Aster HOSPITAL
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# Initial Medical Examination Report

## INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

| | |
|---|---|
| Surname | Salim Hassan |
| Forenames | Sami |
| Address: | Ibri |
| Home telephone number | |

| | | | |
|---|---|---|---|
| **Place of examination:** Aster Hospital,Ibri | **Date:** 28-3-2 | | |
| If a dependant enter employee's name here: | | **Project:** | |
| **Birth date:** 12-05-19 | **Nationality:** Omani | **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-Oversees ☐ 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 | | ✓ | 41. Awarded benefits for industrial injury/illness | | ✓ |
| 4. Any ear discharge | | ✓ | 24. Abnormal heartbeat | | ✓ | 42. Treated for a mental condition, e.g. depression | | ✓ |
| 5. Asthma/bronchitis | | ✓ | 25. High blood pressure | | ✓ | 43. Treated for problem drinking or drug abuse | | ✓ |
| 6. Hayfever /other significant allergy | | ✓ | 26. Stroke | | ✓ | 44. Exposed to toxic substance or noise | | ✓ |
| 7. Any skin trouble | | ✓ | 27. Serious chest pain | | ✓ | **FOR WOMEN ONLY** | | |
| 8. Tuberculosis | | ✓ | 28. Any blood disease | | ✓ | Have you ever had:- | | |
| 9. Shortness of breath | | ✓ | 29. Kidney disease | | ✓ | 45. An abnormal smear | | |
| 10. Coughed/vomited blood | | ✓ | 30. Blood in urine | | ✓ | 46. Any gynaecological treatment | | |
| 11. Severe abdominal pain | | ✓ | 31. Diabetes | | ✓ | 47. Are you pregnant? | | |
| 12. Stomach ulcer | | ✓ | 32. Headaches/migraine | | ✓ | 48. **Have you had an illness not mentioned above** | | |
| 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 (motions) | | ✓ | 37. Serious accident/fracture | | ✓ | | | |
| 18. Marked change in weight | | ✓ | 38. Tropical disease | | ✓ | | | |
| 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:** 27-3-2021 **Signature of Applicant:** X

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

| N | A | N = Normal A = Abnormal (please describe) | PHYSICAL EXAMINATION |
|---|---|---|---|
| | | 1. Eyes & Pupils | WNL |
| | | 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 | | | |
| | | | | | | R | L | R | L | | |
| 186 | 89 | 25.7 | 130/80 | 86/mins. | L | Uncorrected | 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:** Sickle cell positive.

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

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

**REVIEW/CONSULTATION**

Date: 28-3-2021 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: Sami Salim
Emp #:
Date of Assessment: 28-03-2018

| | | | |
|---|---|---|---|
| 1 | Age | Years | 39 |
| 2 | Gender | Female/Male | Male |
| 3 | Total Cholesterol | mmol/L | 3.86 |
| 4 | HDL Cholesterol | mmol/L | 1.11 |
| 5 | Smoker | Yes/No | NO |
| 6 | Diabetes | Yes/No | NO |
| 7 | Systolic Blood pressure | mm Hg | 130 |
| 8 | Is the patient being treated for High blood pressure? | Yes/No | NO |

**Framingham Risk score:** 4.7 %

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 | | | |
|---|---|---|---|
| Name: | Sami Salim Hamad | Date: | 28/3/2021 |
| I. D No. | 11578873 | Tel # | 99134886 |
| | | Department/Company: | Truck Comm. |
| | | Occupation : | Supervisor |

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

**Signature:** _____ **Date:** 28/3/2021

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فاكس +٩٦٨ ٢٥٦٨ ٨٠٣٥
نقال +٩٦٨ ٩١٣٩ ٩٠٧٣ / ٧١٥٥ ٩٩٧٧

# Fitness to Work Certificate

| Employee Data | | | |
|---|---|---|---|
| Name | Sayed Salim Hamad Al Balushi | Date | 28/3/2022 |
| I.D No. | 11578873 | Age | Department/Company: Tower Crane<br>Occupation: Supervisor |

| 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: 28/3/2022

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## DEPARTMENT OF LABORATORY MEDICINE

| | | | |
|---|---|---|---|
| **File No:** | 221785 | | |
| **Name:** | SAMI SALIM HASSAN ALBALUSHI | **Report No:** | 0568791 |
| | | **Sample Date:** | 28/03/2021 **Time:** 11:58 |
| **Address:** | | **Received By:** | JIBI |
| **Gender:** | M **Age:** 39 Y **Nationality:** OMANI | **Received Date:** | 28/03/2021 **Time:** 12:03 |
| **GSM No.:** | 99134888 **ID Card No.:** 11578873 | **Report Date:** | 28/03/2021 **Time:** 12:51 |
| **Ref. By:** | EXTERNAL DOCTOR | **Bill No:** | 0751493 **Bill Date:** 28/03/2021 |
| | | **Report Status:** | Final |

| INVESTIGATION | RESULT | REFERENCE RANGE |
|---|---|---|
| PDO MEDICAL CHECK UP BELOW 40 (Truckoman) | | |
| FBS (FASTING BLOOD SUGAR) | 4.71 mmol/L | 3.9 - 6.1 |
| Method :- Hexokinase | 84.78 mg/dL | 70 - 110 |
| LIVER FUNCTION TEST - SERUM | | |
| TOTAL BILIRUBIN - SERUM | 0.46 mg/dL | 0.1 - 1 |
| Method : Diazo | 7.80 µmol/L | 1 - 17.1 |
| DIRECT BILIRUBIN - SERUM | 0.2 mg/dL | 0.1 - 0.5 |
| Method : Diazo | 3.5 µmol/L | 1 - 8.55 |
| SGOT (AST)-SERUM (IFCC) | 28.00 U/L | Male: up to 40.0<br>Female: up to32.0 |
| SGPT (ALT)-SERUM (IFCC) | 43.60 U/L | Male: 10-50<br>Female:10-35 |
| ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC) | 63.46 U/L | Adult : Men -40-129<br>:Female 35-104<br>Children:(Aged)<br>7months - 1Year :- <462<br>1Year - 3 Years :- <281<br>4 Years - 6 Years :- <269<br>7 Years - 12 Years :- <300<br>13 Years - 17 Years(M) :-<390<br>13 Years - 17 Years(F) :- <187 |
| TOTAL PROTEIN-SERUM(Colorimetric Assay) | 8.08 gm/dL | 6.6 - 8.7 |
| ALBUMIN - SERUM (Colorimetric Assay) | 4.75 gm/dL | 3.9 - 4.9 |
| GLOBULIN - SERUM (Calculation) | 3.33 gm/dL | 2.3 - 3.5 |
| ALBUMIN / GLOBULIN RATIO - Calculation | 1.43 | 1.2 - 1.5 |
| GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM | 34.0 U/L | Men : 8-61<br>Female : 5-36 |

*Processed By:*
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*Lab Technologist*
MOH License No: 13250

*Approved By:*
**SWATHY**
*Lab Technologist*

*Released By:*
**SWATHY**
*Lab Technologist*
MOH License No: 13250

*Specialist Pathologist*

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| | | **Report Status:** | Final |

| INVESTIGATION | RESULT | REFERENCE RANGE |
|---|---|---|
| RENAL FUNCTION TEST (UREA - CREATININE) | | |
| UREA - SERUM | 5.60 mmol/L | 1.7 - 8.3 |
| Method : Kinetic Assay | 33.63 mg/dL | 10.2 - 49.8 |
| CREATININE - SERUM | 98.22 µmol/L | 44.2 - 123.7 |
| Method :-Jaffe Method | 1.11 mg/dl | 0.5 - 1.4 |
| CBC (COMPLETE BLOOD COUNT) | | |
| TOTAL WBC COUNT | 5520 cells/cumm | 4000 - 11000 cells/cumm |
| DC (DIFFERENTIAL COUNT) | | |
| NEUTROPHILS | 55.6 % | 40-75% |
| LYMPHOCYTES | 33.5 % | 20-45% |
| EOSINOPHILS | 0.9 % | 2-6 % |
| MONOCYTES | 9.6 % | 2-8 % |
| BASOPHILS | 0.4 % | 0-1% |
| HB (HEMOGLOBIN) | 14.6 gm/dl | Male-13 - 18 gm/dl<br>Female-11- 15 gm/dl |
| TOTAL RBC COUNT | 5.26 million/cu | MALE: 4.5-6.5million/cu<br>FEMALE: 3.9-5.5million/cu |
| PLATELET COUNT | 2.38 lakhs/cumm | 1.0 - 4.0 lakhs / cumm |
| PCV (PACKED CELL VOLUME) | 44.10 % | Males : 42% - 52%<br>Females : 37% - 47% |
| MCV (MEAN CORPUSCULAR VOLUME) | 83.80 FL | 76 - 96 FL |
| MCH (MEAN CORPUSCULAR HEMOGLOBIN) | 27.80 PG | 27 - 33 PG |
| MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION) | 33.10 g/dl | 32 - 36 g/dl |
| ESR (ERYTHROCYTE SEDIMENTATION RATE) | 07 mm/ 1st hr | MALE:0-9 mm/ 1st hr<br>FEMALE:0-20 mm/ 1st hr |

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*Lab Technologist*
MOH License No: 13250

*Approved By:*
**SWATHY**
*Lab Technologist*

*Released By:*
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*Specialist Pathologist*

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**Address:**
**Gender:** M **Age:** 39 Y **Nationality:** OMANI
**GSM No.:** 99134888 **ID Card No.:** 11578873
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**Report Status:** Final

| INVESTIGATION | RESULT | REFERENCE RANGE |
|---|---|---|
| Capillary Photometry Technology<br>Measures the kinetics of red cells aggregation.Clinical Laboratory and Standard Institute (CLSI) procedure for the ESR Test. | | |
| 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 | 0 - 2 /hpf | |
| EPITHELIAL CELLS | NIL /hpf | |
| CRYSTALS | NIL /hpf | |
| CAST | NIL /hpf | |
| BACTERIA | PRESENT /hpf | |
| YEAST CELLS | NIL /hpf | |

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| **GSM No.:** | 99134888 **ID Card No.:** 11578873 | | |
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| **Report No:** | 0568792 | | |
| **Sample Date:** | 28/03/2021 | **Time:** | 11:58 |
| **Received By:** | JIBI | | |
| **Received Date:** | 28/03/2021 | **Time:** | 12:52 |
| **Report Date:** | 28/03/2021 | **Time:** | 12:52 |
| **Bill No:** | 0751493 | **Bill Date:** | 28/03/2021 |
| **Report Status:** | Final | | |

| INVESTIGATION | RESULT |
|---|---|
| SICKLE CELL | POSITIVE |

Note:-Since variety of condition and other abnormal haemoglobin in addition to haemoglobin S may give false positive results, Positive Hb solubility tests should be confirmed by HPLC testing.

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| **Address:** | | | |
| **Gender:** | M **Age:** 39 Y **Nationality:** OMANI | | |
| **GSM No.:** | 99134888 **ID Card No.:** 11578873 | | |
| **Ref. By:** | EXTERNAL DOCTOR | | |
| **Report No:** | 0568872 | | |
| **Sample Date:** | 28/03/2021 | **Time:** | 11:58 |
| **Received By:** | JIBI | | |
| **Received Date:** | 29/03/2021 | **Time:** | 11:02 |
| **Report Date:** | 29/03/2021 | **Time:** | 11:02 |
| **Bill No:** | 0751493 | **Bill Date:** | 28/03/2021 |
| **Report Status:** | Final | | |

| INVESTIGATION | RESULT | REFERENCE RANGE |
|---|---|---|
| LIPID PROFILE - SERUM | | |
| CHOLESTEROL (TOTAL) | 5.86 mmol/L | 1 - 5.1 |
| Method:-Enzymatic | 226.55 mg/dl | 40 - 200 |
| HDL (HIGH DENSITY LIPOPROTEIN) | 1.11 mmol/L | 0.777 - 1.813 |
| " " | 43.0 mg/dl | 30 - 70 |
| LDL (LOW DENSITY LIPOPROTEIN) | 3.44 mmol/L | 1.295 - 4.54 |
| " " | 132.75 | 50 - 172 |
| VLDL (VERY LOW DENSITY LIPOPROTEIN) | 1.32 mmol/L | 0.259 - 1.036 |
| " " | 50.8 mg/dl | 10 - 40 |
| RATIO (TOTAL CHOL / HDL CHOL) | 5.28 | 3.8 - 5.9 |
| TRIGLYCERIDES | 2.87 mmol/L | 0.564 - 2.146 |
| Method : Enzymatic | 253.995 mg/dl | 50 - 190 |

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MOH License No: 13250

*Specialist Pathologist*

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## X-RAY REPORT

| | |
|---|---|
| Doc No: | 0057871 |
| Name: | SAMI SALIM HASSAN ALBALUSHI |
| Age/DOB: | 39 Y |
| ID Card No | 11578873 |
| Sex: | Male |
| Referred By: | EXTERNAL DOCTOR |
| Clinical Diagnosis: | |
| X-Ray/UltraSound | CHEST X-RAY |
| Date: | 28/03/2021 |
| X-Ray Filim No: | TRUCK OMAN |
| Bill No: | 0751493 |
| 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. K \LESHA SHAIK
Specialist Radiology
MOH Reg. No. 17925

Seal

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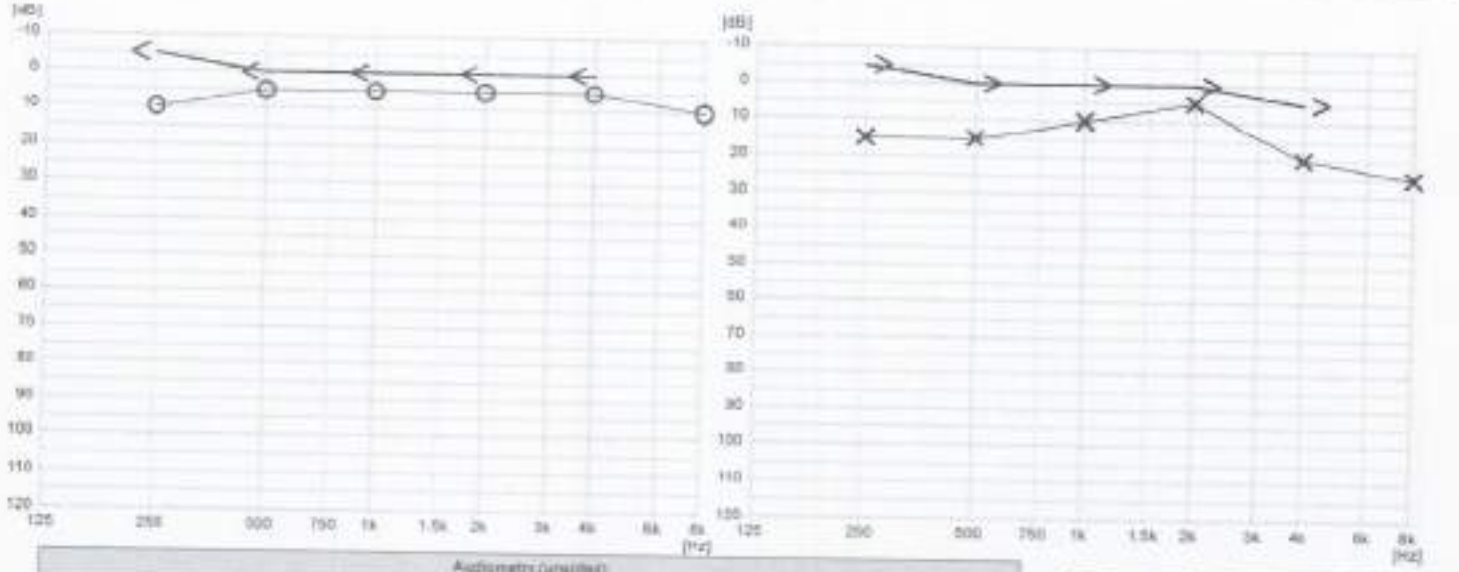
# SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

| Code: | Last name , First name | Born |
|---|---|---|
| 0751493 | AL BALUSHI , SAMI SALIM[illegible] | |
| Test type | Test date | |
| Tonal audiometry | 28.03.2021 | |




| Audiometry (unaided) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Freq [Hz] | 500 | 1000 | 1500 | 2000 | 3000 | 4000 | 6000 | 8000 |
| Left | 10 | 10 | | 5 | | 20 | | 20 |
| Right | 5 | 5 | | 5 | | 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 | ○ | × |
| Air/Masked | △ | □ |
| Bone | < | > |
| Bone/Masked | [ | ] |
| MCL | M | M |
| UCL | [illegible] | [illegible] |
| Free Field | ⊘ | % |
| Free Field/Aided | A | A |
| Binaural | B | |
| No response | ↓ | |

PTA

Right:- 5 dBHL

Left :- 10 dBHL

**Comments**

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

**Signature:**

**Date:** 28/03/2021