Aster HOSPITAL
We'll Treat You Well

أستر مستشفى
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Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname	
Forenames	Major Singh Mahindee
Address:	Ibri
Home telephone number	

Place of examination: Aster Hospital Ibri	Date: 4/6/21	If a dependant enter employee's name here:	Project:
Birth date: 13-9-1961	Nationality: INDIA	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		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: 11-06-2021 Signature of Applicant: Major Singh Mahindee

OMAN AL KHAIR HOSPITAL L.L.C

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman

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مستشفى عمان الخير ش.م.م
ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

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FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
		1. Eyes & Pupils	
		2. E.N.T.	
		3. Teeth & Mouth	
		4. Lungs & Chest	
		5. Cardiovascular System	
		6. Abdo. Viscera	
		7. Hernial Orifices	
		8. Anus & Recum	
		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
							DISTANT		NEAR		
186cm	86kg		140/80	96/mins.	L		R	L	R	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.)

ASSESSMENT:

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

Date: 12/6/21 Name (Block Capitals): Dr. SURESH Signature:

DR. SURESH BALAKRISHNAN
LICENECE NO: 8741
MEDICAL OFFICER
ANESTHESIA

REVIEW/CONSULTATION

Date: 12-06-2021 Name (Block Capitals): Dr. Signature:

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Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 11/6/21
Name: Mayor Singh Mahmda		Department/Company:
I. D No. 85742849	Tel # 94125655	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, Mayor *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and **correct.**

Signature: Mayor **Date:** 11-0

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Fitness to Work Certificate

Employee Data			Date	17-06-2021
Name	Majon Singh Mohinda		Department/Company	
I.D No.	85742849.	Age 39-Y	Occupation	Driver

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			
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 adviser	**Signature**	**Date** 17-6-21	

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عبري سلطنة عمان

هاتف: ٩٦٨٢٥٦٨٨٠٧٥+
فاكس: ٩٦٨٢٥٦٨٨٠٢٥+
نقال: ٩٦٨٩٣٩٨٧٣/٧١٥٥٩٩٧٧+

DEPARTMENT OF LABORATORY MEDICINE

File No: 0225349
Name: MAJOR SINGH MOHINDER
Address:
Gender: M **Age:** 39 Y **Nationality:** INDIAN
GSM No.: 94125655 **ID Card No.:** 85742849
Ref. By: EXTERNAL DOCTOR

Report No: 0575097
Sample Date: 11/06/2021 **Time:** 8:42
Received By: ASHWINI
Received Date: 11/06/2021 **Time:** 8:45
Report Date: 11/06/2021 **Time:** 09:43
Bill No: 0760661 **Bill Date:** 11/06/2021
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	5.23 mmol/L	3.9 - 6.1
Method :- Hexokinase	94.14 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	4.24 mmol/L	1 - 5.1
Method:-Enzymatic	163.92 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)	2.76 mmol/L	1.295 - 4.54
" "	106.4	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.45 mmol/L	0.259 - 1.036
" "	17.52 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	4.08	3.8 - 5.9
TRIGLYCERIDES	0.99 mmol/L	0.564 - 2.146
Method : Enzymatic	87.615 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.56 mg/dL	0.1 - 1
Method : Diazo	9.50 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.23 mg/dL	0.1 - 0.5
Method : Diazo	3.89 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	21.90 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	31.70 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	110.84 U/L	Adult : Men -40-129

Processed By:
ASHWINI
Lab Technologist
MOH License No: 16064

Approved By:
ASHWINI
Lab Technologist

Released By:
ASHWINI RAMESHAN
ASHWINI
Lab Technologist
MOH License No: 16064

Specialist Pathologist

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عبري سلطنة عمان

DEPARTMENT OF LABORATORY MEDICINE

File No:	0225349	**Report No:**	0575097		
Name:	MAJOR SINGH MOHINDER	**Sample Date:**	11/06/2021	**Time:**	8:42
Address:		**Received By:**	ASHWINI		
Gender:	M **Age:** 39 Y **Nationality:** INDIAN	**Received Date:**	11/06/2021	**Time:**	8:45
GSM No.:	94125655 **ID Card No.:** 85742849	**Report Date:**	11/06/2021	**Time:**	09:43
Ref. By:	EXTERNAL DOCTOR	**Bill No:**	0760561	**Bill Date:**	11/06/2021
		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)	7.51 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.47 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3.04 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.47	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	40 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM		
Method : Kinetic Assay	3.60 mmol/L	1.7 - 8.3
CREATININE - SERUM	21.62 mg/dL	10.2 - 49.8
Method :-Jaffé Method	79.19 µmol/L	44.2 - 123.7
CBC (COMPLETE BLOOD COUNT)	0.9 mg/dl	0.5 - 1.4
TOTAL WBC COUNT	6270 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	55.6 %	40-75%
LYMPHOCYTES	32.4 %	20-45%
EOSINOPHILS	4.5 %	2-6 %
MONOCYTES	6.9 %	2-8 %

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Address:		**Received Date:**	11/06/2021	**Time:**	8:45
Gender:	M **Age:** 39 Y **Nationality:** INDIAN	**Report Date:**	11/06/2021	**Time:**	09:43
GSM No.:	94125655 **ID Card No.:** 85742849	**Bill No:**	0760561	**Bill Date:**	11/06/2021
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.6 %	0-1%
HB (HEMOGLOBIN)	13.6 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	6.17 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.88 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	44.20 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	71.60 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	22.00 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	30.80 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	03 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	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:	0058106
Name:	MAJOR SINGH MOHINDER
Age/DOB:	39 Y
ID Card No	85742849
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	11/06/2021
X-Ray Filim No:	TO
Bill No:	0760561
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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هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٧٧٥٥٩٩٧٧/٧٧٥٥٩٩٧٧+٩٦٨

225349
39 Years

MAJOR SINGH MOHINDER
Male

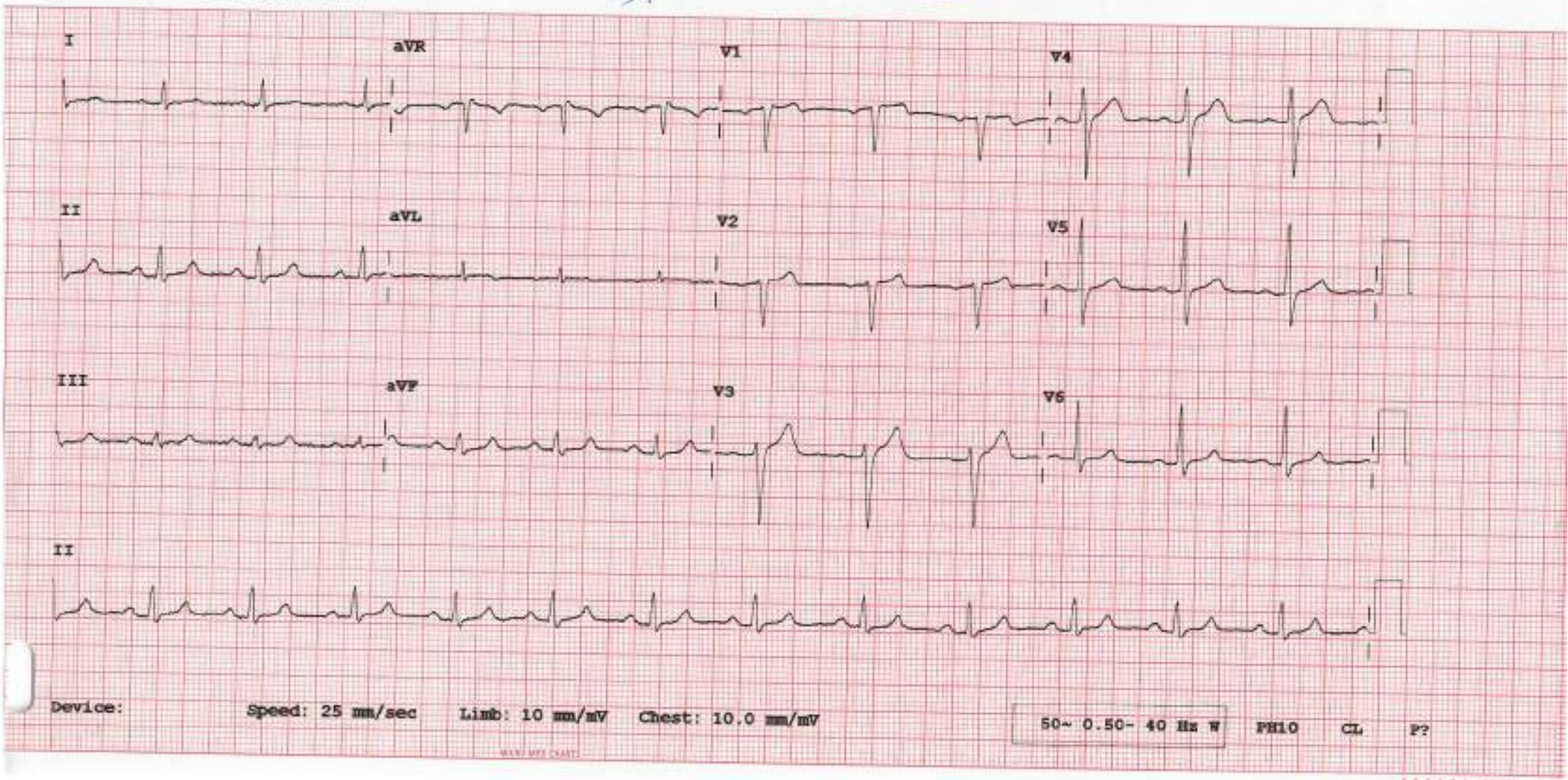
11-Jun-21 08:51:59 AM
Oman AlKhair Hospital (Emergenc>

Rate	77
RR	779
PR	176
QRSD	107
QT	381
QTc	432

--AXIS--

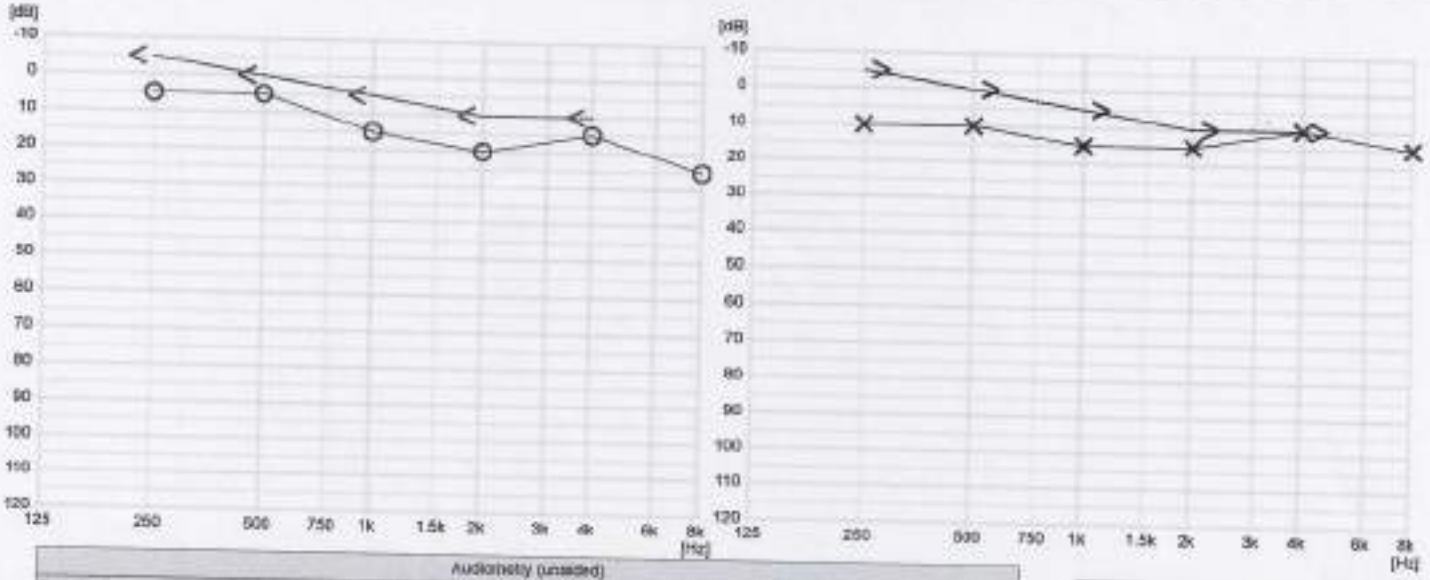
P	74
QRS	49
T	62

12 Lead; Standard Placement



SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code	Last name , First name	Born
0760561	MOHINDER , MAJOR SINGH	02.06.2021
Test type	**Test date**	
Tonal audiometry	12.06.2021	



Audiometry (unaided)								
Freq [Hz]	500	1000	1500	2000	3000	4000	6000	8000
Left	10	15		15		10		15
Right	5	15		20		15		25

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
AirMasked	Δ	□
Bone	<	>
BoneMasked	[	]
MCL	M	M
UCL	m	m
Free Field	∅	※
Free Field/Aided	A	A
Binaural	B	
No response	↓	

PTA

Right:- 13.3 dBHL

Left:- 13.3 dBHL

Comments

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

Signature:

C.R. No.: 1091393
P.O. Box: 3373
Postal Code: 133
Sultanate of Oman

Date: 12/06/2021