Aster HOSPITAL
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Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname	Sultan Mubarak [illegible]
Forenames	Khamis Al [illegible]
Address:	
Home telephone number	92208491

Place of examination: Aster Hospital,Ibri	Date: 24/3/22	
If a dependant enter employee's name here:		Project: Taughoman North LLC
Birth date: 06/10/1982	Nationality: Omani	Country of birth: Oman / 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		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		✓			
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	41. Awarded benefits for industrial injury/illness		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓			
6. Hayfever /other significant allergy		✓	26. Stroke		✓	42. Treated for a mental condition, e.g. depression		✓
7. Any skin trouble		✓	27. Serious chest pain		✓			
8. Tuberculosis		✓	28. Any blood disease		✓	43. Treated for problem drinking or drug abuse		✓
9. Shortness of breath		✓	29. Kidney disease		✓			
10. Coughed/vomited blood		✓	30. Blood in urine		✓	44. Exposed to toxic substance or noise		✓
11. Severe abdominal pain		✓	31. Diabetes	✓	✓			
12. Stomach ulcer		✓	32. Headaches/migraine		✓	FOR WOMEN ONLY		
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓	Have you ever had:-		
14. Jaundice or hepatitis		✓	34. Epilepsy		✓	45. An abnormal smear		
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓	46. Any gynaecological treatment		
16. Marked change in bowel habits		✓	36. Surgical operation		✓			
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓	47. Are you pregnant?		
18. Marked change in weight		✓	38. Tropical disease		✓	48. Have you had an illness not mentioned above		
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: 24/3/22 **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		
164	53.7	20	140/80	92 /mins.	L R	Uncorrected	6/12	6/9			
						Corrected					

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
	✓	1. Urinalysis	glucose +			7. Audiogram
✓		2. Hb, Bloodcount, ESR	↑FBS			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 consult ophthalmologist from Med. into Type2DM ↑FBS Followed up with Physician.

ASSESSMENT:

☑ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ EMPORARY UNFIT ☐ UNFIT

Date: 24/3/22 Name (Block Capitals): Dr. RAMESH YELLA Signature:

DR. RAMESH YELLA
LICENCE NO: 11004
GENERAL PRACTITIONER

REVIEW/CONSULTATION

Date: 24/3/22 Name (Block Capitals): Dr. Signature:

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 24/3/22.
Name: Sultan Mubarak Kachur Khanji		Department/Company: Petchroman North
I. D No. 6249594.	Tel # 92908491	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

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

Signature: ______ Date: 24/3/22.

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Fitness to Work Certificate

Employee Data			Date 24/3/22.
Name Sultan Mubarak Kadim Ibrahimi [illegible]			Department/Company Petrokoman North LLC
I.D No. 6249594.		Age 39.	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	Advised ophthalmologist check up and physician consultation.		
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 (Specifly)			
Temporary Unfit until			
Permanently Unfit			Date
Name of health advisor Dr. Rakesh Yella	Signature	Date 24/3/22.	

OMAN AL KHAIR HOSPITAL LLC

DR. RAKESH YELLA
LICENCE NO: [illegible]

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DEPARTMENT OF LABORATORY MEDICINE

File No:	0202215	**Report No:**	0607378		
Name:	SULTAN MUBARAK KADUR KHAMIS AL MAQBALI	**Sample Date:**	24/03/2022	**Time:**	17:09
		Received By:	JIBI		
Address:		**Received Date:**	24/03/2022	**Time:**	17:15
Gender:	M **Age:** 39 Y **Nationality:** OMANI	**Report Date:**	24/03/2022	**Time:**	18:15
GSM No.:	92208491 **ID Card No.:** 6249594	**Bill No:**	0816007	**Bill Date:**	24/03/2022
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 40 (Truckoman)		
FBS (FASTING BLOOD SUGAR)	**9.65 mmol/L**	3.9 - 6.1
Method :- Hexokinase	**173.7 mg/dL**	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	3.80 mmol/L	1 - 5.1
Method:-Enzymatic	146.91 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.290 mmol/L	0.777 - 1.813
" "	49.87 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	2.01 mmol/L	1.295 - 4.54
" "	77.57	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.5 mmol/L	0.259 - 1.036
" "	19.47 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	**2.95**	3.8 - 5.9
TRIGLYCERIDES	1.10 mmol/L	0.564 - 2.146
Method : Enzymatic	97.35 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.428 mg/dL	0.1 - 1
Method : Diazo	7.32 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.169 mg/dL	0.1 - 0.5
Method : Diazo	2.89 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	17.40 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	12.60 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	83.29 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*
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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)	7.12 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.05 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3.07 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.32	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	18.64 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	7.55 mmol/L	1.7 - 8.3
Method : Kinetic Assay	45.35 mg/dL	10.2 - 49.8
CREATININE - SERUM	94.70 µmol/L	44.2 - 123.7
Method :-Jaffé Method	1.07 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	4690 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	63.9 %	40-75%
LYMPHOCYTES	24.1 %	20-45%
EOSINOPHILS	2.8 %	2-6 %
MONOCYTES	8.3 %	2-8 %

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

INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.9 %	0-1%
HB (HEMOGLOBIN)	13.6 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.14 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	1.85 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	43.40 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	84.40 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	26.50 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	31.30 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	'+'	
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	0-2 /hpf	
EPITHELIAL CELLS	NIL /hpf	
CRYSTALS	NIL /hpf	
CAST	NIL /hpf	
BACTERIA	PRESENT /hpf	
YEAST CELLS	NIL /hpf	

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X-RAY REPORT

Doc No:	0061336
Name:	SULTAN MUBARAK KADUR KHAMIS AL MAQBALI
Age/DOB:	39 Y — Omani ID/ L.Card No:: 6249594
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	24/03/2022
X-Ray Filim No:	PDO
Bill No:	0816007
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. NITHIN...
SPECIALIST RADIOL...
MOH Licence: 21066
ASTER HOSPITAL IBRI

Seal

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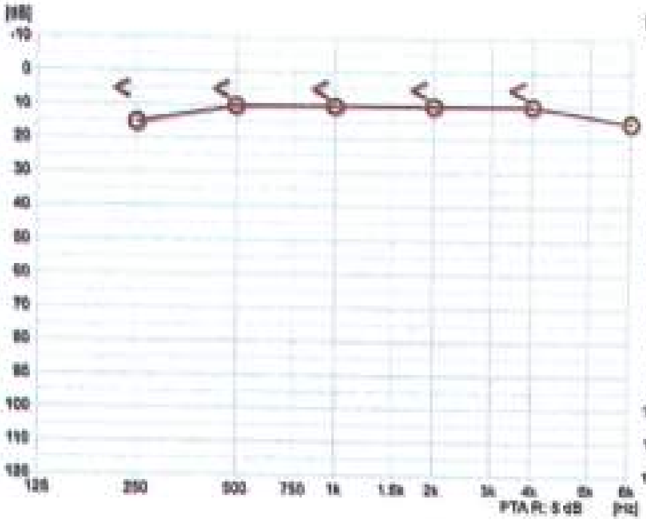
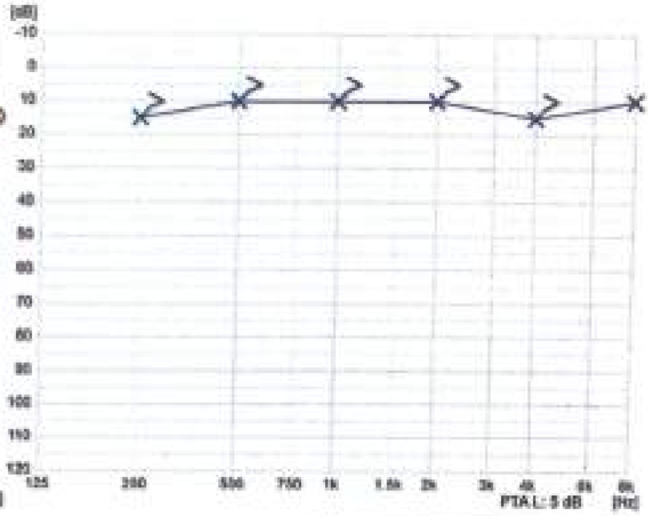
SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code: 0816007	Last name , First name: SULTAN , MUBARAK	Born: 24.03.2022
Test type: Tonal audiometry	Test date: 24.03.2022	





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	↓	

PTA

Right: 10dBHL

Left: 10dBHL.

Comments

BILATERAL NORMAL HEARING SENSITIVITY

Signature:

P.O. Box: 3373
Postal Code: 133
Sultanate of Oman

Date: 24/03/2022