

**Initial Medical Examination Report**

**INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)**

Place of examination: Aster Hospital, Ibri		Date: 04-02-2021	Surname: USMAN Khan.																																																							
			Forenames: Muhammad																																																							
			Address: TB no.																																																							
			Home telephone number																																																							
If a dependant enter employee's name here:		Project:																																																								
Birth date: 21-06-1978		Nationality: Pakistan		Country of birth:																																																						
				Religion:																																																						
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced		<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter																																																						
Reason for examination		Pre-Employment	<input type="checkbox"/> Job: <input type="checkbox"/> Area:																																																							
Name and address of family doctor		List your last 3 jobs (1)																																																								
Are you a Registered Disabled Person? (UK only)		<input type="checkbox"/> Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>																																																								
DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)																																																										
<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr><td>✓</td><td>21. Cancer</td></tr> <tr><td>✓</td><td>22. Heart Disease</td></tr> <tr><td>✓</td><td>23. Rheumatic fever</td></tr> <tr><td>✓</td><td>24. Abnormal heartbeat</td></tr> <tr><td>✓</td><td>25. High blood pressure</td></tr> <tr><td>✓</td><td>26. Stroke</td></tr> <tr><td>✓</td><td>27. Serious chest pain</td></tr> <tr><td>✓</td><td>28. Any blood disease</td></tr> <tr><td>✓</td><td>29. Kidney disease</td></tr> <tr><td>✓</td><td>30. Blood in urine</td></tr> <tr><td>✓</td><td>31. Diabetes</td></tr> <tr><td>✓</td><td>32. Headaches/migraine</td></tr> <tr><td>✓</td><td>33. Dizziness/fainting</td></tr> <tr><td>✓</td><td>34. Epilepsy</td></tr> <tr><td>✓</td><td>35. Joints/spinal trouble</td></tr> <tr><td>✓</td><td>36. Surgical operation</td></tr> <tr><td>✓</td><td>37. Serious accident/fracture</td></tr> <tr><td>✓</td><td>38. Tropical disease</td></tr> <tr><td>✓</td><td>39. Fear of heights</td></tr> <tr><td>✓</td><td>40. Lump in breast/armpit</td></tr> </tbody> </table>		Y	N	✓	21. Cancer	✓	22. Heart Disease	✓	23. Rheumatic fever	✓	24. Abnormal heartbeat	✓	25. High blood pressure	✓	26. Stroke	✓	27. Serious chest pain	✓	28. Any blood disease	✓	29. Kidney disease	✓	30. Blood in urine	✓	31. Diabetes	✓	32. Headaches/migraine	✓	33. Dizziness/fainting	✓	34. Epilepsy	✓	35. Joints/spinal trouble	✓	36. Surgical operation	✓	37. Serious accident/fracture	✓	38. Tropical disease	✓	39. Fear of heights	✓	40. Lump in breast/armpit	<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr><td>✓</td><td>40. Rejected for employment or insurance for medical reasons</td></tr> <tr><td>✓</td><td>41. Awarded benefits for industrial injury/illness</td></tr> <tr><td>✓</td><td>42. Treated for a mental condition, e.g. depression</td></tr> <tr><td>✓</td><td>43. Treated for problem drinking or drug abuse</td></tr> <tr><td>✓</td><td>44. Exposed to toxic substance or noise</td></tr> </tbody> </table>		Y	N	✓	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	Y N
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<b>HAVE YOU EVER BEEN:-</b> 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																																																										
<b>FOR WOMEN ONLY</b> 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 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 ( )																																																										
<b>PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-</b> 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: 04-02-2021		Signature of Applicant:																																																								

**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. 120 74	PULSE 94/mins.	HEARING L R	VISION				Colour Vision	Blood Group	
								DISTANT	NEAR			
177cm	74kg	23.6				R	L	R	L	Uncorrected 6/6 6/6		
										Corrected		
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A					
1. Urinalysis			glucosat + RBS						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.)**

Not willing to do I+BA, c. Advised to take  
Glucophage 1000mg Twice daily. Review after month

**ASSESSMENT:**

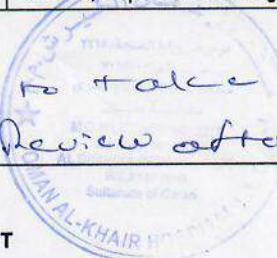
FIT ALL AREAS  FIT WITH RESTRICTION  TEMPORARY UNFIT  UNFIT

10/21/2021

Date: Name (Block Capitals): Dr.

Rakesh Yella

Signature:



DR. RAKESH YELLA

رقم الترخيص: ١٢٢٠٨

LICENSE NO: 12208

طبيب عام

GENERALPRACTITIONER

**REVIEW/CONSULTATION**

Date:

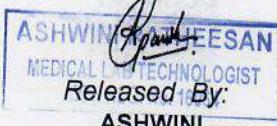
Name (Block Capitals): Dr.

Signature:

DEPARTMENT OF LABORATORY MEDICINE

File No:	0187706	Report No:	0564068
Name:	MUHAMMAD USMAN KHAN	Sample Date:	04/02/2021 Time: 12:36
Address:		Received By:	ASHWINI
Gender:	M Age: 43 Y	Received Date:	04/02/2021 Time: 12:40
GSM No.:	92885341	Report Date:	04/02/2021 Time: 13:55
ID Card No.:	114600244	Bill No:	0745023 Bill Date: 04/02/2021
Ref. By:	EXTERNAL DOCTOR	Report Status:	Preliminary

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40( truckoman)		
FBS (FASTING BLOOD SUGAR)	13.29 mmol/L	3.9 - 6.1
Method :- Hexokinase	239.22 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	6.14 mmol/L	1 - 5.1
Method:-Enzymatic	237.37 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	0.98 mmol/L	0.777 - 1.813
" "	38.0 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	4.31 mmol/L	1.295 - 4.54
" "	166.45	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.85 mmol/L	0.259 - 1.036
" "	32.92 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	6.27	3.8 - 5.9
TRIGLYCERIDES	1.86 mmol/L	0.564 - 2.146
Method : Enzymatic	164.61 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.7 mg/dL	0.1 - 1
Method : Diazo	12.00 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.22 mg/dL	0.1 - 0.5
Method : Diazo	3.74 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	13.90 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	14.50 U/L	Male: 10-50 Female: 10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	123.86 U/L	Adult : Men -40-129



Processed By: ASHWINI Lab Technologist MOH License No: 16064	Approved By: Lab Technologist MOH License No: 16064	Specialist Pathologist www.asterhospital.com
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**Oman Al Khair Hospital LLC**

P.O. Box 400, P.C. : 511, Ibri, Sultanate of Oman  
Tel: + 968 2568 8075, Fax: +968 2568 8025  
Email :oakh.ibri@asterhospital.com  
[www.asterhospital.com](http://www.asterhospital.com)  
A Unit of DM Healthcare LLC

**مستشفى عمان الخير** ٥٥.٣٠.ش

ص.ب. ٤٠٠، الرمز البريدي ٥١١، عبri، سلطنة عمان  
هاتف: +٩٦٨ ٢٥١٨٨٠٧٥ +٩٦٨ ٢٥١٨٨٠١٥ فاكس: +٩٦٨ ٢٥١٨٨٠٧٥  
البريد الإلكتروني: oakh.ibri@asterhospital.com [www.asterhospital.com](http://www.asterhospital.com)  
وحدة من مجموعة د.موبين للرعاية الصحية