

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 <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)
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Home/Leave Address:	<input checked="" type="checkbox"/> Wife <input type="checkbox"/> Son <input checked="" type="checkbox"/> Daughter	No of Children: 1
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Reason for Examination (tick as appropriate)

Periodic Medical Examination Final / Retirement Other Reason:

Employee only

B Present Job and Location: Driver(HDD)/Nimr	Next Job and Location: TRUCKMAN
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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.

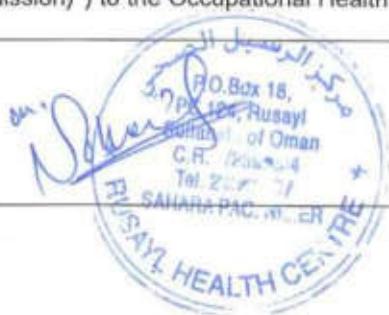
Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' Please describe

	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 you 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: 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. 110 80 mmHg	PULSE 72/mins.	HEARING L H R H	VISION		clear
						DISTANT R L	NEAR R L	
173	119	39.8			Uncorrected Corrected	6/6	6/6	near

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.)

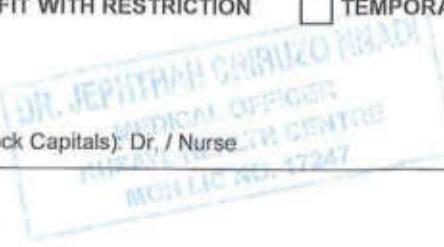
* BMI ↑ want reduction advised
* Increase exercise
* Diet modification advised

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

Date: 26/11/22

Name (Block Capitals): Dr. / Nurse



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>ANNAI</u>		Company : <u>TRUCK Oman</u>	
HAEMATOLOGY			
Total WBC	<u>5.6</u>	(4000-11000cu/mm)	
DC - NEUTROPHIL	<u>57.2</u>	(40-75%)	
LYMPHOCYTE	<u>33.4</u>	(20-45%)	
EOSINOPHIL	<u>3.9</u>	(1-6%)	
MONOCYTE	<u>7.5</u>	(2-10%)	
BASOPHIL	<u>0.2</u>	(0-1%)	
ESR		(0-12mm/hr)	
		(M:12-16 g/dl)	
		(F:11-14 g/dl)	
HB	<u>15.5</u>	(14gm/dl---16gm/dl)	
RBC COUNT	<u>512</u>	(4.5-6.6 Million/cumm)	
Platelet count	<u>236</u>	(150-400cu/mm)	
Bleeding Time		(3-6min)	
Clotting Time		(5-10min)	
HCT	<u>40.6</u>	(40-45%)	
MCV	<u>86</u>	(78-92fl)	
MCH	<u>29.4</u>	(27-32pg)	
Sickle cell	<u>-negative</u>		
MCHC	<u>35.1</u>	(31---35gm/dl)	
Blood Group			
BIOCHEMISTRY			
Diabetic profile			
Blood sugar(fasting)	<u>84</u>	(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	<u>160</u>	(upto 200mg/dl)	
Total Cholesterol	<u>178.40</u>	<200mg/dl)	
HDL	<u>61.50</u>	>40mg/dl)	
LDL	<u>101.75</u>	(Up to 130mg/dl)	
Liver Function test			
Total bilirubin	<u>0.95</u>	(upto 1.0mg/dl)	
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			
URINE ANALYSIS			
Colour	<u>pale yellow</u>		
Sp gravity	<u>1.020</u>		
pH	<u>6.0</u>		
Albumin	<u>N.II</u>		
Sugar	<u>N.II</u>		
Acetone	<u>N.II</u>		
Bile Salts			
Urobilinogen	<u>3</u>		
Blood	<u>3</u>		
Nitrate			
Leukocyte Esterase	<u>Normal</u>		
Microscope			
Pus cells	/HPF		
RBC	/HPF		
Epithelial cells	/HPF		
Casts	/HPF		
Crystals			
Bacteria			
Mucus-Thread			
Pregnancy Test			
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		
Microscopic: Active motile:	(Normal 60-150 million/ml)		
Sluggish motile:	%		
Dead Sperms:	%		
Pus Cells	R.B. Cs:		
Epith. Cells:			
Morphology Normal:	%		
Abnormal:	%		
V.D.R.L./Syphilis			
R.F.			
HBsAg			
HCV			
HIV			

Fitness to Work Certificate for drivers

Employee Data		Date: 26/11/22
Name : SOHAIL AHMAD		Department/Company : TRUCK/COMAN
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
<p>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.</p>		
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		
DR. JEPHTHAH CHIRUZO NHADI MEDICAL OFFICER RUSAYL HEALTH CENTRE MOHED NO. 17247		 Signature
		Date: 26/11/22



Screening Quest. For Sleep Apnoea

Employee Data		Date: 26/4/22
Name: SOHAIL AHMAD		Department/Company: TRUECOM
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 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

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

Signature: Soheil

Date: 26/4/22



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
تلفون: ٩٦٧٥٤ ٦٦٦٦٦٦٦٦
فاكس: ٩٦٩٦٨٣٣ ٣٣٣٣٦٨٣٣

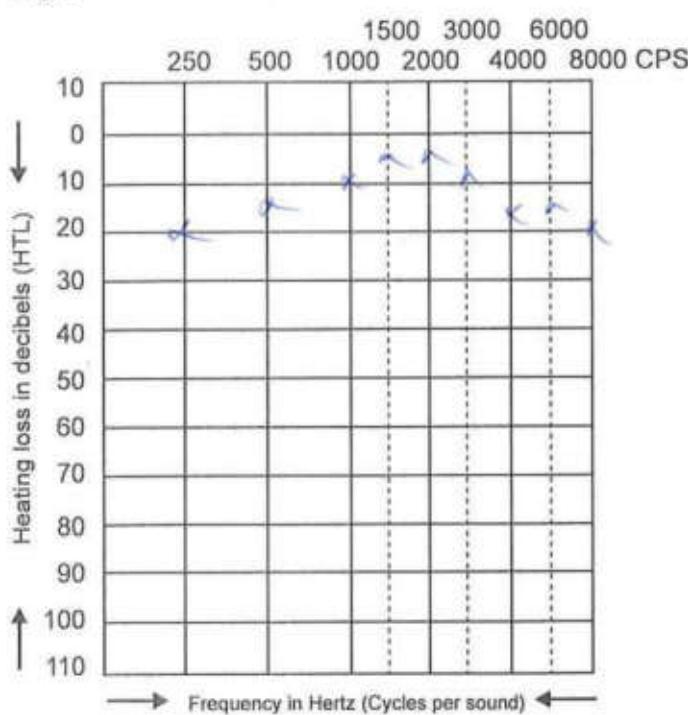
Name of Patient SOHAIL AHMAD اسم المريض

Age 31 yrs السن MALE الجنس Date 26/11/22 التاريخ

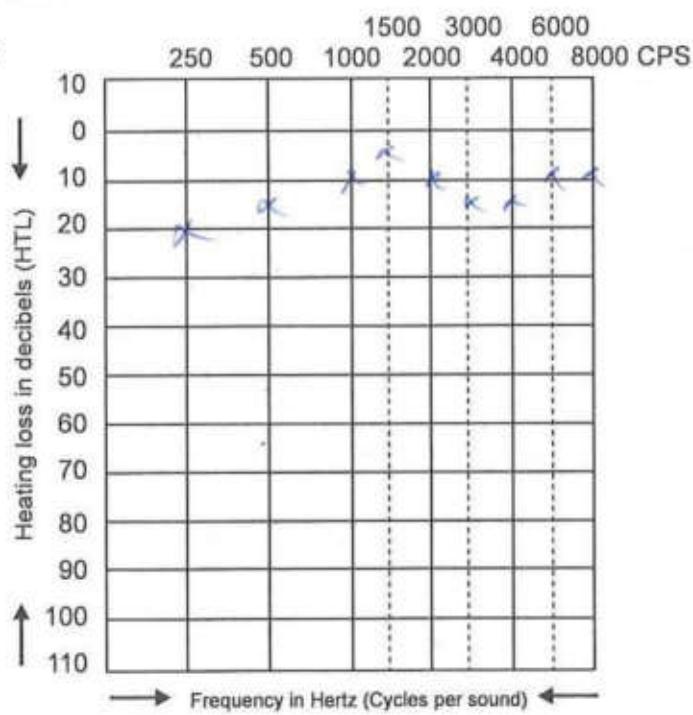
Name of Company TRUCKCOMAN اسم الشركة

AUDIOGRAM

Right



Left



Impression :

Normal hearing sensitivities



Name of Dr. & Signature

