RHC RUSAYL HEALTH CENTRE
ISO 9001- 2015 Certified Co.

No.A0001584

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL- CONFIDENTIAL)

RUSAYL HEALTH CENTRE
PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames:	SAJID KHAN DILAWAR KHAN
Nationality:	PAKISTANI

Mobile No. 94315361	Home/Leave Address: PAKISTAN	Company Number: 96712021	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: 2

Reason For Examination (tick As Appropriate)

Periodic Medical Examination ☐ Initial ■ Periodic

Employee Only

B Present Job And Location: TECHNICIAN/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 : ساجد خان

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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	A	N = Normal A = Abnormal (please Describe)	PHYSICAL EXAMINATION
■	☐	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
172 Cm	68 Kg	22	116/70	76b/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: 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:NONE

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

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11.15 Appendix 15: Fitness To Work Certificate

Employee Data:		Date: 11/03/2024
Name: SAJID KHAN DILAWAR KHAN		Department/Company: PRIVATE
ID.No: 96712021	Age: 32	Occupation: TECHNICIAN

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: 11/03/2024

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

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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: SAJID KHAN DILAWAR KHAN
Company: PRIVATE

Date: 11/3/2024
Sex: MALE
Age: 32

Test	Result	Normal Range
FBS	83.0 mg/dL	70-110 mg/dl
LIPID PROFILE		
Total Cholesterol	179.6 mg/dL	< 200 mg/dl
HDL Cholesterol	45.3 mg/dL	>40 mg/dl (gen)
LDL Cholesterol	106.6 mg/dL	100-129 mg/dl
VLDL Cholesterol	19.20 mg/dL	12-30 mg/dL
Triglycerides	138.7 mg/dL	<150 mg/dL
LFT (LIVER FUNCTION TEST)		
Bilirubin Total	1.09 mg/dL	up to 2.0mg/dl
SGOT/AST	33.9 U/L	up to 40 U/L
SGPT/ALT	28.2 U/L	up to 40 U/L
RFT (RENAL FUNCTION TEST)		
Urea	29.3 mg/dl	16.6-48.5 mg/dL
S. Creatinine	0.80 mg/dl	M: 0.70 - 1.20 mg/dL F: 0.50 - 0.90 mg/dL
S. Uric Acid	5.6 mg/dl	M: 3.4 - 7.0 mg/dL F: 2.4 - 5.7 mg/dL

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Medical Technologist

Medical Officer

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Phone: 22084053

Name: SAJID KHAN DILAWAR KHAN
Company: PRIVATE

Date: 11/3/2024
Sex : MALE
Age : 32

Test		Result	Normal Range
CBC			
	Total WBC	5,520 per cu mm	4500-11000 per cu mm
	Diff :Leukocyte Count		
	NEUTROPHIL	52 %	40-75 %
	LYMPHOCYTE	36 %	20-45 %
	EOSINOPHIL	03 %	01-06 %
	MONOCYTE	05 %	02-10 %
	BASOPHIL	01 %	< 1 %
	Haemoglobin	14.5 g/dl	M: 13.5 - 17.5 g/dl F: 12.0 - 16.0 g/dl
	R.B.C	4.68 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	85.3 fl	80 - 100 fl
	M.C.H	30.6 pg	25.4 - 34.6 pg
	MCHC	33.4 %	31 - 36 %
	Platelets	252 cu/mm	150- 400 cu/mm
	SICKLE CELL TEST	NEGATIVE	

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Phone: 22084053

Name: SAJID KHAN DILAWAR KHAN **Date:** 11/3/2024

Company : PRIVATE **Sex :** MALE
Age: 32

Test	Result	Normal Values

URINE COMPLETE ANALYSIS

PHYSICAL & CHEMICAL EXAMINATION

Colour	YELLOW
Sp.Gravity	1.021
Reaction	5.4
Protein	NIL
Glucose	NIL
RBC	NIL
Bilirubin	NIL
Ketones	NIL

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RHC

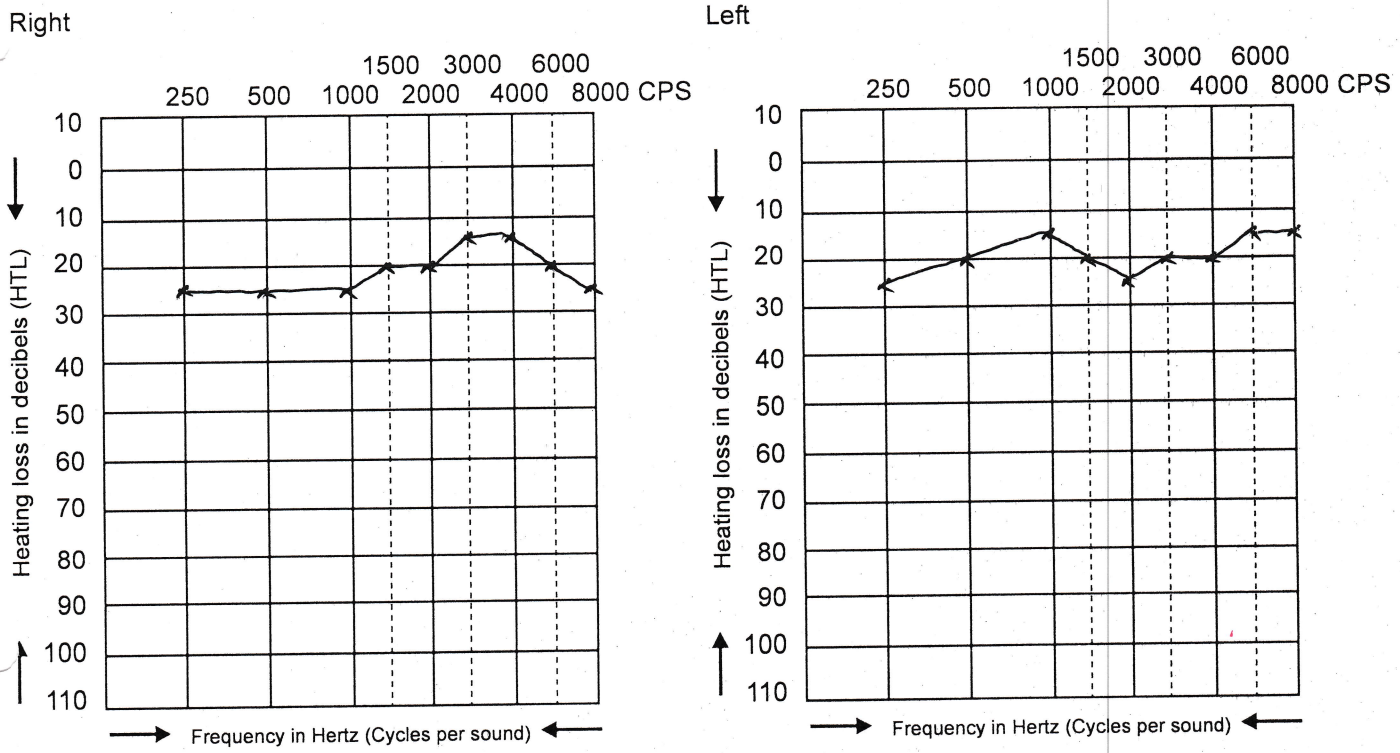
مركز الرسيل الصحي
منطقة الرسيل الصناعية
ص.ب : ١٨ الرسيل الرمز البريدي : ١٢٤
سلطنة عمان
تليفون : ٥٤ / ٢٤٤٤٦١٥١
فاكس : ٢٤٤٤٦٨٣٣

Name of Patient ..... Sajid Khan Dilawar Khan. ..... اسم المريض

Age ..... 32 yrs. ..... السن Sex ..... Male. ..... الجنس Date ..... 11/03/2024. ..... التاريخ

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

AUDIOGRAM



Impression : Essentially normal

DR. MAGNUS CHIBUZO IWU
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Name of Dr. & Signature