


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

Surname: Yonus					
Forenames: Yoon Yonus Salim Mohamed					
Address: ibri					
Place of examination: Aster Hospital, Ibri	Date: 03/02/2021				
Home telephone number: 96 28 11 33					
If a dependant enter employee's name here:					
Project:					
Birth date: 20/11/1990	Nationality: Indian				
Country of birth: India					
Religion:					
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" 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: 3					
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	Y	N
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	HAVE YOU EVER BEEN:-	
1. Sinus trouble		21. Cancer		40. Rejected for employment or insurance for medical reasons	<input checked="" type="checkbox"/>
2. Neck swelling/glands		22. Heart Disease		41. Awarded benefits for industrial injury/illness	<input checked="" type="checkbox"/>
3. Difficulty in vision		23. Rheumatic fever		42. Treated for a mental condition, e.g. depression	<input checked="" type="checkbox"/>
4. Any ear discharge		24. Abnormal heartbeat		43. Treated for problem drinking or drug abuse	<input checked="" type="checkbox"/>
5. Asthma/bronchitis		25. High blood pressure		44. Exposed to toxic substance or noise	<input checked="" type="checkbox"/>
6. Hayfever /other significant allergy		26. Stroke		FOR WOMEN ONLY	
7. Any skin trouble		27. Serious chest pain		Have you ever had:-	
8. Tuberculosis		28. Any blood disease		45. An abnormal smear	
9. Shortness of breath		29. Kidney disease		46. Any gynaecological treatment	
10. Coughed/vomited blood		30. Blood in urine		47. Are you pregnant?	
11. Severe abdominal pain		31. Diabetes		48. Have you had an illness not mentioned above	
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/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: 03/02/2021		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 /mins.	HEARING L R	VISION				Colour Vision	Blood Group
171 cm	73 kg	25.0	120 80 mily	80 bpm			DISTANT	NEAR			
							R	L	R	L	
						Uncorrected	6/9	6/9	6/9	6/6	
						Corrected	6/6	6/6	6/6	6/6	

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS		N	A	
<input checked="" type="checkbox"/>		1. Urinalysis		<input checked="" type="checkbox"/>		7. Audiogram
<input checked="" type="checkbox"/>		2. Hb, Bloodcount, ESR		<input checked="" type="checkbox"/>		8. Lung Function
<input checked="" type="checkbox"/>		3. LFT, RFT, RBS		<input checked="" type="checkbox"/>		9. Chest X-Ray
<input checked="" type="checkbox"/>		4. Drug Screen		<input checked="" type="checkbox"/>		10. ECG
<input checked="" type="checkbox"/>		5. Lipids (40 years +)				11. CVS risk for 40 yrs. & above
<input checked="" type="checkbox"/>		6. Sickie Cell test				12. HIV, Hepatitis screening

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

ASSESSMENT:

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

Advice : FBS, Fasting lipid profile after one month Medication

Date: 3/02/2021

Name (Block Capitals): Dr. RAHMAN

Signature: DR. RAHMAN SARASWATHI
GENERAL PRACTITIONER
REG. NO. 8860

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr.

Signature:

DEPARTMENT OF LABORATORY MEDICINE

File No: 183596	Report No: 0563971
Name: YONUS SALIM MUDERI	Sample Date: 03/02/2021 Time: 12:10
Address:	Received By: ASHWINI
Gender: M Age: 51 Y Nationality: INDIAN	Received Date: 03/02/2021 Time: 12:14
GSM No.: 94381133 ID Card No.: 116159485	Report Date: 03/02/2021 Time: 12:49
Ref. By: EXTERNAL DOCTOR	Bill No: 0744896 Bill Date: 03/02/2021
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
RBS (RANDOM BLOOD SUGAR)	12.82 mmol/L	3.9 - 7.8
Method :- Hexokinase	230.76 mg/dL	70 - 140
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	9.05 mmol/L	1 - 5.1
Method:-Enzymatic	349.87 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.39 mmol/L	0.777 - 1.813
" "	53.50 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	4.39 mmol/L	1.295 - 4.54
" "	169.64	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	3.28 mmol/L	0.259 - 1.036
" "	126.73 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	6.51	3.8 - 5.9
TRIGLYCERIDES	7.16 mmol/L	0.564 - 2.146
Method : Enzymatic	633.66 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.54 mg/dL	0.1 - 1
Method : Diazo	9.30 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.17 mg/dL	0.1 - 0.5
Method : Diazo	2.92 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	18.70 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	22.40 U/L	Male: 10-50 Female: 10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	96.18 U/L	Adult : Men -40-129

Processed By:
SWATHY

Lab Technologist

MOH License No: 13250

Approved By:
ASHWINI

Lab Technologist

Released By:
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MOH License No: 16064

Specialist Pathologist

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A Unit of DM Healthcare LLC

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