Aster HOSPITAL
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مستشفى أستر
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Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname: Ghulam Ahmed	
Forenames: Abbas	
Address: Ibri	
Home telephone number:	
Place of examination: Aster Hospital, Ibri	Date: 14-5-2021
If a dependant enter employee's name here:	
Birth date: 24-AP-1986	Nationality: Pakistan
Project:	
Country of birth:	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: 14-5-2021 **Signature of Applicant:**

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N = Normal A = Abnormal (please describe)

N	A		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	WEIGHT	BMI	B.P.	PULSE	HEARING	VISION	Colour Vision	Blood Group
176 cm	93.5 kg	30.2	110/70	70 /mins.	L: R:	Distant R / L, Near R / L — Uncorrected: 6/6 both; 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.)

Hyperlipidemia / DM :
Tab. Glucophage 500 XR 1-0-0 (30)
[illegible]
No Duty Restriction

ASSESSMENT:

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

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

REVIEW/CONSULTATION

Date: 14-5-2021 Name (Block Capitals): Dr. Signature:

[Stamp: DR. [illegible] NAIR, LICENCE NO. [illegible], GENERAL PRACTITIONER]
[Stamp: OMAN AL KHAIR HOSPITAL L.L.C., M.O.H LICENCE NO. [illegible], C.R. NO. [illegible], AL DHAHIRA GOVERNORATE, Sultanate of Oman]

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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: Abbas Ghulam Ahmed.
Emp #:
Date of Assessment: 14-05-2021

1	Age	Years 34	
2	Gender	Female/Male	
3	Total Cholesterol	mmol/L 6.04	
4	HDL Cholesterol	mmol/L 1.04	
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: 9.9 %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by:

DR. [illegible]
GENERAL PRACTITIONER

OMAN AL-KHAIR HOSPITAL L.L.C

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 14-05-2021
Name: Abbas Ghulam Ahmd		Department/Company: Truckomix
I. D No. 104335263	Tel # 99694494	Occupation : Driver

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

Signature: G Abbas **Date:**

Fitness to Work Certificate

Employee Data			
Name	Abbs Ghulam Ahmed	Date	14-5-2021
I.D No.	104335263	Age 34-Y	Department/Company Tmckoman.
			Occupation Driver.

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			

Name of health advisor DR. KIRAN RAVEENDRAN NAIR **Signature** **Date** 14/5/2021 **Date**

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DEPARTMENT OF LABORATORY MEDICINE

File No:	0211604	**Report No:**	0572512		
Name:	ABBAS GHULAM AHMED	**Sample Date:**	14/05/2021	**Time:**	11:09
Address:		**Received By:**	ASHWINI		
Gender:	M **Age:** 34 Y **Nationality:** PAKISTANI	**Received Date:**	14/05/2021	**Time:**	11:12
GSM No.:	99694950 **ID Card No.:** 104335263	**Report Date:**	14/05/2021	**Time:**	11:59
Ref. By:	EXTERNAL DOCTOR	**Bill No:**	0756941	**Bill Date:**	14/05/2021
		Report Status:	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 40 (Truckoman)		
FBS (FASTING BLOOD SUGAR)	**8.44 mmol/L**	3.9 - 6.1
Method :- Hexokinase	**151.92 mg/dL**	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**6.04 mmol/L**	1 - 5.1
Method:-Enzymatic	**233.51 mg/dl**	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.04 mmol/L	0.777 - 1.813
" "	40.0 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	4.04 mmol/L	1.295 - 4.54
" "	156.16	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.97 mmol/L	0.259 - 1.036
" "	37.35 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	5.81	3.8 - 5.9
TRIGLYCERIDES	2.11 mmol/L	0.564 - 2.146
Method : Enzymatic	186.735 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.34 mg/dL	0.1 - 1
Method : Diazo	5.80 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.22 mg/dL	0.1 - 0.5
Method : Diazo	3.69 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	14.10 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	20.30 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	86.34 U/L	Adult : Men -40-129

Processed By:
ASHWINI
Lab Technologist
MOH License No: 16064

Approved By:
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Released By:
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Specialist Pathologist

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Oman Al Khair Hospital LLC T : +968 2668 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)	7.27 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.33 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.94 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.47	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	35 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	4.90 mmol/L	1.7 - 8.3
Method : Kinetic Assay	29.43 mg/dL	10.2 - 49.8
CREATININE - SERUM	72.70 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.82 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	6450 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	44.2 %	40-75%
LYMPHOCYTES	44.2 %	20-45%
EOSINOPHILS	2.9 %	2-6 %
MONOCYTES	8.2 %	2-8 %

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INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.5 %	0-1%
HB (HEMOGLOBIN)	14.7 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.24 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.59 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	45.60 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	87.00 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	28.10 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	32.20 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	02 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	

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DEPARTMENT OF LABORATORY MEDICINE

File No: 0211604
Name: ABBAS GHULAM AHMED
Address:
Gender: M **Age:** 34 Y **Nationality:** PAKISTANI
GSM No.: 99694950 **ID Card No.:** 104335263
Ref. By: EXTERNAL DOCTOR

Report No: 0572512
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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	

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