Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname	Philip Conn.
Forenames	
Address:	
Home telephone number	92169489

Place of examination: Aster Hospital, Ibri	Date: 23/1/24		
If a dependant enter employee's name here:		Project:	
Birth date: 17/3/1986	Nationality: British	Country of birth: British	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		✓			
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓	47. Are you pregnant?		
18. Marked change in weight		✓	38. Tropical disease		✓	48. **Have you had an illness not mentioned above**		
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: **Signature of Applicant:** 23/1/2024

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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	N
		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 /mins.	HEARING	VISION					Colour Vision	Blood Group
					L		DISTANT		NEAR			
					R		R	L	R	L		
179	92	28.7	154/100	82		Uncorrected	6/6		6/6.			
						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.)
DM / HTN – on Rx uncontrolled.
Other physicals unremarkable

ASSESSMENT:

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

Date: 23/01/2022. Name (Block Capitals): Dr. Signature:

REVIEW/CONSULTATION

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

DR. KIRAN RAVEENDRAN NAIR
GENERAL PRACTITIONER

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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: Philip Cann
Emp #: 98388689
Date of Assessment: 24/01/2022.

1	Age	Years 55	
2	Gender	Female/Male ✓	
3	Total Cholesterol	mmol/L 3.87	
4	HDL Cholesterol	mmol/L 1.3	
5	Smoker	Yes/No ✓	
6	Diabetes	Yes/No ✓	
7	Systolic Blood pressure	mm Hg 136	
8	Is the patient being treated for High blood pressure?	Yes/No ✓	

Framingham Risk score: 15.6 %

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: 23/1/22
Name: Phillip cann		Department/Company:
I. D No. 98388689	Tel # 72169489	Occupation :

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
0	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	0

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

Signature: _____ **Date:** 23-1-22

Fitness to Work Certificate

Employee Data		Date 23/1/22
Name phillip cam		Department/Company
I.D No. 98388 689	Age 559	Occupation

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** 23/1/22	

DEPARTMENT OF LABORATORY MEDICINE

File No:	203706	**Report No:**	0598242		
Name:	PHILLIP CANN	**Sample Date:**	23/01/2022	**Time:**	10:20
		Received By:	JIBI		
Address:		**Received Date:**	23/01/2022	**Time:**	10:23
Gender:	M **Age:** 55 Y **Nationality:** BRITISH	**Report Date:**	23/01/2022	**Time:**	12:35
GSM No.:	92169489 **ID Card No.:** 98388689	**Bill No:**	0805707	**Bill Date:**	23/01/2022
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL		
RBS (RANDOM BLOOD SUGAR)	5.40 mmol/L	3.9 - 7.8
Method :- Hexokinase	97.2 mg/dL	70 - 140
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	2.54 mmol/L	1.7 - 8.3
Method : Kinetic Assay	15.26 mg/dL	10.2 - 49.8
CREATININE - SERUM	73.79 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.83 mg/dl	0.5 - 1.4
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.563 mg/dL	0.1 - 1
Method : Diazo	9.63 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.207 mg/dL	0.1 - 0.5
Method : Diazo	3.54 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	27.71 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	39.94 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	70.60 U/L	Adult : Men -40-129 :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)	7.20 gm/dL	6.6 - 8.7

Processed By: JIBI *Lab Technologist*

Approved By: SREERAJ *Lab Technologist*

Released By: SREERAJ *Lab Technologist*

Specialist Pathologist

MOH LIC No: 4384

MOH License No: 6644

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

INVESTIGATION	RESULT	REFERENCE RANGE
ALBUMIN - SERUM (Colorimetric Assay)	4.52 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.68 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.69	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	70.97 U/L	Men : 8-61 Female : 5-36
ESR (ERYTHROCYTE SEDIMENTATION RATE)	05 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.		
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	7300 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	50.4 %	40-75%
LYMPHOCYTES	37.8 %	20-45%
EOSINOPHILS	1.5 %	2-6 %
MONOCYTES	9.9 %	2-8 %
BASOPHILS	0.4 %	0-1%
HB (HEMOGLOBIN)	16.7 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.06 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	1.73 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	49.30 %	Males : 42% - 52% Females : 37% - 47%

Processed By:
JIBI
Lab Technologist
MOH LIC No: 4384

Approved By:
SREERAJ
Lab Technologist

Released By:
SREERAJ
Lab Technologist
MOH License No: 6644

Specialist Pathologist

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INVESTIGATION	RESULT	REFERENCE RANGE
MCV (MEAN CORPUSCULAR VOLUME)	97.40 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	33.00 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	33.90 g/dl	32 - 36 g/dl
HEPATITIS B SUFACE ANTIGEN (HBsAg)	Non Reactive (0.346)	Non Reactive: less than 1.000 Reactive: equal or more than 1.000
HEPATITIS C VIRUS ANTIBODY	Non Reactive (0.032)	Non Reactive: less than 1.000 Reactive: equal or more than 1.000
URINE ROUTINE		
URINE BIOCHEMISTRY		
GLUCOSE	NIL	
PROTEIN	NIL	
KETONE	NIL	
BILIRUBIN	NIL	
pH	ACIDIC	
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	
LIPID PROFILE - SERUM		

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INVESTIGATION	RESULT	REFERENCE RANGE
CHOLESTEROL (TOTAL)	3.87 mmol/L	1 - 5.1
Method:-Enzymatic	149.61 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.300 mmol/L	0.777 - 1.813
" "	50.26 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	1.83 mmol/L	1.295 - 4.54
" "	70.68	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.74 mmol/L	0.259 - 1.036
" "	28.67 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	2.98	3.8 - 5.9
TRIGLYCERIDES	1.62 mmol/L	0.564 - 2.146
Method : Enzymatic	143.37 mg/dl	50 - 190
SICKLE CELL	NEGATIVE	
HIV 1&2 (ANTIGEN - ANTIBODY)	Non Reactive (0.160)	Non Reactive: less than 1.000 Reactive: equal or more than 1.000
Method-Electro-Chemiluminescent immunoassay (ECLIA)		

SREERAJ
Medical Lab Technologist

Processed By:	*Approved By:*	*Released By:*	
JIBI	**SREERAJ**	**SREERAJ**	
Lab Technologist	*Lab Technologist*	*Lab Technologist*	*Specialist Pathologist*
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X-RAY REPORT

Doc No:	0060208
Name:	PHILLIP CANN
Age/DOB:	55 Y — Omani ID/ L.Card No:: 98388689
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	23/01/2022
X-Ray Filim No:	PDO
Bill No:	0805707
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. 17825

Seal

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203706
55 Years

PHILLIP CANN
Male

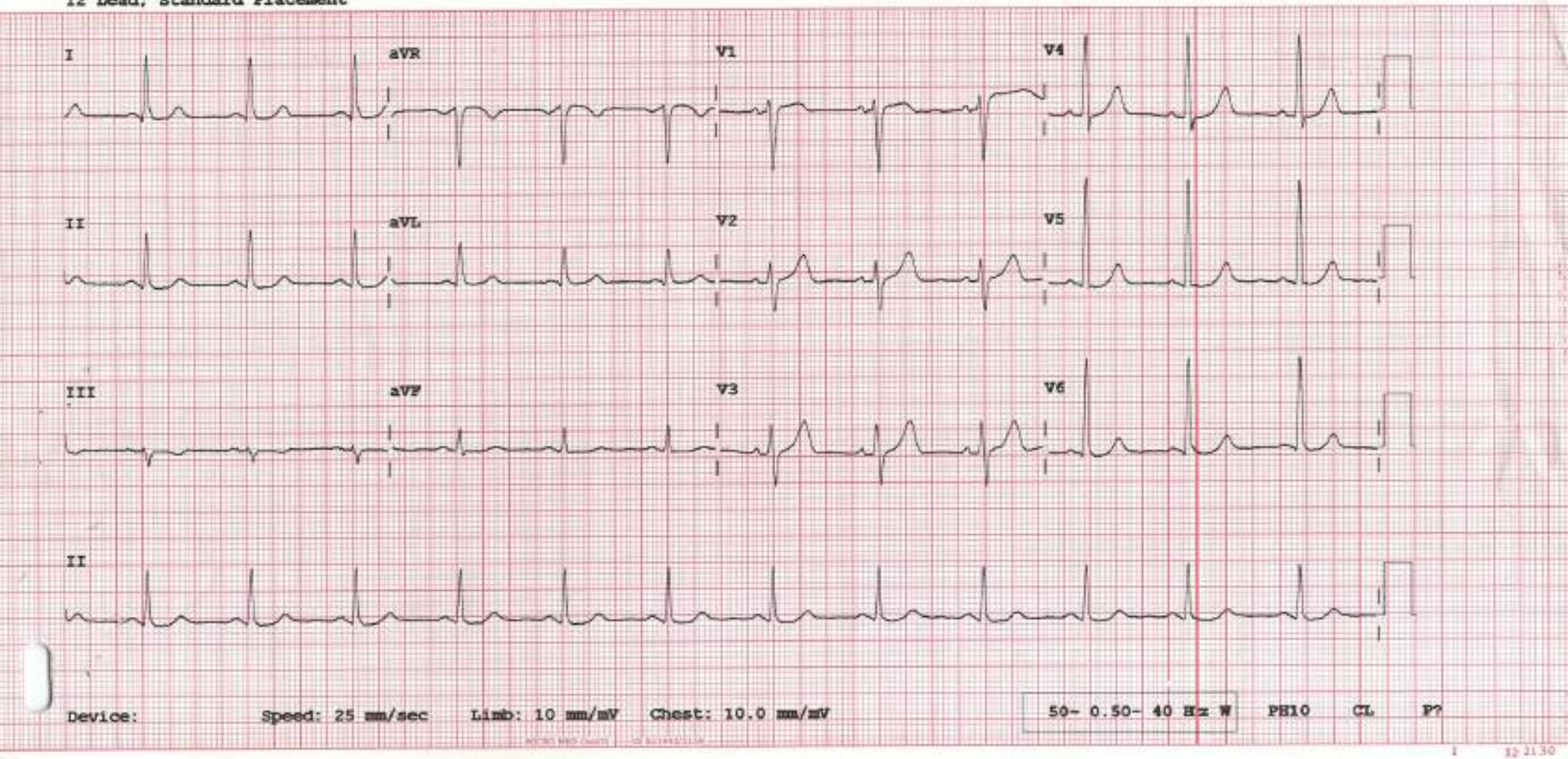
23-Jan-22 09:39:22 AM
ASTER HOSPITAL IBRI (Emergency)

Rate	75
RR	800
PR	120
QRSD	101
QT	380
QTc	425

--AXIS--

P	40
QRS	18
T	24

12 Lead; Standard Placement



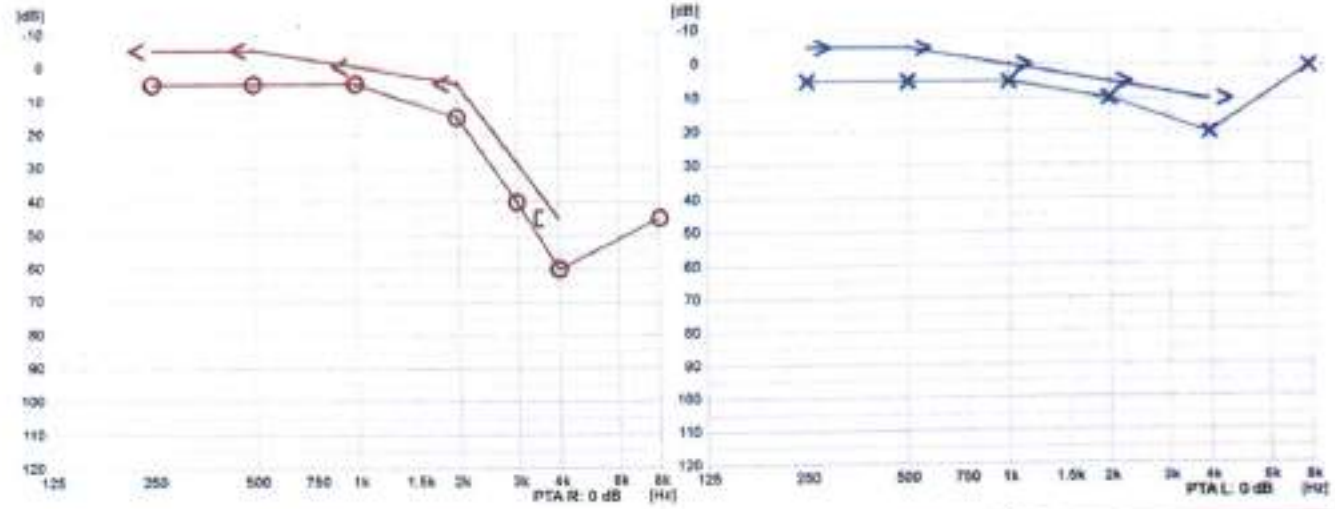
Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV 50~ 0.50~ 40 Hz W PH10 CL P?

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

IBRI

22349191

Code:	Last name , First name	Born:
0805707	CANN , PHILLIP	23/01/2022
Test type	**Test date:**	
Tonal audiometry	23/01/2022	



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	I	

PTA
Right:- 8.3 dBHL
Left:- 6.6 dBHL

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

Signature:

Date: 23/01/2022