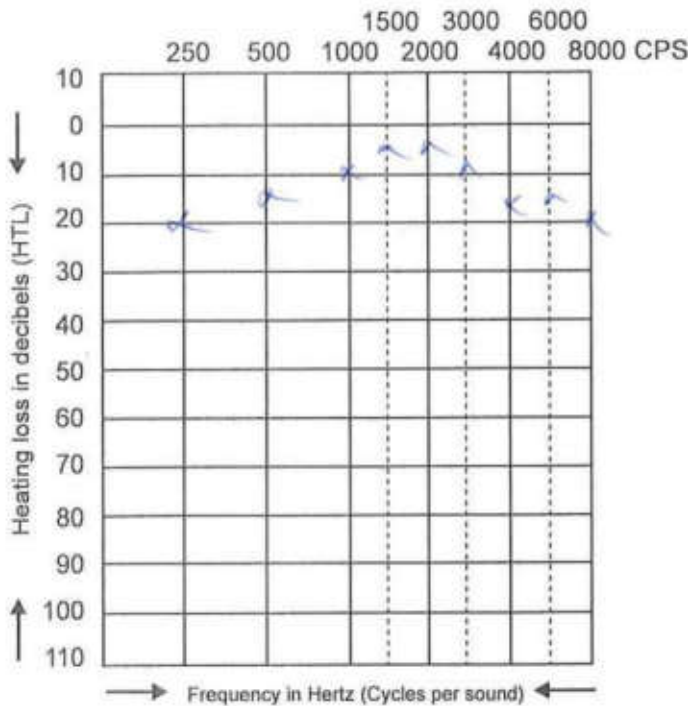
مركز الرسيل الصحي

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

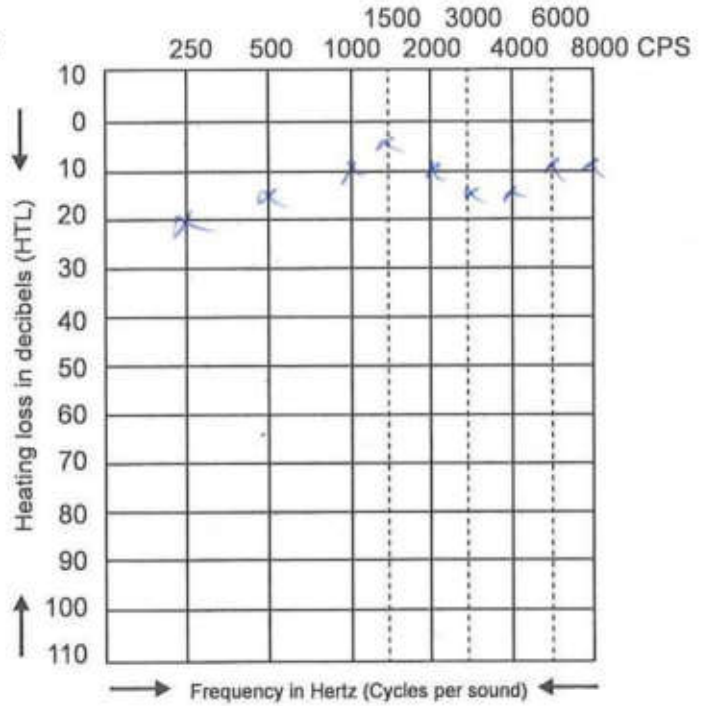
Name of Patient SOHAIL AHMAD اسم المريض
Age 31 yrs السن Sex MALE الجنس Date 26/11/22 التاريخ
Name of Company TRUCKOMAN اسم الشركة

AUDIOGRAM

Right



Left



Impression :

Normal hearing sensitive

DR. JEPHTAH CHIBUZO NHADI
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
P.O. Box 18, Rusayl, Postal Code 124

Name of Dr. & Signature

