

Initial Medical Examination Report

Surname KHAMIS ABDULLAH SALAM								
Forenames HUMAID AL SHURAIQI								
Address:								
Place of examination: Aster Hospital Ibra	Date: 11/1/2022							
If a dependant enter employee's name here:								
Birth date: 18/1/1977	Nationality: OMANI							
Project: TRUCKMON NORTH LLC	Country of birth: Oman							
Religion: Al Shuraigi	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 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/arm/pit								
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: 11/1/2022			Signature of Applicant:					



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			PULSE 68 /mins.	HEARING L R	VISION				Colour Vision	Blood Group	
						DISTANT	NEAR					
						R	L	R	L			
						Uncorrected						
						Corrected						
/		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.								
167		77	27.6	130 80								
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.)

Sickle cell positive.

ASSESSMENT:

☒ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT

Date: _____

Name (Block Capitals): Dr

DE BONDOL MARADISTE

Signature _____

REVIEW/CONSULTATION

Date:

Name (Block Capital): 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: RHAMIS ABDULLAH SALAM HUMAID ALSHURDAI
Emp #: 8925686
Date of Assessment: 11/1/2022

1	Age	Years	42
2	Gender	Female/Male	Male
3	Total Cholesterol	mmol/L	5.30
4	HDL Cholesterol	mmol/L	1.35
5	Smoker	Yes/No	No
6	Diabetes	Yes/No	No
7	Systolic Blood pressure	mm Hg	130
8	Is the patient being treated for High blood pressure?	Yes/No	No

Framingham Risk score: 5.6 %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations?



Assessment or Examination conducted by:




Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 11/1/2022
Name: KHAMIS ABDULLAH SALAM HUMAD ALSHURAI		Department/Company: TRUCKMAN NORTH LLC
I. D No. 8925686	Tel # 99210406	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

<u>0</u>	sitting and reading
<u>0</u>	watching TV
<u>0</u>	sitting inactive in a public place (e.g. theatre or meeting)
<u>0</u>	as a passenger in the car for an hour without a break
<u>1</u>	Lying down to rest in the afternoon when circumstances permit
<u>0</u>	Sitting a talking with someone
<u>0</u>	Sitting quietly after lunch without alcohol
<u>0</u>	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, KHAMIS ABDULLAH SALAM (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: [Signature] Date: 11/1/2022

Fitness to Work Certificate

Employee Data		Date 11/1/2022	
Name KHAMIS ABDOULLAH SALAM HUMAD ALSHURAB		Department/Company ISRAKROMA NORTH LLC	
ID No. 8925686	Age 42 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			
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. Rashid	Signature	Date 11/1/2022	Date

DEPARTMENT OF LABORATORY MEDICINE

File No: 0243378
Name: KHAMIS ABDULLAH SALAM HUMAID ALSHURAIQI
Address:
Gender: M **Age:** 42 Y **Nationality:** OMANI
GSM No.: 99210406 **ID Card No.:** 8925686
Ref. By: EXTERNAL DOCTOR

Report No: 0596604
Sample Date: 11/01/2022 **Time:** 10:54
Received By: JIBI
Received Date: 11/01/2022 **Time:** 11:00
Report Date: 11/01/2022 **Time:** 14:19
Bill No: 0803752 **Bill Date:** 11/01/2022
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	5.78 mmol/L	3.9 - 6.1
Method :- Hexokinase	104.04 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	5.30 mmol/L	1 - 5.1
Method:-Enzymatic	204.9 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.380 mmol/L	0.777 - 1.813
" "	53.35 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3.49 mmol/L	1.295 - 4.54
" "	134.73	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.44 mmol/L	0.259 - 1.036
" "	16.82 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	3.84	3.8 - 5.9
TRIGLYCERIDES	0.95 mmol/L	0.564 - 2.146
Method : Enzymatic	84.075 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.316 mg/dL	0.1 - 1
Method : Diazo	5.4 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.089 mg/dL	0.1 - 0.5
Method : Diazo	1.52 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	25.74 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	21.72 U/L	Male: 10-50 Female: 10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	53.10 U/L	Adult : Men -40-129

Processed By:
JIBI
Lab Technologist
MOH LIC No: 4384

Approved By:
SREERAJ
Lab Technologist

Released By:
SREERAJ
Lab Technologist

MOH License No: 6844

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DEPARTMENT OF LABORATORY MEDICINE

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Name: KHAMIS ABDULLAH SALAM HUMAID ALSHURAIQI
Address:
Gender: M **Age:** 42 Y **Nationality:** OMANI
GSM No.: 99210406 **ID Card No.:** 8925686
Ref. By: EXTERNAL DOCTOR

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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)	7.27 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.76 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.51 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.9	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	20.40 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	5.11 mmol/L	1.7 - 8.3
Method : Kinetic Assay	30.69 mg/dL	10.2 - 49.8
CREATININE - SERUM	76.18 µmol/L	44.2 - 123.7
Method : Jaffe Method	0.86 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	4170 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	27.8 %	40-75%
LYMPHOCYTES	55.6 %	20-45%
EOSINOPHILS	3.6 %	2-6 %
MONOCYTES	12.0 %	2-8 %

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JIBI
Lab Technologist

Approved By:
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INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	1.0 %	0-1%
HB (HEMOGLOBIN)	13.9 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	6.21 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.17 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	44.00 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	70.90 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	22.40 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	31.60 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.

URINE ROUTINE

URINE BIOCHEMISTRY

GLUCOSE	NIL
PROTEIN	NIL
KETONE	NIL
BILIRUBIN	NIL
pH	ACIDIC
UROBILINOGEN	NORMAL

Processed By:
JIBI
Lab Technologist

Approved By:
SREERAJ
Lab Technologist

Released By:
SREERAJ
Lab Technologist

MOH License No: 6644



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DEPARTMENT OF LABORATORY MEDICINE

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Address:
Gender: M **Age:** 42 Y **Nationality:** OMANI
GSM No.: 99210406 **ID Card No.:** 8925686
Ref. By: EXTERNAL DOCTOR

Report No: 0596604
Sample Date: 11/01/2022 **Time:** 10:54
Received By: JIBI
Received Date: 11/01/2022 **Time:** 11:00
Report Date: 11/01/2022 **Time:** 14:19
Bill No: 0803752 **Bill Date:** 11/01/2022
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
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	

Jibi
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Lab Technologist
MOH LIC No: 4384

Approved By:
SREERAJ
Lab Technologist

Sreeraj
Released By:
SREERAJ
Lab Technologist

MOH License No: 6544



Specialist Pathologist

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DEPARTMENT OF LABORATORY MEDICINE

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ALSHURAIQI
Address:
Gender: M **Age:** 42 Y **Nationality:** OMANI
GSM No.: 99210406 **ID Card No.:** 8925686
Ref. By: EXTERNAL DOCTOR

Report No: 0596605
Sample Date: 11/01/2022 **Time:** 10:54
Received By: JIBI
Received Date: 11/01/2022 **Time:** 14:19
Report Date: 11/01/2022 **Time:** 14:19
Bill No: 0803752 **Bill Date:** 11/01/2022
Report Status: Final

INVESTIGATION

RESULT

SICKLE CELL

POSITIVE

Note:-Since variety of condition and other abnormal haemoglobin in addition to haemoglobin S may give false positive results, Positive Hb solubility tests should be confirmed by HPLC testing.

Jibi
Processed By:
JIBI
Lab Technologist

Approved By:
SREERAJ
Lab Technologist

Sreeraj
Released By:
SREERAJ
Lab Technologist

MOH LIC No: 4384

MOH License No: 6644



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X-RAY REPORT

Doc No:	0059961
Name:	KHAMIS ABDULLAH SALAM HUMAID ALSHURAIQI
Age/DOB:	42 Y Omani ID/ L.Card No.: 8925686
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	11/01/2022
X-Ray Film No:	TO
Bill No:	0803752
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



243378

42 Years

KHAMIS ADDULLAH

Male

11-Jan-22 10:36:43 AM

ASTER HOSPITAL IBRI (Emergency)

Rate 69
 RR 870
 PR 166
 QRS 91
 QT 378
 QTc 405

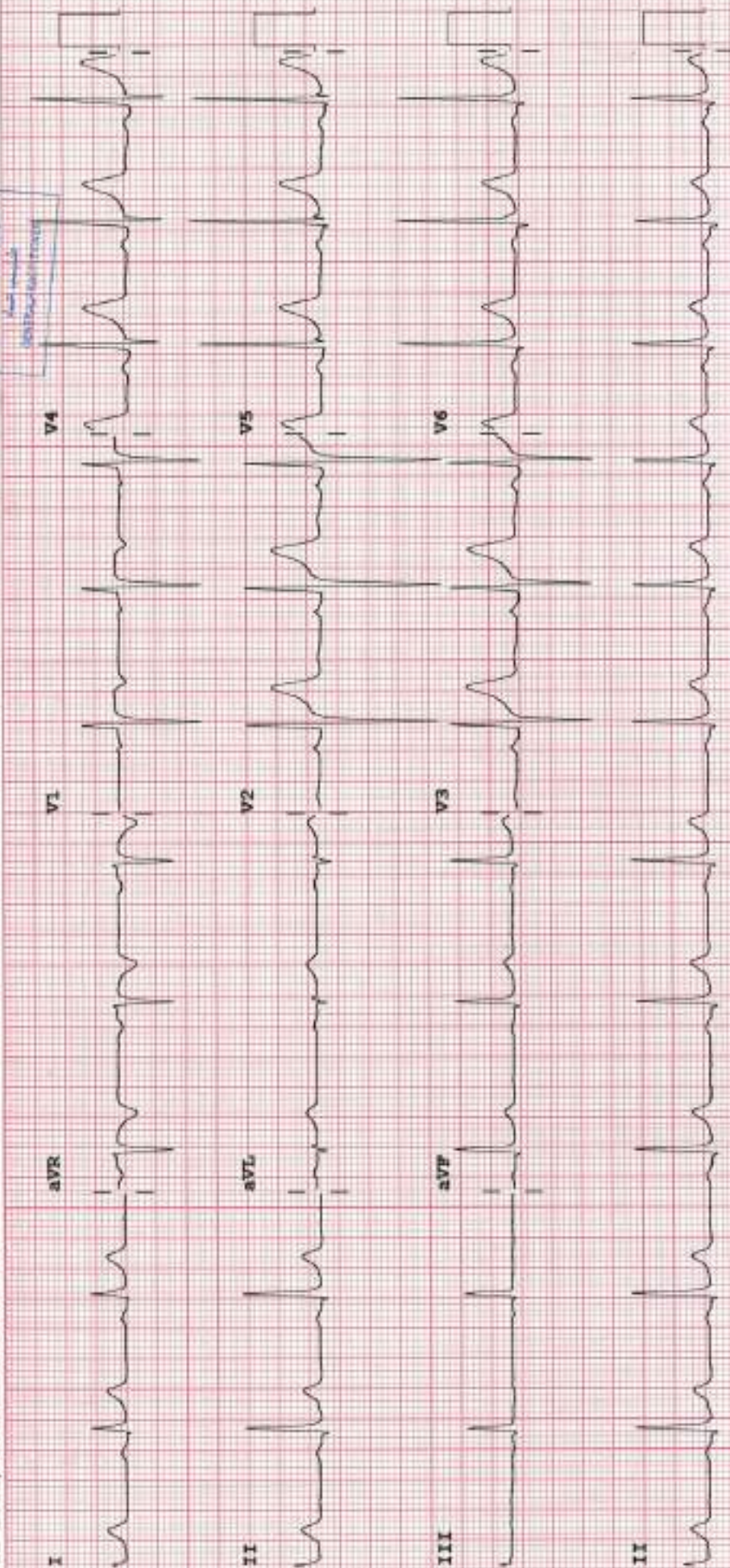
--AXIS--

P 26
 QRS 59
 T 28

12 Lead; Standard Placement



DR. NADANA SADIQ
 11 JAN 2022
 LICENSE NO: 12572



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

50-0.50-40 Hz W

PH10

CL

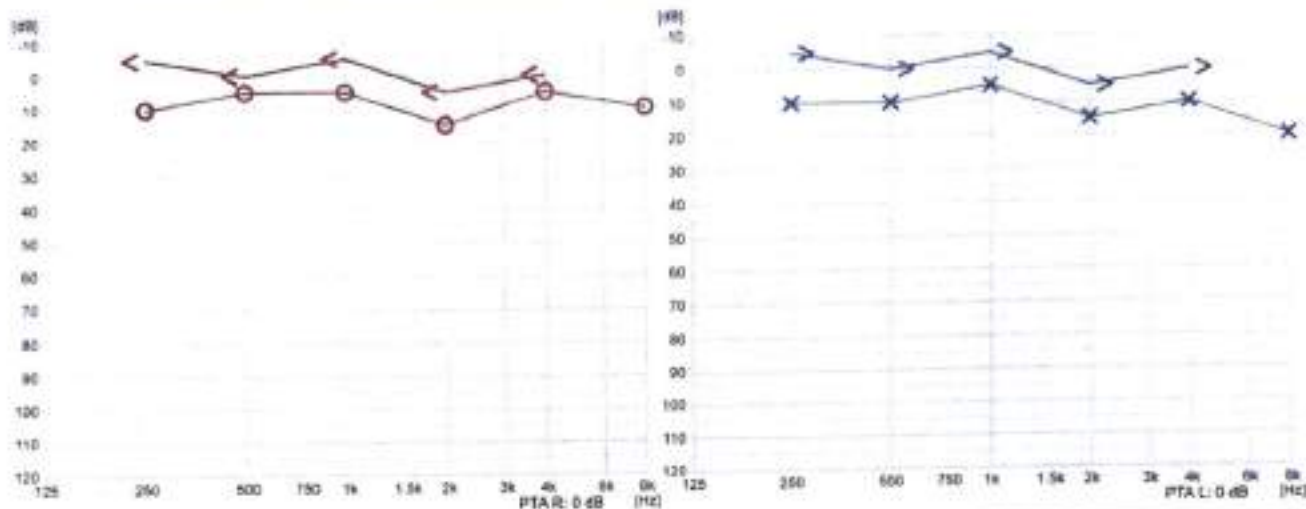
P2

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

IBRI

22349191

Code: 0803752	Last name, First name AL SHURAIQI, KHAMIS ABDULRAHMAN SALAM HUMAID	Born:
Test type Tonal audiometry	Test date 11/01/2022	



Legend	R	L
Air	○	×
AirMasked	△	□
Bone	<	>
BoneMasked	[	]
MCL	M	M
UCL	m	m
Free Field	⊗	⊗
Free FieldAided	A	A
Binaural	B	
No response	I	

PTA

Right:- 8.3 dBHL

Left:- 10 dBHL

Comments

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

Signature:

[Signature]



Date: 11/01/2022