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Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname	
Forenames	Santhil Kumar
Address:	Ibri
Home telephone number	

Place of examination: Aster Hospital, Ibri	Date: 11/6/21		
If a dependant enter employee's name here:			
Birth date: 18-10-1977	Nationality: INDIAN	Project:	
☑ Male ☐ Female	☑ Married ☐ Single ☐ Separated /Divorced	Country of birth:	Religion:
		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			41. Awarded benefits for industrial injury/illness		✓
4. Any ear discharge		✓	24. Abnormal heartbeat			42. Treated for a mental condition, e.g. depression		✓
5. Asthma/bronchitis		✓	25. High blood pressure			43. Treated for problem drinking or drug abuse		✓
6. Hayfever /other significant allergy		✓	26. Stroke			44. Exposed to toxic substance or noise		✓
7. Any skin trouble		✓	27. Serious chest pain			FOR WOMEN ONLY		
8. Tuberculosis		✓	28. Any blood disease			Have you ever had:-		
9. Shortness of breath		✓	29. Kidney disease			45. An abnormal smear		
10. Coughed/vomited blood		✓	30. Blood in urine			46. Any gynaecological treatment		
11. Severe abdominal pain		✓	31. Diabetes			47. Are you pregnant?		
12. Stomach ulcer		✓	32. Headaches/migraine			48. Have you had an illness not mentioned above		
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: 11/6/21 **Signature of Applicant:**

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
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ص.ب ٤٠٠ الرمز البريدي ٥١١
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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
							DISTANT		NEAR		
							R	L	R	L	
162 cm	67 kg	150	140/80	72 /mins.	L	Uncorrected	6/6		6/24		
					R	Corrected	6/6		6/24		

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:

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

Date: 13/6/21 Name (Block Capitals): Dr. SURESH Signature:

DR. SURESH KUMARAN
LICENCE NO: 5741
MEDICAL OFFICER
ANESTHESIA

REVIEW/CONSULTATION

Date: 13-6-2021 Name (Block Capitals): Dr. Signature:

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هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٧١٥٥٩٩٧٧/٩٣٩٩٠٧٣+٩٦٨

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ص.ب: ٤٠٠ الرمز البريدي: ٥١١
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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: Senthil Kumar.
Emp #:
Date of Assessment: 13-06-2021

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

Framingham Risk score: 5.6 %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by:

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Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date:
Name:		Department/Company:
I. D No.	Tel #	Occupation : Helper

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

Signature: M Senthil Kumar **Date:** 1/

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Fitness to Work Certificate

Employee Data			Date 11-06-2021
Name Senthil Kumar.			Department/Company
I.D No. 1059/6284	Age 43-Y		Occupation Helper.

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	**Signature**	**Date** 11-06-2021	

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DEPARTMENT OF LABORATORY MEDICINE

File No:	0224430	**Report No:**	0575096
Name:	SENTHIL KUMAR	**Sample Date:**	11/06/2021 **Time:** 8:31
Address:		**Received By:**	ASHWINI
Gender:	M **Age:** 43 Y **Nationality:** INDIAN	**Received Date:**	11/06/2021 **Time:** 8:46
GSM No.:	93805822 **ID Card No.:** 105916284	**Report Date:**	11/06/2021 **Time:** 09:40
Ref. By:	EXTERNAL DOCTOR	**Bill No:**	0760560 **Bill Date:** 11/06/2021
		Report Status:	Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 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)	3.33 mmol/L	1 - 5.1
Method:-Enzymatic	128.74 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.17 mmol/L	0.777 - 1.813
" "	45.0 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	1.45 mmol/L	1.295 - 4.54
" "	55.95	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.72 mmol/L	0.259 - 1.036
" "	27.79 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	**2.85**	3.8 - 5.9
TRIGLYCERIDES	1.57 mmol/L	0.564 - 2.146
Method : Enzymatic	138.945 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.49 mg/dL	0.1 - 1
Method : Diazo	8.40 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.22 mg/dL	0.1 - 0.5
Method : Diazo	3.69 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	41.00 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	46.20 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	82.92 U/L	Adult : Men -46-129

Processed By:
ASHWINI
Lab Technologist
MOH License No: 16064

Approved By:
ASHWINI
Lab Technologist
MOH License No: 16064

Reviewed By:
ASHWINI
Lab Technologist
MOH License No: 16064

ASHWIN PATHEESAN
MEDICAL LABORATORY TECHNOLOGIST
Reg. No. 16064

Specialist Pathologist

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عبري، سلطنة عمان

DEPARTMENT OF LABORATORY MEDICINE

File No: 0224430
Name: SENTHIL KUMAR
Address:
Gender: M **Age:** 43 Y **Nationality:** INDIAN
GSM No.: 93805822 **ID Card No.:** 105916284
Ref. By: EXTERNAL DOCTOR

Report No: 0575096
Sample Date: 11/06/2021 **Time:** 8:31
Received By: ASHWINI
Received Date: 11/06/2021 **Time:** 8:46
Report Date: 11/06/2021 **Time:** 09:40
Bill No: 0760560 **Bill Date:** 11/06/2021
Report Status: Final

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)	8.23 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.61 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	**3.62 gm/dL**	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.27	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	35 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM		
Method : Kinetic Assay	4.00 mmol/L	1.7 - 8.3
	24.02 mg/dL	10.2 - 49.8
CREATININE - SERUM	66.89 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.76 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	4360 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	47.5 %	40-75%
LYMPHOCYTES	38.3 %	20-45%
EOSINOPHILS	4.6 %	2-6 %
MONOCYTES	8.9 %	2-8 %

Processed By:
ASHWINI
Lab Technologist
MOH License No: 16084

Approved By:
ASHWINI
Lab Technologist

Reviewed By:
ASHWINI PATHEESAN
MEDICAL LAB. TECHNOLOGIST
ASHWINI
Lab Technologist
MOH License No: 16064

OMAN AL-KHAIR HOSPITAL L.L.C
Specialist Pathologist

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DEPARTMENT OF LABORATORY MEDICINE

File No:	0224430	**Report No:**	0575096
Name:	SENTHIL KUMAR	**Sample Date:**	11/06/2021 **Time:** 8:31
Address:		**Received By:**	ASHWINI
Gender:	M **Age:** 43 Y **Nationality:** INDIAN	**Received Date:**	11/06/2021 **Time:** 8:46
GSM No.:	93805822 **ID Card No.:** 105916284	**Report Date:**	11/06/2021 **Time:** 09:40
Ref. By:	EXTERNAL DOCTOR	**Bill No:**	0760560 **Bill Date:** 11/06/2021
		Report Status:	Final

INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.7 %	0-1%
HB (HEMOGLOBIN)	13.8 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.21 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.60 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	43.40 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	83.30 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	26.50 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	31.80 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	02 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:
ASHWINI
Lab Technologist
MOH License No: 16064

Approved By:
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Lab Technologist

Released By:
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MOH License No: 16064

RATHEESAN ASHWINI MEDICAL LAB TECHNOLOGIST No. 16064

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فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٧٧٥٥٩٩٧٧/٧١٥٥٩٩٧٧ ٩٦٨+

DEPARTMENT OF LABORATORY MEDICINE

File No:	0224430				
Name:	SENTHIL KUMAR	**Report No:**	0575096		
		Sample Date:	11/06/2021	**Time:**	8:31
Address:		**Received By:**	ASHWINI		
Gender:	M **Age:** 43 Y **Nationality:** INDIAN	**Received Date:**	11/06/2021	**Time:**	8:46
GSM No.:	93805822 **ID Card No.:** 105916284	**Report Date:**	11/06/2021	**Time:**	09:40
Ref. By:	EXTERNAL DOCTOR	**Bill No:**	0760560	**Bill Date:**	11/06/2021
		Report Status:	Final		

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:	0058105
Name:	SENTHIL KUMAR
Age/DOB:	43 Y
ID Card No	105916284
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	10/06/2021
X-Ray Filim No:	TO
Bill No:	0760560
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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ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

43 Years

SENTHIL KUMAR
Male

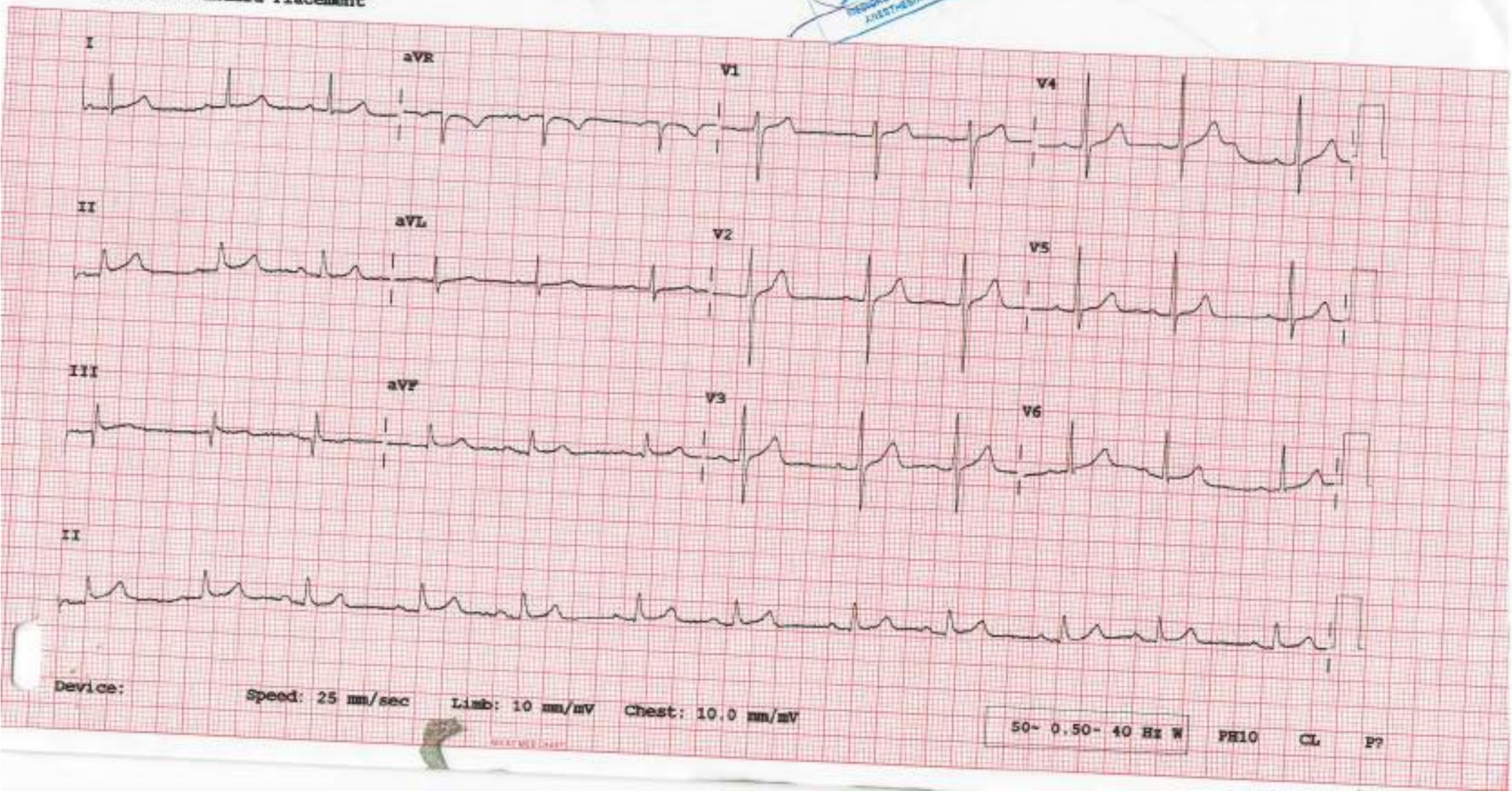
11-Jun-21 08:43:14 AM
Oman AlKhair Hospital (Emergenc>

Rate	71
RR	845
PR	169
QRSD	83
QT	384
QTc	418

--AXIS--

P	47
QRS	46
T	35

12 Lead; Standard Placement



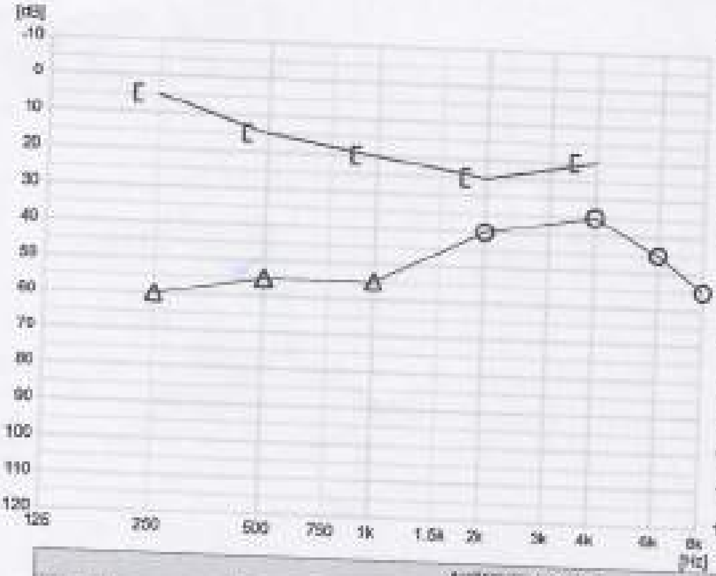
Device:

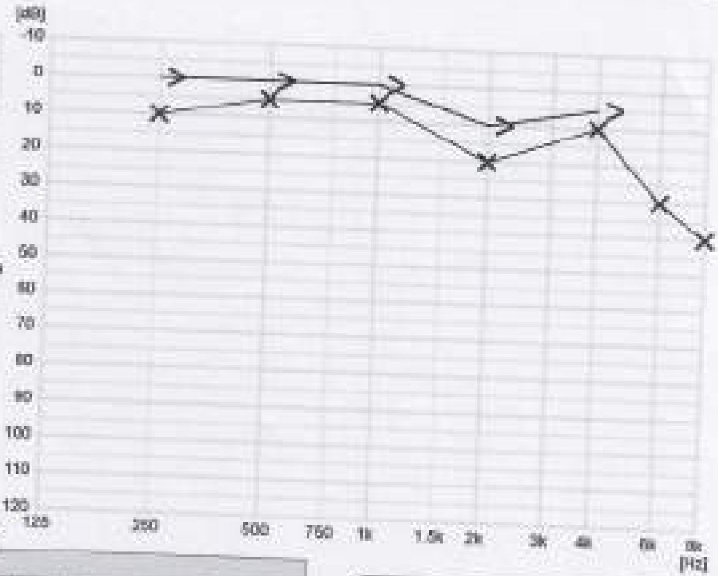
Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

50~ 0.50~ 40 Hz W PH10 CL P?

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code:	Last name , First name	Born:
0760060	KUMAR , SENTHIL	12.06.2021
Test type:	**Test date:**	
Tonal audiometry	12.06.2021	





Audiometry (unaided)								
Freq [Hz]	500	1000	1500	2000	3000	4000	6000	8000
Left	5	5		30		10	30	40
Right	55	50		40		35	40	55

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	

PTA
Right:- 50dBHL
Left:- 10dBHL

Legend	R	L
Air	O	X
Air/Masked	Δ	□
Bone	<	>
Bone/Masked	[	]
MCL	M	M
UCL	m	m
Free Field	Ø	※
Free Field/Aided	A	A
Binaural	B	
No response	↓	

Comments

RIGHT EAR: MODERATE MIXED HEARING LOSS

LEFT EAR: HEARING SENSITIVITY WITHIN NORMAL LIMITS

Signature:

P.O. Box: 2373
Postal Code: 133
Sultanate of Oman
SUPER QUALITY HEARING AID & SPEECH THERAPY CENTER

Date: 12/06/2021