Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

		Surname	
		Forenames: Joseph Roy	
		Address:	
Place of examination: Aster Hospital,Ibri	Date: 04/04/21	Home telephone number	
If a dependant enter employee's name here:			
		Project:	
Birth date: 12/10/1944	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	✓ (On medication)				
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: 04/04/2021 **Signature of Applicant:** Roy

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	
✓		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
163cm	68	25.0	180/110 mmHg	112/mins.	L: R:	Distant (R, L) / Near (R, L) — 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.)

High B.P. k/c/o HTN taking Telmisartan 40mg.
Advised physician consultation.

ASSESSMENT: Mildly elevated BP, lipids - advised regular check up.

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

Date: Name (Block Capitals): Dr. NANDANA PANDE Signature: [signature]

REVIEW/CONSULTATION

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

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: Joseph Roy
Emp #: _____
Date of Assessment: _____

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

Framingham Risk score: _____ %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations?

_____
_____
_____

Assessment or Examination conducted by:

_____

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 04/04/2021
Name: JOSEPH ROY		Department/Company: TRUKOMAN
I. D No. 76214018	Tel # 96456797	Occupation : HELPER.

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

Signature: _____ **Date:** 04/04/2021

Fitness to Work Certificate

Employee Data			Date 04/04/2021
Name JOSEPH ROY			Department/Company TRUCK OMAN NORTH LLC
I.D No. 76214018	Age 56		Occupation HELPER

Type of Medical Evaluation			Mark those applying √
A1	Aircraft refuelling		
A2	Breathing apparatus		
A3	Business traveller		
A4	Catering and food preparation		
A5	Crane or forklift driving & all heavy vehicles		
A6	Fire / Emergency response team work		
A7	Professional driving		
A8	Remote location work		
A9	Transfers – group A country		
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 P **Signature** **Date**			

Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
نحن نعتني بك دائما

DEPARTMENT OF LABORATORY MEDICINE

File No:	0222223	**Report No:**	0569423		
Name:	JOSEPH ROY	**Sample Date:**	04/04/2021	**Time:**	10:52
		Received By:	SREEJAS		
Address:		**Received Date:**	04/04/2021	**Time:**	10:56
Gender:	M **Age:** 56 Y **Nationality:** INDIAN	**Report Date:**	04/04/2021	**Time:**	12:06
GSM No.:	96456797 **ID Card No.:** 76214018	**Bill No:**	0752430	**Bill Date:**	04/04/2021
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	**6.67 mmol/L**	3.9 - 6.1
Method :- Hexokinase	**120.06 mg/dL**	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**5.55 mmol/L**	1 - 5.1
Method:-Enzymatic	**214.56 mg/dl**	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	0.98 mmol/L	0.777 - 1.813
" "	38.0 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3.45 mmol/L	1.295 - 4.54
" "	133.19	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	**1.12 mmol/L**	0.259 - 1.036
" "	**43.37 mg/dl**	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	5.66	3.8 - 5.9
TRIGLYCERIDES	**2.45 mmol/L**	0.564 - 2.146
Method : Enzymatic	**216.825 mg/dl**	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.41 mg/dL	0.1 - 1
Method : Diazo	7.00 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.14 mg/dL	0.1 - 0.5
Method : Diazo	2.42 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	27.00 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	32.40 U/L	Male: 10-50 Female: 10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	80.87 U/L	Adult : Men -40-129

JIBI GEORGE
LAB TECHNICIAN

Processed By:	*Approved By:*	*Released By:*	
JIBI	**ASHWINI**	**ASHWINI**	
Lab Technologist	*Lab Technologist*	*Lab Technologist*	*Specialist Pathologist*

MOH LIC No: 4384 MOH License No: 16064

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Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
		:Female 35-104 Children.(Aged) 7months - 1Year :- <462 1Year - 3 Years :- <281 4 Years - 6 Years :- <269 7 Years - 12 Years :- <300 13 Years - 17 Years(M) :-<390 13 Years - 17 Years(F) :- <187
TOTAL PROTEIN-SERUM(Colorimetric Assay)	6.67 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	5.42 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3.25 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.67	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	45.0 U/L	Men : 6-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	4.70 mmol/L	1.7 - 8.3
Method : Kinetic Assay	28.23 mg/dL	10.2 - 49.8
CREATININE - SERUM	98.27 µmol/L	44.2 - 123.7
Method :-Jaffé Method	1.11 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	7050 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	41.9 %	40-75%
LYMPHOCYTES	43.5 %	20-45%
EOSINOPHILS	7.1 %	2-6 %
MONOCYTES	6.4 %	2-8 %

Processed By:	*Approved By:*	*Released By:*	
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Lab Technologist	*Lab Technologist*	*Lab Technologist*	*Specialist Pathologist*

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هاتف ٢٥٦٨ ٨٠٧٥ ٩٦٨+
فاكس ٢٥٦٨ ٨٠٢٥ ٩٦٨+
نقال ٩١٣٩ ٩٠٧٣ / ٧١٥٥ ٩٩٧٧ ٩٦٨+

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Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final

INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	1.1 %	0-1%
HB (HEMOGLOBIN)	14.0 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	4.81 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.79 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	41.50 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	86.30 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	29.10 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	33.70 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	03 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	TRACE	
PROTEIN	NIL	
KETONE	NIL	
BILIRUBIN	NIL	
pH	ACIDIC	

Processed By:	*Approved By:*	*Released By:*	
JIBI	ASHWINI	ASHWINI	
Lab Technologist	*Lab Technologist*	*Lab Technologist*	*Specialist Pathologist*
MOH LIC No: 4384		MOH License No: T6064	

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فاكس: ٢٥٦٨ ٨٠٢٥ ٩٦٨+
نقال: ٧١٥٥ ٩٩٧٧/ ٩١٣٩ ٩٠٧٣ ٩٦٨+

DEPARTMENT OF LABORATORY MEDICINE

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GSM No.:	96456797 **ID Card No.:** 76214018	**Bill No:**	0752430 **Bill Date:** 04/04/2021
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final

INVESTIGATION	RESULT	REFERENCE RANGE
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:
JIBI
Lab Technologist
MOH LIC No: 4384

Approved By:
ASHWINI
Lab Technologist

Released By:
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Specialist Pathologist

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221917
45 Years

DEEPAK
Male

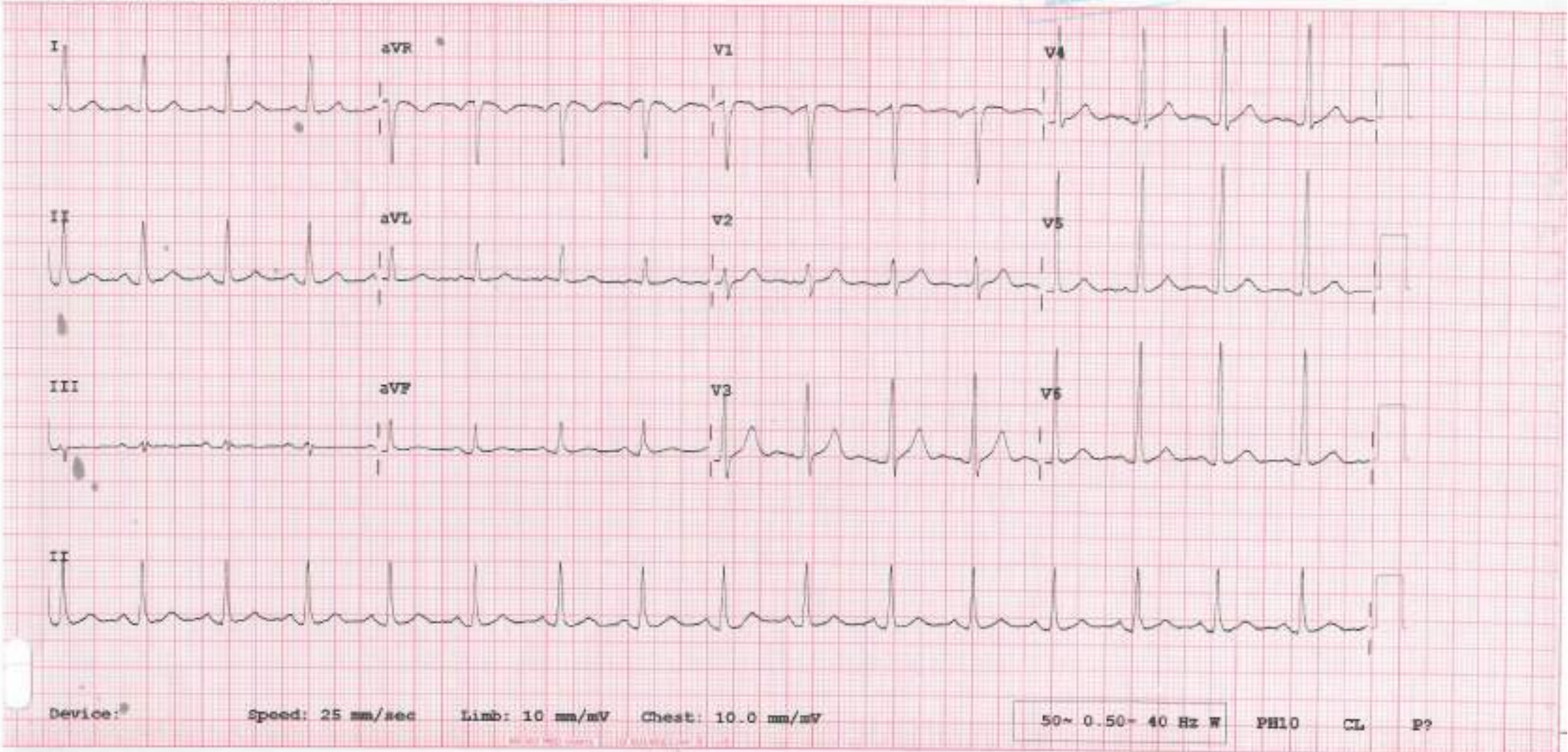
04-Apr-21 11:54:53 AM
Oman AlKhair Hospital (Emergenc>

Rate	96
RR	625
PR	147
QRSD	88
QT	348
QTc	440

--AXIS--

P	49
QRS	34
T	37

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?

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نحن نعتني بك دائما

X-RAY REPORT

Doc No:	0057921
Name:	JOSEPH ROY
Age/DOB:	56 Y
ID Card No	76214018
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	04/04/2021
X-Ray Filim No:	TRUCK OMAN
Bill No:	0752430
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: .....

DR. KALESHA SHAIK
Specialist Radiology
MOH Reg. No. 17925

Seal

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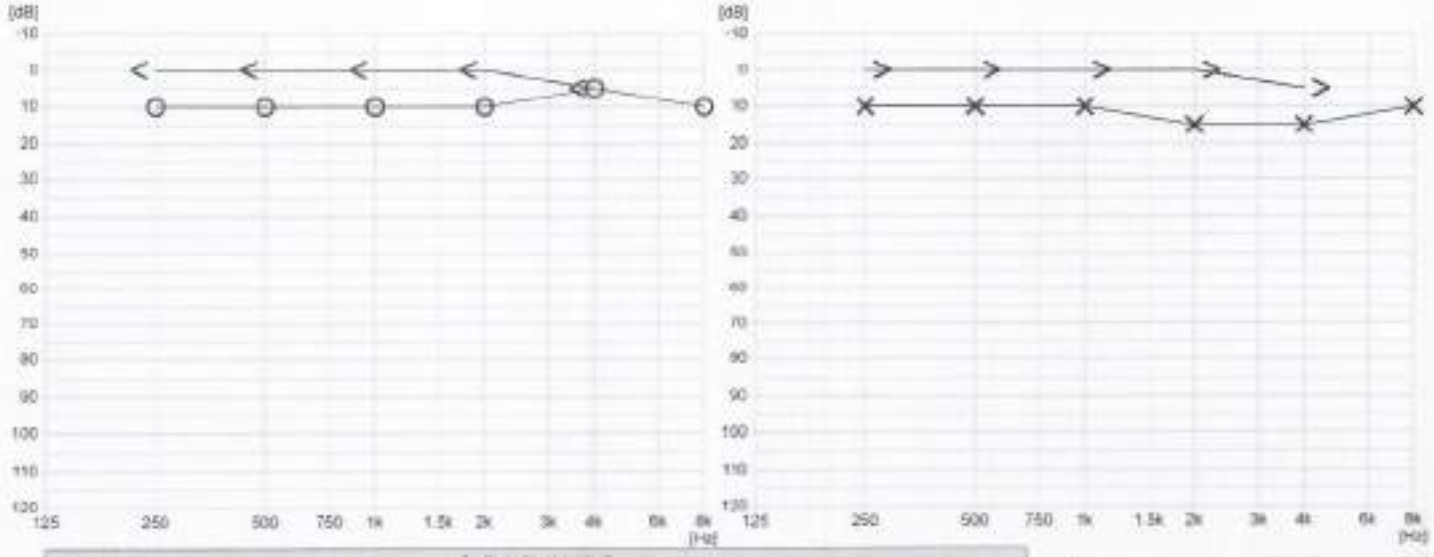
ابري سلطنة عمان

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code:	Last name , First name	Born:
0752430	ROY , JOSEPH	04.04.2021
Test type	**Test date**	
Tonal audiometry	04.04.2021	



Audiometry (unaided)								
Freq [Hz]	500	1000	1500	2000	3000	4000	6000	8000
Left	10	10		15		15		10
Right	10	10		10		5		10

Calculate % hearing loss (if known)	L [%]	R [%]	Binaural [%]	Comments
Does the applicant exceed 35dB loss in either ear at 0.5, 1.0 or 2.0KHz?			Yes/No	

Legend	R	L
Air	O	X
AirMasked	△	□
Bone	<	>
BoneMasked	[	]
MCL	M	M
UCL	m	m
Free Field	⊘	%
Free FieldAided	A	A
Binaural	B	
No response	↓	

PTA

Right:- 10 dBHL

Left :- 11.6 dBHL

Comments

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

Signature:

Date: 04/04/2021