Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname	Omar
Forenames	Ali
Address:	
Home telephone number	94289962

Place of examination: Aster Hospital, Ibri	Date: 19/8/2015	Project:	Duqm Oman
If a dependant enter employee's name here:			
Birth date:	Nationality: Pakistani	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: 19/8/2015 **Signature of Applicant:**

Oman Al Khair Hospital LLC
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هاتف: ٠٢٥٦٨٨٧٥
فاكس: ٠٢٥٦٨٨٩٥
نقال: ٩٩٧٧٧١٥٥

Samar Ali
197206.

Tab. Atorvastatin 10 mg 0-0-1 X 2 months.
Tab. fenofibrate 200mg 0-0-1 X 2 months

DR. NANDHINI BALMANI
LICENCE NO: 12873
GENERAL PRACTITIONER

OMAN AL-KHAIR HOSPITAL L.L.C

19/8/2021

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نقال: ٧١٥٥٩٩٧٧ ٩٦٨+

مستشفى عمان الخير ش.م.م
ص.ب: ٤٠٠، الزهر البريمي: ٥١١
عبري، سلطنة عمان

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			
185	98	28.8	130/80	72/mins.	L		R	L	R	L		
					R	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 +)				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: Hyperlipidemia, Advised medication and exercise

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

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

REVIEW/CONSULTATION

Date: 19/8/24 Name (Block Capitals): Dr. Signature:

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عبري سلطنة عمان

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 19/8/2021
Name: Samar Ali		Department/Company: Truck Driver
I. D No. 87258056	Tel # 94289962	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
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
0	Total

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

Signature: _____ **Date:** 19/8/2021

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Fitness to Work Certificate

Employee Data		Date	19/8/2021
Name	Samar Ali	Department/Company	Turk Oman
I.D No.	87258056	Age 33 yr	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			Date
Name of health advisor Dr. Nandana Parmar	Signature	Date 19/8/2021	

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نقال: ٧١٥٥٩٩٧٧+٩٦٨

DEPARTMENT OF LABORATORY MEDICINE

File No:	0197206	**Report No:**	0580723		
Name:	SAMAR ALI	**Sample Date:**	19/08/2021	**Time:**	17:19
		Received By:	JIBI		
Address:		**Received Date:**	19/08/2021	**Time:**	17:24
Gender:	M **Age:** 33 Y **Nationality:** PAKISTANI	**Report Date:**	19/08/2021	**Time:**	18:56
GSM No.:	94289962 **ID Card No.:** 87258056	**Bill No:**	0776689	**Bill Date:**	19/08/2021
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 40 (Truckoman)		
FBS (FASTING BLOOD SUGAR)	4.35 mmol/L	3.9 - 6.1
Method :- Hexokinase	78.3 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**6.76 mmol/L**	1 - 5.1
Method:-Enzymatic	**261.34 mg/dl**	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	0.79 mmol/L	0.777 - 1.813
" "	30.500 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3.12 mmol/L	1.295 - 4.54
" "	120.57	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	**2.86 mmol/L**	0.259 - 1.036
" "	**110.27 mg/dl**	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	**8.56**	3.8 - 5.9
TRIGLYCERIDES	**6.23 mmol/L**	0.564 - 2.146
Method : Enzymatic	**551.355 mg/dl**	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.3 mg/dL	0.1 - 1
Method : Diazo	5.100 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.1 mg/dL	0.1 - 0.5
Method : Diazo	1.750 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	32.80 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	43.40 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	68.22 U/L	Adult : Men -40-129

Processed By: JIBI *Lab Technologist*
MOH LIC No: 4384

Approved By: JIBI *Lab Technologist*

Released By: JIBI *Lab Technologist*
MOH LIC No: 4384

Specialist Pathologist

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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)	8.70 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.80 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	**3.9 gm/dL**	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.23	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	29.78 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	4.10 mmol/L	1.7 - 8.3
Method : Kinetic Assay	24.62 mg/dL	10.2 - 49.8
CREATININE - SERUM	87.31 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.99 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	11080 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	44.1 %	40-75%
LYMPHOCYTES	36.8 %	20-45%
EOSINOPHILS	4.8 %	2-6 %
MONOCYTES	13.5 %	2-8 %

Processed By:
JIBI
Lab Technologist
MOH LIC No: 4384

Approved By:
JIBI
Lab Technologist

Released By:
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MOH LIC No: 4384

Specialist Pathologist

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GSM No.:	94289962 **ID Card No.:** 87258056	**Bill No:**	0776689	**Bill Date:**	19/08/2021
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.8 %	0-1%
HB (HEMOGLOBIN)	14.9 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.06 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.76 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	45.50 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	89.90 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	29.40 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	32.70 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	04 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	

Processed By:
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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	0-2 /hpf	
EPITHELIAL CELLS	NIL /hpf	
CRYSTALS	NIL /hpf	
CAST	NIL /hpf	
BACTERIA	PRESENT /hpf	
YEAST CELLS	NIL /hpf	

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Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
لحن نعتني بك دائما

X-RAY REPORT

Doc No:	0058288
Name:	SAMAR ALI
Age/DOB:	33 Y
ID Card No	87258056
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	19/08/2021
X-Ray Filim No:	PDO
Bill No:	0776689
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

OMAN AL-KHAIR HOSPITAL L.L.C.

Seal

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SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

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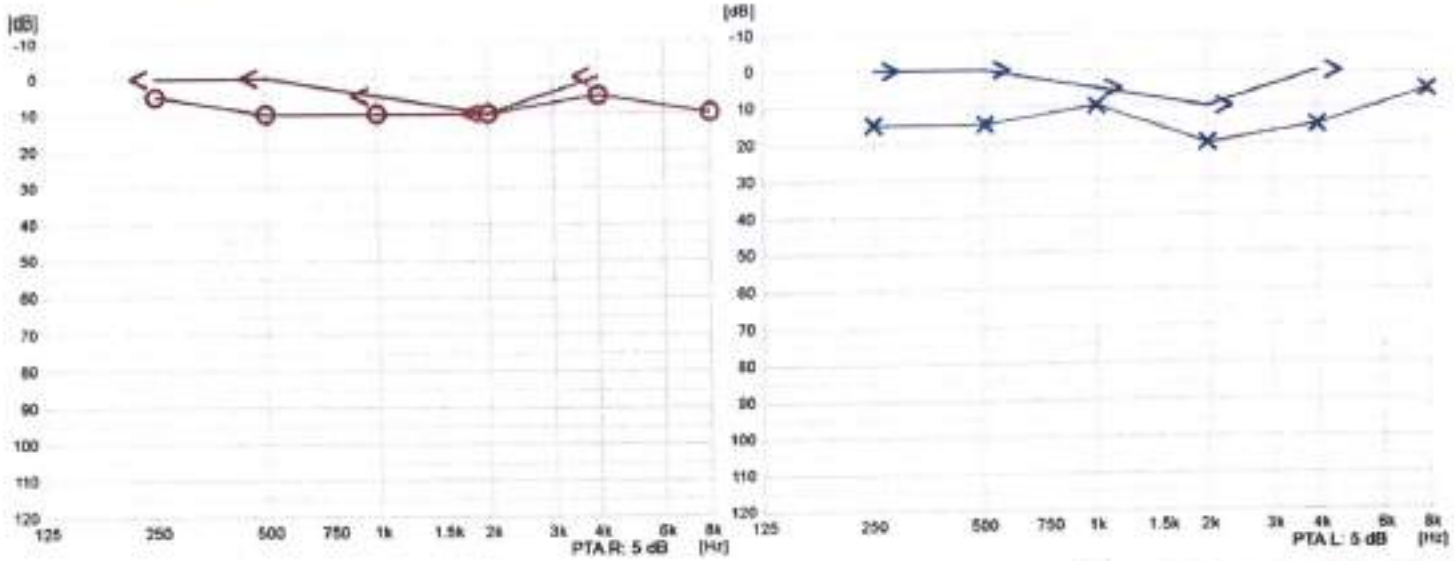
Code:	Last name , First name	Born:
0779689	ALI , SAMAR	19/08/2021
Test type	**Test date:**	
Tonal audiometry	19/08/2021	



Legend	R	L
Air	O	X
Air/Masked	Δ	□
Bone	<	>
Bone/Masked	[	]
MCL	M	M
UCL	m	m
Free Field	Ø	%
Free Field/Aided	A	A
Binaural		B
No response		↓

PTA
Right :- 10 dBHL
Left :- 15 dBHL

Comments
BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

Signature:

Date: 19/08/2021

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