Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
نحن نعتني بك دائما

Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname	Udayakant Shankrappa
Forenames	
Address:	
Home telephone number	96429029
Project:	Truck Oman

Place of examination: Aster Hospital,Ibri	Date: 26/7/2022		
If a dependant enter employee's name here:			
Birth date: 2/7/1981	Nationality: Indian	Country of birth: Indian	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. Disbetes		✓			
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? ( )	POD 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 POD reserve the right to dismiss me if it was found that I have purposely withheld important medical information.**

Date: 26/7/2022	Signature of Applicant:

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : + 968 2568 8075
F : + 968 2568 8025
M : +968 9139 9073 / 7155 9977
D : +968 7155 9977
E : oakh.ibri@asterhospital.com
www.asterhospital.com

مستشفى عمان الخير ش.م.م
ص.ب. ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان
هاتف: ٢٥٦٨٨٠٧٥ ٩٦٨+
فاكس: ٢٥٦٨٨٠٢٥ ٩٦٨+
نقال: ٩٦٨ ٩٣٩٩٠٧٣/٧١٥٥٩٩٧٧

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		
✓		1. Eyes & Pupils	
✓		2. E.N.T.	
✓		3. Teeth & Mouth	
✓		4. Lungs & Chest	
✓		5. Cardiovascular System	WNL
		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		
174	64	21.1	110/70	64 /mins.	L	Uncorrected	6/6	4/6	6/6	6/6	
					R	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:

☑ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT

Date: 26/7/22 Name (Block Capitals): Dr. Signature:

REVIEW/CONSULTATION

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

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 9139 9073 / 7155 9977
D : +968 7155 9977
E : oakh.ibri@asterhospital.com
www.asterhospital.com

مستشفى عمان الخير ش.م.م
ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان
هاتف: +٩٦٨ ٢٥٦٨ ٨٠٧٥
فاكس: +٩٦٨ ٢٥٦٨ ٨٠٢٥
نقال: +٩٦٨ ٩٢٩٩ ٧٢٧٧ / ٧١٥٥ ٩٩٧٧

Framingham Risk Assessment form

Framingham Risk Assessment (For all professional drivers, crane operators, forklift operator or other employees who are above 40 years of age):

Employee Name: Udayakool Sbankrappa
Emp #: 84341048
Date of Assessment: 21/7/2022

1	Age	Years	41
2	Gender	Female/Male	M
3	Total Cholesterol	mmol/L	3.88
4	HDL Cholesterol	mmol/L	1.340
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	mm Hg	110
8	Is the patient being treated for High blood pressure?	Yes/No	

Framingham Risk score: 2.9 %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by:

DR. [illegible]
LICENSE NO: 5881
GENERAL PRACTITIONER

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : + 968 2568 8075
F : + 968 2568 8025
M : +968 9139 9073 / 7155 9977
D : +968 7155 9977
E : oakh.ibri@asterhospital.com
www.asterhospital.com

مستشفى عمان الخير ش.م.م
ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٩٦٨ ٩٢٣٩٩٠٧٣/٧١٥٥٩٩٧٧+

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 26/7/2022
Name: Udayakant Shenkoppa		Department/Company: Truck Oman
I. D No. 96[illegible]2903	Tel # 94[illegible]48	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
1	Lying down to rest in the afternoon when circumstances permit
0	Sitting a talking with someone
0	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, Udaya Kant (*Print Name*) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: _____ **Date:** 26/7/2022

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 9139 9073 / 7155 9977
@ : +968 7155 9977
E : oakh.ibri@asterhospital.com
www.asterhospital.com
مستشفى عمان الخير ش.م.م
ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان
هاتف: ٢٥٦٨٨٠٧٥ +٩٦٨
فاكس: ٢٥٦٨٨٠٢٥ +٩٦٨
نقال: ٩٣٩٩٠٧٣/٧١٥٥٩٩٧٧ +٩٦٨

Fitness to Work Certificate

Employee Data			Date 26/7/2022
Name Udayakant Shankappa			Department/Company Truck Oman
I.D No. J8434048	Age 41/y		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	**Signature**	**Date**	

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : + 968 2568 8025
M : +968 9139 9073 / 7155 9977
D : +968 7155 9977
E : oakh.ibri@asterhospital.com
www.asterhospital.com

مستشفى عمان الخير ش.م.م
ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان
هاتف: ٢٥٦٨٨٠٧٥ +٩٦٨
فاكس: ٢٥٦٨٨٠٢٥ +٩٦٨
نقال: ٩٣٩٩٠٧٣/٧١٥٥٩٩٧٧ +٩٦٨

DEPARTMENT OF LABORATORY MEDICINE

File No:	0254540	**Report No:**	0623379		
Name:	UDAYAKANT SHANKREPPA	**Sample Date:**	26/07/2022	**Time:**	11:03
		Received By:	181773		
Address:		**Received Date:**	26/07/2022	**Time:**	11:06
Gender:	M **Age:** 41 Y **Nationality:** INDIAN	**Report Date:**	26/07/2022	**Time:**	11:53
GSM No.:	96242902 **ID Card No.:** 84341048	**Bill No:**	0833341	**Bill Date:**	26/07/2022
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	6.0 mmol/L	3.9 - 6.1
Method :- Hexokinase	108 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	3.77 mmol/L	1 - 5.1
Method:-Enzymatic	145.75 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.340 mmol/L	0.777 - 1.813
" "	51.8 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	2.1 mmol/L	1.295 - 4.54
" "	81.21	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.33 mmol/L	0.259 - 1.036
" "	12.74 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	**2.81**	3.8 - 5.9
TRIGLYCERIDES	0.72 mmol/L	0.564 - 2.146
Method : Enzymatic	63.72 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.796 mg/dL	0.1 - 1
Method : Diazo	13.61 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.259 mg/dL	0.1 - 0.5
Method : Diazo	4.43 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	16.95 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	13.42 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	64.29 U/L	Adult : Men -40-129 :Female 35-104 Children:(Aged) 7months - 1Year :- <482 1Year - 3 Years :- <281 4 Years - 6 Years :- <269

Processed By: 181773 *Lab Technologist*

Approved By: ASHWINI *Lab Technologist*

Released By: ASHWINI *Lab Technologist*

Specialist Pathologist

Oman Al Khair Hospital LLC
P. O. Box 525, Postal Code : 511
Ibri, Sultanate of Oman
MOH License No: 21529
T : +968 2568 8075
F : +968 2568 9025
M : +968 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhdspital.com
(Aster@Prime)
MOH License No: 16064
M : +968 9830 3232
ص.ب: ٥٢٥ الرمز البريدي ٥١١
عبري سلطنة عمان
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٧٧٥٥٩٩٧٧+٩٦٨
www.asteroman.com

DEPARTMENT OF LABORATORY MEDICINE

File No:	0254540	**Report No:**	0623379		
Name:	UDAYAKANT SHANKREPPA	**Sample Date:**	26/07/2022	**Time:**	11:03
		Received By:	181773		
Address:		**Received Date:**	26/07/2022	**Time:**	11:06
Gender:	M **Age:** 41 Y **Nationality:** INDIAN	**Report Date:**	26/07/2022	**Time:**	11:53
GSM No.:	96242902 **ID Card No.:** 84341048	**Bill No:**	0833341	**Bill Date:**	26/07/2022
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)	7.40 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	**5.00 gm/dL**	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.4 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	**2.08**	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	11.36 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	2.21 mmol/L	1.7 - 8.3
Method : Kinetic Assay	13.27 mg/dL	10.2 - 49.8
CREATININE - SERUM	77.99 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.88 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	6840 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	56.9 %	40-75%
LYMPHOCYTES	33.5 %	20-45%
EOSINOPHILS	1.3 %	2-6 %
MONOCYTES	7.9 %	2-8 %
BASOPHILS	0.4 %	0-1%
HB (HEMOGLOBIN)	14.9 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.23 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.48 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	44.40 %	Males : 42% - 52% Females : 37% - 47%

Processed By:	*Approved By:*	*Released By:*
181773	ASHWINI	ASHWINI
Lab Technologist	*Lab Technologist*	*Lab Technologist*

Specialist Pathologist

DEPARTMENT OF LABORATORY MEDICINE

File No:	0254540	**Report No:**	0823379		
Name:	UDAYAKANT SHANKREPPA	**Sample Date:**	26/07/2022	**Time:**	11:03
		Received By:	181773		
Address:		**Received Date:**	26/07/2022	**Time:**	11:06
Gender:	M **Age:** 41 Y **Nationality:** INDIAN	**Report Date:**	26/07/2022	**Time:**	11:53
GSM No.:	96242902 **ID Card No.:** 84341048	**Bill No:**	0833341	**Bill Date:**	26/07/2022
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
MCV (MEAN CORPUSCULAR VOLUME)	84.90 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	28.50 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	33.60 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	05 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	ASHWINI	ASHWINI
Lab Technologist	Lab Technologist	Lab Technologist

Specialist Pathologist

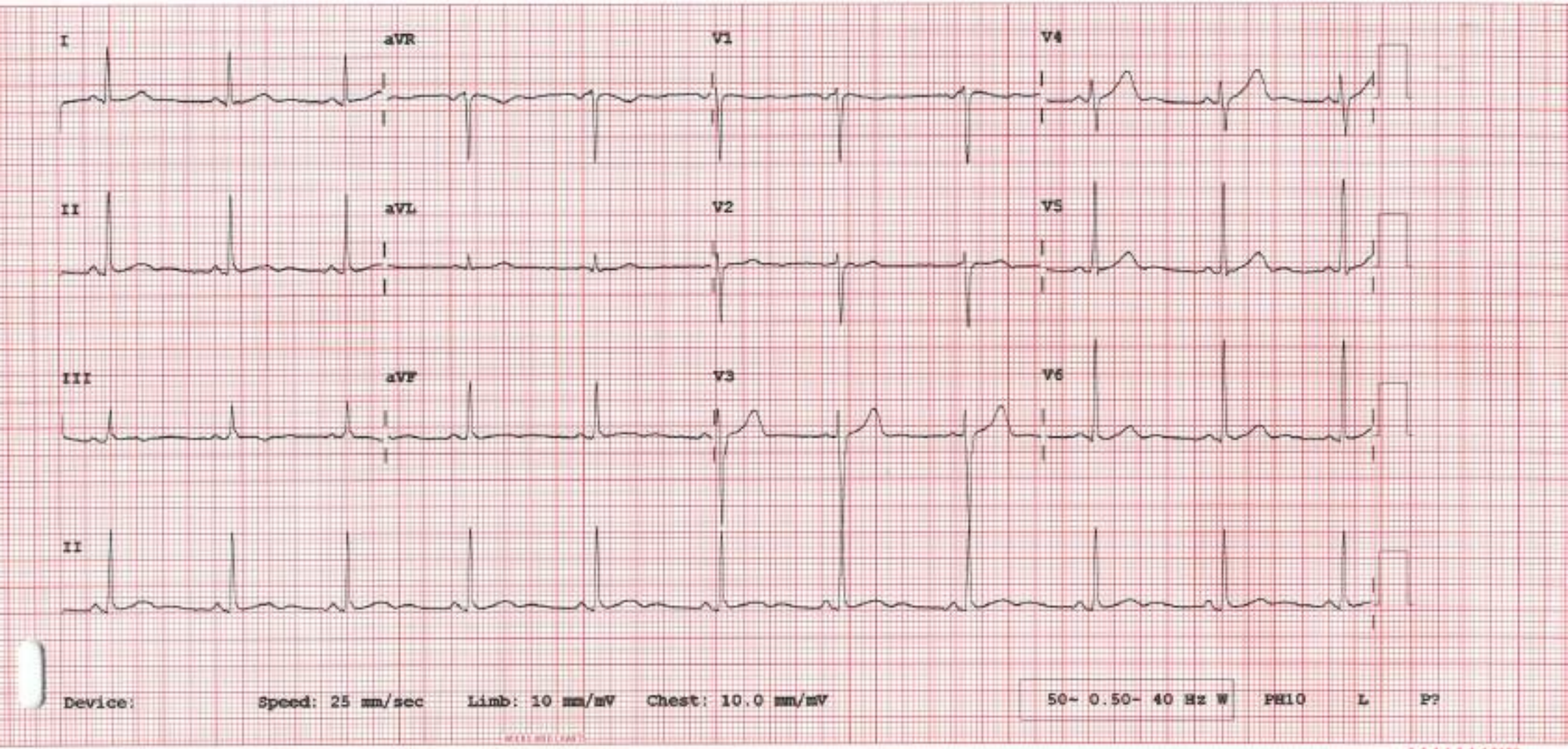
254540 UDAYAKANTH SHANKREPPA 7/26/2022 10:52:42 AM

Oman AlKhair Hospital

ECG

Rate	64
PR	119
QRSD	92
QT	405
QTc	418
--AXIS--	
P	47
QRS	56
T	32

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 L P?

1 1 1 1 1 1 2139

Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
نحن نعتني بك دائما

X-RAY REPORT

Doc No:	0063180
Name:	UDAYAKANT SHANKREPPA
Age/DOB:	41 Y
Omani ID/ L.Card No::	84341048
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	26/07/2022
X-Ray Filim No:	TRUCK
Bill No:	0833341
Charge Sheet No:	

Both lung fields are normal

Both cp angles are clear

Mediastinal shadow and bony thorax are normal

Cardiac configuration is within normal limits

Conclusion: A normal X-ray appearance

Signature: .....

Seal

OMAN AL-KHAIR HOSPITAL

DR. NITHINMON CU
SPECIALIST RADIOLOGY
MOH Licence: 21056
ASTER HOSPITAL IBRI

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman

T : +968 2568 8075
F : +968 2568 8925
M : +968 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com

[Aster@Home]
M : +968 9830 3232

هاتف: ٢٥٦٨٨٠٧٥ +٩٦٨
فاكس: ٢٥٦٨٨٠٢٥ +٩٦٨
نقال: ٧٧٧٧٧٧٧٧ +٩٦٨
www.asteroman.com

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