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Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname	KUMAR
Forenames	ROHIL
Address:	IBRI
Home telephone number	

Place of examination: Aster Hospital,Ibri | Date: 29/05/21

If a dependant enter employee's name here:

Project:

Birth date: 11-9-1981 | Nationality: INDIAN. | Country of birth: INDIA. | 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
1. Sinus trouble		✓	21. Cancer		✓
2. Neck swelling/glands		✓	22. Heart Disease		✓
3. Difficulty in vision		✓	23. Rheumatic fever		✓
4. Any ear discharge		✓	24. Abnormal heartbeat		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓
6. Hayfever /other significant allergy		✓	26. Stroke		✓
7. Any skin trouble		✓	27. Serious chest pain		✓
8. Tuberculosis		✓	28. Any blood disease		✓
9. Shortness of breath		✓	29. Kidney disease		✓
10. Coughed/vomited blood		✓	30. Blood in urine		✓
11. Severe abdominal pain		✓	31. Diabetes		✓
12. Stomach ulcer		✓	32. Headaches/migraine		✓
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓
14. Jaundice or hepatitis		✓	34. Epilepsy		✓
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓
16. Marked change in bowel habits		✓	36. Surgical operation		✓
17. Blood in stools (melena)		✓	37. Serious accident/fracture		✓
18. Marked change in weight		✓	38. Tropical disease		✓
19. Varicose veins		✓	39. Fear of heights		✓
20. Lump in breast/armpit		✓			

HAVE YOU EVER BEEN:-	Y	N
40. Rejected for employment or insurance for medical reasons		✓
41. Awarded benefits for industrial injury/illness		✓
42. Treated for a mental condition, e.g. depression		✓
43. Treated for problem drinking or drug abuse		✓
44. Exposed to toxic substance or noise		✓
FOR WOMEN ONLY		
Have you ever had -		
45. An abnormal smear		
46. Any gynaecological treatment		
47. Are you pregnant?		
48. **Have you had an illness not mentioned above**		

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: 29/05/21 Signature of Applicant:

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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		
✓		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			
173	71	23.7	130/70	62 /mins	L / R	R	L	R	L		
						Uncorrected					
						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 +)	Advised Total cholesterol		✓	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.)

Advised diet and exercise

ASSESSMENT:

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

Date: 30/5/21 Name (Block Capitals): Dr RAHEEM ABDUL Signature:

REVIEW/CONSULTATION

Date: 29-05-2021 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: _____
Emp #: _____
Date of Assessment: _____

1	Age	39 Years	
2	Gender	Female/Male	
3	Total Cholesterol	5.3 mmol/L	
4	HDL Cholesterol	1.05 mmol/L	
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	130 mm Hg	
8	Is the patient being treated for High blood pressure?	Yes/No	

Framingham Risk score: 2 %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by:

Dr. RAJESH BUA

Epworth Screening Quest. for Sleep Apnoea

Employee Data			Date: 29/05/2020
Name: RAHULKUMAR			Department/Company: Farkuman.
I. D No. 113039364	Tel # 98575754		Occupation: Mechanic

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)
1	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
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 Rahul Kumar (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Rahul Kumar Date: 29/05/20

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Fitness to Work Certificate

Employee Data			Date	29/05/2021
Name	RAHUL KUMAR		Department/Company	Tesuck OMan
I.D No.	113039364	Age 39	Occupation	Mechanic.

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. RAHUL RUA Signature Date 29-05-2021

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DEPARTMENT OF LABORATORY MEDICINE

File No:	224755	**Report No:**	0573848		
Name:	RAHULKUMAR JABARBHAI	**Sample Date:**	29/05/2021	**Time:**	10:10
Address:		**Received By:**	JIBI		
Gender:	M **Age:** 39 Y **Nationality:** INDIAN	**Received Date:**	29/05/2021	**Time:**	10:13
GSM No.:	98875754 **ID Card No.:** 113039364	**Report Date:**	29/05/2021	**Time:**	11:19
Ref. By:	EXTERNAL DOCTOR	**Bill No:**	0758666	**Bill Date:**	29/05/2021
		Report Status:	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 40 (Truckoman)		
FBS (FASTING BLOOD SUGAR)	5.54 mmol/L	3.9 - 6.1
Method :- Hexokinase	99.72 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**5.30 mmol/L**	1 - 5.1
Method:-Enzymatic	**204.9 mg/dl**	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.05 mmol/L	0.777 - 1.813
" "	40.5 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3.58 mmol/L	1.295 - 4.54
" "	138.38	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.67 mmol/L	0.259 - 1.036
" "	26.02 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	5.05	3.8 - 5.9
TRIGLYCERIDES	1.47 mmol/L	0.564 - 2.146
Method : Enzymatic	130.095 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.53 mg/dL	0.1 - 1
Method : Diazo	9.10 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.25 mg/dL	0.1 - 0.5
Method : Diazo	4.2 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	15.40 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	25.10 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	101.73 U/L	Adult : Men -40-129

JIBI GEORGE
LAB TECHNICIAN
4384

Processed By:
jibi
Lab Technologist
MOH LIC No: 4384

Approved By:
JIBI
Lab Technologist

Released By:
ABHILASH
Lab Technologist
MOH LIC NO : 11015

Specialist Pathologist

Printed at: 29/05/2021 11:21:03 AM

Oman Al Khair Hospital LLC T : +968 2568 8075

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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)	7.63 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.72 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.91 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	**1.62**	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	25.6 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	5.20 mmol/L	1.7 - 8.3
Method : Kinetic Assay	31.23 mg/dL	10.2 - 49.8
CREATININE - SERUM	70.13 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.79 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	7320 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	64.6 %	40-75%
LYMPHOCYTES	28.0 %	20-45%
EOSINOPHILS	1.8 %	2-6 %
MONOCYTES	5.3 %	2-8 %

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DEPARTMENT OF LABORATORY MEDICINE

File No: 224755
Name: RAHULKUMAR JABARBHAI
Address:
Gender: M **Age:** 39 Y **Nationality:** INDIAN
GSM No.: 98875754 **ID Card No.:** 113039364
Ref. By: EXTERNAL DOCTOR

Report No: 0573848
Sample Date: 29/05/2021 **Time:** 10:10
Received By: JIBI
Received Date: 29/05/2021 **Time:** 10:13
Report Date: 29/05/2021 **Time:** 11:19
Bill No: 0758666 **Bill Date:** 29/05/2021
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.3 %	0-1%
HB (HEMOGLOBIN)	15.2 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.40 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	1.76 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	46.00 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	85.20 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	28.10 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	33.00 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	

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Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
UROBILINOGEN	NORMAL	
URINE MICROSCOPY (Centrifugation Method)		
RED BLOOD CELLS (RBC)	NIL /hpf	
PUS CELLS	0-2 /hpf	
EPITHELIAL CELLS	NIL /hpf	
CRYSTALS	NIL /hpf	
CAST	NIL /hpf	
BACTERIA	PRESENT /hpf	
YEAST CELLS	NIL /hpf	

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X-RAY REPORT

Doc No:	0058077
Name:	RAHULKUMAR JABARBHAI
Age/DOB:	39 Y
ID Card No	113039364
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	29/05/2021
X-Ray Film No:	TO
Bill No:	0758666
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

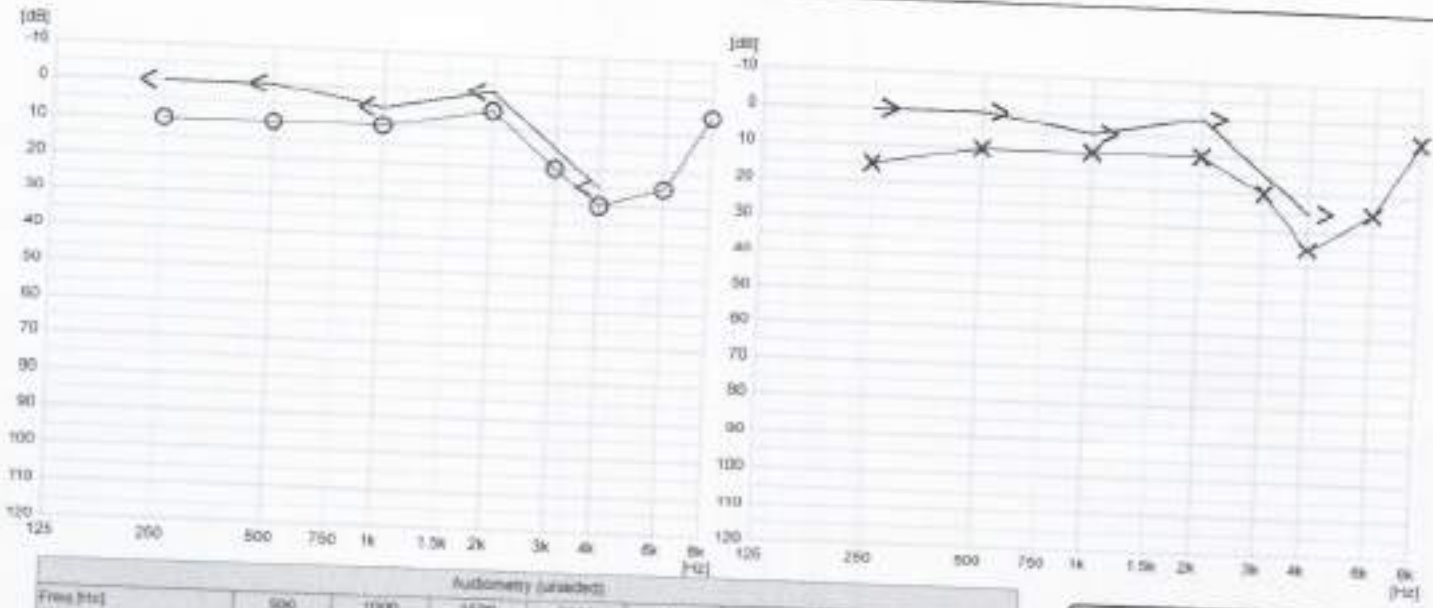
Signature: .....

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

Seal

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code:	Last name , First name	Born
0758666	JABARBHAI , RAHULKUMAR	05.2021
Test type: Tonal audiometry	Test date: 29.05.2021	



Audiometry (unaided)								
Freq [Hz]	500	1000	1500	2000	3000	4000	6000	8000
Left	10	10		10	20	35	20	5
Right	10	10		5	20	30	25	5

Calculate % hearing loss (if known)	L [%]	R [%]	Binaural [%]	Comments
Does the applicant exceed 35dB loss in either ear at 0.5, 1.0 or 3.0KHz?			Yes/No	

Legend	R	L
Air	○	×
Air/Masked	△	□
Bone	<	>
Bone/Masked	[	]
MCL	M	M
UCL	m	m
Free Field	⊘	⊗
Free Field/Aided	A	A
Binaural	B	
No response	↓	

PTA
Right :- 8.3 dBHL
Left :- 10 dBHL

Comments
BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS WITH NOTCH AT 4 KHz

Signature:

Date: 29/05/2021