Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
نحن نعتني بك دائما

Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname	Subsabas Ceras
Forenames	Ricky
Address:	
Home telephone number	

Place of examination: Aster Hospital,Ibri	**Date:** 01/02/2021		
If a dependant enter employee's name here:		**Project:**	
Birth date: 03/03/1965	**Nationality:** Philippino	**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 On mediation					
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 On Medication					
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: 01/02/2021 **Signature of Applicant:**

Oman Al Khair Hospital LLC
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فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٩١٣٩٩٠٧٣/٧١٥٥٩٩٧٧+٩٦٨

مستشفى عمان الخير ش.م.م
ص.ب: ٤٠٠ الرمز البريدي: ٥١١
عبري سلطنة عمان

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 /mins.	HEARING	VISION				Colour Vision	Blood Group
						DISTANT		NEAR			
						R	L	R	L		
168 Cms	72 kg	25.5	130/115	82 bts	L	Uncorrected	6/9	6/9	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:

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

Uncontrolled DM, HTN. Treatment intensified. fit to work as required by employer and follow up

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

REVIEW/CONSULTATION

Review at the end of 1 month for reassessment

Date: 03/02/2021 Name (Block Capitals): Dr. Signature:

د. جمال ثوتونجل موديدين
DR. JAMAL
رقم الترخيص: ١٣٤٧١
LICENECE NO: 13471
SPECIALIST INTERNAL MEDICINE

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DEPARTMENT OF LABORATORY MEDICINE

File No: 218746
Name: RICKY SUBRABAS
Address:
Gender: M **Age:** 55 Y **Nationality:** PHILIPINI
GSM No.: 93531641 **ID Card No.:** 92627298
Ref. By: EXTERNAL DOCTOR

Report No: 0563943
Sample Date: 02/02/2021 **Time:** 18:41
Received By: SREEJAS
Received Date: 02/02/2021 **Time:** 18:50
Report Date: 03/02/2021 **Time:** 10:36
Bill No: 0744639 **Bill Date:** 01/02/2021
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	**25.61 mmol/L**	3.9 - 6.1
Method :- Hexokinase	**460.98 mg/dL**	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**5.96 mmol/L**	1 - 5.1
Method:-Enzymatic	**230.41 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)	3.71 mmol/L	1.295 - 4.54
" "	143.33	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	**1.22 mmol/L**	0.259 - 1.036
" "	**47.08 mg/dl**	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	5.73	3.8 - 5.9
TRIGLYCERIDES	**2.66 mmol/L**	0.564 - 2.146
Method : Enzymatic	**235.41 mg/dl**	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.36 mg/dL	0.1 - 1
Method : Diazo	6.10 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.15 mg/dL	0.1 - 0.5
Method : Diazo	2.5 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	20.80 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	37.60 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	70.18 U/L	Adult : Men -40-129

Processed By: Lab Technologist

Approved By: ASHWINI Lab Technologist

Released By: ASHWINI Lab Technologist

Specialist Pathologist

MOH License No: 16064

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وحدة من مجموعة د.موبين للرعاية الصحيه