

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

Place of examination: Aster Hospital Ibr		Date: 01/3/21	Surname: Singh	
			Forenames: Lovepreet	
			Address:	
			Home telephone number:	
If a dependant enter employee's name here:				
Project:				
Birth date:	Nationality:	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 purposefully withheld important medical information.				
Date: 28/2/21/3/21		Signature of Applicant: Love		



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.

and

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	Colour Vision	Blood Group
172	85		130/80	70/min.	L R	DISTANT NEAR R L R L Uncorrected Corrected		
						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. CVS risk for 40 yrs. & above
☒		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 ☐ TEMPORARY UNFIT ☐ UNFIT

Date: 10/03/2021 Name (Block Capitals): Dr. DR. RACIF

Signature:

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr.

Signature:



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: Love Preeti
Emp #: _____
Date of Assessment: 1/3/2021

1	Age	27 Years	
2	Gender	Female ☒ Male ☐	
3	Total Cholesterol	5.13 mmol/L	
4	HDL Cholesterol	1.19 mmol/L	
5	Smoker	Yes ☐ No ☒	
6	Diabetes	Yes ☐ No ☒	
7	Systolic Blood pressure	130 mm Hg	
8	Is the patient being treated for High blood pressure?	Yes ☐ No ☒	

Framingham Risk score: 2.3 %

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: 01/3/2021
Name: Lovepreet		Department/Company: Truckcomap
I. D No.	Tel #	Occupation: Driver

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

Signature: Lovepreet Date: 1/3/21



Fitness to Work Certificate

Employee Data		Date 01/3/2021	
Name Love Preet		Department/Company Truckman	
I.D No.	Age	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			
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 11/03/2021	Date

DEPARTMENT OF LABORATORY MEDICINE

File No: 220059	Report No: 0566288
Name: LOVEPREET SINGH	Sample Date: 01/03/2021 Time: 9:47
Address:	Received By: SWATHY
Gender: M Age: 27 Y Nationality: INDIAN	Received Date: 01/03/2021 Time: 9:53
GSM No.: 95627232 ID Card No.: 116041642	Report Date: 01/03/2021 Time: 12:44
Ref. By: EXTERNAL DOCTOR	Bill No: 0747824 Bill Date: 01/03/2021
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 40 (Truckoman)		
FBS (FASTING BLOOD SUGAR)	5.64 mmol/L	3.9 - 6.1
Method :- Hexokinase	101.52 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	5.13 mmol/L	1 - 5.1
Method:-Enzymatic	198.33 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.19 mmol/L	0.777 - 1.813
" "	46.10 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3 mmol/L	1.295 - 4.54
" "	115.77	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.94 mmol/L	0.259 - 1.036
" "	36.46 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	4.31	3.8 - 5.9
TRIGLYCERIDES	2.06 mmol/L	0.564 - 2.146
Method : Enzymatic	182.31 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.68 mg/dL	0.1 - 1
Method : Diazo	11.70 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)	25.60 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	37.10 U/L	Male: 10-50 Female: 10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	108.95 U/L	Adult : Men -40-129

Processed By:
SWATHY
Lab Technologist

Approved By:
SWATHY
Lab Technologist

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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)	8.17 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	5.02 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3.15 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.59	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	50.70 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	3.50 mmol/L	1.7 - 8.3
Method : Kinetic Assay	21.02 mg/dL	10.2 - 49.8
CREATININE - SERUM	65.82 µmol/L	44.2 - 123.7
Method : Jaffe Method	0.74 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	10350 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	62.1 %	40-75%
LYMPHOCYTES	29.0 %	20-45%
EOSINOPHILS	2.5 %	2-6 %
MONOCYTES	5.9 %	2-8 %

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INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.5 %	0-1%
HB (HEMOGLOBIN)	16.8 gm/dl	Male-13 - 18 gm/dl Female-11 - 15 gm/dl
TOTAL RBC COUNT	5.95 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	3.03 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	52.50 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	88.20 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	28.20 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	32.00 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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Report Status: Final

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:	0057674		
Name:	LOVEPREET SINGH		
Age/DOB:	27 Y	ID Card No	116041642
Sex:	Male		
Referred By:	EXTERNAL DOCTOR		
Clinical Diagnosis:			
X-Ray/UltraSound	CHEST X-RAY		
Date:	01/03/2021		
X-Ray Film No:	TRUCK OMAN		
Bill No:	0747824		
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

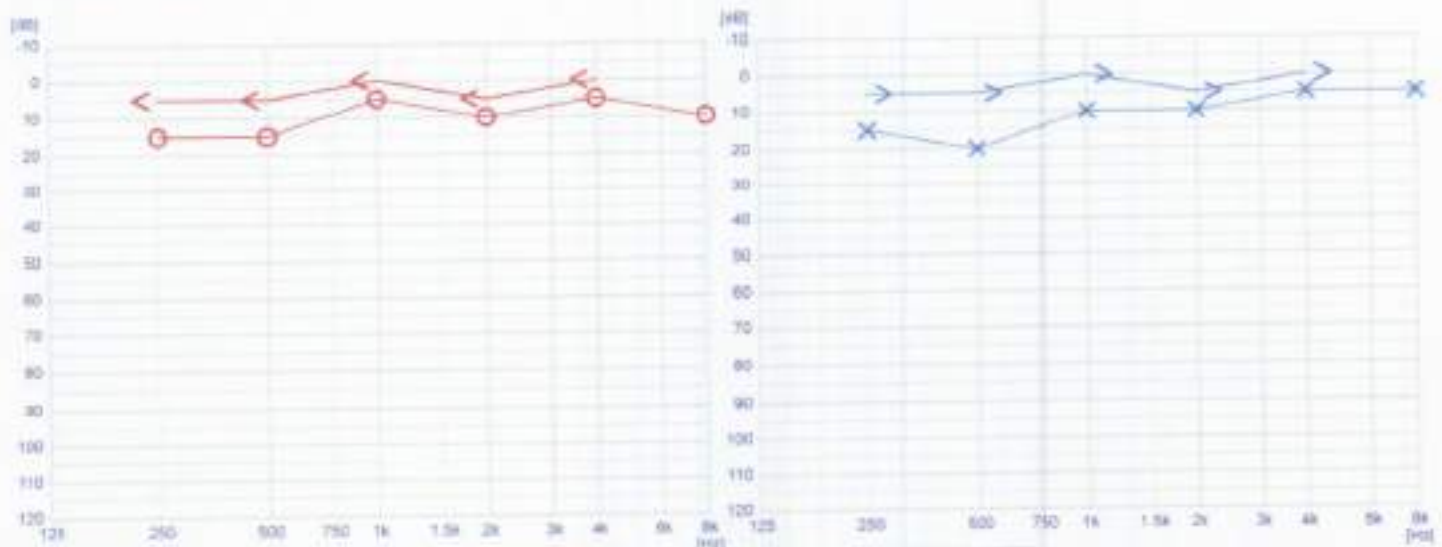
Conclusion: A normal X-ray appearance

Signature: 



SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code: 0747624 Last name, FYSE name: SINGH, LOVEPREET Date: 01.03.2021
Test type: Tonal audiometry Test date: 01.03.2021



Audiometry (unaided)								
Freq [Hz]	500	1000	1500	2000	3000	4000	6000	8000
Left	10	10		10		5		5
Right	15	5		10		5		10
Calculate % hearing loss (if known)			L (%)	R (%)	Binaural (%)	Comments		
Does the applicant exceed 30dB loss in either ear at 0.5, 1.0 or 2.0KHz?					Yes/No			

Legend	R	L
Air	○	×
AirMasked	△	□
Bone	<	>
BoneMasked	[	]
MCL	M	M
UCL	m	m
Free Field	⊗	⊗
Free Field/Anch	A	A
Binaural	B	
No response	I	

PTA
Right :- 10 dB HL
Left :- 11.6 dB HL

Comments
BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

Signature: _____

Date: 01/03/2021

