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Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname: KHALID ABDALLAH SALIM
Forenames: ABDALLAH ALABADLI
Address:
Home telephone number: 96221125

Place of examination: Aster Hospital, Ibri
Date: 11/1/2022

If a dependant enter employee's name here:

Project: TRUKEMAN NORTH, LLC

Birth date: 1/9/1978 Nationality: OMANI Country of birth: Omi Religion: Al. Abdli

☑ 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 elicted/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:

Oman Al Khair Hospital LLC
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ص.ب ٤٠٠ الرمز البريدي: ٥١١
عبري-سلطنة عمان

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	
170 cm	82 kg	28.3	150/90	90/mins.	L	Uncorrected	6/6	6/6			
					R	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.)

Advised to check BP after 1 week.

ASSESSMENT: Over weight. Advised weight reduction.

☑ **FIT ALL AREAS** ☐ **FIT WITH RESTRICTION** ☐ **TEMPORARY UNFIT** ☐ **UNFIT**

Date: 11/1/2022 Name (Block Capitals): Dr. DR. RAGI Signature:

REVIEW/CONSULTATION

DR. RAGIMOL SARASWATHI
LICENCE NO: 1444
GENERAL PRACTITIONER

Date: 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: KHAUD ABDALLAH SALIM ABDALLAH ALABDLI
Emp #: 8724835
Date of Assessment: 11/1/2022

1	Age	Years	43
2	Gender	Female/Male	Male
3	Total Cholesterol	mmol/L 5.23	
4	HDL Cholesterol	mmol/L 1.82	
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	mm Hg	150
8	Is the patient being treated for High blood pressure?	Yes/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:

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Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 11/1/2022
Name: KHALID ABDALLAH SALIM ABDALLAH BLABOLI		Department/Company: TELECOMMUNICATION NORTH LLC
I. D No. 8724835	Tel # 96221125	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)
1	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
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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عبري سلطنة عمان

Fitness to Work Certificate

Employee Data			Date 11/1/2022
Name KHALID ABDALLAH SALIM ABDALLAH ALBADLI			Department/Company TRUKDOMED NORTH LL
I.D No. 8724535	Age 43 4		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	**Signature**	**Date** 11/1/2022	

OMAN AL-KHAIR HOSP. LLC

DEPARTMENT OF LABORATORY MEDICINE

File No:	0243377	**Report No:**	0596623		
Name:	KHALID ABDALLAH SALIM ABDALLAH ALABDLI	**Sample Date:**	11/01/2022	**Time:**	11:05
		Received By:	JIBI		
Address:		**Received Date:**	11/01/2022	**Time:**	11:09
Gender:	M **Age:** 43 Y **Nationality:** OMANI	**Report Date:**	11/01/2022	**Time:**	15:19
GSM No.:	96221125 **ID Card No.:** 8724835	**Bill No:**	0803749	**Bill Date:**	11/01/2022
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	5.60 mmol/L	3.9 - 6.1
Method :- Hexokinase	100.8 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**5.23 mmol/L**	1 - 5.1
Method:-Enzymatic	**202.19 mg/dl**	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	**1.82 mmol/L**	0.777 - 1.813
" "	**70.36 mg/dl**	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3.11 mmol/L	1.295 - 4.54
" "	120.15	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.3 mmol/L	0.259 - 1.036
" "	11.68 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	**2.87**	3.8 - 5.9
TRIGLYCERIDES	0.66 mmol/L	0.564 - 2.146
Method : Enzymatic	58.41 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.486 mg/dL	0.1 - 1
Method : Diazo	8.31 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.187 mg/dL	0.1 - 0.5
Method : Diazo	3.2 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	26.49 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	30.57 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	50.34 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

Specialist Pathologist

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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)	7.05 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.36 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.69 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	**1.62**	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	66.65 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	3.34 mmol/L	1.7 - 8.3
Method : Kinetic Assay	20.06 mg/dL	10.2 - 49.8
CREATININE - SERUM	67.00 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.76 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	4780 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	44.2 %	40-75%
LYMPHOCYTES	41.0 %	20-45%
EOSINOPHILS	2.6 %	2-6 %
MONOCYTES	11.4 %	2-8 %

Processed By: JIBI *Lab Technologist*
MOH LIC No: 4384

Approved By: JIBI *Lab Technologist*

Released By: JIBI *Lab Technologist*
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Specialist Pathologist

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

INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.8 %	0-1%
HB (HEMOGLOBIN)	13.6 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.82 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.49 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	44.00 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	75.60 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	23.40 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	30.90 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*

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GSM No.:	96221125 **ID Card No.:** 8724835	**Bill No:**	0803749	**Bill Date:**	11/01/2022
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	PRESENT /hpf	
YEAST CELLS	NIL /hpf	

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Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
نحن نعتني بك دائما

X-RAY REPORT

Doc No:	0059964
Name:	KHALID ABDALLAH SALIM ABDALLAH ALABDLI
Age/DOB:	43 Y — Omani ID/ L.Card No:: 8724835
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:	0803749
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

Oman Al Khair Hospital LLC
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نقال: ٧٧٩٩٥٥٧٧+٩٦٨
www.asteroman.com
مستشفى عمان الخير ش.م.م
ص.ب. ٤٠٠ الرمز البريدي: ٥١١
عبري سلطنة عمان

243377
43 Years

KHALID ABDALLAH
Male

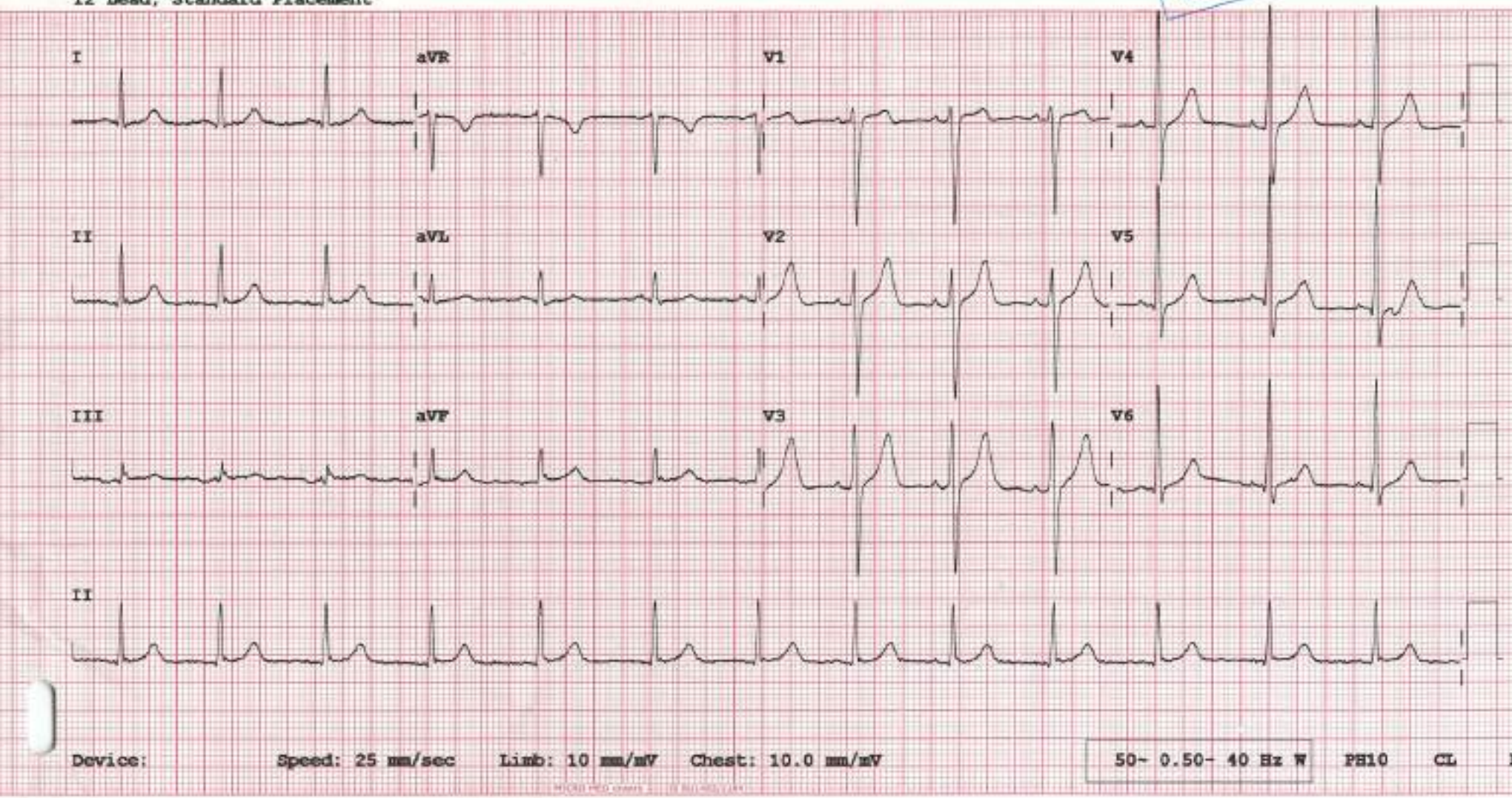
11-Jan-22 10:53:52 AM
ASTER HOSPITAL IBRI (Emergency)

Rate	80
RR	750
PR	118
QRSD	95
QT	378
QTc	436

--AXIS--

P	-11
QRS	34
T	41

12 Lead; Standard Placement



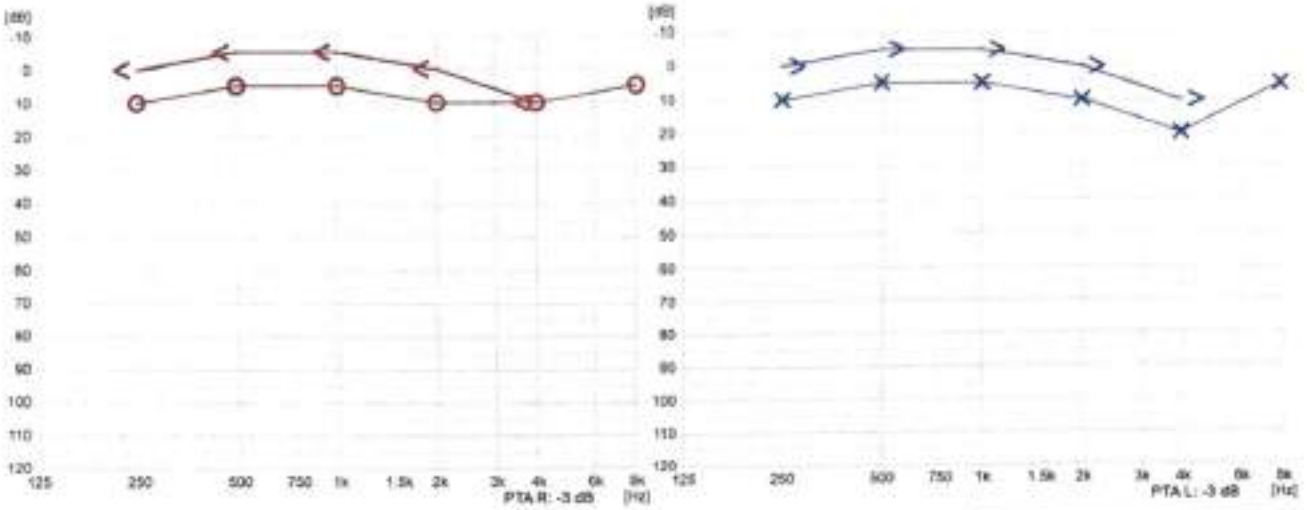
Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV 50~ 0.50~ 40 Hz W PH10 CL P?

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

IBRI

22349191

Code	Last name , First name Born	
0803749	AL ABDLI , KHALID ABDALLAH [illegible]M ABDALLAH	
Test type: Tonal audiometry	Test date: 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 :- 6.6 dBHL

Left :- 6.6 dBHL

Comments

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

Signature:

Date: 11/01/2022