RHC RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

No.A0001190

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames:	ARSLAN MOHMOOD AHMED
Nationality:	PAKISTANI

Mobile No. 78414400	Home/Leave Address: PUNJAB	Company Number: 102601396	Reference Indicator: PRIVATE

Personal Details

A ■ Male ☐ Female | ■ Married ☐ Single ☐ Separated /Divorced

Home/Leave Address: PUNJAB	Relationship To Employee ☐ Wife ☐ Son ☐ Daughter	No Of Children: 3

Reason For Examination (tick As Appropriate)

Periodic Medical Examination ☐ Initial ■ Periodic

Employee Only

B Present Job And Location: HEAVY DRIVER/MARMUL | Next Job And Location: NONE

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?	■	☐	
Ear, Nose, Eye Or Throat Problems	■	☐	
Chest Problems Like Asthma, Bronchitis, Other Bad Cough	■	☐	
Heart Abnormality, Chest Pains	■	☐	
Abdominal Pains, Abnormal Bowel Motions	■	☐	
Urogenital Problems (kidney Disease, Menstrual Disorder)	■	☐	
Skin Trouble Or Allergies	■	☐	
Epileptic Fits, Dizzy Spells Or Migraine	■	☐	
History Of Mental Illness, Depression Anxiety	■	☐	
Diabetes, Thyroid Disease	■	☐	
Blood Disorder E.G. Anaemia, Blood Cancer E.G. Leukaemia	■	☐	
Any History Of Accidents Or Fractures	■	☐	
Have You Had Any Serious Allergies	■	☐	
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: | 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. . | 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 :

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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		
■	☐	Eyes Pupils	
■	☐	ENT	
■	☐	Teeth Mouth	
■	☐	Lungs Chest	
■	☐	Cardiovascular System	
■	☐	Abdo Viscera	
■	☐	Hernial Orifices	
■	☐	Anus Rectum	
■	☐	Genito Urinary	
■	☐	Extremities	
■	☐	Musculo Skeletal	
■	☐	Skin Varicose Vns	
■	☐	Cns	

HEIGHT	WEIGHT	BMI	B.P	PULSE	HEARING	VISION	Colour Vision	Blood Group
182 Cm	101 Kg	30	120/80	80b/min	L: NORMAL R: NORMAL	6/6 LEFT 6/6 RIGHT	N	NONE

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
■	☐	1.Urinalysis		■	☐	7.Audiogram
■	☐	2 Hb, Bloodcount, ESR		☐	☐	8. Lung Function
■	☐	3 LFT, RFT, RBS/FBS		☐	☐	9. Chest X-Ray
☐	☐	4. Drug Screen		☐	☐	10. ECG
■	☐	5. Lipids (40 Years +)		☐	☐	11. CVD Risk For 40 Yrs. & Above
☐	☐	6. Sickle Cell Test		☐	☐	12. HIV, Hepatitis Screening

OTHER FINDINGS (Physique, Scars, Disabilities, Mental Stability Including Behaviour, Etc.): NONE

ASSESSMENT AND RECOMMENDATIONS : ■ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT

Date: 23/12/2023 Name (Block Capitals). Dr. MAGNUS CHIBUZO Signature:

DR. MAGNUS CHIBUZO MD
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 17579

REVIEW/CONSULTATION:NONE

Date: 23/12/2023 Name (Block Capitals). Dr. Signature:

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1.1.15 Appendix 15: Fitness To Work Certificate

Employee Data:		Date: 23/12/2023
Name: ARSLAN MOHMOOD AHMED		Department/Company: PRIVATE
ID.No: 102601396	Age: 32	Occupation: HDD

Type Of Medical Evaluation	Mark Those Applying		
A1 Aircraft Refuelling	☐	A6 Fire/Emergency Response Team Work	☐
A2 Breathing Apparatus	☐	A7 Professional Driving	☐
A3 Business Traveller	☐	A8 Remote Location Work	☐
A4 Catering And Food Preparation	☐	A9 Transfers-Group A Country	☐
A5 Crane Or Forklift Driving & All Heavy Vehicles	■	A10 Transfers-Group B Country	☐

Health Advisor Statement : The Above Named Parson Has Been Examinad 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	☐	☐
Working At Height	☐	☐
Puling, Pushing, Or Carrying Weight Over	☐	☐
Ascend/descend Ladders Or Stairs	☐	☐
Operate Motor Vehicles, Forklifts Or Heavy Machinery	☐	☐
Use Of A Respirator	☐	☐
Repetitive Twisting Of Valves Or Wrenches	☐	☐
Flying	☐	☐
Other	☐	☐
Temporary Unfit Until ☐		
Permanently Unfit ☐		
Name Of Health Advisor: Dr- MAGNUS CHIBUZO	Signature	Date: 23/12/2023

DR. MAGNUS CHIBUZO IWU
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 47579

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RUSAYL HEALTH CENTRE

ISO 9001-2015 Certified Co.
Rusayl Industrial Estate
P.O BOX: 18 Rusayl, Postal Code:124
Phone: 22084053

Name: ARSLAN MOHMOOD AHMED
Company: PRIVATE

Date: 23/12/2023
Sex: MALE
Age: 32

Test	Result	Normal Range
FBS	97.0 mg/dL	70-110 mg/dl
LIPID PROFILE		
Total Cholesterol	190.2 mg/dL	< 200 mg/dl
HDL Cholesterol	44.7 mg/dL	>40 mg/dl (gen)
LDL Cholesterol	117.5 mg/dL	100-129 mg/dl
VLDL Cholesterol	21.60 mg/dL	12-30 mg/dL
Triglycerides	139.6 mg/dL	<150 mg/dL
LFT (LIVER FUNCTION TEST)		
Bilirubin Total	0.87 mg/dL	up to 2.0mg/dl
SGOT/AST	30.6 U/L	up to 40 U/L
SGPT/ALT	31.8 U/L	up to 40 U/L
RFT (RENAL FUNCTION TEST)		
Urea	22.4 mg/dl	16.6-48.5 mg/dL
S. Creatinine	0.83	M: 0.70 - 1.20 mg/dL
		F: 0.50 - 0.90 mg/dL
S. Uric Acid	5.4 mg/dl	M: 3.4 - 7.0 mg/dL
		F: 2.4 - 5.7 mg/dL

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Medical Officer

DR. MAGNUS CHIBUZO IWU
MEDICAL OFFICER
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MOH LIC NO. 17579

RUSAYL HEALTH CENTRE

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Rusayl Industrial Estate
P.O BOX: 18 Rusayl, Postal Code:124
Phone: 22084053

Name: ARSLAN MOHMOOD AHMED
Company: PRIVATE

Date: 23/12/2023
Sex: MALE
Age : 32

Test	Result	Normal Range
CBC		
Total WBC	6,390 per cu mm	4500-11000 per cu mm
Diff :Leukocyte Count		
NEUTROPHIL	55 %	40-75 %
LYMPHOCYTE	32 %	20-45 %
EOSINOPHIL	04 %	01-06 %
MONOCYTE	06 %	02-10 %
BASOPHIL	01 %	< 1 %
Haemoglobin	14.2 g/dl	M: 13.5 - 17.5 g/dl F: 12.0 - 16.0 g/dl
R.B.C	4.71 Mln/cu mm	M: 4.3 - 5.9 Mln/cu mm F: 3.5 - 5.5 Mln/cu mm
Haematocrit	43.2 %	M: 41% - 53 % F: 36% - 46 %
M.C.V	85.7 fl	80 - 100 fl
M.C.H	27.6 pg	25.4 - 34.6 pg
MCHC	33.9 %	31 - 36 %
Platelets	269 Thsds/cu mm	150 - 400
SICKLE CELL TEST	NEGATIVE	

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Medical Technologist

Medical Officer

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Phone: 22084053

Name: ARSLAN MOHMOOD AHMED **Date:** 23/12/2023

Company : PRIVATE **MALE**

Age: 32

Test	Result	Normal Values
URINE COMPLETE ANALYSIS		
PHYSICAL & CHEMICAL EXAMINATION		
Colour	YELLOW	
Sp.Gravity	1.040	
Reaction	5.4	
Protein	NIL	
Glucose	NIL	
RBC	NIL	
Bilirubin	NIL	
Ketones	NIL	
MICROSCOPIC EXAMINATION		
Pus Cells	0-2	/HPF
Red Cells	0-2	/HPF
Epithelial Cells	0-1	/HPF
Casts	NIL	
Crystals	NIL	
Bacteria	FEW	
Mucus Thread	FEW	
Amorphous Urates/ Phosphates	NIL	

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

Employee Data		Date: 23/12/2023
Name: Arslan Mohmood Ahmed.		Department/Company: Private.
I. D No. 102601396	Tel # 78414400	Occupation : Heavy 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
1	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
1	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total	3.

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

Signature: ارسلان محمود Date: 23/12/2023.

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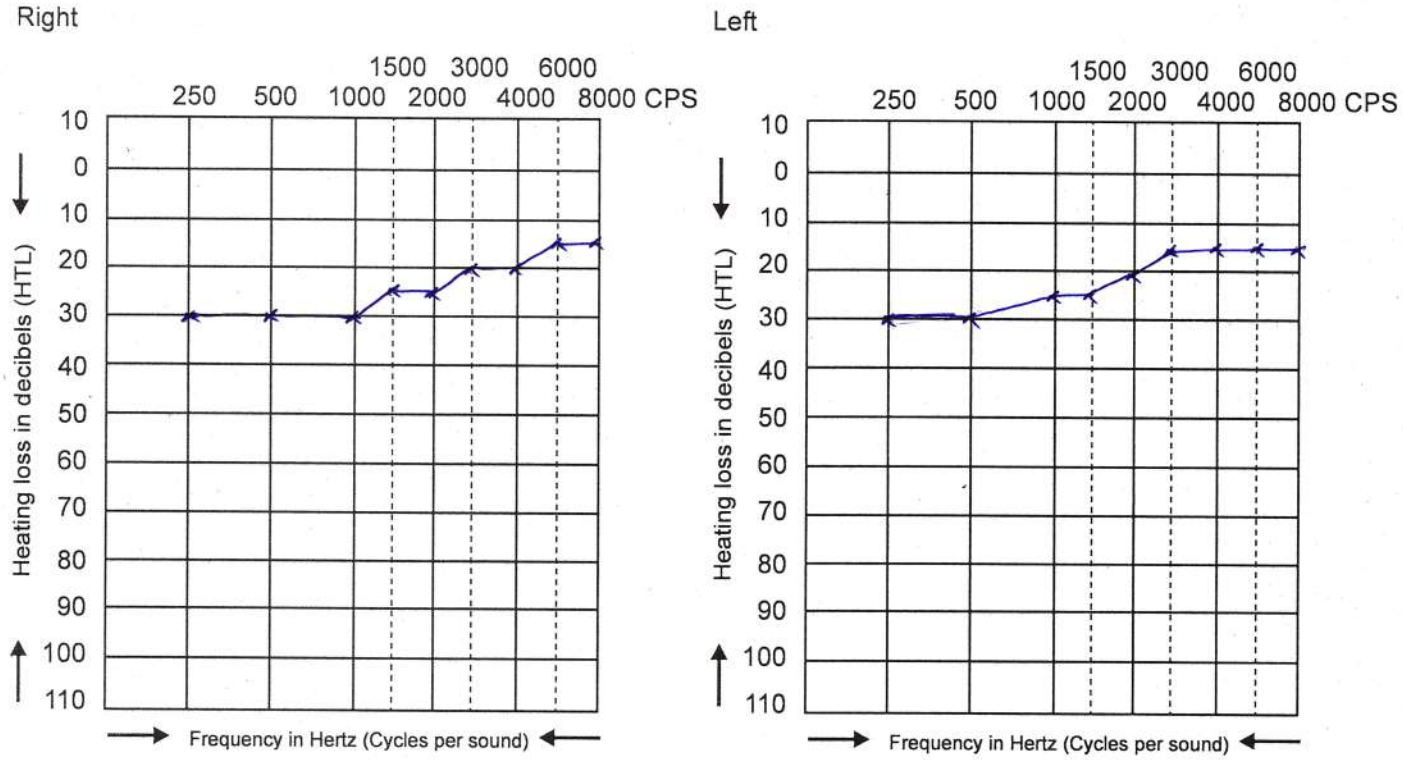
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منطقة الرسيل الصناعية
ص.ب : ١٨ الرسيل. الرمز البريدي : ١٢٤
سلطنة عمان
تليفون : ٥٤ / ٢٤٤٤٦١٥١
فاكس : ٢٤٤٤٦٨٣٣

Name of Patient ..... Arslan Mohmood Ahmed. ..... اسم المريض

Age ..... 32yrs. ..... السن Sex ..... Male ..... الجنس Date ..... 23/12/2023 ..... التاريخ

Name of Company ..... Private. ..... اسم الشركة

AUDIOGRAM



Impression : Normal

DR. MAGNUS CHIBUZO IWU
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Name of Dr. & Signature