Aster HOSPITAL
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Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname: Singh
Forenames: Amanpreet
Address: Dbr.
Home telephone number:

Place of examination: Aster Hospital Ibri | Date: 28-3-22

If a dependant enter employee's name here:

Project:

Birth date: 13-01-1965 | Nationality: Indian | 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
1. Sinus trouble		✓
2. Neck swelling/glands		✓
3. Difficulty in vision		✓
4. Any ear discharge		✓
5. Asthma/bronchitis		✓
6. Hayfever /other significant allergy		✓
7. Any skin trouble		✓
8. Tuberculosis		✓
9. Shortness of breath		✓
10. Coughed/vomited blood		✓
11. Severe abdominal pain		✓
12. Stomach ulcer		✓
13. Recurrent indigestion		✓
14. Jaundice or hepatitis		✓
15. Gall Bladder disease		✓
16. Marked change in bowel habits		✓
17. Blood in stools (motions)		✓
18. Marked change in weight		✓
19. Varicose veins		✓
20. Lump in breast/armpit		✓
21. Cancer		✓
22. Heart Disease		✓
23. Rheumatic fever		✓
24. Abnormal heartbeat		✓
25. High blood pressure		✓
26. Stroke		✓
27. Serious chest pain		✓
28. Any blood disease		✓
29. Kidney disease		✓
30. Blood in urine		✓
31. Diabetes		✓
32. Headaches/migraine		✓
33. Dizziness/fainting		✓
34. Epilepsy		✓
35. Joints/spinal trouble		✓
36. Surgical operation		✓
37. Serious accident/fracture		✓
38. Tropical disease		✓
39. Fear of heights		✓

HAVE YOU EVER BEEN:-	Y	N
40. Rejected for employment or insurance for medical reasons		✓
41. Awarded benefits for industrial injury/illness		✓
42. Treated for a mental condition, e.g. depression		✓
43. Treated for problem drinking or drug abuse		✓
44. Exposed to toxic substance or noise		✓
FOR WOMEN ONLY		
Have you ever had:-		
45. An abnormal smear		
46. Any gynaecological treatment		
47. Are you pregnant?		
48. **Have you had an illness not mentioned above**		

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: 28-3-22 **Signature of Applicant:**

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ص.ب. ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

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.

WNL

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION				Colour Vision	Blood Group
							DISTANT		NEAR		
							R	L	R	L	
175cm	113kg	36.9	130/80	82 /mins.	L R	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.)

Hypertipidemia - Advised medication
Mildly elevated FBS. Advised to do fbs, PPBS. / Advised Medication

ASSESSMENT: Grade II obesity - Advised weight reduction.

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

with medication.

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

REVIEW/CONSULTATION

Date: 28-03-2021 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: Amanjeet singh
Emp #:
Date of Assessment: 25-3-2021

1	Age	Years 53	
2	Gender	Female/Male	
3	Total Cholesterol	mmol/L 5.91	
4	HDL Cholesterol	mmol/L 1.04	
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	mm Hg 130	
8	Is the patient being treated for High blood pressure?	Yes/No	

Framingham Risk score: 21.6 %

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			
Name:	Amanjeet Singh	Date:	28-3-2021
I. D No.	118127455	Tel #	9528174
		Department/Company:	Telekom
		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 A Manjeet *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: [signature] **Date:** 28-3-21

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Fitness to Work Certificate

Employee Data				Date	28-3-2021
Name	Amrjeet singh			Department/Company	Thuwaini
I.D No.	118127455	Age	53-Y	Occupation	Porter

Type of Medical Evaluation			Mark those applying √
A1	Aircraft refuelling		
A2	Breathing apparatus		
A3	Business traveller		
A4	Catering and food preparation		
A5	Crane or forklift driving & all heavy vehicles		
A6	Fire / Emergency response team work		
A7	Professional driving	✓	
A8	Remote location work		
A9	Transfers – group A country		
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			Date

Name of health advisor Dr. Chandana P Signature Date 28-3-2021

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DEPARTMENT OF LABORATORY MEDICINE

File No: 0221791
Name: AMARJEET SINGH
Address:
Gender: M **Age:** 53 Y **Nationality:** INDIAN
GSM No.: 95248174 **ID Card No.:** 118127455
Ref. By: EXTERNAL DOCTOR

Report No: 0568801
Sample Date: 28/03/2021 **Time:** 12:20
Received By: JIBI
Received Date: 28/03/2021 **Time:** 13:23
Report Date: 28/03/2021 **Time:** 13:23
Bill No: 0751511 **Bill Date:** 28/03/2021
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	**7.69 mmol/L**	3.9 - 6.1
Method :- Hexokinase	**138.42 mg/dL**	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**5.91 mmol/L**	1 - 5.1
Method:-Enzymatic	**228.48 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)	3.46 mmol/L	1.295 - 4.54
" "	133.43	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	**1.43 mmol/L**	0.259 - 1.036
" "	**55.05 mg/dl**	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	5.68	3.8 - 5.9
TRIGLYCERIDES	**3.11 mmol/L**	0.564 - 2.146
Method : Enzymatic	**275.235 mg/dl**	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.73 mg/dL	0.1 - 1
Method : Diazo	12.40 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.26 mg/dL	0.1 - 0.5
Method : Diazo	4.5 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	35.80 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	45.10 U/L	Male: 10-50 Female: 10-30
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	79.70 U/L	Adult : Men -40-129

Processed By: SWATHY *Lab Technologist*

Approved By: JIBI *Lab Technologist*

Released By: JIBI *Lab Technologist*
MOH LIC No: 4364

Specialist Pathologist

MOH License No: 13250

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ابري سلطنة عمان

DEPARTMENT OF LABORATORY MEDICINE

File No:	0221791	**Report No:**	0568801		
Name:	AMARJEET SINGH	**Sample Date:**	28/03/2021	**Time:**	12:20
Address:		**Received By:**	JIBI		
Gender:	M **Age:** 53 Y **Nationality:** INDIAN	**Received Date:**	28/03/2021	**Time:**	13:23
GSM No.:	95248174 **ID Card No.:** 118127455	**Report Date:**	28/03/2021	**Time:**	13:23
Ref. By:	EXTERNAL DOCTOR	**Bill No:**	0751511	**Bill Date:**	28/03/2021
		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)	**8.78 gm/dL**	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.78 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	**4 gm/dL**	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.2	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	35.0 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	3.60 mmol/L	1.7 - 8.3
Method : Kinetic Assay	21.62 mg/dL	10.2 - 49.8
CREATININE - SERUM	86.41 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.98 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	8250 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	60.3 %	40-75%
LYMPHOCYTES	30.2 %	20-45%
EOSINOPHILS	1.2 %	2-6 %
MONOCYTES	8.1 %	2-8 %

Processed By:
SWATHY
Lab Technologist

Approved By:
JIBI
Lab Technologist

Released By:
JIBI
Lab Technologist
MOH LIC No: 4384

Specialist Pathologist

MOH License No: 13250

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INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.2 %	0-1%
HB (HEMOGLOBIN)	16.6 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.42 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	1.69 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	51.40 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	94.80 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	30.60 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	32.30 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	08 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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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	

Processed By:
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X-RAY REPORT

Doc No:	0057874
Name:	AMARJEET SINGH
Age/DOB:	53 Y
ID Card No	118127455
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	28/03/2021
X-Ray Filim No:	TRUCK OMAN
Bill No:	0751511
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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221791 amarjeet singh

3/28/2021 12:38:40 PM

Oman AlKhair Hospital

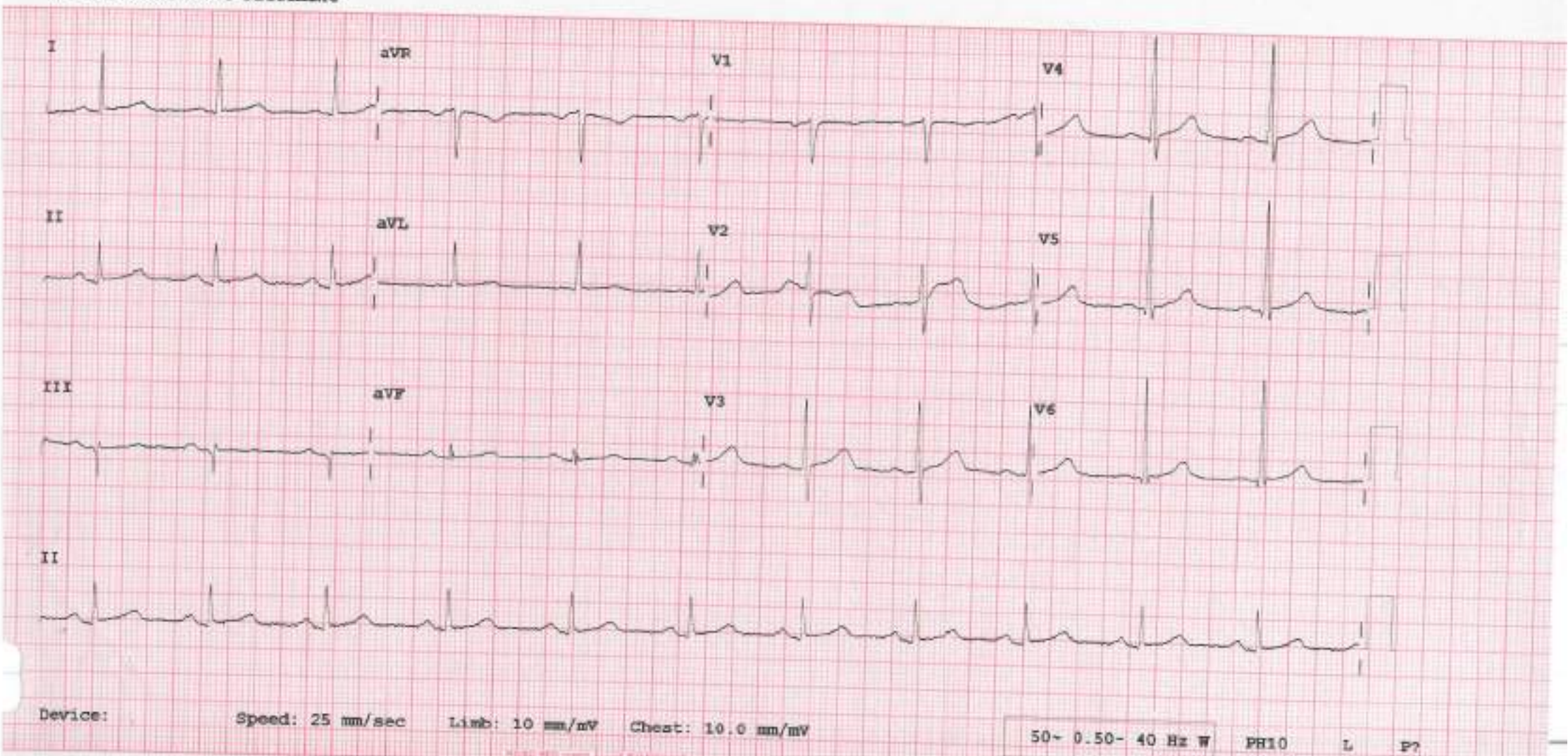
ECG

Rate 68

PR 185
QRSD 83
QT 439
QTc 467

--AXIS--
P 53
QRS 14
T 39

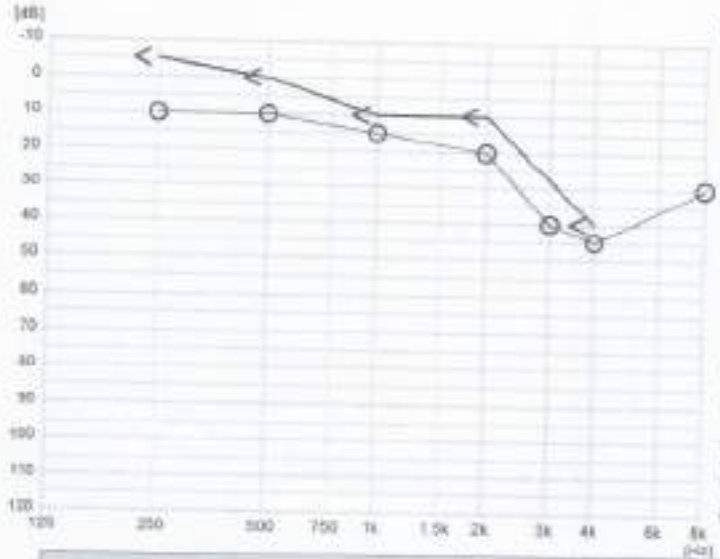
12 Lead; Standard Placement

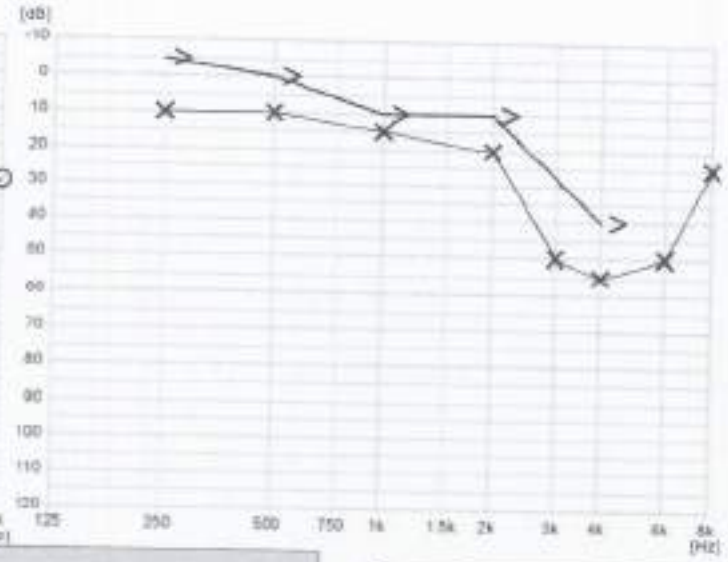


Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV 50~ 0.50- 40 Hz W PH10 L P?

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code:	Last name , First name:	Born:
0751511	SINGH , AMARJEET	28.03.2021
Test type:	**Test date:**	
Tonal audiometry	29.03.2021	





Audiometry (unaided)								
Freq [Hz]	500	1000	1500	2000	3000	4000	6000	8000
Left	10	15		20	50	55	50	25
Right	10	15		20	40	45		30

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	

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	↓	

PTA
Right :- 15 dBHL
Left :- 15 dBHL

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

Signature:

C.R. No.: 1093393
P.O. Box: 3373
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