

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. Hemial Onfices										
☒		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	
176	74	23.9	118/73	84/min	L R	DISTANT 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.)												
ASSESSMENT:												
☒ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT												
Date: 8/12/2022 Name (Block Capitals): Dr. / Nurse Signature:												
REVIEW/CONSULTATION												
Date: Name (Block Capitals): Dr. / Nurse Signature:												

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 08/12/22
Name: Mithun Kabeerankal		Department/Company: To
I. D No. 113050514	Tel # 79376522	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

1 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 & talking with someone

0 Sitting quietly after lunch without alcohol

0 In a car, while stopped for a few minutes in traffic

Total 2

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

Signature: _____ **Date:** 8/12/22

Fitness to Work Certificate

Employee Data		Date <u>08/12/22</u>	
Name <u>Midhan Kakkannath</u>		Department/Company <u>To</u>	
LD No. <u>113050514</u>	Age <u>29</u> <u>48</u>	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			
Lifting, 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			
Name of health advisor	Signature	Date	



8/12/22

DEPARTMENT OF LABORATORY MEDICINE

File No: 0202732
Name: MIDHUN KAKKANATT
Address:
Gender: M Age: 29 Y Nationality: INDIAN
GSM No.: 79371532 ID Card No.: 113050514
Ref. By: EXTERNAL DOCTOR

Report No: 0640803
Sample Date: 08/12/2022 Time: 10:11
Received By: 181773
Received Date: 08/12/2022 Time: 10:21
Report Date: 08/12/2022 Time: 11:36
Bill No: 0854531 Bill Date: 08/12/2022
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 40 (Truckoman)		
FBS (FASTING BLOOD SUGAR)	5.33 mmol/L	3.9 - 6.1
Method: - Hexokinase	95.94 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	5.27 mmol/L	1 - 5.1
Method: -Enzymatic	203.74 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	0.850 mmol/L	0.777 - 1.813
Method: -Enzymatic	32.86 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	4.04 mmol/L	1.295 - 4.54
Method: -Calculation	156.01 mg/dl	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.39 mmol/L	0.259 - 1.036
Method: -Calculation	14.87 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	6.2	3.8 - 5.9
Method: -Calculation		
TRIGLYCERIDES	0.84 mmol/L	0.564 - 2.146
Method: Enzymatic	74.34 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	1.0 mg/dL	0.1 - 1
Method: Diazo	17.1 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.450 mg/dL	0.1 - 0.5
Method: Diazo	7.7 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	20.00 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	21.90 U/L	Male: 10-50 Female: 10-35

Processed By:
181773

Lab Technologist

MOH License No: 21829

Approved By:
ASHWINI

Lab Technologist

Released By:
ASHWINI

Lab Technologist

MOH License No: 16064



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INVESTIGATION	RESULT	REFERENCE RANGE
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	58.42 U/L	Adult : Men -40-129 :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)	7.83 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.88 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.97 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.64	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	23.12 U/L	Men : 8-61 Female : 5-36
Method :-Enzymatic Assay		
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	4.80 mmol/L	1.7 - 8.3
Method : Kinetic Assay	28.83 mg/dL	10.2 - 49.8
CREATININE - SERUM	96.20 µmol/L	44.2 - 123.7
Method :-Jaffe Method	1.09 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	6960 cells/cumm	4000 - 11000 cells/cumm
Method :-Fluorescence Flow Cytometry		
DC (DIFFERENTIAL COUNT)		
Method :-Fluorescence Flow Cytometry		
NEUTROPHILS	61.8 %	40-75%

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Ref. By: EXTERNAL DOCTOR	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
LYMPHOCYTES	28.7 %	20-45%
EOSINOPHILS	1.9 %	2-6 %
MONOCYTES	7.3 %	2-8 %
BASOPHILS	0.3 %	0-1%
HB (HEMOGLOBIN)	16.1 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
Method : -Cyanide-free SLS haemoglobin		
TOTAL RBC COUNT	5.34 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
Method : - Hydrodynamically focussed impedance		
PLATELET COUNT	2.71 lakhs/cumm	1.0 - 4.0 lakhs / cumm
Method : - Hydrodynamically focussed impedance		
PCV (PACKED CELL VOLUME)	48.70 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	91.20 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	30.10 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	33.10 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
METHOD - MANUAL SEDIMENTATION METHOD.		
SICKLE CELL	NEGATIVE	
Method : -Haemoglobin solubility test		
URINE ROUTINE		
URINE BIOCHEMISTRY		
Method :- Colorimetric Assay		



DR. SHAYFA P
Specialist Pathologist

MOH LIC NO:13475

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Lab Technologist

Approved By:

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INVESTIGATION	RESULT	REFERENCE RANGE
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	

Phani

Processed By:
181773
Lab Technologist

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DR. SHAYFA P
Specialist Pathologist

MOH LIC NO: 13475

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X-RAY REPORT

Doc No:	0066233		
Name:	MIDHUN KAKKANATT		
Age/DOB:	29 Y	ID Card No	113050514
Sex:	Male		
Referred By:	EXTERNAL DOCTOR		
Clinical Diagnosis:			
X-Ray/UltraSound	CHEST X-RAY		
Date:	08/12/2022		
X-Ray Film No:	TRUCK OMAN		
Bill No:	0854531		
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

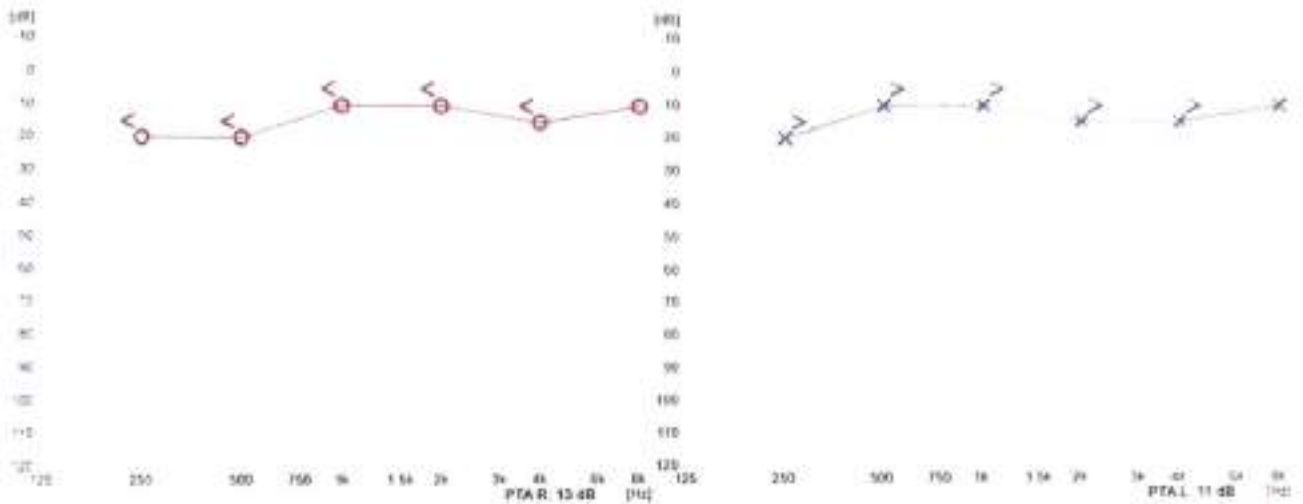
Signature _____

د. راميش وِلا
DR. RAMISH VELLA
رئيس قسم
GENERAL PRACTITIONER



SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Center: 0854531
 Left name: First name: MIDHUN, KAKKANATT
 Date: 08.12.2022
 Test type: Tonal audiometry
 Test date: 08.12.2022



Legend	R	L
Air	O	X
AirMasked	Δ	□
Bone	<	>
BoneMasked	[	]
MCL	M	M
UCL	m	m
Free Field	⊙	⊗
Free FieldMasked	A	Δ
Stimulus		B
No response		I

PTA

Right: 13 dB HL

Left: 11 dB HL

Comments
 BILATERAL NORMAL HEARING SENSITIVITY

Signature:



Date: 12/06/2022

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