

Initial Medical Examination Report
INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Place of examination: Aster Hospital Ibra		Date: 21/2/2021	Surname: ASIF	
If a dependant enter employee's name here:		Forenames: MUHAMMAD		
Project:		Address: IBR 1		
Home telephone number:				
Birth date: 01/01/1993	Nationality: Pakistani	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 () 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: 21/02/2021		Signature of Applicant: ASIF		



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. Hemial Orifices
		8. Anus & Rectum
		9. Genito-urinary
		10. Extremities
		11. Musculo-skeletal
		12. Skin & Varicose Vns.
		13. C.N.S.

WM

HEIGHT cm	WEIGHT kg	BMI	S.P.	PULSE	HEARING	VISION	Colour Vision	Blood Group
171cm	66kg	22.6	120/80 mmHg	62/min	L R	DISTANT NEAR Uncorrected Corrected		
						R L R L 6/6 6/6		

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. C/S risk for 40 yrs & above
✓		6. Sickle Cell test		12. HIV, Hepatitis screening

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

ECG shows e/o old turn, no fresh changes.

ASSESSMENT:

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

Date: Name (Block Capitals): Dr.

Signature:

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr.

د. جمال أبو نوح مولين
DR. JAMAL
أ. الكريش: 17171
LICENCE NO: 1244
طبيب تخصصي أمراض باطنية
Signature: 968 9977 7155

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 Asif Khan
Emp #: _____
Date of Assessment: 21/02/2024

1	Age	Years	48
2	Gender	Female/Male	male
3	Total Cholesterol	mmol/L	6.65
4	HDL Cholesterol	mmol/L	1.04
5	Smoker	Yes/No	☒ No
6	Diabetes	Yes/No	☒ No
7	Systolic Blood pressure	mm Hg	124
8	Is the patient being treated for High blood pressure?	Yes/No	☒ No

Framingham Risk score: 9.4 %

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: <u>21/02/2021</u>
Name: <u>Muhammad Asif Khan</u>		Department/Company: <u>Tauk Oman</u>
I. D No. <u>51849158</u>	Tel #	Occupation: <u>Driver</u>

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

Signature: Asif Date: 21/02/21

Fitness to Work Certificate

Employee Data		Date <u>21/02/2024</u>	
Name <u>Muhammad Asif Khan.</u>		Department/Company <u>Taekwondo</u>	
I.D No. <u>21099153</u>	Age <u>48</u>	Occupation <u>Driver</u>	
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	Signature	Date	



DEPARTMENT OF LABORATORY MEDICINE

File No: 0177759	Report No: 0565529
Name: MUHAMMAD ASIF KHAN	Sample Date: 21/02/2021 Time: 9:51
Address:	Received By: SREEJAS
Gender: M Age: 48 Y Nationality: PAKISTANI	Received Date: 21/02/2021 Time: 9:58
GSM No.: 94619438 ID Card No.: 61649158	Report Date: 21/02/2021 Time: 11:45
Ref. By: EXTERNAL DOCTOR	Bill No: 0746883 Bill Date: 21/02/2021
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	5.37 mmol/L	3.9 - 6.1
Method :- Hexokinase	96.66 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	6.65 mmol/L	1 - 5.1
Method:-Enzymatic	257.09 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)	4.84 mmol/L	1.295 - 4.54
" "	187	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.78 mmol/L	0.259 - 1.036
" "	30.09 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	6.39	3.8 - 5.9
TRIGLYCERIDES	1.70 mmol/L	0.564 - 2.146
Method : Enzymatic	150.45 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.3 mg/dL	0.1 - 1
Method : Diazo	5.10 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.2 mg/dL	0.1 - 0.5
Method : Diazo	3.5 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	16.80 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	21.60 U/L	Male: 10-50 Female: 10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	117.19 U/L	Adult : Men -40-129

Processed By:
SWATHY
Lab Technologist

Approved By:
SWATHY
Lab Technologist

Released By:
SREEJA S.
Lab Technologist
MOH License No: 11155

Specialist Pathologist

MOH License No: 13250

MOH License No: 13250

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INVESTIGATION

RESULT

REFERENCE RANGE

TOTAL PROTEIN-SERUM(Colorimetric Assay)	7.91 gm/dL	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
ALBUMIN - SERUM (Colorimetric Assay)	4.72 gm/dL	6.6 - 8.7
GLOBULIN - SERUM (Calculation)	3.19 gm/dL	3.9 - 4.9
ALBUMIN / GLOBULIN RATIO - Calculation	1.48	2.3 - 3.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	U/L	1.2 - 1.5
RENAL FUNCTION TEST (UREA - CREATININE)		Men : 8-61 Female : 5-36
UREA - SERUM	3.70 mmol/L	1.7 - 8.3
Method : Kinetic Assay	22.22 mg/dL	10.2 - 49.8
CREATININE - SERUM	71.16 µmol/L	44.2 - 123.7
Method :-Jaffe Method	0.8 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	7640 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	59.5 %	40-75%
LYMPHOCYTES	32.3 %	20-45%
EOSINOPHILS	0.8 %	2-6 %
MONOCYTES	6.7 %	2-8 %

Processed By:
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Lab Technologist

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Released By:
SREEJAS S.
Lab Technologist
MOH License No: 13250

Specialist Pathologist

MOH License No: 13250

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INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.7 %	0-1%
HB (HEMOGLOBIN)	14.1 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	4.99 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	1.95 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	43.40 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	87.00 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	28.30 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	32.50 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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Lab Technologist

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Released By:
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Lab Technician
MOH No: 11158

Specialist Pathologist

MOH License No: 13250

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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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X-RAY REPORT

Doc No:	0057594		
Name:	MUHAMMAD ASIF KHAN		
Age/DOB:	48 Y	ID Card No	61649158
Sex:	Male		
Referred By:	EXTERNAL DOCTOR		
Clinical Diagnosis:			
X-Ray/UltraSound	CHEST X-RAY		
Date:	21/02/2021		
X-Ray Film No:	TRUCK OMAN		
Bill No:	0746883		
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:

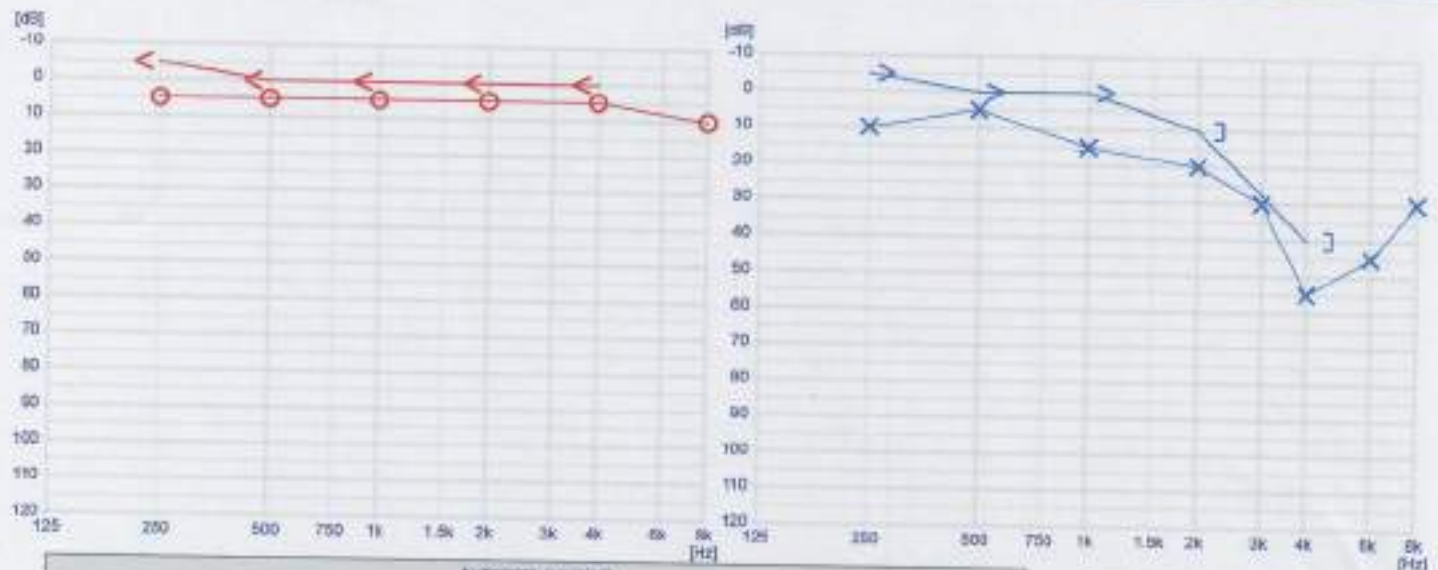

DR. ASIF KHAN
GENERAL PRACTITIONER
LICENSE NO: 12118



Seal

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code: 0746883
Last name, First name, Birth: ASIF KHAN, MUHAMMAD 21.02.2021
Test type: Tonal audiometry
Test date: 21.02.2021



Audiometry (unaided)								
Freq (Hz)	500	1000	1500	2000	3000	4000	6000	8000
Left	5	15		20	30	50	45	30
Right	5	5		5		5		10
Calculate % hearing loss (if insert)		L (%)	R (%)	Binaural (%)	Comments			
Does the applicant exceed 35dB loss in either ear at 0.5, 1.0 or 2.0KHz?				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:- 13.3 dB HL

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

Signature:

Date: 21/02/2021

