


## Initial Medical Examination Report

### INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Place of examination: Aster Hospital, Ibri		Date: 4.02.2021		Surname: Usman Khan.	
				Forenames: Muhammad	
				Address: Ibri.	
				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	Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter		Number of children:	
Reason for examination Pre-Employment <input type="checkbox"/> Job: Pre-Overseas <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.)					
	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 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: 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						
<input checked="" type="checkbox"/>		1. Eyes & Pupils					
<input checked="" type="checkbox"/>		2. E.N.T.					
<input checked="" type="checkbox"/>		3. Teeth & Mouth					
<input checked="" type="checkbox"/>		4. Lungs & Chest					
<input checked="" type="checkbox"/>		5. Cardiovascular System					
<input checked="" type="checkbox"/>		6. Abdo. Viscera					
<input checked="" type="checkbox"/>		7. Hernial Orifices					
<input checked="" type="checkbox"/>		8. Anus & Rectum					
<input checked="" type="checkbox"/>		9. Genito-urinary					
<input checked="" type="checkbox"/>		10. Extremities					
<input checked="" type="checkbox"/>		11. Musculo-skeletal					
<input checked="" type="checkbox"/>		12. Skin & Varicose Vns.					
<input checked="" type="checkbox"/>		13. C.N.S.					
HEIGHT cm		WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION
177cm		74kg	23.6	120/74	94/min.	L R	DISTANT NEAR Uncorrected Corrected
							R L R L 6/6 6/6
							Colour Vision
							Blood Group
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A
<input checked="" type="checkbox"/>		1. Urinalysis	glucose++				<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		2. Hb, Bloodcount, ESR	RBCs				<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		3. LFT, RFT, RBS					<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		4. Drug Screen					<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		5. Lipids (40 years +)					<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		6. Sick Cell test					<input checked="" type="checkbox"/>
						<input checked="" type="checkbox"/>	7. Audiogram
						<input checked="" type="checkbox"/>	8. Lung Function
						<input checked="" type="checkbox"/>	9. Chest X-Ray
						<input checked="" type="checkbox"/>	10. ECG
						<input checked="" type="checkbox"/>	11. CVS risk for 40 yrs. & above
						<input checked="" type="checkbox"/>	12. HIV, Hepatitis screening
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)							
<p>PT not willing to do I+BA.c. Advised to take Glucophage 1000mg Twice daily. Review after 1 month</p>							
ASSESSMENT:							
<input checked="" type="checkbox"/> FIT ALL AREAS <input type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT							
Date: 10/02/2021 Name (Block Capitals): Dr. RAKESH YELLA Signature: [Signature]							
REVIEW/CONSULTATION							
Date: Name (Block Capitals): Dr. Signature:							

## DEPARTMENT OF LABORATORY MEDICINE

**File No:** 0187706  
**Name:** MUHAMMAD USMAN KHAN

**Address:**  
**Gender:** M **Age:** 43 Y **Nationality:** PAKISTANI  
**GSM No.:** 92885341 **ID Card No.:** 114600244  
**Ref. By:** EXTERNAL DOCTOR

**Report No:** 0564068  
**Sample Date:** 04/02/2021 **Time:** 12:36  
**Received By:** ASHWINI  
**Received Date:** 04/02/2021 **Time:** 12:40  
**Report Date:** 04/02/2021 **Time:** 13:55  
**Bill No:** 0745023 **Bill Date:** 04/02/2021  
**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

ASHWINI  
MEDICAL TECHNOLOGIST  
Released By:  
ASHWINI

Lab Technologist

MOH License No: 16064

Specialist Pathologist

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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

A Unit of DM Healthcare LLC

**مستشفى عمان الخير م.م.ش**

ص.ب. ٤٠٠، الرمز البريدي ٥١١، عبرى، سلطنة عمان

هاتف: +٩٦٨ ٢٥٦٨٨٠٧٥ فاكس: +٩٦٨ ٢٥٦٨٨٠٢٥

البريد الإلكتروني: oakh.ibri@asterhospital.com

www.asterhospital.com

وحدة من مجموعة د.موبين للرعاية الصحية