Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname	Hamed Humad SULAIMAN AL-SHUEILI
Forenames	
Address:	
Home telephone number	92294603

Place of examination: Aster Hospital,Ibri	Date: 11/1/2022	Project: TRUCKOMON NORTH 450	
If a dependant enter employee's name here:			
Birth date: 10/3/1985	Nationality: OMANI	Country of birth: Oman	Religion: Al Shueili
☑ 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 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:**

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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 & Rectum	
✓		9. Genito-urinary	
✓		10. Extremities	
✓		11. Musculo-skeletal	
✓		12. Skin & Varicose Vns.	
		13. C.N.S.	

HEIGHT	WEIGHT	BMI	B.P.	PULSE	HEARING	VISION				Colour Vision	Blood Group
						DISTANT		NEAR			
						R	L	R	L		
168 cm	84 kg	29.78	130/70	62 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 ☐ EMPORARY UNFIT ☐ UNFIT

Date: 11/11/2022 Name (Block Capitals): Dr. DR. [illegible] Signature:

REVIEW/CONSULTATION

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

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Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 11/1/2022
Name: HAMED HUMAID SULAIMAN AL-SHUEILI		Department/Company: GRULKOMAN ENGINEERING LLC
I. D No. 8241564	Tel # 92294603	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

1	sitting and reading
0	watching TV
0	sitting inactive in a public place (e.g. theatre or meeting)
1	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
0	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total	2

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 _____ *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: _____ **Date:** 11/1/2022

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Fitness to Work Certificate

Employee Data		Date	11/1/2022
Name	HAMED HUMAID SULAIMAN AL-SHUEILI	Department/Company	TRUCKCOMEN NORTH LLC
I.D No.	8241564	Age	364
		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. RAFI	**Signature**	**Date** 11/1/2022	

DEPARTMENT OF LABORATORY MEDICINE

File No:	0077531	**Report No:**	0596609		
Name:	HAMED HUMAID SULAIMAN AL-SHUEILI	**Sample Date:**	11/01/2022	**Time:**	11:18
		Received By:	JIBI		
Address:		**Received Date:**	11/01/2022	**Time:**	11:25
Gender:	M **Age:** 36 Y **Nationality:** OMANI	**Report Date:**	11/01/2022	**Time:**	14:29
GSM No.:	92294603 **ID Card No.:**	**Bill No:**	0803757	**Bill Date:**	11/01/2022
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 40 (Truckoman)		
FBS (FASTING BLOOD SUGAR)	5.54 mmol/L	3.9 - 6.1
	99.72 mg/dL	70 - 110
Method :- Hexokinase		
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**5.41 mmol/L**	1 - 5.1
	209.15 mg/dl	40 - 200
Method:-Enzymatic		
HDL (HIGH DENSITY LIPOPROTEIN)	1.200 mmol/L	0.777 - 1.813
" "	46.39 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3.72 mmol/L	1.295 - 4.54
" "	143.64	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.5 mmol/L	0.259 - 1.036
" "	19.12 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	4.51	3.8 - 5.9
TRIGLYCERIDES	1.08 mmol/L	0.564 - 2.146
Method : Enzymatic	95.58 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.555 mg/dL	0.1 - 1
	9.49 µmol/L	1 - 17.1
Method : Diazo		
DIRECT BILIRUBIN - SERUM	0.153 mg/dL	0.1 - 0.5
	2.62 µmol/L	1 - 8.55
Method : Diazo		
SGOT (AST)-SERUM (IFCC)	26.64 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	35.94 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	54.41 U/L	Adult : Men -40-129

Processed By:
JIBI
Lab Technologist
MOH LIC No: 4384

Approved By:
SREERAJ
Lab Technologist

Released By:
JIBI
Lab Technologist
MOH LIC No: 4384

Specialist Pathologist

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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)	7.77 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.64 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3.13 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.48	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	18.05 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	4.03 mmol/L	1.7 - 8.3
Method : Kinetic Assay	24.2 mg/dL	10.2 - 49.8
CREATININE - SERUM	79.47 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.9 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	5850 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	44.9 %	40-75%
LYMPHOCYTES	37.3 %	20-45%
EOSINOPHILS	5.8 %	2-6 %
MONOCYTES	11.3 %	2-8 %

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Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.7 %	0-1%
HB (HEMOGLOBIN)	13.0 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.74 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.84 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	44.30 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	77.20 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	22.60 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	29.30 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	1 - 2 /hpf	
EPITHELIAL CELLS	NIL /hpf	
CRYSTALS	NIL /hpf	
CAST	NIL /hpf	
BACTERIA	PRESENT /hpf	
YEAST CELLS	NIL /hpf	

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نقال: ٧٧٩٩٩٧٧٧/٧١٥٥٩٩٧٧+٩٦٨

X-RAY REPORT

Doc No:	0059963
Name:	HAMED HUMAID SULAIMAN AL-SHUEILI
Age/DOB:	36 Y — Omani ID/ L.Card No::
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	11/01/2022
X-Ray Filim No:	TO
Bill No:	0803757
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

77531
36 Years

HAMED HUMAID
Male

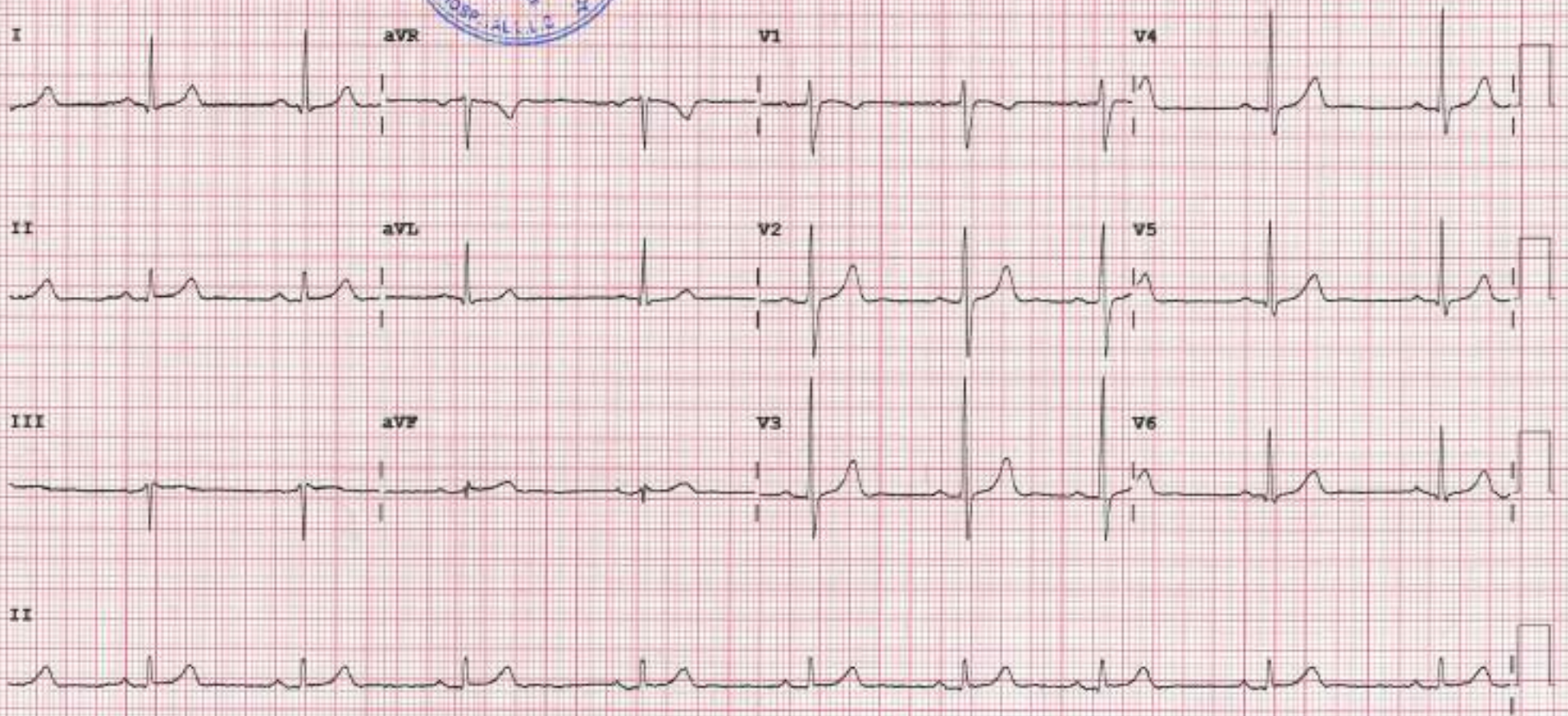
11-Jan-22 11:06:05 AM
ASTER HOSPITAL IBRI (Emergency)

Rate	56
RR	1071
PR	158
QRSD	107
QT	414
QTc	400

--AXIS--

P	21
QRS	18
T	38

12 Lead; Standard Placement



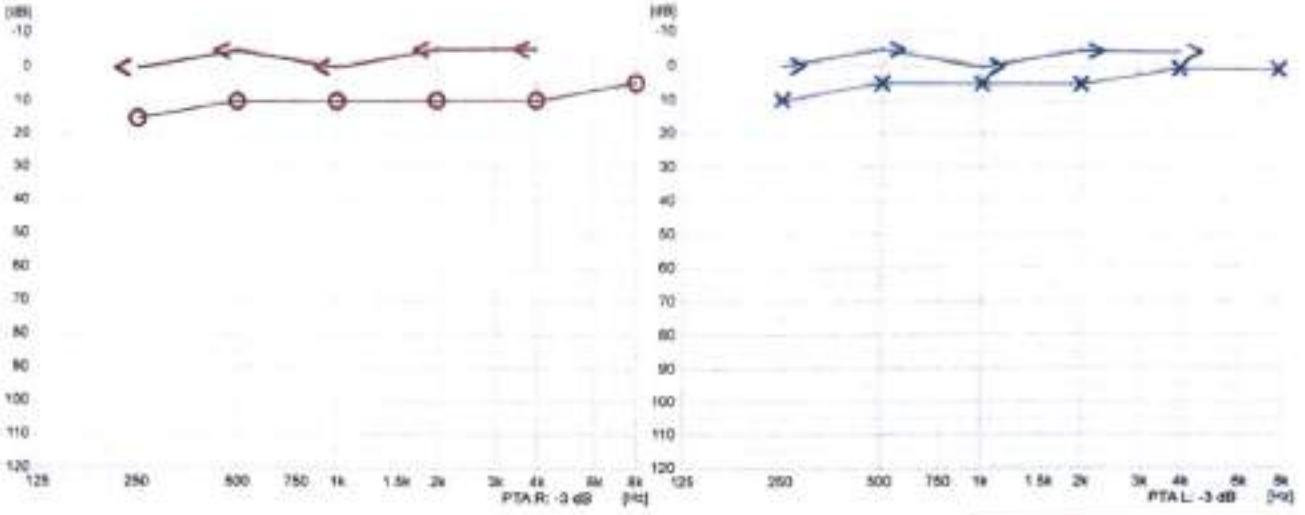
Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV 50~ 0.50- 40 Hz W PH10 CL P?

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

IBRI

22349191

Code	Last name , First name	Born
0803757	AL SHUEILI , HAMED HUM[redacted]MAN	
Test type	**Test date**	
Tonal audiometry	11/01/2022	



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	I	

PTA

Right :- 10 dBHL

Left :- 5 dBHL

Comments

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

Signature:

Date: 11/01/2022