Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname: Hamood Saif
Forenames: Hamed
Address: Ibri
Home telephone number:

Place of examination: Aster Hospital, Ibri
Date: 02-3-2021

If a dependant enter employee's name here:
Project:
Birth date: 18-08-1995 Nationality: Omani
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
1. Sinus trouble		✓
2. Neck swelling/glands		✓
3. Difficulty in vision		✓
4. Any ear discharge		✓
5. Asthma/bronchitis		✓
6. Hayfever /other significant allergy		✓
7. Any skin trouble		✓
8. Tuberculosis		✓
9. Shortness of breath		✓
10. Coughed/vomited blood		✓
11. Severe abdominal pain		✓
12. Stomach ulcer		✓
13. Recurrent indigestion		✓
14. Jaundice or hepatitis		✓
15. Gall Bladder disease		✓
16. Marked change in bowel habits		✓
17. Blood in stools (motions)		✓
18. Marked change in weight		✓
19. Varicose veins		✓
20. Lump in breast/armpit		✓
21. Cancer		✓
22. Heart Disease		✓
23. Rheumatic fever		✓
24. Abnormal heartbeat		✓
25. High blood pressure		✓
26. Stroke		✓
27. Serious chest pain		✓
28. Any blood disease		✓
29. Kidney disease		✓
30. Blood in urine		✓
31. Diabetes		✓
32. Headaches/migraine		✓
33. Dizziness/fainting		✓
34. Epilepsy		✓
35. Joints/spinal trouble		✓
36. Surgical operation		✓
37. Serious accident/fracture		✓
38. Tropical disease		✓
39. Fear of heights		✓

HAVE YOU EVER BEEN:-	Y	N
40. Rejected for employment or insurance for medical reasons		✓
41. Awarded benefits for industrial injury/illness		✓
42. Treated for a mental condition, e.g. depression		✓
43. Treated for problem drinking or drug abuse		✓
44. Exposed to toxic substance or noise		✓
FOR WOMEN ONLY		
Have you ever had:-		
45. An abnormal smear		✓
46. Any gynaecological treatment		✓
47. Are you pregnant?		✓
48. Have you had an illness not mentioned above		✓

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 (✓) mother 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: 02-03-2021 **Signature of Applicant:**

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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 cm	WEIGHT kg	BMI	B.P	PULSE	HEARING	VISION				Colour Vision	Blood Group
							DISTANT		NEAR		
							R	L	R	L	
172cm	76kg	25.7	130/80 mmHg	72 mins	L R	Uncorrected	p/c	p/c			
						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: 03-03-2021 Name (Block Capitals): Dr. [illegible] Signature:

REVIEW/CONSULTATION

Date: 02-3-2021 Name (Block Capitals): Dr. Signature:

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عبري سلطنة عمان

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: Hamed Hamed
Emp #:
Date of Assessment: 2/3/21

1	Age	34 Years	
2	Gender	Female/Male	
3	Total Cholesterol	5.53 mmol/L	
4	HDL Cholesterol	1.04 mmol/L	
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	130 mm Hg	
8	Is the patient being treated for High blood pressure?	Yes/No	

Framingham Risk score: 2 %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by:

Dr. RAHESH +BCCO

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 02--3-2021
Name: Hamed Hamood		Department/Company: Truck, man
I. D No. 15500165	Tel # 99573573	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
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	0

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

Signature: _____ **Date:** 02-03-2021

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فاكس +٩٦٨ ٢٥٦٨ ٨٠٢٥
نقال +٩٦٨ ٩١٣٩ ٩٠٧٣ / ٧١٥٥ ٩٩٧٧

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Fitness to Work Certificate

Employee Data			Date	2/3/21
Name	Hamed Hameed		Department/Company	Truck Driver
I.D No.		Age 34 Y m	Occupation	Driver

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			**Date**
Name of health advisor Dr. Rasha **Signature**		**Date** 03-03-2021	

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DEPARTMENT OF LABORATORY MEDICINE

File No:	220152	**Report No:**	0566454		
Name:	HAMED HAMOOD SAID ALGHAFRI	**Sample Date:**	02/03/2021	**Time:**	18:11
		Received By:	SWATHY		
Address:		**Received Date:**	02/03/2021	**Time:**	18:18
Gender:	M **Age:** 34 Y **Nationality:** OMANI	**Report Date:**	02/03/2021	**Time:**	20:05
GSM No.:	99573573 **ID Card No.:** 15500165	**Bill No:**	0748049	**Bill Date:**	02/03/2021
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 40 (Truckoman)		
FBS (FASTING BLOOD SUGAR)	4.20 mmol/L	3.9 - 6.1
Method :- Hexokinase	75.6 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	4.53 mmol/L	1 - 5.1
Method:-Enzymatic	175.13 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)	3.01 mmol/L	1.295 - 4.54
" "	116.37	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.49 mmol/L	0.259 - 1.036
" "	18.76 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	4.36	3.8 - 5.9
TRIGLYCERIDES	1.06 mmol/L	0.564 - 2.146
Method : Enzymatic	93.81 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.44 mg/dL	0.1 - 1
Method : Diazo	7.60 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.2 mg/dL	0.1 - 0.5
Method : Diazo	3.5 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	20.70 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	29.70 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	59.37 U/L	Adult : Men -40-129

Processed By:
swathy
Lab Technologist

Approved By:
SWATHY
Lab Technologist

Released By:
SWATHY
Lab Technologist
MOH License No: 13250

Specialist Pathologist

MOH License No: 13250

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فاكس ٠٠٩٦٨٢٥٦٨٨٠٢٥
نقال ٠٠٩٦٨٩٩١٣٩٠٧٣/٧١٥٥٩٩٧٧

DEPARTMENT OF LABORATORY MEDICINE

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Ref. By:	EXTERNAL DOCTOR	**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)	8.64 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	**4.95 gm/dL**	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	**3.69 gm/dL**	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.34	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	35 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	4.30 mmol/L	1.7 - 8.3
Method : Kinetic Assay	25.83 mg/dL	10.2 - 49.8
CREATININE - SERUM	81.95 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.93 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	5730 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	28.8 %	40-75%
LYMPHOCYTES	51.1 %	20-45%
EOSINOPHILS	9.6 %	2-8 %
MONOCYTES	9.8 %	2-8 %

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MOH License No: 13250

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نقال ٧٧٧٩٩٧٧٧ / ٧١٥٥٩٩٧٧ ٩٦٨+

DEPARTMENT OF LABORATORY MEDICINE

File No: 220152
Name: HAMED HAMOOD SAID ALGHAFRI
Address:
Gender: M **Age:** 34 Y **Nationality:** OMANI
GSM No.: 99573573 **ID Card No.:** 15500165
Ref. By: EXTERNAL DOCTOR

Report No: 0566454
Sample Date: 02/03/2021 **Time:** 18:11
Received By: SWATHY
Received Date: 02/03/2021 **Time:** 18:18
Report Date: 02/03/2021 **Time:** 20:05
Bill No: 0748049 **Bill Date:** 02/03/2021
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.7 %	0-1%
HB (HEMOGLOBIN)	13.5 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	4.49 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	1.75 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	42.90 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	95.50 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	30.10 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	31.50 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	06 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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Address:		**Received Date:**	02/03/2021	**Time:**	18:18
Gender:	M **Age:** 34 Y **Nationality:** OMANI	**Report Date:**	02/03/2021	**Time:**	20:05
GSM No.:	99573573 **ID Card No.:** 15500165	**Bill No:**	0748049	**Bill Date:**	02/03/2021
Ref. By:	EXTERNAL DOCTOR	**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	NIL /hpf	
YEAST CELLS	NIL /hpf	

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X-RAY REPORT

Doc No:	0057697
Name:	HAMED HAMOOD SAID ALGHAFRI
Age/DOB:	34 Y
ID Card No	15500165
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	02/03/2021
X-Ray Filim No:	TRUCK OMAN
Bill No:	0748049
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

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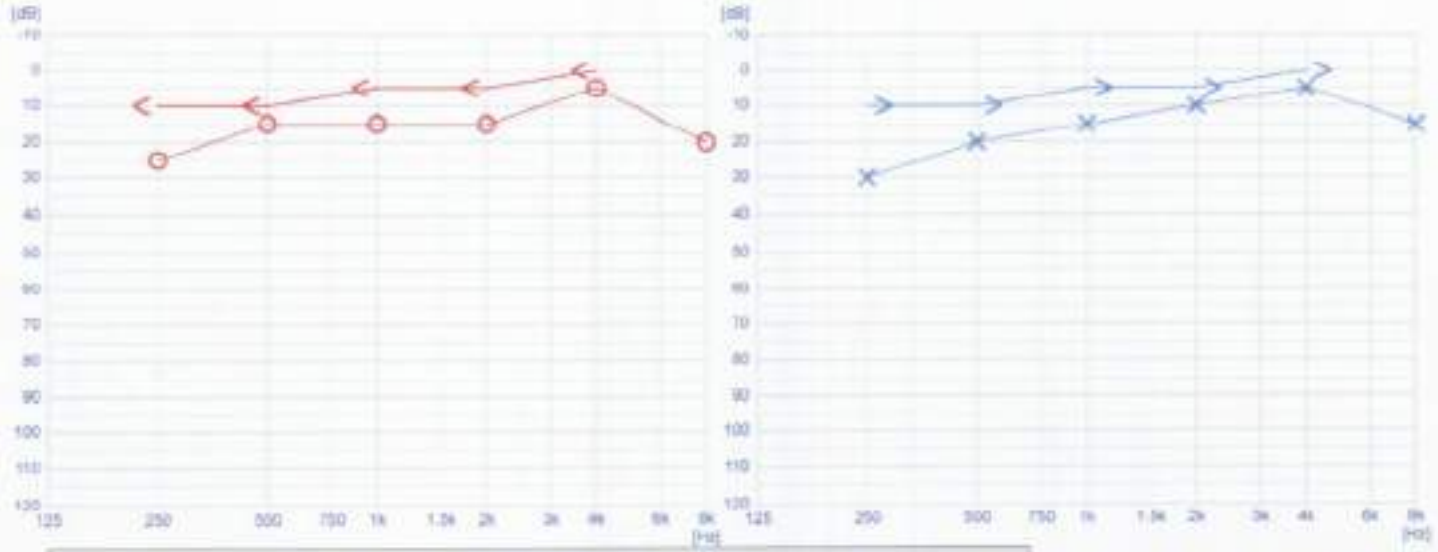
SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code	Last name , First name	Born
0748049	AL GHAFRI , HAMED HAMEXXX.3029	
Test type	Test date	
Tonal audiometry	02.03.2021	



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

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
Air/Masked	Δ	□
Bone	<	>
Bone/Masked	[	]
MCL	M	M
UCL	m	m
Free Field	Ø	X
Free Field/Aided	A	A
Binaural	B	
No response	↓	

PTA
Right :- 15 dBHL
Left :- 15 dBHL

Comments
BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

Signature:

Date: 02/03/2021