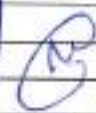


Initial Medical Examination Report
INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Place of examination: Aster Hospital, Ibra		Date: 16/2/2022	Surname: Khalid bin Ahmed Nasser
If a dependant other employee's name here:		Forenames: Sal. AL Harbi	Address: 99828628
Birth date: 25/11/70	Nationality: Oman	Project: Truck Driver	Home telephone number: 99828628
Country of birth: Oman	Religion: Al. Harbi		
☒ 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	
1. Sinus trouble	☒	21. Cancer	☒
2. Neck swelling/glands	☒	22. Heart Disease	☒
3. Difficulty in vision	☒	23. Rheumatic fever	☒
4. Any ear discharge	☒	24. Abnormal heartbeat	☒
5. Asthma/bronchitis	☒	25. High blood pressure	☒
6. Hayfever /other significant allergy	☒	26. Stroke	☒
7. Any skin trouble	☒	27. Serious chest pain	☒
8. Tuberculosis	☒	28. Any blood disease	☒
9. Shortness of breath	☒	29. Kidney disease	☒
10. Coughed/vomited blood	☒	30. Blood in urine	☒
11. Severe abdominal pain	☒	31. Diabetes	☒
12. Stomach ulcer	☒	32. Headaches/migraine	☒
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 illicit drugs? () PDO test all new/potential employees for illicit/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 doctor 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: 16/2/2022		Signature of Applicant: [Signature]	

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
						DISTANT		NEAR			
						R	L	R	L		
163	106	37.6	110/80	90 /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.)

ASSESSMENT:

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

Date: 16/9/2024 Name (Block Capitals): Dr.

Signature:

REVIEW/CONSULTATION

Date: 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: Khalid Ahmad Said Al. Harthi

Emp #:

Date of Assessment: 21/5/2018

1	Age	Years	
		57	
2	Gender	Female/Male	
		Male	
3	Total Cholesterol	mmol/L	
		4.79	
4	HDL Cholesterol	mmol/L	
		1.3	
5	Smoker	Yes/No	
		No	
6	Diabetes	Yes/No	
		No	
7	Systolic Blood pressure	mm Hg	
		110	
8	Is the patient being treated for High blood pressure?	Yes/No	
		No	

Framingham Risk score: 47 %

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: 16/2/2022
Name: Khalid Ahmed Al. Harthi		Department/Company:
I. D No. 2157508	Tel # 91828628	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

1 Lying down to rest in the afternoon when circumstances permit

0 Sitting a talking with someone

0 Sitting quietly after lunch without alcohol

2 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, Khalid Ahmed Al. Harthi, certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: [Signature] Date: 16/2/2022

Fitness to Work Certificate

Employee Data		Date 16/9/2021	
Name Khalid Ahmed Al. Harthi		Department/Company	
LD No. 2157508	Age 51y	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			
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			
Name of health advisor	Signature	Date 16/9/2021	Date



DEPARTMENT OF LABORATORY MEDICINE

File No: 0245809
Name: KHALFAN AHMED NASSER SAID ALHARTHI
Address:
Gender: M **Age:** 51 Y **Nationality:** OMANI
GSM No.: 99828628 **ID Card No.:** 2157508
Ref. By: EXTERNAL DOCTOR

Report No: 0602116
Sample Date: 16/02/2022 **Time:** 11:23
Received By: ASHWINI
Received Date: 16/02/2022 **Time:** 11:27
Report Date: 16/02/2022 **Time:** 13:20
Bill No: 0810444 **Bill Date:** 16/02/2022
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	6.10 mmol/L	3.9 - 6.1
Method :- Hexokinase	109.8 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	4.79 mmol/L	1 - 5.1
Method:-Enzymatic	185.18 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.330 mmol/L	0.777 - 1.813
" "	51.42 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	2.89 mmol/L	1.295 - 4.54
" "	111.63	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.57 mmol/L	0.259 - 1.036
" "	22.13 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	3.6	3.8 - 5.9
TRIGLYCERIDES	1.25 mmol/L	0.564 - 2.146
Method : Enzymatic	110.625 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.404 mg/dL	0.1 - 1
Method : Diazo	6.91 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.136 mg/dL	0.1 - 0.5
Method : Diazo	2.33 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	19.48 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	28.63 U/L	Male: 10-50 Female: 10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	75.18 U/L	Adult : Men -40-129

Processed By:
JIBI
Lab Technologist
MOH LIC No: 4384

Approved By:
JIBI
Lab Technologist

Released By:
JIBI
Lab Technologist
MOH LIC No: 4384



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Page 1 of 4

DEPARTMENT OF LABORATORY MEDICINE

File No: 0245809
Name: KHALFAN AHMED NASSER SAID ALHARTHI
Address:
Gender: M **Age:** 51 Y **Nationality:** OMANI
GSM No.: 99828628 **ID Card No.:** 2157508
Ref. By: EXTERNAL DOCTOR

Report No: 0602116
Sample Date: 16/02/2022 **Time:** 11:23
Received By: ASHWINI
Received Date: 16/02/2022 **Time:** 11:27
Report Date: 16/02/2022 **Time:** 13:20
Bill No: 0810444 **Bill Date:** 16/02/2022
Report Status: Final

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)	7.50 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.52 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.98 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.52	1.2 - 1.5
GGT (GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	53.73 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	4.15 mmol/L	1.7 - 8.3
Method : Kinetic Assay	24.92 mg/dL	10.2 - 49.8
CREATININE - SERUM	80.62 µmol/L	44.2 - 123.7
Method : Jaffe Method	0.91 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	6890 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	45.0 %	40-75%
LYMPHOCYTES	40.8 %	20-45%
EOSINOPHILS	4.5 %	2-6 %
MONOCYTES	9.4 %	2-8 %

Processed By:
JIBI
Lab Technologist

Approved By:
JIBI
Lab Technologist

Released By:
JIBI
Lab Technologist

MOH LIC No: 4384

MOH LIC No: 4384

Printed at: 16/02/2022 1:30:58 PM

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DEPARTMENT OF LABORATORY MEDICINE

File No: 0245809

Name: KHALFAN AHMED NASSER SAID ALHARTHI

Address:

Gender: M Age: 51 Y Nationality: OMANI

GSM No.: 99828628 ID Card No.: 2157508

Ref. By: EXTERNAL DOCTOR

Report No: 0802116

Sample Date: 16/02/2022 Time: 11:23

Received By: ASHWINI

Received Date: 16/02/2022 Time: 11:27

Report Date: 16/02/2022 Time: 13:20

Bill No: 0810444 Bill Date: 16/02/2022

Report Status: Final

INVESTIGATION

RESULT

REFERENCE RANGE

BASOPHILS	0.3 %	0-1%
HB (HEMOGLOBIN)	13.0 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.69 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.71 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	43.10 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	76.70 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	22.80 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	30.20 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

Processed By:

JIBI

Lab Technologist

MOH LIC No: 4384

Approved By:

JIBI

Lab Technologist

Released By:

JIBI

Lab Technologist

MOH LIC No: 4384

Specialist Pathologist

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Page 3 of 4

DEPARTMENT OF LABORATORY MEDICINE

File No: 0245809
Name: KHALFAN AHMED NASSER SAID ALHARTHI
Address:
Gender: M Age: 51 Y Nationality: OMANI
GSM No.: 99828628 ID Card No.: 2157508
Ref. By: EXTERNAL DOCTOR

Report No: 0602116
Sample Date: 16/02/2022 Time: 11:23
Received By: ASHWINI
Received Date: 16/02/2022 Time: 11:27
Report Date: 16/02/2022 Time: 13:20
Bill No: 0810444 Bill Date: 16/02/2022
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	

Processed By:
JIBI
Lab Technologist

MOH LIC No: 4384

Approved By:
JIBI
Lab Technologist

Released By:
JIBI
Lab Technologist

MOH LIC No: 4384



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Page 4 of 4

X-RAY REPORT

Doc No:	0060666
Name:	KHALFAN AHMED NASSER SAID ALHARTHI
Age/DOB:	51 Y Omani ID/ L.Card No:: 2157508
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	16/02/2022
X-Ray Film No:	TRUCK
Bill No:	0810444
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



ASTER HOSPITAL IBRI (Emergency)

51 Years

12 Lead; Standard Placement



PH10	CL	P2
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	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	52
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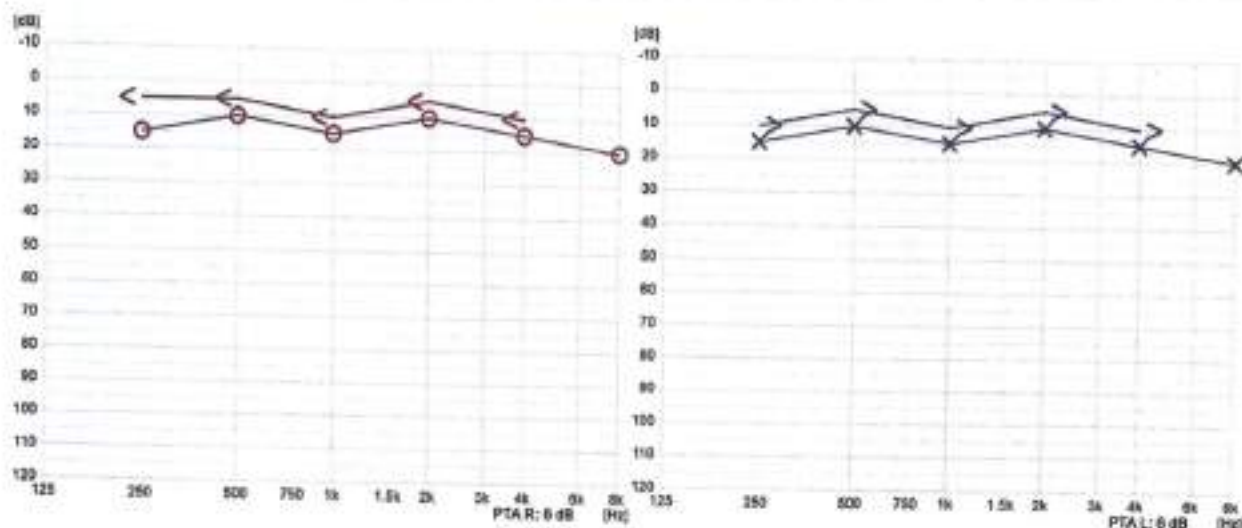
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SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

IBRI

22349191

Code: 0810444	Last name, First name AHMED, KHALFAN	Born: 16.02.2022
Test type Tonal audiometry	Test date: 16.02.2022	



PTA

Right: 11.3 dB HL

Left: 11.3 dB HL

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

Comments

BILATERAL NORMAL HEARING SENSITIVITY

[Signature]

Signature:

Date: 16/2/22

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