

Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname: <u>Tawel</u>					
Forenames: <u>Ashiq</u>					
Address: <u>Ibri</u>					
Home telephone number: _____					
Place of examination: Aster Hospital/Ibri	Date: <u>31-5-2021</u>				
If a dependant enter employee's name here: _____					
Birth date: <u>3-4-1993</u>	Nationality: <u>Pakistani</u>				
Project: _____	Country of birth: _____				
Religion: _____	Relationship to employee: _____				
☒ Male ☐ Female	☐ Married ☐ Single ☐ Separated /Divorced				
☐ 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 problems 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. Joint/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 (A) Tuberculosis (L) Epilepsy (A) Asthma (A) Eczema (A)					
Heart disease (A) High blood pressure (A) Stroke (A) Blood Disease (A) Cancer (A)					
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>31-5-2021</u>		Signature of Applicant: <u>Ashiq</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. Hemial 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
124 172cm	82kg	27.7	140 80 mmHg	98/min	L R		DISTANT	NEAR			
							R	L	R	L	
						Uncorrected	6/6	6/6			
						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: 31-05-2021 Name (Block Capitals): Dr. RAJESH K. RAO Signature:

REVIEW/CONSULTATION

Date: 31-05-2021 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: Ashig Javed

Emp #: _____

Date of Assessment: 31-5-2021

1	Age	25 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: 2 %

Framingham Risk Rating (Circle the appropriate score):

Low

Medium

High

Any further action or recommendations?



Assessment or Examination conducted by:

Duraid Al-Zahrani

[Signature]



Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 31-05-2021
Name: Ashiq Taved	Department/Company: Tinkomun	
L.D No. 118075148	Tel # 29003721	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

- ☐ sitting and reading
- ☐ watching TV
- ☐ sitting inactive in a public place (e.g. theatre or meeting)
- ☐ as a passenger in the car for an hour without a break
- ☐ Lying down to rest in the afternoon when circumstances permit
- ☐ Sitting & talking with someone
- ☐ Sitting quietly after lunch without alcohol
- ☐ 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, Ashiq (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Ashiq Date: 31-05-2021



Fitness to Work Certificate

Employee Data		Date 31-05-2021	
Name Ashiq Javed		Department/Company Thuckomen	
I.D No. 118075148	Age 28-4	Occupation Daewoo	
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	☐	☐	
Lifting, 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 Dr. Rashed	Signature	Date 31-05-2021	



DEPARTMENT OF LABORATORY MEDICINE

File No: 0224850	Report No: 0574039
Name: ASHIQ JAVED	Sample Date: 31/05/2021 Time: 8:48
Address:	Received By: ASHWINI
Gender: M Age: 28 Y Nationality: PAKISTANI	Received Date: 31/05/2021 Time: 8:51
GSM No.: 79003921 ID Card No.: 118075148	Report Date: 31/05/2021 Time: 09:35
Ref. By: EXTERNAL DOCTOR	Bill No: 0758950 Bill Date: 31/05/2021
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 40 (Truckman)		
FBS (FASTING BLOOD SUGAR)	7.21 mmol/L	3.9 - 6.1
Method :- Hexokinase	129.78 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	4.21 mmol/L	1 - 5.1
Method:-Enzymatic	162.76 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.04 mmol/L	0.777 - 1.813
" "	40.0 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	2.54 mmol/L	1.295 - 4.54
" "	98.16	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.64 mmol/L	0.259 - 1.036
" "	24.6 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	4.05	3.8 - 5.9
TRIGLYCERIDES	1.39 mmol/L	0.564 - 2.146
Method : Enzymatic	123.015 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.35 mg/dL	0.1 - 1
Method : Diazo	5.90 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.21 mg/dL	0.1 - 0.5
Method : Diazo	3.56 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	36.10 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	60.30 U/L	Male: 10-50 Female: 10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	124.02 U/L	Adult : Men -48-129



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Lab Technologist

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INVESTIGATION	RESULT	REFERENCE RANGE
		Female 35-104
		Children: (Aged)
		7 months - 1 Year :- <462
		1 Year - 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)	7.97 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.65 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3.32 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.4	1.2 - 1.5
GGT (GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	35 U/L	Men : 6-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	4.80 mmol/L	1.7 - 8.3
Method : Kinetic Assay	28.83 mg/dL	10.2 - 49.8
CREATININE - SERUM	75.63 µmol/L	44.2 - 123.7
Method :- Jaffe Method	0.86 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	10470 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	64.7 %	40-75%
LYMPHOCYTES	26.5 %	20-45%
EOSINOPHILS	1.9 %	2-6 %
MONOCYTES	6.5 %	2-8 %

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INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.4 %	0-1%
HB (HEMOGLOBIN)	15.7 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.70 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)	48.80 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	85.60 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	27.50 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	32.20 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	

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Ref. By: EXTERNAL DOCTOR	Bill No: 0758950 Bill Date: 31/05/2021
	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:	0058081		
Name:	ASHIQ JAVED		
Age/DOB:	28 Y	ID Card No	118075148
Sex:	Male		
Referred By:	EXTERNAL DOCTOR		
Clinical Diagnosis:			
X-Ray/UltraSound	CHEST X-RAY		
Date:	31/05/2021		
X-Ray Film No:	TO		
Bill No:	0758950		
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

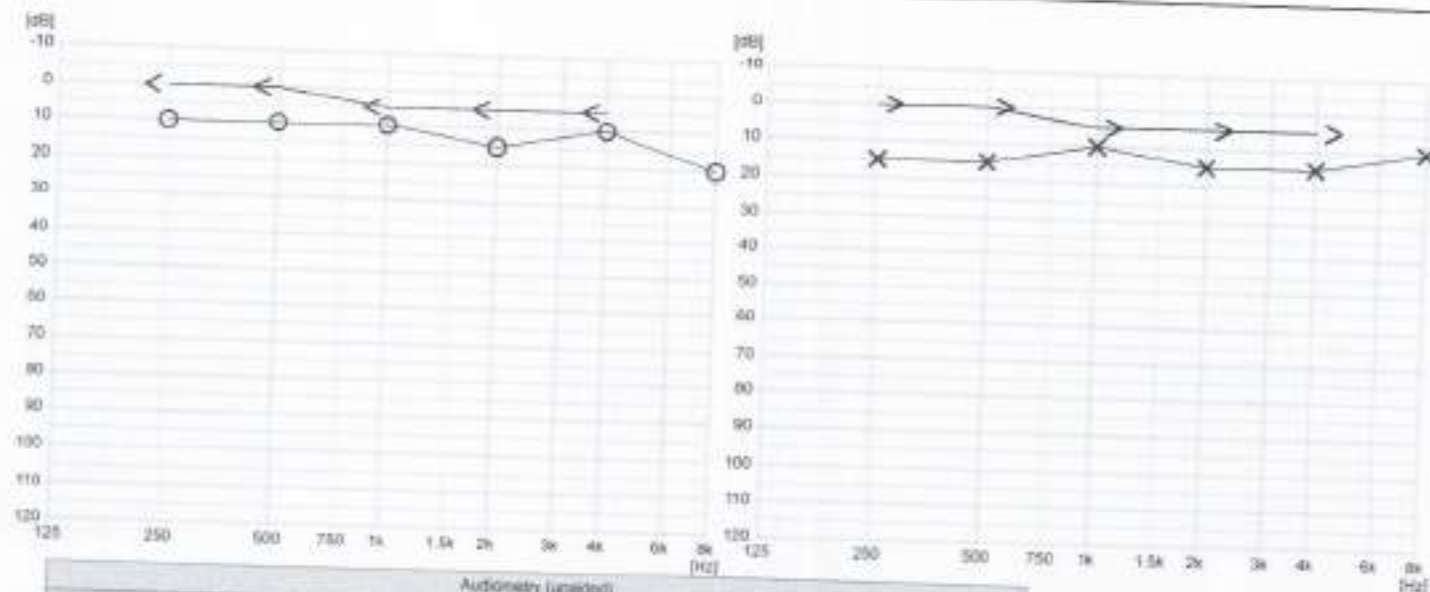
Signature:

DR. KALESHA SHAIK
Specialist Radiology
MOH Reg. No. 17925



SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code: 0758950	Last name, First name JAVED, ASHIQ	Birth 31.05.2021
Test type Tonal audiometry	Test date: 31.05.2021	



Audiometry (unaided)								
Freq (Hz)	300	1000	1500	2000	3000	4000	6000	8000
Left	15	10		15		15		10
Right	10	10		15		10		20
Calculate % hearing loss (if needed)								
			L (%)	R (%)	Binaural (%)	Comments		
Does the applicant exceed 35dB loss in either ear at 0.5, 1.0 or 2.0KHz?					Yes/No			

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

PTA
Right:- 11.6 dB HL
Left:- 13.3 dB HL

Comments

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

Signature:

[Signature]

Date: 31/05/2021

