

Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Place of examination: Aster Hospital/Ibri		Date: 1/3/2021		Surname	
If a dependant enter employee's name here:		Project:		Forenames: Arwinder Singh	
Birth date: 20/9/1992		Nationality: Indian		Address:	
Home telephone number:		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
1. Sinus trouble		✓	21. Cancer		✓
2. Neck swelling/glands		✓	22. Heart Disease		✓
3. Difficulty in vision		✓	23. Rheumatic fever		✓
4. Any ear discharge		✓	24. Abnormal heartbeat		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓
6. Hayfever /other significant allergy		✓	26. Stroke		✓
7. Any skin trouble		✓	27. Serious chest pain		✓
8. Tuberculosis		✓	28. Any blood disease		✓
9. Shortness of breath		✓	29. Kidney disease		✓
10. Coughed/vomited blood		✓	30. Blood in urine		✓
11. Severe abdominal pain		✓	31. Diabetes		✓
12. Stomach ulcer		✓	32. Headaches/migraine		✓
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/arm/pit					
How much tobacco each day?		Average daily alcohol consumption			
Have you ever taken illicit drugs? () PDO test all new/potential employees for illicit/recreational drugs					
FAMILY HISTORY: Diabetes () Tuberculosis () Epilepsy () Asthma () Encephalitis ()		Cancer ()			
Heart disease () High blood pressure () Stroke () Blood Disease ()					
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: 1/3/2021		Signature of Applicant: Arwinder Singh			

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. Genital 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 /mins.	HEARING L R	VISION				Colour Vision	Blood Group
						DISTANT					
						R	L	R	L		
177	109		126/76	92							
						Uncorrected					
						Corrected					

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A
/		1. Urinalysis				/	
/		2. Hb, Bloodcount, ESR				/	
/		3. LFT, RFT, RBS				/	
/		4. Drug Screen				/	
/		5. Lipids (40 years +)				/	
/		6. Sickle Cell test				/	

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

ASSESSMENT:

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

Date: 1/3/2021 Name (Block Capitals): Dr. RAGH

Signature:

REVIEW/CONSULTATION

Date: 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: Arun Kumar Singh
Emp #: _____
Date of Assessment: 1/3/2021

1	Age	Years	
		<u>28</u>	
2	Gender	Female/Male	
3	Total Cholesterol	mmol/L	
		<u>4.88</u>	
4	HDL Cholesterol	mmol/L	
		<u>1.16</u>	
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	<u>20</u> mm Hg	
8	Is the patient being treated for High blood pressure?	Yes/No	

Framingham Risk score: 23 %

Framingham Risk Rating (Circle the appropriate score):

Low Medium High

Any further action or recommendations?

Assessment or Examination conducted by:

[Signature]



Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 01/03/2021
Name: Arvinder Singh		Department/Company: Truck Oman
I.D No. 113762584	Tel #	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 & talking with someone

0 Sitting quietly after lunch without alcohol

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

Total 11

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

Signature: Arvinder Singh Date: 1/3/2021



Fitness to Work Certificate

Employee Data		Date 11/03/2021	
Name Arwinder Singh.		Department/Company Truckman	
I.D No. 113762584	Age	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			
Pulling, 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. P. P. P.	Signature	Date 11/03/2021	



DEPARTMENT OF LABORATORY MEDICINE

File No: 220057	Report No: 0566287
Name: ARWINDER SINGH	Sample Date: 01/03/2021 Time: 9:32
Address:	Received By: SWATHY
Gender: M Age: 28 Y Nationality: INDIAN	Received Date: 01/03/2021 Time: 12:43
GSM No.: 79401756 ID Card No.: 113762584	Report Date: 01/03/2021 Time: 12:43
Ref. By: EXTERNAL DOCTOR	Bill No: 0747823 Bill Date: 01/03/2021
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 40 (Truckman)		
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)	4.88 mmol/L	1 - 5.1
Method:-Enzymatic	188.66 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.16 mmol/L	0.777 - 1.813
" "	44.70 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3.15 mmol/L	1.295 - 4.54
" "	121.48	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.58 mmol/L	0.259 - 1.036
" "	22.48 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	4.21	3.8 - 5.9
TRIGLYCERIDES	1.27 mmol/L	0.564 - 2.146
Method : Enzymatic	112.395 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.35 mg/dL	0.1 - 1
Method : Diazo	5.90 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)	29.70 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	70.00 U/L	Male: 10-50 Female: 10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	72.27 U/L	Adult : Men -40-129

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SWATHY
Lab Technologist

Approved By:
SWATHY
Lab Technologist

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SWATHY K.S
Lab Technologist
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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)	7.64 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.84 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.8 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.73	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	36.16 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	3.40 mmol/L	1.7 - 8.3
Method : Kinetic Assay	20.42 mg/dL	10.2 - 49.8
CREATININE - SERUM	72.03 µmol/L	44.2 - 123.7
Method : Jaffe Method	0.81 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	6930 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	46.8 %	40-75%
LYMPHOCYTES	44.4 %	20-45%
EOSINOPHILS	1.6 %	2-6 %
MONOCYTES	6.2 %	2-8 %

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Lab Technologist

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Specialist Pathologist

MCH License No: 13250

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INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	1.0 %	0-1%
HB (HEMOGLOBIN)	14.5 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.34 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.93 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	45.00 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	84.30 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	27.20 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	32.20 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	06 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	

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Ref. By: EXTERNAL DOCTOR	Bill No: 0747823 Bill Date: 01/03/2021
	Report Status: Final

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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Specialist Pathologist

X-RAY REPORT

Doc No:	0057673		
Name:	ARWINDER SINGH		
Age/DOB:	28 Y	ID Card No	113762584
Sex:	Male		
Referred By:	EXTERNAL DOCTOR		
Clinical Diagnosis:			
X-Ray/UltraSound	CHEST X-RAY		
Date:	01/03/2021		
X-Ray Film No:	TRUCK OMAN		
Bill No:	0747823		
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

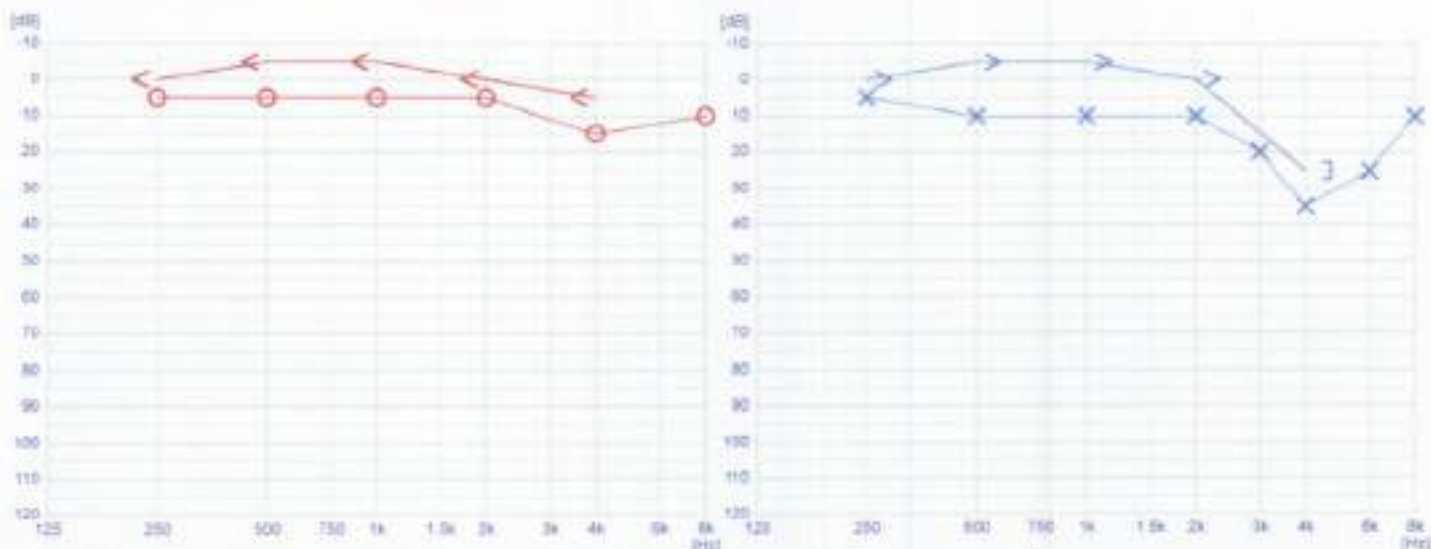
Signature:  



SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code: 0747823 Last name, First name: SINGH, ARVINDER Born: 01.03.2021

Test type: Tonal audiometry Test date: 01.03.2021



Audiometry (unaided)								
Freq (Hz)	300	1000	1500	2000	3000	4000	6000	8000
Left	10	10		10	20	35	25	10
Right	5	5		5		15		10
Calculate % hearing loss (if known)								
			L (%)	R (%)	Binaural (%)		Comments	
Does the applicant exceed 35dB loss in either ear at 0.5, 1, 2 or 3 kHz?					Yes/No			

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

PTA
Right:- 5 dB HL
Left:- 10 dB HL

Comments

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS WITH NOTCH AT 4KHz IN LEFT EAR

Signature:

[Handwritten Signature]

C.R. No.: 1091392
P.O. Box: 3373
Postal Code: 123
Suburban of Delhi

Date: 01/03/2021