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# Initial Medical Examination Report

## INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

| | |
|---|---|
| Surname | Said Juma Said Alesabeni |
| Forenames | |
| Address: | |
| Home telephone number | 99022372 |

| | | | |
|---|---|---|---|
| **Place of examination:** Aster Hospital,Ibri | **Date:** 16/2/22. | Project: | Truck. Driver |
| **Birth date:** 27/8/1980 | **Nationality:** Omani | **Country of birth:** Oman | **Religion:** Al. Rehana |

☐ 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 (✓) Father 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 requested, 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:** 16/2/22 **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 | WEIGHT | BMI | B.P. | PULSE | HEARING | VISION | | | | Colour Vision | Blood Group |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | DISTANT | | NEAR | | |
| | | | | | | | R | L | R | L | |
| 172 cm | 98 kg | 33.1 | 130/70 | 72 /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.)**

**ASSESSMENT:**

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

Date: 16/2/2023 Name (Block Capitals): Dr. Signature:

**REVIEW/CONSULTATION**

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: Said Juma Said Al Rabaani
Emp #: 985569
Date of Assessment: 16/3/22.

| | | | |
|---|---|---|---|
| 1 | Age | Years | 41 |
| 2 | Gender | Female/Male | Male. |
| 3 | Total Cholesterol | mmol/L 6.00 | |
| 4 | HDL Cholesterol | mmol/L 0.980 | |
| 5 | Smoker | Yes/No | No |
| 6 | Diabetes | Yes/No | No |
| 7 | Systolic Blood pressure | mm Hg 130 | |
| 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:

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## Epworth Screening Quest. for Sleep Apnoea

| Employee Data | | Date: 16/2/22 |
|---|---|---|
| Name: Said Juma Said Al Kaboni | | Department/Company: Truck Hood North LLC |
| I. D No. 9285569. | Tel # 99029572 | 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, Said *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and **correct**.

**Signature:** _____ **Date:** 16/2/2022.

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# Fitness to Work Certificate

| Employee Data | | | Date 16/2/22. |
|---|---|---|---|
| Name | Said Tuaq Said Al Rabani. | | Department/Company Truckman North LLC. |
| I.D No. | 9283569. | 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 | | | |
| 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** 16/2/2022 | |

## DEPARTMENT OF LABORATORY MEDICINE

**File No:** 0245807
**Name:** SAID JUMA SAID ALEABAANI
**Address:**
**Gender:** M **Age:** 41 Y **Nationality:** OMANI
**GSM No.:** 99029572 **ID Card No.:** 9285569
**Ref. By:** EXTERNAL DOCTOR

**Report No:** 0602111
**Sample Date:** 16/02/2022 **Time:** 11:16
**Received By:** ASHWINI
**Received Date:** 16/02/2022 **Time:** 11:25
**Report Date:** 16/02/2022 **Time:** 13:16
**Bill No:** 0810441 **Bill Date:** 16/02/2022
**Report Status:** Final

| INVESTIGATION | RESULT | REFERENCE RANGE |
|---|---|---|
| PDO MEDICAL CHECK UP ABOVE 40( truckoman) | | |
| FBS (FASTING BLOOD SUGAR) | 5.14 mmol/L | 3.9 - 6.1 |
| Method :- Hexokinase | 92.52 mg/dL | 70 - 110 |
| LIPID PROFILE - SERUM | | |
| CHOLESTEROL (TOTAL) | **6.00 mmol/L** | 1 - 5.1 |
| Method:-Enzymatic | **231.96 mg/dl** | 40 - 200 |
| HDL (HIGH DENSITY LIPOPROTEIN) | 0.980 mmol/L | 0.777 - 1.813 |
| " " | 37.89 mg/dl | 30 - 70 |
| LDL (LOW DENSITY LIPOPROTEIN) | 4.32 mmol/L | 1.295 - 4.54 |
| " " | 166.81 | 50 - 172 |
| VLDL (VERY LOW DENSITY LIPOPROTEIN) | 0.71 mmol/L | 0.259 - 1.036 |
| " " | 27.26 mg/dl | 10 - 40 |
| RATIO (TOTAL CHOL / HDL CHOL) | **6.12** | 3.8 - 5.9 |
| TRIGLYCERIDES | 1.54 mmol/L | 0.564 - 2.146 |
| Method : Enzymatic | 136.29 mg/dl | 50 - 190 |
| LIVER FUNCTION TEST - SERUM | | |
| TOTAL BILIRUBIN - SERUM | 0.532 mg/dL | 0.1 - 1 |
| Method : Diazo | 9.1 µmol/L | 1 - 17.1 |
| DIRECT BILIRUBIN - SERUM | 0.146 mg/dL | 0.1 - 0.5 |
| Method : Diazo | 2.5 µmol/L | 1 - 8.55 |
| SGOT (AST)-SERUM (IFCC) | 27.40 U/L | Male: up to 40.0<br>Female: up to32.0 |
| SGPT (ALT)-SERUM (IFCC) | 38.32 U/L | Male: 10-50<br>Female:10-35 |
| ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC) | 70.22 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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| INVESTIGATION | RESULT | REFERENCE RANGE |
|---|---|---|
| | | :Female 35-104<br>Children:(Aged)<br>7months - 1Year :- <462<br>1Year - 3 Years :- <281<br>4 Years - 6 Years :- <269<br>7 Years - 12 Years :- <300<br>13 Years - 17 Years(M) :-<390<br>13 Years - 17 Years(F) :- <187 |
| TOTAL PROTEIN-SERUM(Colorimetric Assay) | 7.81 gm/dL | 6.6 - 8.7 |
| ALBUMIN - SERUM (Colorimetric Assay) | 4.48 gm/dL | 3.9 - 4.9 |
| GLOBULIN - SERUM (Calculation) | 3.33 gm/dL | 2.3 - 3.5 |
| ALBUMIN / GLOBULIN RATIO - Calculation | 1.35 | 1.2 - 1.5 |
| GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM | 27.41 U/L | Men : 8-61<br>Female : 5-36 |
| RENAL FUNCTION TEST (UREA - CREATININE) | | |
| UREA - SERUM | 4.74 mmol/L | 1.7 - 8.3 |
| Method : Kinetic Assay | 28.47 mg/dL | 10.2 - 49.8 |
| CREATININE - SERUM | 71.10 µmol/L | 44.2 - 123.7 |
| Method :-Jaffé Method | 0.8 mg/dl | 0.5 - 1.4 |
| CBC (COMPLETE BLOOD COUNT) | | |
| TOTAL WBC COUNT | 6210 cells/cumm | 4000 - 11000 cells/cumm |
| DC (DIFFERENTIAL COUNT) | | |
| NEUTROPHILS | 47.3 % | 40-75% |
| LYMPHOCYTES | 39.0 % | 20-45% |
| EOSINOPHILS | 5.3 % | 2-6 % |
| MONOCYTES | 7.4 % | 2-8 % |

*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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|---|---|---|
| BASOPHILS | 1.0 % | 0-1% |
| HB (HEMOGLOBIN) | 15.5 gm/dl | Male-13 - 18 gm/dl<br>Female-11- 15 gm/dl |
| TOTAL RBC COUNT | 5.99 million/cu | MALE: 4.5-6.5million/cu<br>FEMALE: 3.9-5.5million/cu |
| PLATELET COUNT | 2.73 lakhs/cumm | 1.0 - 4.0 lakhs / cumm |
| PCV (PACKED CELL VOLUME) | 46.20 % | Males : 42% - 52%<br>Females : 37% - 47% |
| MCV (MEAN CORPUSCULAR VOLUME) | 77.10 FL | 76 - 96 FL |
| MCH (MEAN CORPUSCULAR HEMOGLOBIN) | 25.90 PG | 27 - 33 PG |
| MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION) | 33.50 g/dl | 32 - 36 g/dl |
| ESR (ERYTHROCYTE SEDIMENTATION RATE) | 04 mm/ 1st hr | MALE:0-9 mm/ 1st hr<br>FEMALE:0-20 mm/ 1st hr |
| Capillary Photometry Technology<br>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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|---|---|---|
| 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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# X-RAY REPORT

| | |
|---|---|
| Doc No: | 0060667 |
| Name: | SAID JUMA SAID ALEABAANI |
| Age/DOB: | 41 Y — Omani ID/ L.Card No:: 9285569 |
| Sex: | Male |
| Referred By: | EXTERNAL DOCTOR |
| Clinical Diagnosis: | |
| X-Ray/UltraSound | CHEST X-RAY |
| Date: | 16/02/2022 |
| X-Ray Filim No: | TRUCK |
| Bill No: | 0810441 |
| 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

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ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

245807 SAID JUMA SAID ALEABAANI 16-Feb-22 10:59:48 AM

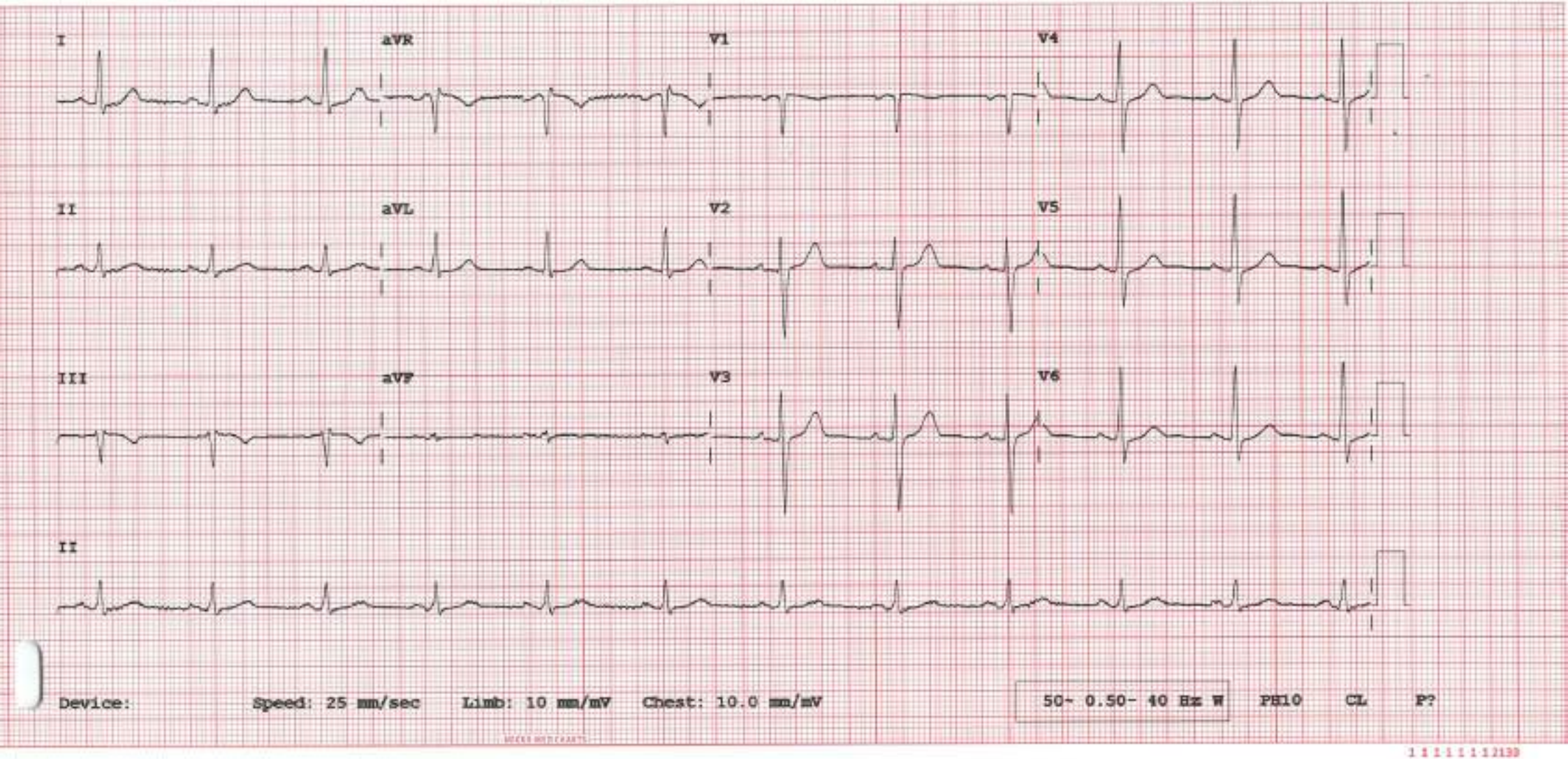
41 Years Male ASTER HOSPITAL IBRI (Emergency)

| | |
|---|---|
| Rate | 70 |
| RR | 857 |
| PR | 153 |
| QRSD | 98 |
| QT | 393 |
| QTc | 425 |

--AXIS--

| | |
|---|---|
| P | 8 |
| QRS | 3 |
| T | 5 |

12 Lead; Standard Placement



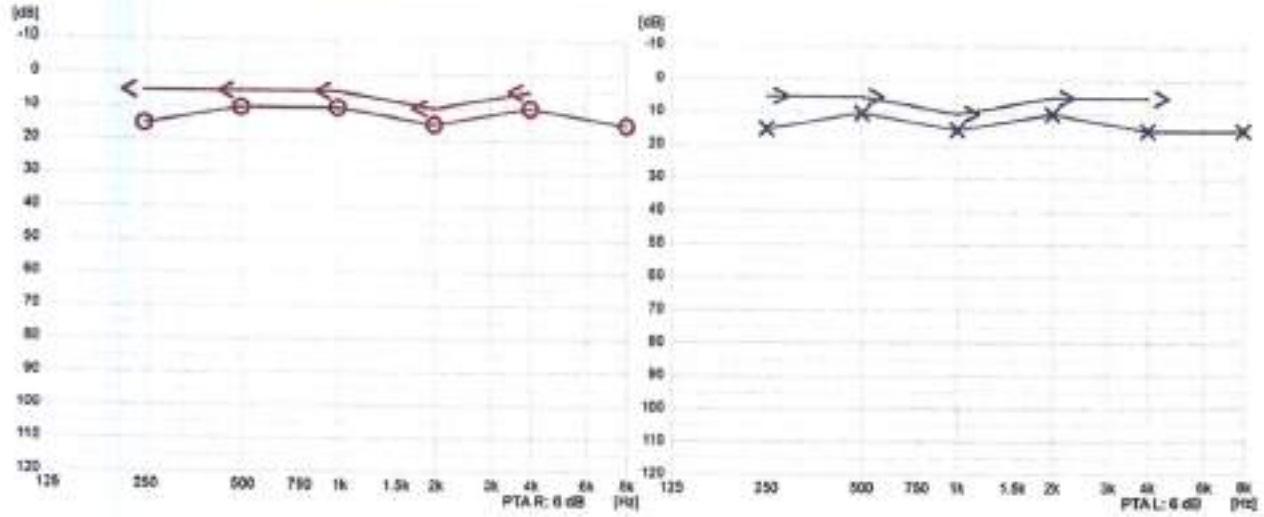

Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV 50- 0.50- 40 Hz W PH10 CL P?

# SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

**IBRI**

**22349191**

| Code: | Last name , First name | Born: |
|---|---|---|
| 0810441 | SAID JUMA , SAID | 16.02.2022 |
| **Test type** | **Test date:** | |
| Tonal audiometry | 16.02.2022 | |




| Legend | R | L |
|---|---|---|
| Air | O | X |
| Air/Masked | Δ | □ |
| Bone | < | > |
| Bone/Masked | [ | ] |
| MCL | M | M |
| UCL | m | m |
| Free Field | ⊘ | ⊗ |
| Free Field/Aided | A | A |
| Binaural | | B |
| No response | | ↓ |

PTA

Right :- 11.3dBHL

left: 11.3dBHL

**Comments**

BILATERAL NORMAL HEARING SENSITIVITY

**Signature:**

**Date:** 16/02/22