Aster HOSPITAL
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نحن نعتني بك دائما

Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname	Md. Shahin Shikh
Forenames	
Address:	
Home telephone number	96326251

Place of examination: Aster Hospital Ibri	Date: 14/8/2022	If a dependant enter employee's name here:	
Birth date: 6/4/1993	Nationality: Bangladesh	Project: Duck Oman	
	Country of birth: Bangladesh	Religion:	
☐ Male ☐ Female	☐ Married ☐ Single ☐ Separated /Divorced	Relationship to employee ☐ Wife ☐ Son ☐ Daughter	Number of children:
Reason for examination	Pre-Employment ☐	Job:	
	Pre-Overseas ☐	Area:	
Name and address of family doctor		List your last 3 jobs (1)	
Are you a Registered Disabled Person? (UK only) ☐		Do you belong to any Medical Insurance Scheme? ☐	

DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)

	Y	N		Y	N		Y	N
1. Sinus trouble		✓	21. Cancer		✓	HAVE YOU EVER BEEN:-		
2. Neck swelling/glands		✓	22. Heart Disease		✓	40. Rejected for employment or insurance for medical reasons		✓
3. Difficulty in vision		✓	23. Rheumatic fever		✓			
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	41. Awarded benefits for industrial injury/illness		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓			
6. Hayfever /other significant allergy		✓	26. Stroke		✓	42. Treated for a mental condition, e.g. depression		✓
7. Any skin trouble		✓	27. Serious chest pain		✓			
8. Tuberculosis		✓	28. Any blood disease		✓	43. Treated for problem drinking or drug abuse		✓
9. Shortness of breath		✓	29. Kidney disease		✓			
10. Coughed/vomited blood		✓	30. Blood in urine		✓	44. Exposed to toxic substance or noise		✓
11. Severe abdominal pain		✓	31. Diabetes		✓			
12. Stomach ulcer		✓	32. Headaches/migraine		✓	FOR WOMEN ONLY		
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓	Have you ever had:-		
14. Jaundice or hepatitis		✓	34. Epilepsy		✓	45. An abnormal smear		
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓	46. Any gynaecological treatment		
16. Marked change in bowel habits		✓	36. Surgical operation		✓			
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓	47. Are you pregnant?		
18. Marked change in weight		✓	38. Tropical disease		✓	48. Have you had an illness not mentioned above		
19. Varicose veins		✓	39. Fear of heights		✓			
20. Lump in breast/armpit		✓						

How much tobacco each day?	Average daily alcohol consumption
Have you ever taken elicited drugs? ( ) PDO test all new/potential employees for elicited/recreational drugs	
FAMILY HISTORY: Diabetes ( ) Tuberculosis ( ) Epilepsy ( ) Asthma ( ) Eczema ( ) Heart disease ( ) High blood pressure ( ) Stroke ( ) Blood Disease ( ) Cancer ( )	

PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-

I declared these statements to be true to the best of my knowledge and belief and I agree that the result of this medical examination in general terms may be revealed to the Company if required, and the details sent to my own doctor if this is considered necessary by the examining medical officer. **I am also aware that PDO reserve the right to dismiss me if it was found that I have purposely withheld important medical information.**

Date: 14/8/2022 Signature of Applicant:

OMAN AL-KHAIR HOSPITAL

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مستشفى عمان الخير ش.م.م
ص.ب ٤٠٠ الرمز البريدي: ٥١١
عبري سلطنة عمان

MD Shahin Shikh

255578

△ Hypolipidemia

→ Cap. fenofibrate 200mg OD x 2 monthy

د. ناندانا باميد
DR. NANDANA PAMIDI
رقم الترخيص: ١٢٤٧٢
LICENCE NO: 12472
طبيب عام
GENERALPRACTITIONER

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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
✓		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.	PULSE	HEARING	VISION				Colour Vision	Blood Group
							DISTANT		NEAR		
							R	L	R	L	
162cm	77kg	29.3	120/80	78 /mins.	L R	Uncorrected	6/6		6/6		
						Corrected					

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.)

ASSESSMENT: Hyperlipidemia, overweight. Advised exercise, diet, fasting lipid profile after 3 months.

☑ **FIT ALL AREAS** ☐ **FIT WITH RESTRICTION** ☐ **EMPORARY UNFIT** ☐ **UNFIT**

Date: 14/8/2022. Name (Block Capitals): Dr. NANDANA PANIDI Signature:

د. ناندانا پانيدي
DR. NANDANA PANIDI
رقم التفويض: ١٢٨٧٢
LICENCE NO: 12872
طبيب عام
GENERAL PRACTITIONER

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr. Signature:

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مستشفى عمان الخير ش.م.م
ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 14/8/2022
Name: MD Shahin Shikh		Department/Company: Truck Oman
I. D No. 1119254222.	Tel # 96326257	Occupation :

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
1	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total	1

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

OMAN AL-KHAIR HOSPITAL

Signature: _____ **Date:** 14/8/2022

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Fitness to Work Certificate

Employee Data			Date	14/8/2022
Name	Md. Shahin Shaikh		Department/Company	Tyco Oman
I.D No.	111925422	Age 29/4/	Occupation	

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 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.

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 ____ Kg			
Ascend/descend ladders or stairs			
Operate motor vehicles, forklifts or heavy machinery			
Use of a respirator			
Repetitive twisting of valves or wrenches			
Flying			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			**Date**

Name of health advisor Dr. Nandana Pamidi Signature Date 14/8/2022

OMAN AL-KHAIR HOSPITAL L.L.C

د. ناندانا باميدي
DR. NANDANA PAMIDI
رقم الترخيص: ١٢٥٧٩
LICENCE NO: 12579
طبيب عام
GENERAL PRACTITIONER

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DEPARTMENT OF LABORATORY MEDICINE

File No:	0255578	Report No:	0625477		
Name:	MD SHAHIN SHIKH	Sample Date:	14/08/2022	Time:	10:19
		Received By:	SREERAJ		
Address:		Received Date:	14/08/2022	Time:	10:24
Gender:	M Age: 29 Y Nationality: BANGLADESHI	Report Date:	14/08/2022	Time:	11:37
GSM No.:	96326251 ID Card No.: 111925422	Bill No:	0835832	Bill Date:	14/08/2022
Ref. By:	EXTERNAL DOCTOR	Report Status:	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 40 (Truckoman)		
FBS (FASTING BLOOD SUGAR)	5.8 mmol/L	3.9 - 6.1
Method :- Hexokinase	104.4 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**6.0 mmol/L**	1 - 5.1
Method:-Enzymatic	**231.96 mg/dl**	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	0.91 mmol/L	0.777 - 1.813
" "	35.18 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3.21 mmol/L	1.295 - 4.54
" "	123.86	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	**1.89 mmol/L**	0.259 - 1.036
" "	**72.92 mg/dl**	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	**6.59**	3.8 - 5.9
TRIGLYCERIDES	**4.12 mmol/L**	0.564 - 2.146
Method : Enzymatic	**364.62 mg/dl**	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.677 mg/dL	0.1 - 1
Method : Diazo	11.58 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.174 mg/dL	0.1 - 0.5
Method : Diazo	2.98 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	28.23 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	41.91 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	90.10 U/L	Adult : Men -40-129 :Female 35-104 Children:(Aged) 7months - 1Year : <462 1Year - 3 Years : - <281 4 Years - 6 Years : <269

SREERAJ
Medical Technologist
MOH No.

Processed By:	Approved By:	Released By:	
181773	SREERAJ	SREERAJ	
Lab Technologist	Lab Technologist	Lab Technologist	Specialist Pathologist

MOH License No: 31990
MOH Licence No: 6844

Printed at: 14/08/2022 11:56:42 AM

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DEPARTMENT OF LABORATORY MEDICINE

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GSM No.:	96326251 **ID Card No.:** 111925422	**Bill No:**	0835832	**Bill Date:**	14/08/2022
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
		7 Years - 12 Years :- <300 13 Years - 17 Years(M) :-<390 13 Years - 17 Years(F) :- <187
TOTAL PROTEIN-SERUM(Colorimetric Assay)	8.17 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.75 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3.42 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.39	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	44.11 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	3.26 mmol/L	1.7 - 8.3
Method : Kinetic Assay	19.58 mg/dL	10.2 - 49.8
CREATININE - SERUM	78.01 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.88 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	9040 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	53.8 %	40-75%
LYMPHOCYTES	39.3 %	20-45%
EOSINOPHILS	1.1 %	2-6 %
MONOCYTES	5.5 %	2-8 %
BASOPHILS	0.3 %	0-1%
HB (HEMOGLOBIN)	16.0 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.42 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.98 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	45.80 %	Males : 42% - 52% Females : 37% - 47%

SREERAJ
Medical Lab Technologist
MOH No. 6544

Processed By:	Approved By:	Released By:	
181773	SREERAJ	SREERAJ	
Lab Technologist	Lab Technologist	Lab Technologist	Specialist Pathologist
MOH License No: 21828		MOH License No: 6544	

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DEPARTMENT OF LABORATORY MEDICINE

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INVESTIGATION	RESULT	REFERENCE RANGE
MCV (MEAN CORPUSCULAR VOLUME)	84.50 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	29.50 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	34.90 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	06 mm/ 1st hr	MALE:0-9 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
Capillary Photometry Technology Measures the kinetics of red cells aggregation.Clinical Laboratory and Standard Institute (CLSI) procedure for the ESR Test.		
SICKLE CELL	NEGATIVE	
URINE ROUTINE		
URINE BIOCHEMISTRY		
GLUCOSE	NIL	
PROTEIN	NIL	
KETONE	NIL	
BILIRUBIN	NIL	
pH	ACIDIC	
UROBILINOGEN	NORMAL	
URINE MICROSCOPY (Centrifugation Method)		
RED BLOOD CELLS (RBC)	NIL /hpf	
PUS CELLS	1 - 2 /hpf	
EPITHELIAL CELLS	NIL /hpf	
CRYSTALS	NIL /hpf	
CAST	NIL /hpf	
BACTERIA	PRESENT /hpf	
YEAST CELLS	NIL /hpf	

Processed By:	Approved By:	Released By:
181773	SREERAJ	SREERAJ
Lab Technologist	Lab Technologist	Lab Technologist

Specialist Pathologist

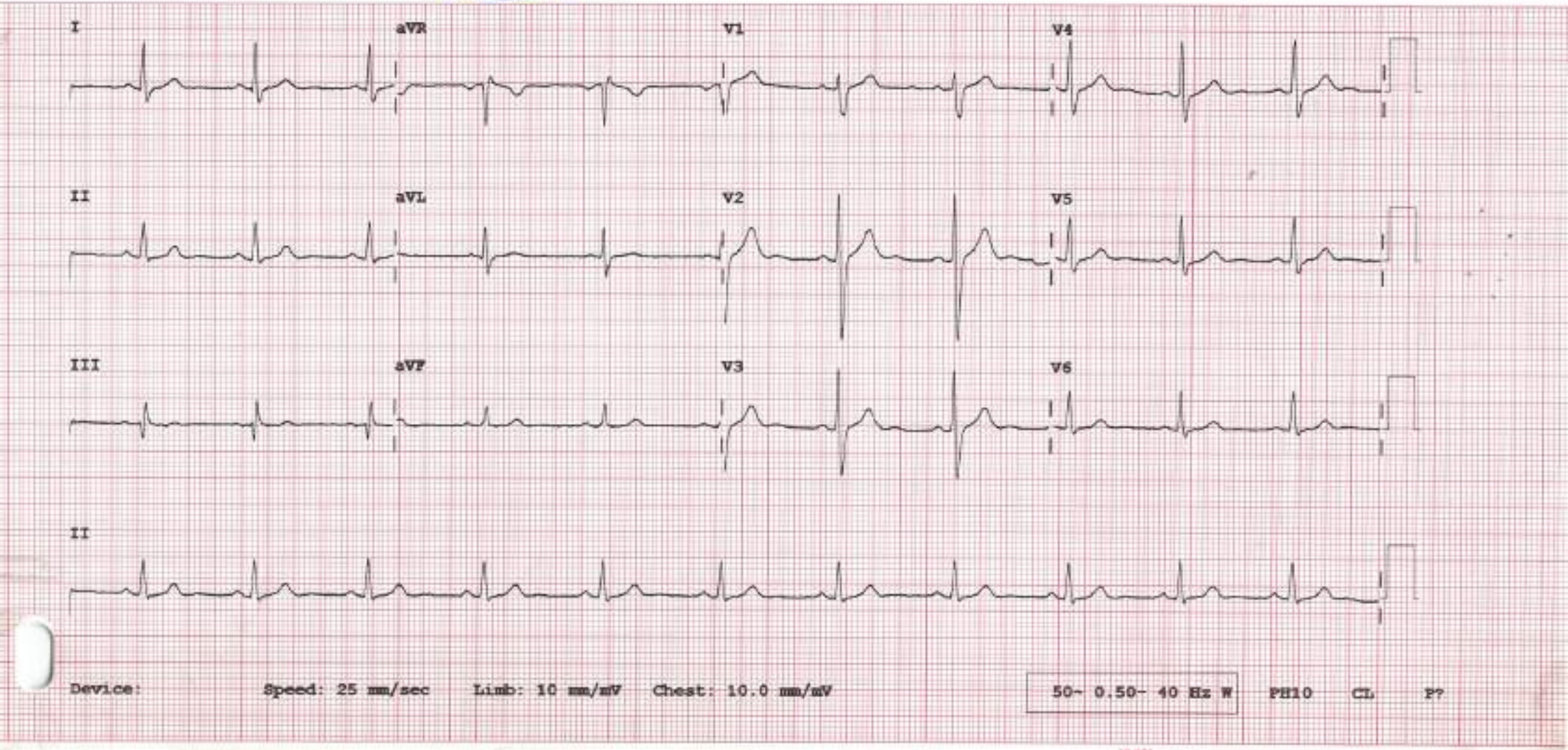
255578 MD SHAHIN 14-Aug-22 09:15:38 AM
29 Years Male ASTER HOSPITAL IBRI (Emergency)

Rate	69
RR	870
PR	135
QRSD	101
QT	364
QTc	390

--AXIS--

P	37
QRS	56
T	34

12 Lead; Standard Placement



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV 50~ 0.50~ 40 Hz W PH10 CL P?