

Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

Surname: <u>Muhammad Anwar</u>	
Forenames:	
Address:	
Place of examination: Aster Hospital, Ibri	Date: <u>18/7/2022</u>
Home telephone number: <u>92190618</u>	
If a dependant enter employee's name here:	
Birth date: <u>1/11/1967</u>	Nationality: <u>Pakistani</u>
Project:	Country of birth: <u>Pakistan</u>
Religion:	
☒ Male ☐ Female	☐ Married ☐ Single ☐ Separated / Divorced
☐ 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
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/areola	
HAVE YOU EVER BEEN:-	
40. Rejected for employment or insurance for medical reasons	
41. Awarded benefits for industrial injury/illness	
42. Treated for a mental condition, e.g. depression	
43. Treated for problem drinking or drug abuse	
44. Exposed to toxic substance or noise	
FOR WOMEN ONLY	
Have you ever had:-	
45. An abnormal smear	
46. Any gynaecological treatment	
47. Are you pregnant?	
48. Have you had an illness not mentioned above	
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 () 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: <u>18/7/2022</u>	Signature of Applicant: <u>[Signature]</u>



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
180	100	29.4	127/86	76 /mins.	L R	DISTANT		NEAR			
						R	L	R	L		
						Uncorrected		Corrected			
						6/6		6/6			

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. Sickie Cell test	☒	
			☒	
			☒	
			☒	
			☒	
			☒	
			☒	

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

ASSESSMENT:

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

Date: 18/7/2022

Name (Block Capitals): Dr.

Signature:

REVIEW/CONSULTATION

Date:

Name (Block Capitals):

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: Muhammad Anwar

Emp #:

Date of Assessment: 110585937
18/7/2011

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

Framingham Risk score: 11.2 %

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		Date: 18/7/2022
Name: Muhammad Alnuwar		Department/Company:
I. D No. 110585037	Tel # 921 90618	Occupation :

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

- ☐ sitting and reading
- ☐ watching TV
- ☐ sitting inactive in a public place (e.g. theatre or meeting)
- ☐ as a passenger in the car for an hour without a break
- ☒ Lying down to rest in the afternoon when circumstances permit
- ☐ Sitting a talking with someone
- ☐ Sitting quietly after lunch without alcohol
- ☐ 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, Muhammad Alnuwar (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: _____ Date: 18/7/2022

Fitness to Work Certificate

Employee Data		Date: 18/7/2021	
Name: Muhammad Anwar		Department/Company:	
I.D No. 110585037	Age 52/y.	Occupation:	
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			
Lifting, 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	Signature	Date	

د. كبرياء رافيقندران شابر
DR. KUBRIYA RAVEENDRAN SHABER
AA61 رقم الترخيص
LICENCE NO: 8861
شبيب عام
GENERAL PRACTITIONER



DEPARTMENT OF LABORATORY MEDICINE

File No: 0253994	Report No: 0622239
Name: MUHAMMAD ANWAR	Sample Date: 18/07/2022 Time: 9:44
	Received By: SREERAJ
Address:	Received Date: 18/07/2022 Time: 9:47
Gender: M Age: 52 Y Nationality: PAKISTANI	Report Date: 18/07/2022 Time: 11:16
GSM No.: 92190618 ID Card No.: 110585037	Bill No: 0832079 Bill Date: 18/07/2022
Ref. By: EXTERNAL DOCTOR	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL		
RBS (RANDOM BLOOD SUGAR)	5.49 mmol/L	3.9 - 7.8
Method :- Hexokinase	98.82 mg/dL	70 - 140
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	4.89 mmol/L	1.7 - 8.3
Method : Kinetic Assay	29.37 mg/dL	10.2 - 49.8
CREATININE - SERUM	85.77 µmol/L	44.2 - 123.7
Method :- Jaffe Method	0.97 mg/dl	0.5 - 1.4
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.894 mg/dL	0.1 - 1
Method : Diazo	15.29 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.259 mg/dL	0.1 - 0.5
Method : Diazo	4.43 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	24.10 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	42.69 U/L	Male: 10-50 Female: 10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	82.56 U/L	Adult : Men -40-129 : 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)	7.58 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.90 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.68 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.83	1.2 - 1.5

Processed By:
181773

Approved By:
SREERAJ

Released By:
SREERAJ



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INVESTIGATION	RESULT	REFERENCE RANGE
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	50.14 U/L	Men : 8-61 Female : 5-36
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.		
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	9870 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	57.3 %	40-75%
LYMPHOCYTES	33.0 %	20-45%
EOSINOPHILS	3.4 %	2-6 %
MONOCYTES	5.8 %	2-8 %
BASOPHILS	0.5 %	0-1%
HB (HEMOGLOBIN)	16.8 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.48 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.51 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	48.20 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	88.00 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	30.70 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	34.90 g/dl	32 - 36 g/dl
HEPATITIS B SUFACE ANTIGEN (HBsAg)	Non Reactive (0.493)	Non Reactive: less than 1.000 Reactive: equal or more than 1.000
HEPATITIS C VIRUS ANTIBODY	Non Reactive (0.030)	Non Reactive: less than 1.000 Reactive: equal or more than 1.000

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Ref. By: EXTERNAL DOCTOR	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
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	
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	4.27 mmol/L	1 - 5.1
Method: -Enzymatic	165.08 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	0.810 mmol/L	0.777 - 1.813
" "	31.31 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	2.46 mmol/L	1.295 - 4.54
" "	94.83	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	1.01 mmol/L	0.259 - 1.036
" "	38.94 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	5.27	3.8 - 5.9
TRIGLYCERIDES	2.20 mmol/L	0.564 - 2.146
Method: Enzymatic	194.7 mg/dl	50 - 190

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Approved By:
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Released By:
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Lab Technologist

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INVESTIGATION	RESULT	REFERENCE RANGE
SICKLE CELL	NEGATIVE	
HIV 1&2 (ANTIGEN - ANTIBODY)	Non Reactive (0.153)	Non Reactive: less than 1.000 Reactive: equal or more than 1.000

Processed By:
181773

Approved By:
SREERAJ

Released By:
SREERAJ



Lab Technologist
MOH License No. 6844

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MOH License No. 6844

Lab Technologist
MOH License No. 6844

Specialist Pathologist
MOH License No. 6844

X-RAY REPORT

Doc No:	0062985
Name:	MUHAMMAD ANWAR
Age/DOB:	52 Y Omani ID/ L.Card No:: 110585037
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	18/07/2022
X-Ray Film No:	GTIS
Bill No:	0832079
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. NITHINMON CU
SPECIALIST RADIOLOGY
MOH Licence: 21058
ASTER HOSPITAL IBRI



253994

MUHAMMAD ANWAR

7/18/2022 09:43:51 AM

Oman AlKhair Hospital

ECG

Rate 76

PR 170

QRS 90

QT 401

QTc 451

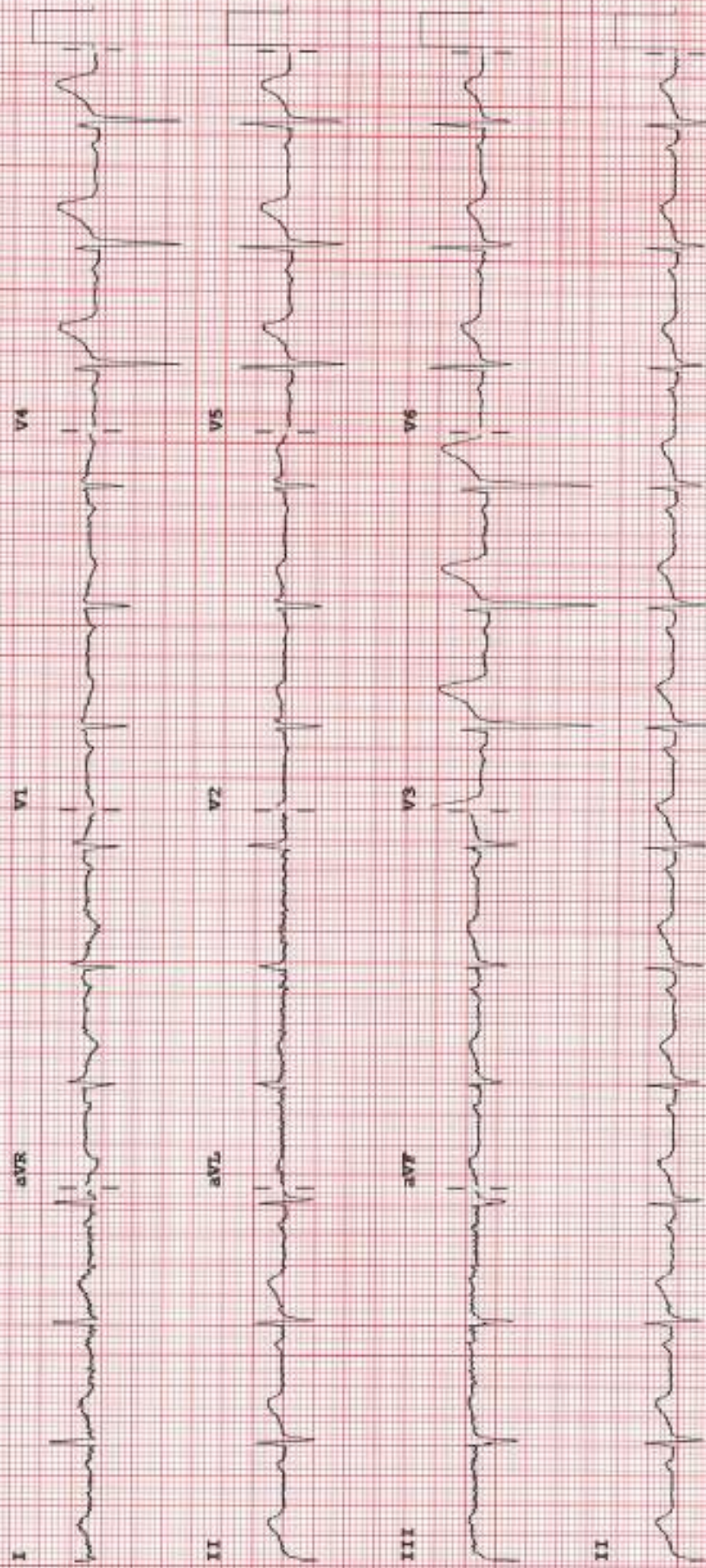
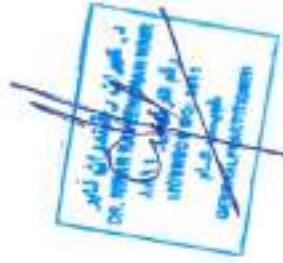
--AXIS--

P 53

QRS -39

T 58

12 Lead; Standard Placement



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

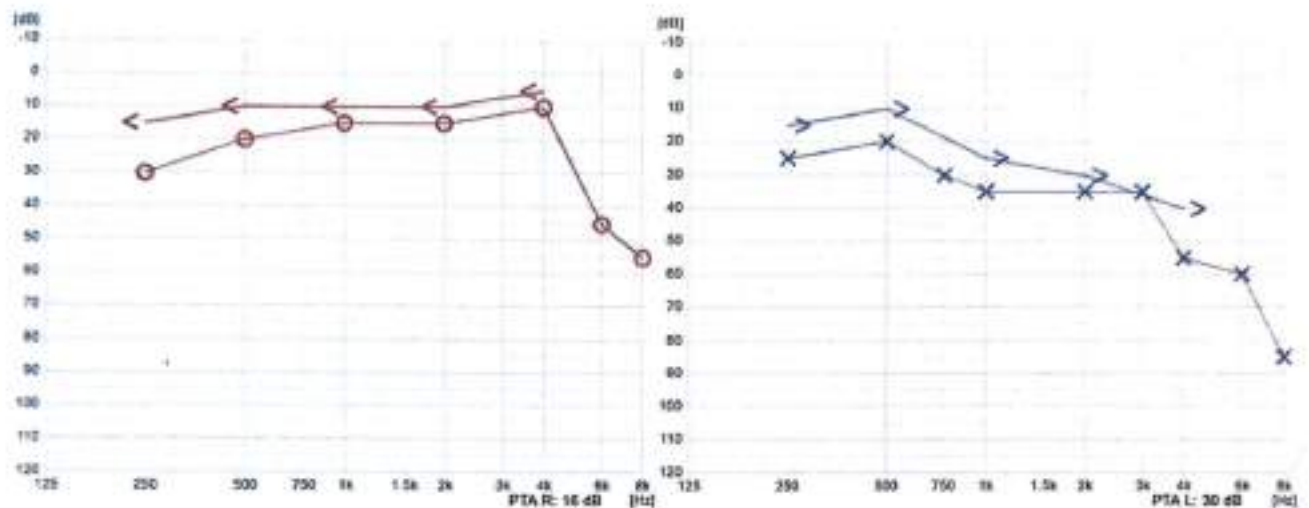
50~ 0.50~ 40 Hz W

L

P?

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code: 0832079	Last name , First name: MUHAMMAD , ANWAR	Born: 18.07.2022
Test type: Tonal audiometry	Test date: 18.07.2022	



Legend	R	L
Air	○	×
AirMasked	△	□
Bone	<	>
BoneMasked	[	]
MCL	M	M
UCL	m	m
Free Field	⊗	⊗
Free FieldMasked	A	A
Binaural		B
No response		I

PTA

Right: 16 dB HL

Left: 30 dB HL

Comments

RIGHT MINIMAL HEARING LOSS (WITH MODERATELY SEVERE SLOPE AT 6 & 8 KHz)

LEFT MILD SENSORINEURAL HEARING LOSS (WITH MILD TO SEVERE SLOPE AT HIGH FREQUENCIES)

Signature:

Relabel by Medera Biomedica Support - support@medera-biomedica.com



Date:

18/07/2022