

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

Surname: <u>Paiser Ali</u>					
Forenames:					
Address:					
Place of examination: Aster Hospital, Ibri	Date: <u>4.2.2021</u>				
Home telephone number:					
If a dependant enter employee's name here:					
Birth date: <u>6.10.1985</u>	Nationality: <u>Pakistan</u>				
Project:					
Country of birth:	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: <u>3</u>					
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			
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/armpit					
How much tobacco each day? <u>NO</u>	Average daily alcohol consumption <u>NO</u>				
Have you ever taken elicited drugs? () PDO test all new/potential employees for elicited/recreational drugs					
FAMILY HISTORY: Diabetes () <u>NO</u> Tuberculosis () <u>NO</u> Epilepsy () <u>NO</u> Asthma () <u>NO</u> Eczema () <u>NO</u>					
Heart disease () <u>NO</u> High blood pressure () <u>NO</u> Stroke () <u>NO</u> Blood Disease () <u>NO</u> Cancer () <u>NO</u>					
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: <u>4/2/2021</u>		Signature of Applicant: <u>[Signature]</u>			

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 170 cm		WEIGHT 78 kg	BMI 27.0	B.P. 130/70 mmHg	PULSE 70 mins.	HEARING L R	VISION DISTANT NEAR R L R L Uncorrected 6/6 6/6 Corrected				Colour Vision	Blood Group
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. Sick Cell test						12. HIV, Hepatitis screening				
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)												
Advised diet and exercise. To recheck lipid profile after 2 months												
ASSESSMENT:												
<input checked="" type="checkbox"/> FIT ALL AREAS <input type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT												
Date: 4/1/2021 Name (Block Capitals): Dr. Rakesh Yella Signature:												
REVIEW/CONSULTATION												
Date: Name (Block Capitals): Dr. Signature:												

Oman Al Khair Hospital LLC

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A Unit of DM Healthcare LLC

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وحدة من مجموعة د.موبين للرعاية الصحية

DEPARTMENT OF LABORATORY MEDICINE

File No: 0184349	Report No: 0564069
Name: QAISER ALI	Sample Date: 04/02/2021 Time: 12:40
Address:	Received By: ASHWINI
Gender: M Age: 36 Y Nationality: PAKISTANI	Received Date: 04/02/2021 Time: 12:45
GSM No.: 79087640 ID Card No.: 116237514	Report Date: 04/02/2021 Time: 13:58
Ref. By: EXTERNAL DOCTOR	Bill No: 0745024 Bill Date: 04/02/2021
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 40 (Truckoman)		
FBS (FASTING BLOOD SUGAR)	5.61 mmol/L	3.9 - 6.1
Method :- Hexokinase	100.98 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	4.61 mmol/L	1 - 5.1
Method:-Enzymatic	178.22 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	0.98 mmol/L	0.777 - 1.813
" "	38.0 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	2.26 mmol/L	1.295 - 4.54
" "	87.3	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	1.37 mmol/L	0.259 - 1.036
" "	52.92 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	4.7	3.8 - 5.9
TRIGLYCERIDES	2.99 mmol/L	0.564 - 2.146
Method : Enzymatic	264.615 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.29 mg/dL	0.1 - 1
Method : Diazo	5.00 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.15 mg/dL	0.1 - 0.5
Method : Diazo	2.59 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	27.80 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	42.20 U/L	Male: 10-50 Female: 10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	102.79 U/L	Adult : Men -40-129

Processed By:
ASHWINI
Lab Technologist

Approved By:
ASHWINI
Lab Technologist

Released By:
ASHWINI
Lab Technologist

Specialist Pathologist

MOH License No: 16064

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