

Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

Place of examination: Aster Hospital, Ibra		Date: 24/3/22	Surname: <u>Amruth Mubarak Saif</u>	
			Forenames: <u>Mubarak A.I.</u>	
			Address: <u>Nasim</u>	
			Home telephone number: <u>99-707093</u>	
If a dependant enter employee's name here:			Project: <u>Truckman North LLC</u>	
Birth date: <u>20/02/1981</u>	Nationality: <u>Omani</u>	Country of birth: <u>Oman</u>	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	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/armpit		☒		
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 (x) Tuberculosis (x) Epilepsy (x) Asthma (x) Eczema (x) Heart disease (x) High blood pressure (x) Stroke (x) Blood Disease (x) Cancer (x)				
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: 24/3/22		Signature of Applicant: <u>[Signature]</u>		

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. 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 /mins.	HEARING L R	VISION DISTANT NEAR Uncorrected Corrected	Colour Vision	Blood Group
167	97	34	143 83	95		6/6 6/6		

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.)

ASSESSMENT:

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

Date: 24/3/21 Name (Block Capitals): Dr.

REVIEW/CONSULTATION

Date: 24/3/21 Name (Block Capitals): Dr.



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: Amruth Mubarak Saied Mubarak Al
Emp #: 10000000 North LLC
Date of Assessment: 24/3/2022

1	Age	Years	41
2	Gender	Female/Male	Male
3	Total Cholesterol	mmol/L	4.14
4	HDL Cholesterol	mmol/L	0.720
5	Smoker	Yes/No	No
6	Diabetes	Yes/No	No
7	Systolic Blood pressure	mm Hg	143
8	Is the patient being treated for High blood pressure?	Yes/No	No

Framingham Risk score: 7.9 %

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: 24/3/22
Name: Awadh Madhoun Said Madhoun		Department/Company: Peruckman North LLC
I.D No. 4729075	Tel # 99707093	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

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

Signature: [Signature] Date: 24/3/22

10412

Fitness to Work Certificate

Employee Data		Date 24/3/22	
Name Awadh Mubarak Saif Mubarak A		Department/Company Truckman North LLC	
I.D No. 4799075	Age 41	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		Date	
Name of health advisor	Signature	Date 24/3/22	



DEPARTMENT OF LABORATORY MEDICINE

File No: 0247991	Report No: 0607358
Name: AWADH MUBARAK SAID MUBARAK AL NASIRI	Sample Date: 24/03/2022 Time: 11:39
Address:	Received By: ASHWINI
Gender: M Age: 41 Y Nationality: OMANI	Received Date: 24/03/2022 Time: 11:46
GSM No.: 99707093 ID Card No.: 4729075	Report Date: 24/03/2022 Time: 12:27
Ref. By: EXTERNAL DOCTOR	Bill No: 0815987 Bill Date: 24/03/2022
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	6.0 mmol/L	3.9 - 6.1
Method :- Hexokinase	108 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	4.14 mmol/L	1 - 5.1
Method:-Enzymatic	160.05 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	0.720 mmol/L	0.777 - 1.813
" "	27.84 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	1.92 mmol/L	1.295 - 4.54
" "	74.15	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	1.5 mmol/L	0.259 - 1.036
" "	58.06 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	5.75	3.8 - 5.9
TRIGLYCERIDES	3.28 mmol/L	0.564 - 2.146
Method : Enzymatic	290.28 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.335 mg/dL	0.1 - 1
Method : Diazo	5.73 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.122 mg/dL	0.1 - 0.5
Method : Diazo	2.09 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	19.91 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	37.45 U/L	Male: 10-50 Female: 10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	53.87 U/L	Adult : Men -40-129

Processed By:
181773
Lab Technologist

Approved By:
ASHWINI
Lab Technologist

Released By:
ASHWINI
Lab Technologist

MOH License No: 18064



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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)	7.76 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.43 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3.33 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.33	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	25.72 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	5.26 mmol/L	1.7 - 8.3
Method : Kinetic Assay	31.59 mg/dL	10.2 - 49.8
CREATININE - SERUM	95.42 µmol/L	44.2 - 123.7
Method :-Jaffé Method	1.08 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	3530 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	43.6 %	40-75%
LYMPHOCYTES	46.2 %	20-45%
EOSINOPHILS	0.8 %	2-6 %
MONOCYTES	9.1 %	2-8 %

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Ref. By: EXTERNAL DOCTOR	Bill No: 0815987 Bill Date: 24/03/2022
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.3 %	0-1%
HB (HEMOGLOBIN)	14.2 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	6.94 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.39 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	48.60 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	70.00 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	20.50 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	29.20 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	04 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:
181773
Lab Technologist

Approved By:
ASHWINI
Lab Technologist

Released By:
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Lab Technologist

MOH License No: 16084



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Sample Date: 24/03/2022 Time: 11:39

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Received Date: 24/03/2022 Time: 11:46

Report Date: 24/03/2022 Time: 12:27

Bill No: 0815987 Bill Date: 24/03/2022

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:

181773

Lab Technologist

Approved By:

ASHWINI

Lab Technologist

Released By:

ASHWINI

Lab Technologist

MOH License No: 16064



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X-RAY REPORT

Doc No:	0081333
Name:	AWADH MUBARAK SAID MUBARAK AL NASIRI
Age/DOB:	41 Y Omani ID/ L.Card No:: 4729075
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	24/03/2022
X-Ray Film No:	TO
Bill No:	0815987
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. NITHINMON
SPECIALIST RADIOLOGY
MOH Licence: 21068
ASTER HOSPITAL IBRI



247991

41 Years

AWADH MUBARAK

Male

24-Mar-22 11:19:16 AM

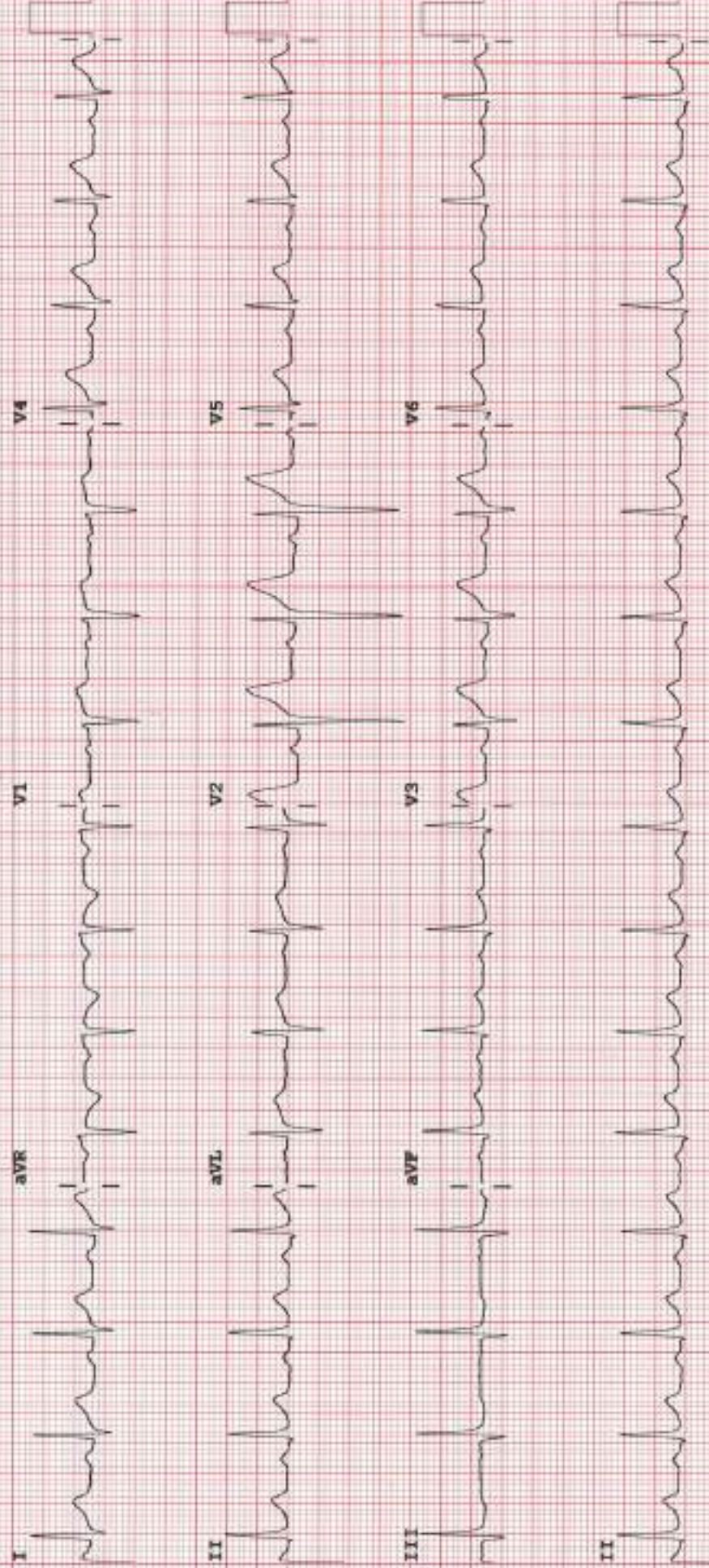
ASTER HOSPITAL IBRI (Emergency)

Rate 89
 RR 674
 PR 172
 QRS 91
 QT 352
 QTc 429

--AXIS--

P 38
 QRS 57
 T 16

12 Lead; Standard Placement



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

50~0.50~40 Hz W

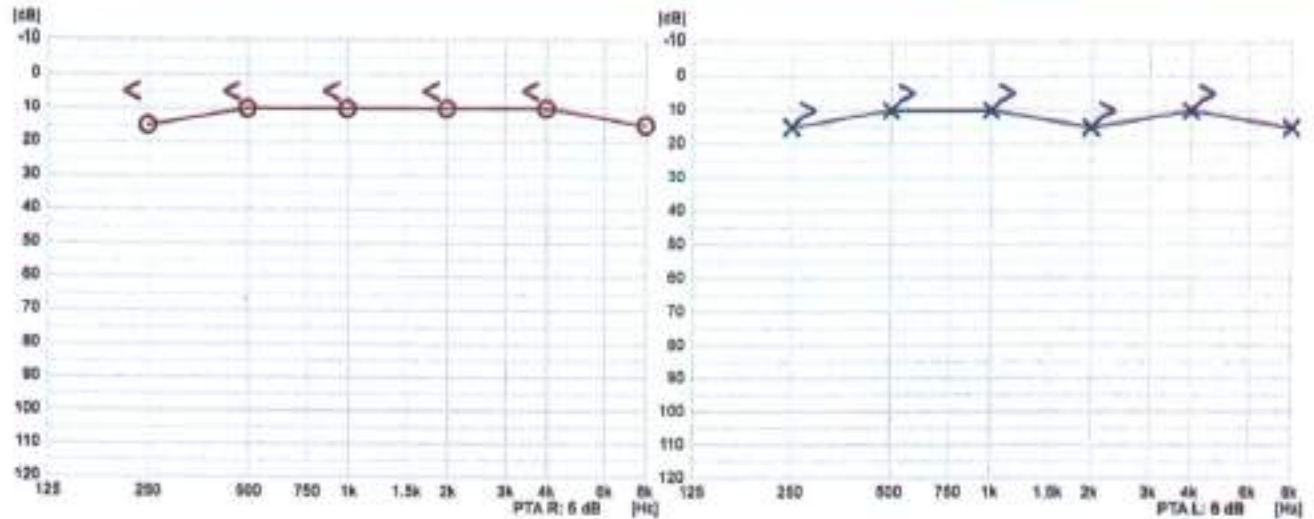
PH10

CL

P?

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code: 0815987 Last name, First name: AWADH, MUBARAK Born: 24.03.2022
Test type: Tonal audiometry Test date: 24.03.2022



PTA

Right: 10 dB HL

Left: 10 dB HL

Legend	R	L
Air	O	X
AirMasked	△	□
Bone	<	>
BoneMasked	[	]
MCL	M	M
UCL	m	m
Free Field	⊗	⊗
Free Field/Aided	A	A
Binaural	B	
No response	I	

Comments
BILATERAL NORMAL HEARING SENSITIVITY

Signature:

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Date: 24/3/2022