RHC RUSAYL HEALTH CENTRE
ISO 9001:2015 Certified Co.

No.A0001582

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames:	MUHAMMAD IMRAN
Nationality:	**PAKISTANI**

Mobile No. 79299450	Home/Leave Address: PAKISTAN	Company Number: 115944657	Reference Indicator: PRIVATE

Personal Details

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

Home/Leave Address: PAKISTAN	Relationship To Employee ☐ Wife ☐ Son ☐ Daughter	No Of Children: 4

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? ☐	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?	■	■	Walking

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 : عمران

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RUSAYL HEALTH CENTRE
C.R. No.: 1259954, ١٢٥٩٩٥٤ :س.ت
P.O. Box : 18, P.C.: 124, Rusayl
Sultanate of Oman
RS PAC MURMUL CLINIC

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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 176 Cm	WEIGHT 101 Kg	BMI 32	B.P 134/78	PULSE 72b/min	HEARING L: NORMAL R: NORMAL	VISION: 6/6 LEFT 6/6 RIGHT	Colour Vision: N	Blood Group: 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: 11/03/2024 Name (Block Capitals). Dr. MAGNUS CHIBUZO Signature:

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

REVIEW/CONSULTATION:

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

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
C.R. No.: 1259964, Postal Code:
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: MUHAMMAD IMRAN		Department/Company: PRIVATE
ID.No: 115944657	Age: 43	Occupation: HELPER

Type Of Medical Evaluation	Mark Those Applying		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: 11/03/2024

DR. MAGNUS CHIBUZO IWU
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
MOH LIC NO. 17[illegible]

مركز الرسيل الصحي
RUSAYL HEALTH CENTRE
C.R. No.: 1259954, [illegible]
P.O. Box : 18, P.C.: 124, Rusayl
Sultanate of Oman
RS PAC MURMUL CLINIC

RUSAYL HEALTH CENTRE

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

Name: MUHAMMAD IMRAN
Company: PRIVATE

Date: 11/3/2024
Sex: MALE
Age: 43

Test	Result	Normal Range
FBS	93.0 mg/dL	70-110 mg/dl
LIPID PROFILE		
Total Cholesterol	198.9 mg/dL	< 200 mg/dl
HDL Cholesterol	46.3 mg/dL	>40 mg/dl (gen)
LDL Cholesterol	123.2 mg/dL	100-129 mg/dl
VLDL Cholesterol	18.60 mg/dL	12-30 mg/dL
Triglycerides	147.2 mg/dL	<150 mg/dL
LFT (LIVER FUNCTION TEST)		
Bilirubin Total	1.01 mg/dL	up to 2.0mg/dl
SGOT/AST	38.7 U/L	up to 40 U/L
SGPT/ALT	36.4 U/L	up to 40 U/L
RFT (RENAL FUNCTION TEST)		
Urea	29.7 mg/dl	16.6-48.5 mg/dL
S. Creatinine	0.98 mg/dl	M: 0.70 - 1.20 mg/dL F: 0.50 - 0.90 mg/dL
S. Uric Acid	6.5 mg/dl	M: 3.4 - 7.0 mg/dL F: 2.4 - 5.7 mg/dL

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P.O. Box : 18, P.C.: 124, Rusayl
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RS PAC MURMUL CLINIC

Medical Technologist

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: MUHAMMAD IMRAN
Company: PRIVATE

Date: 11/3/2024
Sex : MALE
Age : 43

Test		Result	Normal Range
CBC			
	Total WBC	6,820 per cu mm	4500-11000 per cu mm
	Diff :Leukocyte Count		
	NEUTROPHIL	58 %	40-75 %
	LYMPHOCYTE	36 %	20-45 %
	EOSINOPHIL	04 %	01-06 %
	MONOCYTE	06 %	02-10 %
	BASOPHIL	01 %	< 1 %
	Haemoglobin	15.1 g/dl	M: 13.5 - 17.5 g/dl F: 12.0 - 16.0 g/dl
	R.B.C	5.30 Mln/cu mm	M: 4.3 - 5.9 Mln/cu mm F: 3.5 - 5.5 Mln/cu mm
	Haematocrit	48.7 %	M: 41% - 53 % F: 36% - 46 %
	M.C.V	90.3 fl	80 - 100 fl
	M.C.H	30.4 pg	25.4 - 34.6 pg
	MCHC	33.3 %	31 - 36 %
	Platelets	289 cu/mm	150- 400 cu/mm
	SICKLE CELL TEST	NEGATIVE	

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Name: MUHAMMAD IMRAN **Date:** 11/3/2024

Company : PRIVATE **Sex :** MALE
Age: 43

Test	Result	Normal Values

URINE COMPLETE ANALYSIS

PHYSICAL & CHEMICAL EXAMINATION

Colour	YELLOW
Sp.Gravity	1.025
Reaction	5.4
Protein	NIL
Glucose	NIL
RBC	NIL
Bilirubin	NIL
Ketones	NIL

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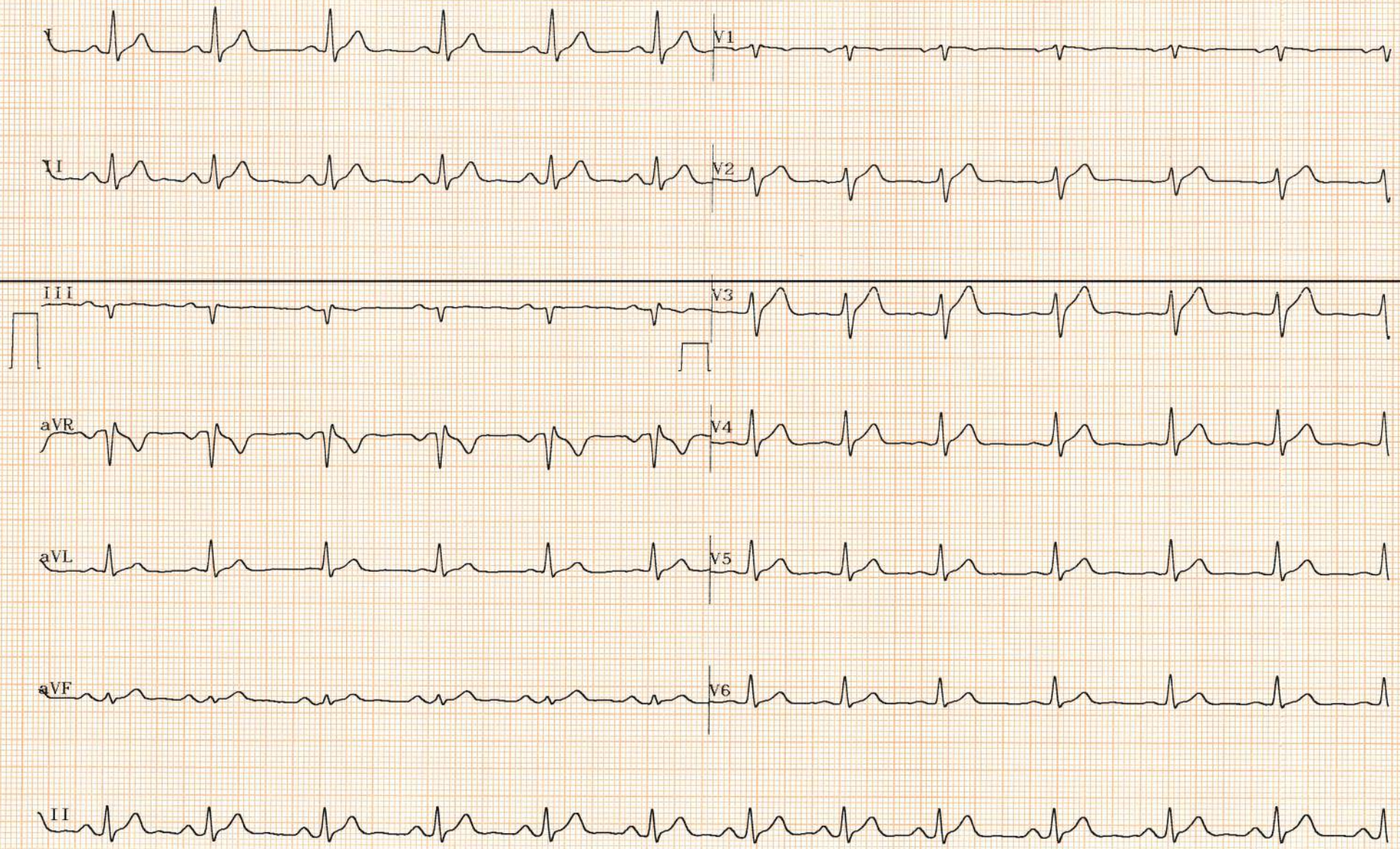
2024-03-12 16:09:03 6 Channel + 1 Rhythm Report Hospital:RS PAC MARMUL
Prescribed by:

ID:
Name:
Yrs / Sex:
Ch / Rm:

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Heart Rate: 76bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 166 ms Normal Sinus Rhythm
QRS Dur.: 110 ms Normal Axis
QT/QTc: 348/390 ms [Normal ECG]
P-R-T axes:
52 12 27

Mr. Muhammad Imran



0.1Hz- 40Hz,AC50Hz,EMG, I-aVF:10.0mm/mV V1-V6:5.0mm/mV 25.0mm/sec CARDIO-M Ver5.11M 30 Medical Ecopet GmbH

→

MUHAMMAD IMRAN

Input

Age	43	yr
Systolic blood pressure	134	mmHg
Total cholesterol	198.9	mg/dL
HDL cholesterol	46.3	mg/dL
On blood pressure medication	No (1.93303)	
Cigarette smoker	No (0)	
Diabetes present	No (0)	

Results

Risk	6.1	%

Reset form

DR. MAGNUS CHIBUZO IWU
MEDICAL OFFICER
RUSAYL HEALTH CENTRE
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P.O. Box : 18, P.C.: 124, Rusayl
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RS PAC MURMUL CI INC

Notes

- This calculator is intended for men with no prior history of cardiovascular disease (see next bullet). It helps predict the risk over 10 years of heart attack, stroke, or death from cardiovascular disease.
- A history of cardiovascular disease means a person has (or had in the past) blocked arteries, a heart attack, a stroke, or heart failure.
- Your doctor can help you understand your personal risk and how to interpret your results. The calculator may overestimate or underestimate your risk; it cannot tell for sure whether you will have a cardiovascular event.
- Systolic blood pressure is the top number (eg, 120 if blood pressure is 120/80).

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

RHC

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

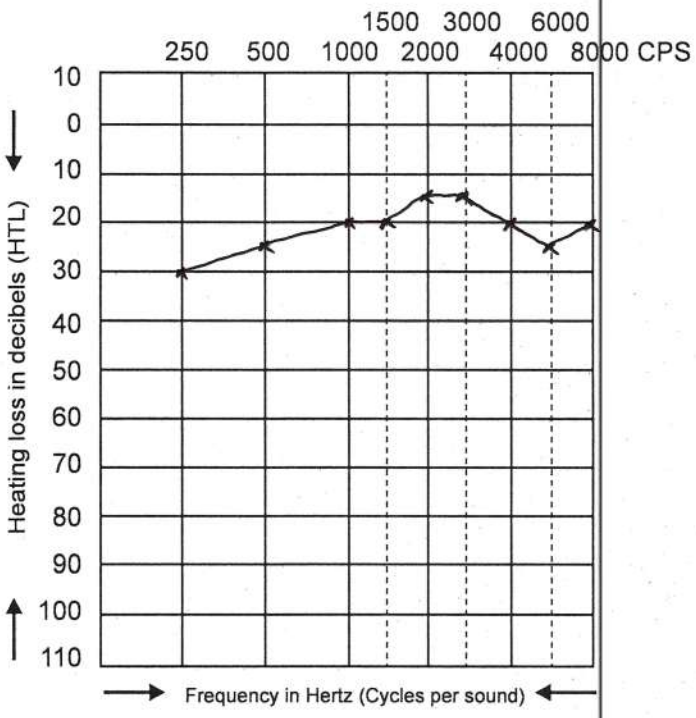
Name of Patient Muhammad Imran. اسم المريض

Age 43yrs. السن Sex Male الجنس Date 11/03/2024. التاريخ

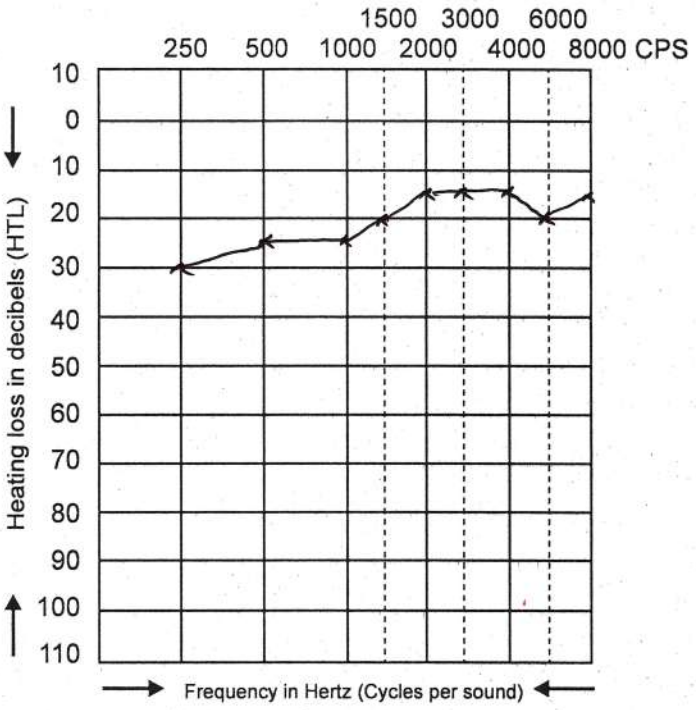
Name of Company Private. اسم الشركة

AUDIOGRAM

Right



Left



Impression : Essentially Normal

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DR. MAGNUS CHIBUZO IWU
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Name of Dr. & Signature