Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname: AL GUTAITI
Forenames: OHANIM HAMDI KHAMIS
Address:
Home telephone number:

Place of examination: Aster Hospital, Ibri | Date: 04/04/21

If a dependent enter employee's name here:

Project:

Birth date: 01/04/1981 | Nationality: OMAN | Country of birth: OMAN | 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		Y	N
1. Sinus trouble		✓	21. Cancer		✓	HAVE YOU EVER BEEN:-		
2. Neck swelling/glands		✓	22. Heart Disease		✓	40. Rejected for employment or insurance for medical reasons		
3. Difficulty in vision		✓	23. Rheumatic fever		✓			
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	41. Awarded benefits for industrial injury/illness		
5. Asthma/bronchitis		✓	25. High blood pressure		✓			
6. Hayfever /other significant allergy		✓	26. Stroke		✓	42. Treated for a mental condition, e.g. depression		
7. Any skin trouble		✓	27. Serious chest pain		✓			
8. Tuberculosis		✓	28. Any blood disease		✓	43. Treated for problem drinking or drug abuse		
9. Shortness of breath		✓	29. Kidney disease		✓			
10. Coughed/vomited blood		✓	30. Blood in urine		✓	44. Exposed to toxic substance or noise		
11. Severe abdominal pain		✓	31. Diabetes		✓			
12. Stomach ulcer		✓	32. Headaches/migraine		✓	FOR WOMEN ONLY		
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓	Have you ever had:-		
14. Jaundice or hepatitis		✓	34. Epilepsy		✓	45. An abnormal smear		
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓	46. Any gynaecological treatment		
16. Marked change in bowel habits		✓	36. Surgical operation		✓	47. Are you pregnant?		
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓	48. **Have you had an illness not mentioned above**		
18. Marked change in weight		✓	38. Tropical disease		✓			
19. Varicose veins		✓	39. Fear of heights		✓			
20. Lump in breast/armpit		✓						

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: 04/04/2021 **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.	PULSE	HEARING	VISION					Colour Vision	Blood Group
179 cm	85 kg	26.56	120/70	80/mins.	L		DISTANT		NEAR			
					R		R	L	R	L		
						Uncorrected						
						Corrected						

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

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

ASSESSMENT: Hypertriglyceridemia .. Advised to take medicines and to do fasting lipid profile after 3 months

☑ **FIT ALL AREAS** ☐ **FIT WITH RESTRICTION** ☐ **TEMPORARY UNFIT** ☐ **UNFIT**

Date: Name (Block Capitals): Dr. NANDANA DAMOD Signature: [signature]

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr. Signature:

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 04/04/2021
Name: Gibanim Hamdi Khamis Al Ghafli		Department/Company: Fracknam Mouth LLC.
I. D No. 1154752	Tel # 98868752	Occupation: DRIVER, Operator

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

Signature: _____ **Date:** 04/04/2021

Fitness to Work Certificate

Employee Data			Date 04/04/2021
Name	Mohammed Hamdi Khamis Al Sulaiti		Department/Company Farkaman Alcatel LLC
I.D No.	11541152	Age 40	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			
Puling, 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			Date
Name of health advisor Dr. Nandana P	**Signature**	**Date**	

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فاكس +٩٦٨ ٢٥٦٨ ٨٠٢٥
نقال +٩٦٨ ٩١٣٩ ٩٠٧٣ / ٧١٥٥ ٩٩٧٧

222221
40 Years

GHANIM HANDI
Male

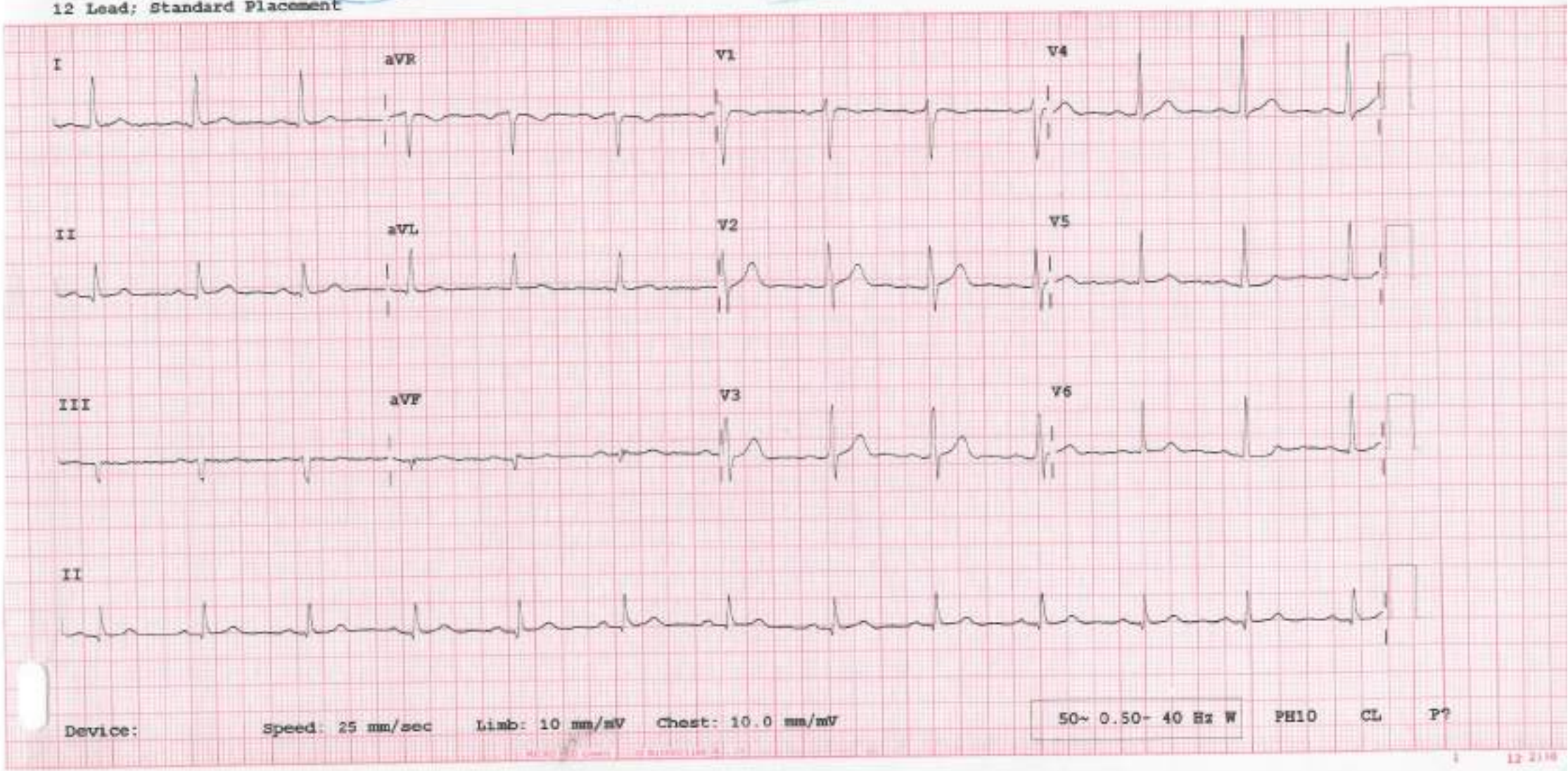
04-Apr-21 10:57:24 AM
Oman AlKhair Hospital (Emergenc>

Rate	76
RR	789
PR	171
QRSD	94
QT	352
QTc	396

--AXIS--

P	14
QRS	-3
T	30

12 Lead; Standard Placement



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV 50~ 0.50- 40 Hz W PH10 CL P?

DEPARTMENT OF LABORATORY MEDICINE

File No:	0222221	**Report No:**	0569427		
Name:	GHANIM HANDI KHAMIS AL QUTAITI	**Sample Date:**	04/04/2021	**Time:**	10:40
		Received By:	SREEJAS		
Address:		**Received Date:**	04/04/2021	**Time:**	10:44
Gender:	M **Age:** 40 Y **Nationality:** OMANI	**Report Date:**	04/04/2021	**Time:**	12:30
GSM No.:	98808752 **ID Card No.:** 11541752	**Bill No:**	0752429	**Bill Date:**	04/04/2021
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Preliminary		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	5.42 mmol/L	3.9 - 6.1
Method :- Hexokinase	97.56 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	4.51 mmol/L	1 - 5.1
Method:-Enzymatic	174.36 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	**0.75 mmol/L**	0.777 - 1.813
" "	**29.10 mg/dl**	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	**1.07 mmol/L**	1.295 - 4.54
" "	**41.36**	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	**2.69 mmol/L**	0.259 - 1.036
" "	**103.9 mg/dl**	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	**6.01**	3.8 - 5.9
TRIGLYCERIDES	**5.87 mmol/L**	0.564 - 2.146
Method : Enzymatic	**519.495 mg/dl**	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.46 mg/dL	0.1 - 1
Method : Diazo	7.80 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.15 mg/dL	0.1 - 0.5
Method : Diazo	2.50 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	25.10 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	40.80 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	56.09 U/L	Adult : Men -40-129

SREEJAS
Lab Technician
MOH Reg.: 11155

Processed By: JIBI, *Lab Technologist*, MOH LIC No: 4384

Approved By: *Lab Technologist*

Released By: SREEJAS, *Lab Technologist*, MOH License No: 11155

Specialist Pathologist

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فاكس: ٢٥٦٨٨٠٢٦+٩٦٨
نقال: ٩٩٧٣٩١٣٩/٧٧٥٥٩٩٧٧+٩٦٨

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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)	8.26 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.67 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3.59 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.3	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	33.50 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	4.10 mmol/L	1.7 - 8.3
Method : Kinetic Assay	24.62 mg/dL	10.2 - 49.8
CREATININE - SERUM	70.87 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.8 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	8140 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	34.1 %	40-75%
LYMPHOCYTES	45.7 %	20-45%
EOSINOPHILS	8.0 %	2-6 %
MONOCYTES	11.5 %	2-8 %

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MOH LIC No: 4384

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نحن نعتني بك دائما

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Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Preliminary		

INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.7 %	0-1%
HB (HEMOGLOBIN)	14.5 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	4.90 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	3.37 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	44.90 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	91.60 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	29.60 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	32.30 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	04 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	

Processed By: JIBI, *Lab Technologist*
MOH LIC No: 4384

Approved By: *Lab Technologist*

Released By: SREEJAS, *Lab Technologist*
MOH License No: 11155

Specialist Pathologist

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INVESTIGATION	RESULT	REFERENCE RANGE
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	

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X-RAY REPORT

Doc No:	0057920		
Name:	GHANIM HANDI KHAMIS AL QUTAITI		
Age/DOB:	40 Y	ID Card No	11541752
Sex:	Male		
Referred By:	EXTERNAL DOCTOR		
Clinical Diagnosis:			
X-Ray/UltraSound	CHEST X-RAY		
Date:	04/04/2021		
X-Ray Filim No:	TRUCK OMAN		
Bill No:	0752429		
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. KALESHA SHAIK
Specialist Radiology
MOH Reg. No. 17925

Seal

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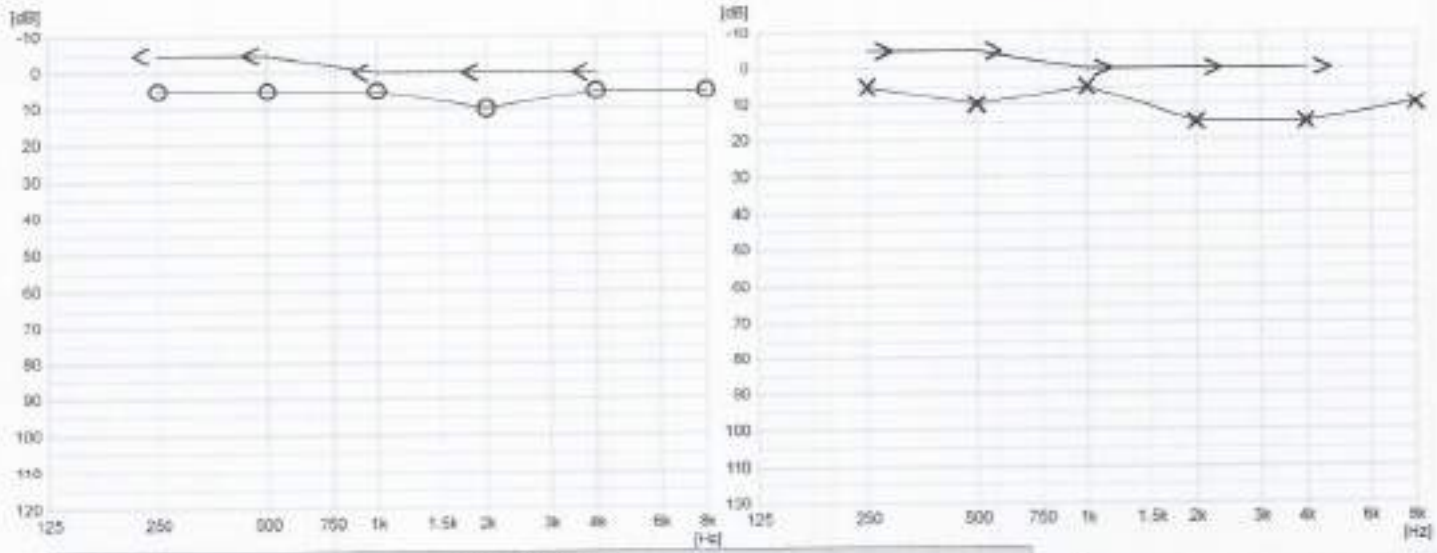
فاكس: ٢٥٦٨ ٨٠٢٥ ٩٦٨+
نقال: ٩٩٣٩ ٩٠٧٣/٧١٥٥ ٩٩٧٧ ٩٦٨+

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code	Last name, First name	Born
0752429	AL QUTAITI , GHANIM HA[redacted]IS	
Test type	**Test date**	
Tonal audiometry	04.04.2021	



Audiometry (unaided)								
Freq [Hz]	500	1000	1500	2000	3000	4000	6000	8000
Left	10	5		15		15		10
Right	5	5		10		5		5

Calculate % hearing loss (if known)	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	↓	

PTA
Right :- 6-6 dBHL
left :- 10 dBHL

Comments
BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

Signature:

C.R. No. 1093393
P.O. Box: 1371
Postal Code: 133
Sultanate of Oman

Date: 04/04/2021