Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname	Amrik Singh
Forenames	
Address:	Ibri - 71292440
Home telephone number	

Place of examination: Aster Hospital,Ibri	Date: 12-10-2	Project:	Truck Driver
If a dependant enter employee's name here:			
Birth date: 5/9/1973	Nationality: Indian	Country of birth: Indian	Religion: Sikh

☒ 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		✓	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 problem 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. 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?

Average daily alcohol consumption

Have you ever taken elicited druga? ( ) 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: 12-10-2 Signature of Applicant:

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نقال: +٩٦٨ ٩٢٩٩ ٧٣٧٧ / ٧١٥٥ ٩٩٧٧

Amrik Singh.

237612.

Tab. Atorvastatin 10mg Hs 001 x 3 months

Tab. fenofibrate 200 mg Hs 001 x 3 months.

DR. NANDANA PANICK
GENERAL PRACTITIONER

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هاتف: ٢٥٦٨٨٧٥+٩٦٨
فاكس: ٢٥٦٨٨٢٥+٩٦٨
نقال: ٧٧٩٩٥٧٧٥+٩٦٨

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 cm	WEIGHT kg	BMI	B.P.	PULSE /mins.	HEARING L / R	VISION				Colour Vision	Blood Group
						DISTANT		NEAR			
						R	L	R	L		
164.	76.8	28.6	139/86	89.		Uncorrected	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.)

BP - 135/80 on 14/9 manually. overweight. exercise advised.

ASSESSMENT: Hypercholesterolemia, advised medication. Hyperglycemia, advised follow up with HbA1C, FPBS and to consult physician

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

Date: 12/10/2021 Name (Block Capitals): Dr. NANDANA PAMIDI Signature:

د. ناندانا باميدي
DR. NANDANA PAMIDI
GENERAL PRACTITIONER

REVIEW/CONSULTATION

Date 12-10-2021 Name (Block Capitals): Dr. Signature:

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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: Amrik Singh
Emp #: 97333448
Date of Assessment: 12-10-2021

1	Age	48 Years	
2	Gender	Female/Male	
3	Total Cholesterol	mmol/L	6.31
4	HDL Cholesterol	mmol/L	1.12
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	mm Hg 135	
8	Is the patient being treated for High blood pressure?	Yes/No	

Framingham Risk score: 13.2 %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by:

DR. NANDANA RAMESH
LICENSE NO: 13870
GENERAL PRACTITIONER

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عبري سلطنة عمان

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 12-10-2021
Name: Amrik Singh		Department/Company: Truck Driver
I. D No. 79733448	Tel # 71292440	Occupation :

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
0	Lying down to rest in the afternoon when circumstances permit
0	Sitting a talking with someone
1	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, Amrik *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Amrik **Date:** 12/10/2021

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نقال: ٧١٥٥٩٩٧٧/٩٣٩٩٨٧٣+٩٦٨

Fitness to Work Certificate

Employee Data				Date	12-10-2021
Name	Amrik Singh			Department/Company	Truckomen
I.D No.	79733948	Age	48-Y	Occupation	

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			
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 advisor Dr Nandana Pamidi **Signature** **Date** 12-10-2021

DR. NANDANA PAMIDI
LICENSE NO: 13472

DEPARTMENT OF LABORATORY MEDICINE

File No:	0237612	Report No:	0584993		
Name:	AMRIK SINGH	Sample Date:	12/10/2021	Time:	9:43
		Received By:	SREERAJ		
Address:		Received Date:	12/10/2021	Time:	9:51
Gender:	M Age: 48 Y Nationality: INDIAN	Report Date:	12/10/2021	Time:	12:18
GSM No.:	71292440 ID Card No.: 79733448	Bill No:	0789422	Bill Date:	12/10/2021
Ref. By:	EXTERNAL DOCTOR	Report Status:	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	11.40 mmol/L	3.9 - 6.1
Method :- Hexokinase	205.2 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	7.31 mmol/L	1 - 5.1
Method :-Enzymatic	282.6 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.120 mmol/L	0.777 - 1.813
"	43.3 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3.93 mmol/L	1.295 - 4.54
"	151.86	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	2.26 mmol/L	0.259 - 1.036
"	87.44 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	6.53	3.8 - 5.9
TRIGLYCERIDES	4.94 mmol/L	0.564 - 2.146
Method : Enzymatic	437.19 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.651 mg/dL	0.1 - 1
Method : Diazo	11.13 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.160 mg/dL	0.1 - 0.5
Method : Diazo	2.74 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	18.93 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	32.23 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	70.43 U/L	Adult : Men -40-129

Processed By:
ASHWINI
Lab Technologist
MOH License No: 16064

Approved By:
SREERAJ
Lab Technologist

Released By:
SREERAJ
Lab Technologist
MOH License No: 6644

Specialist Pathologist

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GSM No.:	71292440 ID Card No.: 79733448	Bill No:	0789422	Bill Date:	12/10/2021
Ref. By:	EXTERNAL DOCTOR	Report Status:	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
		:Female 36-104 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)	7.54 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.54 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.51	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	41.92 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	4.56 mmol/L	1.7 - 8.3
Method : Kinetic Assay	27.39 mg/dL	10.2 - 49.8
CREATININE - SERUM	75.45 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.85 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	7290 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	51.6 %	40-75%
LYMPHOCYTES	37.6 %	20-45%
EOSINOPHILS	3.0 %	2-6 %
MONOCYTES	7.4 %	2-8 %

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MOH License No: 16064

Approved By:
SREERAJ
Lab Technologist

Released By:
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MOH License No: 6644

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DEPARTMENT OF LABORATORY MEDICINE

File No: 0237612
Name: AMRIK SINGH

Address:
Gender: M Age: 48 Y Nationality: INDIAN
GSM No.: 71292440 ID Card No.: 79733448
Ref. By: EXTERNAL DOCTOR

Report No: 0584993
Sample Date: 12/10/2021 Time: 9:43
Received By: SREERAJ
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Report Date: 12/10/2021 Time: 12:18
Bill No: 0789422 Bill Date: 12/10/2021
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.4 %	0-1%
HB (HEMOGLOBIN)	14.8 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	4.92 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.64 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	43.20 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	87.80 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	30.10 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	34.30 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	05 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	'+++'	
PROTEIN	NIL	
KETONE	NIL	
BILIRUBIN	NIL	
pH	ACIDIC	

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DEPARTMENT OF LABORATORY MEDICINE

File No: 0237612
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Address:

Gender: M Age: 48 Y Nationality: INDIAN
GSM No.: 71292440 ID Card No.: 79733448
Ref. By: EXTERNAL DOCTOR

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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	1 - 2 /hpf	
EPITHELIAL CELLS	NIL /hpf	
CRYSTALS	NIL /hpf	
CAST	NIL /hpf	
BACTERIA	PRESENT /hpf	
YEAST CELLS	NIL /hpf	

LIPEMIC SAMPLE RECEIVED.

Processed By:
ASHWINI
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MOH License No: 16084

Approved By:
SREERAJ
Lab Technologist

SREERAJ
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نقال: ٧٧٧٧٥٥٩٩/٧٧٥٥٩٩٣٩+٩٦٨

Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
نحن نعتني بك دائما

X-RAY REPORT

Doc No:	0058518
Name:	AMRIK SINGH
Age/DOB:	48 Y
Omani ID/ L.Card No::	79733448
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	12/10/2021
X-Ray Filim No:	TN
Bill No:	0789422
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: .....

Seal

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

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مستشفى عمان الخير ش.م.م
ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان
هاتف: ٢٥٦٨٨٢٥٦+٩٦٨
فاكس: ٢٥٦٨٨٢٥٦+٩٦٨
نقال: ٧٧٩٩٩٣٩٦٨+

237612
48 Years

AMRIK SINGH
Male

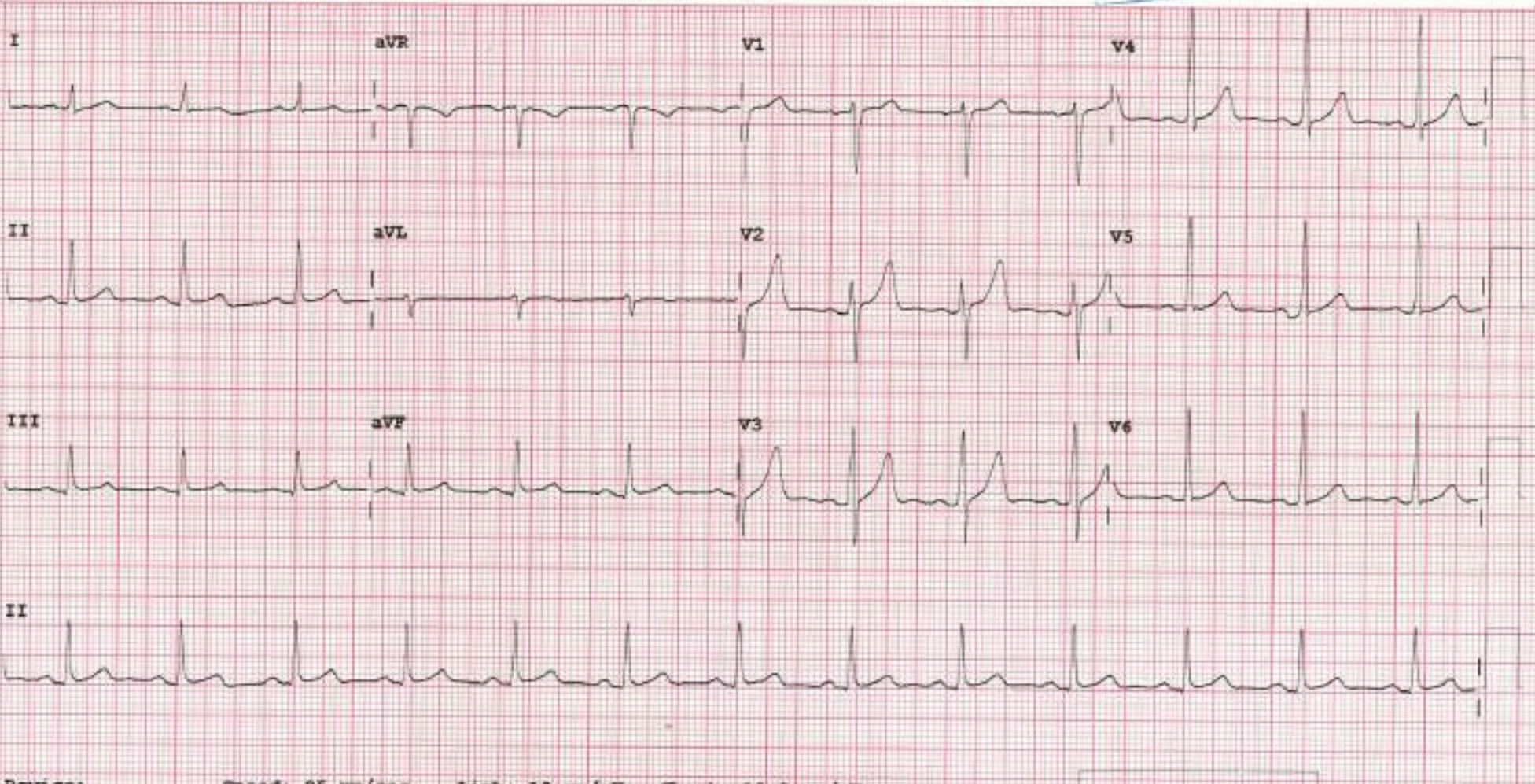
12-Oct-21 09:45:37 AM
ASTER HOSPITAL IBRI (Emergency)

Rate	79
RR	759
PR	160
QRSD	85
QT	369
QTc	424

--AXIS--

P	65
QRS	71
T	63

12 Lead; Standard Placement



Device:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

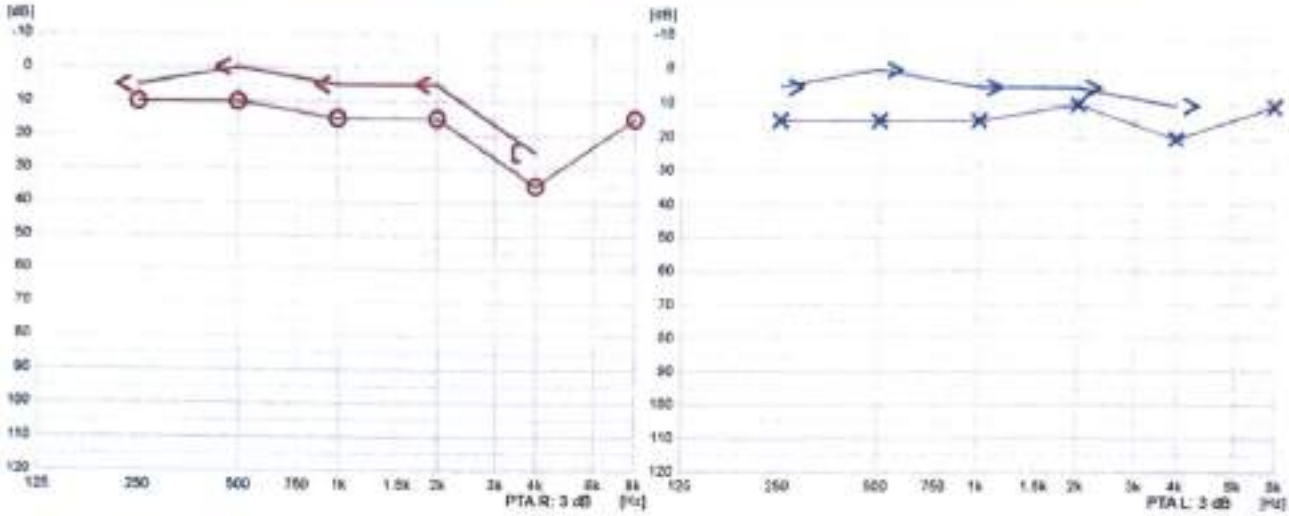
50~ 0.50- 40 Hz W PH10 CL P?

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

IBRI

22349191

Code:	Last name , First name	Born:
0789422	SINGH , AMRIK	12/10/2021
Test type	**Test date:**	
Tonal audiometry	12/10/2021	



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	↓	

PTA
Right :- 13.3 dBHL
Left :- 13.3 dBHL

Comments

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS WITH NOTCH AT 4KHz IN RIGHT EAR

Signature:

Date: 12/10/2021