

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/ Forenames:	ASAD MUHAMMAD BOOTA
Nationality:	PAKISTANI

Mobile No. 94313213	Home/Leave Address: PAKISTAN	Company Number: 93486084	Reference Indicator: PRIVATE
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Personal Details

A <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced
Home/Leave Address: PAKISTAN	Relationship To Employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter
No Of Children: 0	

Reason For Examination (tick As Appropriate)

Periodic Medical Examination Initial Periodic

Employee Only

B Present Job And Location: HELPER/MARMUL	Next Job And Location: NONE
Are You A Registered Person With Special Needs? <input type="checkbox"/>	Do You Belong To Any Medical Insurance Scheme? <input type="checkbox"/>

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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ear, Nose, Eye Or Throat Problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Chest Problems Like Asthma, Bronchitis, Other Bad Cough	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Heart Abnormality, Chest Pains	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Abdominal Pains, Abnormal Bowel Motions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Urogenital Problems (kidney Disease, Menstrual Disorder)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Skin Trouble Or Allergies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Epileptic Fits, Dizzy Spells Or Migraine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
History Of Mental Illness, Depression Anxiety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Diabetes, Thyroid Disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Blood Disorder E.G. Anaemia, Blood Cancer E.G. Leukaemia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any History Of Accidents Or Fractures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Have You Had Any Serious Allergies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any Family History Of Cancers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Do You Take Any Regular Medicines, Or Have Your Taken In The Past	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Do You Smoke? If Yes, What And How Much Each Day?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Do You Drink Alcohol? If Yes, What Is Your Average Weekly Intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Have You Ever Taken Elicited/recreational Drugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are You Doing Regular Sports Or Physical Activities?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brisk walks

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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مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
C.R. No.: 1269964, 1269964
P.O. Box : 18, P.C.: 124, Rusayl
Sultanate of Oman
RS PAC MURMUL CLINIC

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		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Eyes Pupils	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ENT	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Teeth Mouth	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lungs Chest	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cardiovascular System	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Abdo Viscera	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hernial Orifices	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Anus Rectum	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Genito Urinary	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Extremities	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Musculo Skeletal	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Skin Varicose Vns	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cns	

HEIGHT 184 Cm	WEIGHT 104 Kg	BMI 30	B.P 120/70	PULSE 84b/min	HEARING L: NORMAL R: NORMAL	VISION: 6/6 LEFT 6/6 RIGHT	Colour Vision: N	Blood Group: NONE
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N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS		N	A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Urinalysis		<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Audiogram
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 Hb, Bloodcount, ESR		<input type="checkbox"/>	<input type="checkbox"/>	8. Lung Function
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3 LFT, RFT, RBS/FBS		<input type="checkbox"/>	<input type="checkbox"/>	9. Chest X-Ray
<input type="checkbox"/>	<input type="checkbox"/>	4. Drug Screen		<input type="checkbox"/>	<input type="checkbox"/>	10. ECG
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Lipids (40 Years +)		<input type="checkbox"/>	<input type="checkbox"/>	11. CVD Risk For 40 Yrs. & Above
<input type="checkbox"/>	<input type="checkbox"/>	6. Sickle Cell Test		<input type="checkbox"/>	<input type="checkbox"/>	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: 11/03/2024 Name (Block Capitals). Dr. MAGNUS CHIBUZO Signature: **DR. MAGNUS CHIBUZO MD**
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 17579

REVIEW/CONSULTATION: NONE

Date: 11/03/2024 Name (Block Capitals). Dr. Signature:

مرکز الرسیل الصحي
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C.R. No.: 1859954, 1701104 : س.ت.
P.O. Box : 18, P.C.: 124, Rusayl
Sultanate of Oman
RS PAC MURMUL CLINIC

11.15 Appendix 15: Fitness To Work Certificate


Employee Data:		Date: 11/03/2024
Name: ASAD MUHAMMAD BOOTA		Department/Company: PRIVATE
ID.No: 93486084	Age: 33	Occupation: HELPER

Type Of Medical Evaluation

Mark Those Applying

A1 Aircraft Refuelling	<input type="checkbox"/>	A6 Fire/Emergency Response Team Work	<input type="checkbox"/>
A2 Breathing Apparatus	<input type="checkbox"/>	A7 Professional Driving	<input type="checkbox"/>
A3 Business Traveller	<input type="checkbox"/>	A8 Remote Location Work	<input type="checkbox"/>
A4 Catering And Food Preparation	<input type="checkbox"/>	A9 Transfers-Group A Country	<input type="checkbox"/>
A5 Crane Or Forklift Driving & All Heavy Vehicles	<input type="checkbox"/>	A10 Transfers-Group B Country	<input type="checkbox"/>

Health Advisor Statement : The Above Named Parson 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): <input type="checkbox"/>		
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	<input type="checkbox"/>	<input type="checkbox"/>
Working At Height	<input type="checkbox"/>	<input type="checkbox"/>
Pulling, Pushing, Or Carrying Weight Over	<input type="checkbox"/>	<input type="checkbox"/>
Ascend/descend Ladders Or Stairs	<input type="checkbox"/>	<input type="checkbox"/>
Operate Motor Vehicles, Forklifts Or Heavy Machinery	<input type="checkbox"/>	<input type="checkbox"/>
Use Of A Respirator	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive Twisting Of Valves Or Wrenches	<input type="checkbox"/>	<input type="checkbox"/>
Flying	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Unfit Until <input type="checkbox"/>		
Permanently Unfit <input type="checkbox"/>		
Name Of Health Advisor: Dr- MAGNUS CHIBUZO	Signature: 	Date: 11/03/2024

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DR. MAGNUS CHIBUZO IWU
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC. NO. 1750000

RUSAYL HEALTH CENTRE

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

Name: ASAD MUHAMMAD BOOTA
Company: PRIVATE

Date: 11/3/2024
Sex: MALE
Age: 33

Test	Result	Normal Range
FBS	106.0 mg/dL	70-110 mg/dl
<u>LIPID PROFILE</u>		
Total Cholesterol	192.6 mg/dL	< 200 mg/dl
HDL Cholesterol	48.2 mg/dL	>40 mg/dl (gen)
LDL Cholesterol	115.1 mg/dL	100-129 mg/dl
VLDL Cholesterol	21.90 mg/dL	12-30 mg/dL
Triglycerides	146.7 mg/dL	<150 mg/dL
<u>LFT (LIVER FUNCTION TEST)</u>		
Bilirubin Total	1.05 mg/dL	up to 2.0mg/dl
SGOT/AST	36.7 U/L	up to 40 U/L
SGPT/ALT	32.4 U/L	up to 40 U/L
<u>RFT (RENAL FUNCTION TEST)</u>		
Urea	26.1 mg/dl	16.6-48.5 mg/dL
S. Creatinine	0.78 mg/dl	M: 0.70 - 1.20 mg/dL F: 0.50 - 0.90 mg/dL
S. Uric Acid	5.9 mg/dl	M: 3.4 - 7.0 mg/dL F: 2.4 - 5.7 mg/dL

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RS PAC MURMUL CLINIC

Medical Officer
DR. MAGNUS CHIBUZO IWU
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 17579

RUSAYL HEALTH CENTRE

ISO 9001-2015 Certified Co.

Rusayl Industrial Estate

P.O BOX: 18 Rusayl, Postal Code:124

Phone: 22084053

Name: ASAD MUHAMMAD BOOTA
Company: PRIVATE

Date: 11/3/2024
Sex : MALE
Age : 33

Test	Result	Normal Range
CBC		
Total WBC	6,540 per cu mm	4500-11000 per cu mm
Diff :Leukocyte Count		
NEUTROPHIL	61 %	40-75 %
LYMPHOCYTE	40 %	20-45 %
EOSINOPHIL	05 %	01-06 %
MONOCYTE	07 %	02-10 %
BASOPHIL	01 %	< 1 %
Haemoglobin	15.3 g/dl	M: 13.5 - 17.5 g/dl F: 12.0 - 16.0 g/dl
R.B.C	5.20 Mln/cu mm	M: 4.3 - 5.9 Mln/cu mm F: 3.5 - 5.5 Mln/cu mm
Haematocrit	49.4 %	M: 41% - 53 % F: 36% - 46 %
M.C.V	89.0 fl	80 - 100 fl
M.C.H	32.1 pg	25.4 - 34.6 pg
MCHC	32.9 %	31 - 36 %
Platelets	297 cu/mm	150- 400 cu/mm

SICKLE CELL TEST

NEGATIVE

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Medical Technologist
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Sultanate of Oman
RS PAC MURMUL CLINIC

Medical Officer

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

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ISO 9001-2015 Certified Co.

Rusayl Industrial Estate

P.O BOX: 18 Rusayl, Postal Code:124

Phone: 22084053

Name: ASAD MUHAMMAD BOOTA

Date: 11/3/2024

Company : PRIVATE

Sex : MALE

Age: 33

Test	Result	Normal Values
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URINE COMPLETE ANALYSIS

PHYSICAL & CHEMICAL EXAMINATION

Colour	YELLOW
Sp.Gravity	1.015
Reaction	5.0
Protein	NIL
Glucose	NIL
RBC	NIL
Bilirubin	NIL
Ketones	NIL

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Fax : 24446833



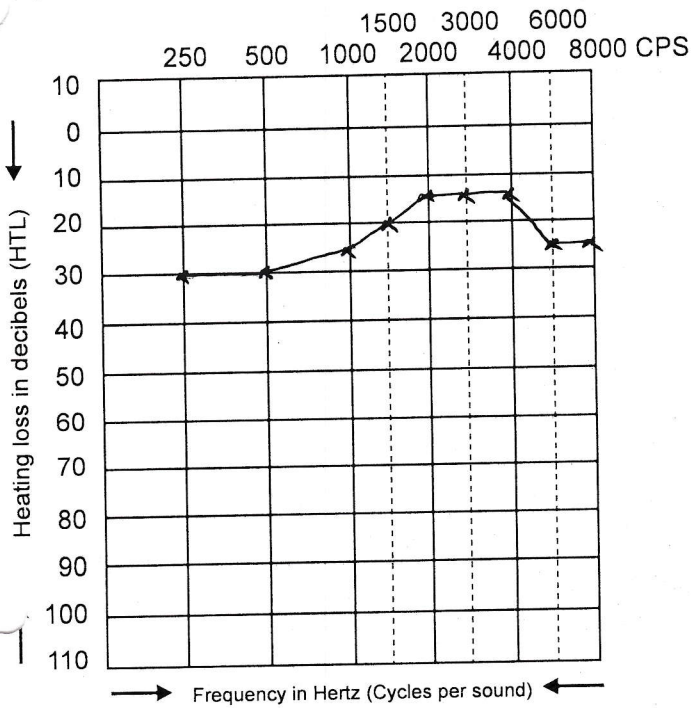
مركز الرسيل الصحي

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

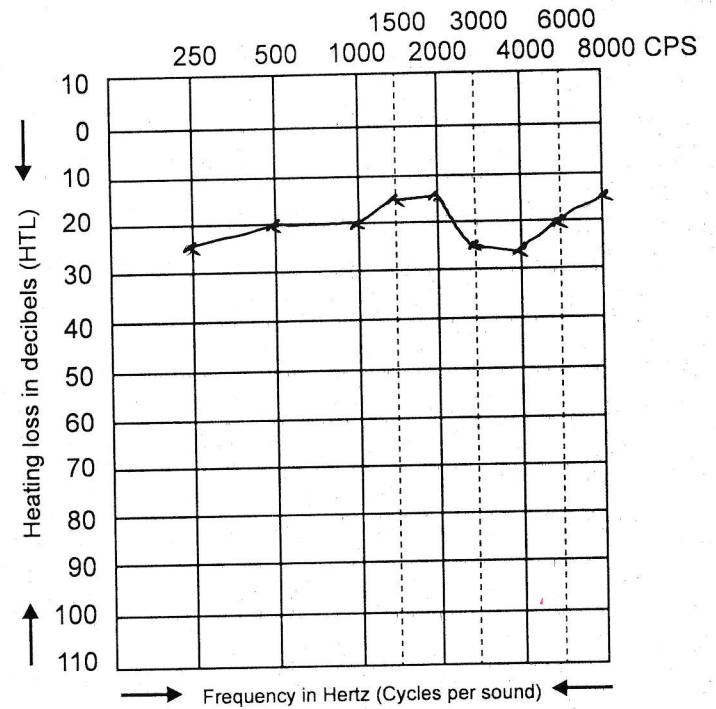
Name of Patient Asad Muhammad Boota. اسم المريض
Age 33 yrs. السن Sex Male. الجنس Date 11/03/2024. التاريخ
Name of Company Private. اسم الشركة

AUDIOGRAM

Right



Left



Impression : Essentially Normal

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Name of Dr. & Signature