

Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname: Abdul Wahab Nasser					
Forenames: Rashid, Mubashir Al					
Address: 99737399 Hinas					
Place of examination: Aster Hospital, Ibr	Date: 16/3/2022				
Home telephone number: 99737399					
If a dependant enter employee's name here:					
Birth date: 5/3/1971	Project: TRK - Oman				
Nationality: Oman	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
	☒		☒	HAVE YOU EVER BEEN:-	
1. Sinus trouble	☒	21. Cancer	☒	40. Rejected for employment or insurance for medical reasons	☒
2. Neck swelling/glands	☒	22. Heart Disease	☒	41. Awarded benefits for industrial injury/illness	☒
3. Difficulty in vision	☒	23. Rheumatic fever	☒	42. Treated for a mental condition, e.g. depression	☒
4. Any ear discharge	☒	24. Abnormal heartbeat	☒	43. Treated for problem drinking or drug abuse	☒
5. Asthma/bronchitis	☒	25. High blood pressure	☒	44. Exposed to toxic substance or noise	☒
6. Hayfever /other significant allergy	☒	26. Stroke	☒	FOR WOMEN ONLY	
7. Any skin trouble	☒	27. Serious chest pain	☒	Have you ever had:-	
8. Tuberculosis	☒	28. Any blood disease	☒	45. An abnormal smear	
9. Shortness of breath	☒	29. Kidney disease	☒	46. Any gynaecological treatment	
10. Coughed/vomited blood	☒	30. Blood in urine	☒	47. Are you pregnant?	
11. Severe abdominal pain	☒	31. Diabetes	☒	48. Have you had an illness not mentioned above	
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/ampit	☒				
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 (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: 16-03-2022		Signature of Applicant:			

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 R L R L Uncorrected Corrected	Colour Vision	Blood Group
168	88	31.2	134 85	85		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. 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: 16/3 Name (Block Capitals): Dr. N. N. N.

Signature:

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr.

Signature:

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: Abdul Wahed. Nasser AL Hinger

Emp #: 2171937

Date of Assessment: 16-03-2022

1	Age	Years	<u>49</u>
2	Gender	Female/Male	<u>M</u>
3	Total Cholesterol	mmol/L	<u>7.75</u>
4	HDL Cholesterol	mmol/L	<u>1.2</u>
5	Smoker	Yes/No	<u>No</u>
6	Diabetes	Yes/No	<u>No</u>
7	Systolic Blood pressure	mm Hg	<u>130</u>
8	Is the patient being treated for High blood pressure?	Yes/No	<u>No</u>

Framingham Risk score: 11.2 %

Framingham Risk Rating (Circle the appropriate score)

Low

Medium

High

Medium risk

Any further action or recommendations?

Assessment or Examination conducted by:

Dr. Nasser AL Hinger
Dr. Nasser AL Hinger
Licence No. 12345
General Practitioner



Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 16-03-2022
Name: Abdulwahed ALKhatib	Department/Company: Truck Company	
I. D No. 21 719 37	Tel # 99737377	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
- ☒ sitting and reading
☒ watching TV
☒ sitting inactive in a public place (e.g. theatre or meeting)
☒ as a passenger in the car for an hour without a break
☒ Lying down to rest in the afternoon when circumstances permit
☒ Sitting a talking with someone
☐ Sitting quietly after lunch without alcohol
☒ 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, Abdulwahed ALKhatib (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature:



Date:

16-03-2022



Fitness to Work Certificate

Employee Data		Date 16-03-2022	
Name Abul Wahed AL Hameed		Department/Company Truckmen	
I.D No. 217193E	Age 49-Y	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	☐	☐	
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		Date	
Permanently Unfit			
Name of health advisor	Signature	Date	



DEPARTMENT OF LABORATORY MEDICINE

File No: 0063420	Report No: 0806167
Name: ABDUL WAHEED NASSER RASHID MUSABAH AL-HINAI	Sample Date: 16/03/2022 Time: 10:29
Address:	Received By: ASHWINI
Gender: M Age: 49 Y Nationality: OMANI	Received Date: 16/03/2022 Time: 10:34
GSM No.: 99737399 ID Card No.: 2171937	Report Date: 16/03/2022 Time: 11:24
Ref. By: EXTERNAL DOCTOR	Bill No: 0814768 Bill Date: 16/03/2022
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	8.23 mmol/L	3.9 - 6.1
Method :- Hexokinase	148.14 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	7.75 mmol/L	1 - 5.1
Method:-Enzymatic	299.62 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.210 mmol/L	0.777 - 1.813
" "	46.78 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	5.29 mmol/L	1.295 - 4.54
" "	204.16	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	1.26 mmol/L	0.259 - 1.036
" "	48.68 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	6.4	3.8 - 5.9
TRIGLYCERIDES	2.75 mmol/L	0.564 - 2.146
Method : Enzymatic	243.375 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.254 mg/dL	0.1 - 1
Method : Diazo	4.34 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.093 mg/dL	0.1 - 0.5
Method : Diazo	1.59 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	23.58 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	27.64 U/L	Male: 10-50 Female: 10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	63.85 U/L	Adult : Men -40-129

Processed By:
181773
Lab Technologist

Approved By:
ASHWINI
Lab Technologist

Released By:
ASHWINI
Lab Technologist

MOH License No: 16064



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DEPARTMENT OF LABORATORY MEDICINE

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Name: ABDUL WAHEED NASSER RASHID MUSABAH AL-HINAI
Address:
Gender: M **Age:** 49 Y **Nationality:** OMANI
GSM No.: 99737399 **ID Card No.:** 2171937
Ref. By: EXTERNAL DOCTOR

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INVESTIGATION

RESULT

REFERENCE RANGE

TOTAL PROTEIN-SERUM(Colorimetric Assay)	8.63 gm/dL	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
ALBUMIN - SERUM (Colorimetric Assay)	5.04 gm/dL	6.6 - 8.7
GLOBULIN - SERUM (Calculation)	3.59 gm/dL	3.9 - 4.9
ALBUMIN / GLOBULIN RATIO - Calculation	1.4	2.3 - 3.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	31.05 U/L	1.2 - 1.5
RENAL FUNCTION TEST (UREA - CREATININE)		Men : 8-61 Female : 5-36
UREA - SERUM	6.33 mmol/L	1.7 - 8.3
Method : Kinetic Assay	38.02 mg/dL	10.2 - 49.8
CREATININE - SERUM	142.76 µmol/L	44.2 - 123.7
Method : Jaffe Method	1.61 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	7890 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	36.3 %	40-75%
LYMPHOCYTES	54.0 %	20-45%
EOSINOPHILS	1.0 %	2-6 %
MONOCYTES	7.9 %	2-8 %

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	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.8 %	0-1%
HB (HEMOGLOBIN)	12.2 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	3.48 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	38.30 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	85.30 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	27.20 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	31.90 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:
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Lab Technologist

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Lab Technologist

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Lab Technologist

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DEPARTMENT OF LABORATORY MEDICINE

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Gender: M Age: 49 Y Nationality: OMANI	Received Date: 16/03/2022 Time: 10:34
GSM No.: 99737399 ID Card No.: 2171937	Report Date: 16/03/2022 Time: 11:24
Ref. By: EXTERNAL DOCTOR	Bill No: 0814768 Bill Date: 16/03/2022
	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
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ASHWINI
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MOH License No: 16064



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X-RAY REPORT

Doc No:	0061166
Name:	ABDUL WAHEED NASSER RASHID MUSABAH AL-HINAI
Age/DOB:	49 Y Omani ID/ L.Card No:: 2171937
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	16/03/2022
X-Ray Film No:	TRUCK
Bill No:	0814768
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 CU
SPECIALIST RADIOLOGY
MOH Licence: 21058
ASTER HOSPITAL IBRI



63420

ABDUL WAHEED NASSER RASHID

3/16/2022 10:25:41 AM

Oman AlKhair Hospital

ECG

Rate 77

PR 164

QRS 111

QT 385

QTc 436

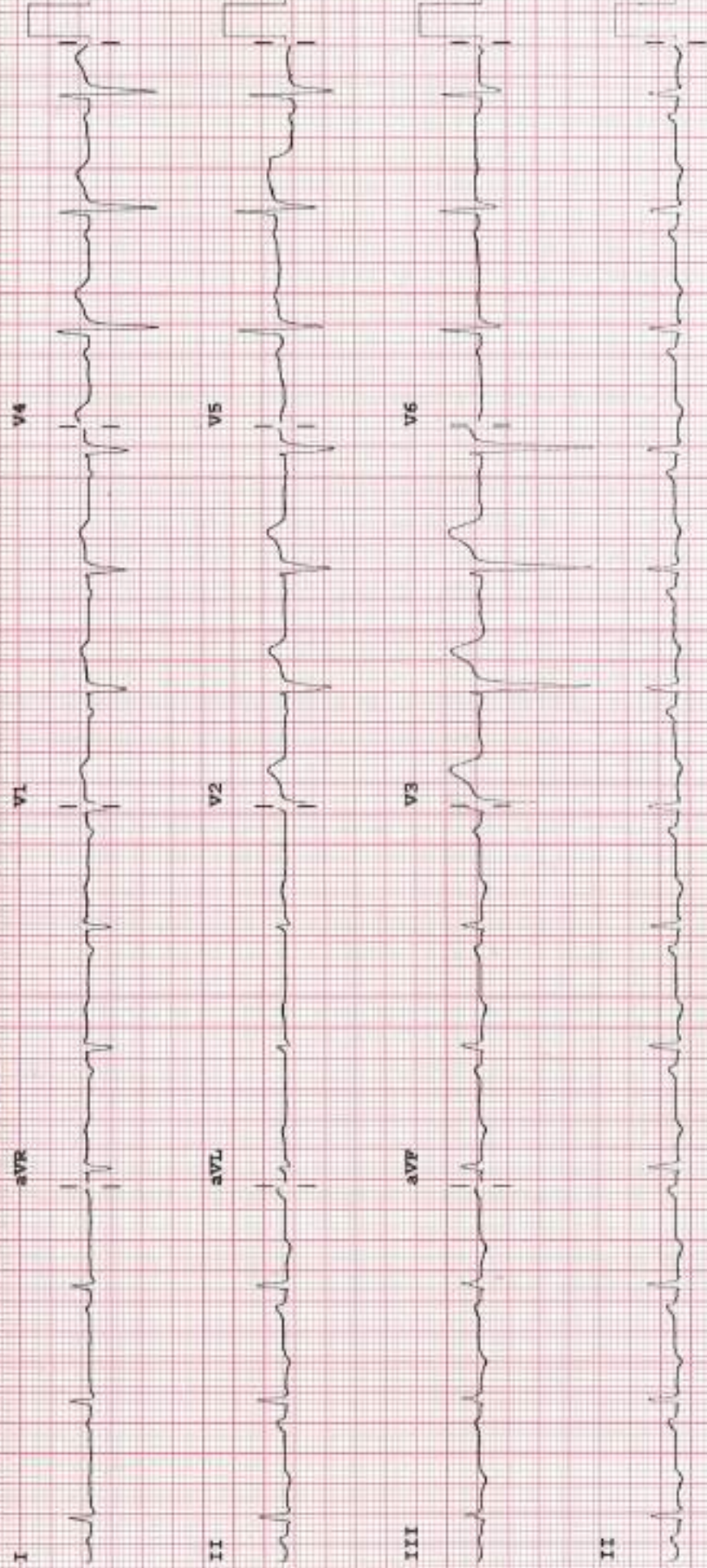
--AXIS--

P 69

QRS 60

T -80

12 Lead; Standard Placement



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

50~ 0.50~ 40 Hz W

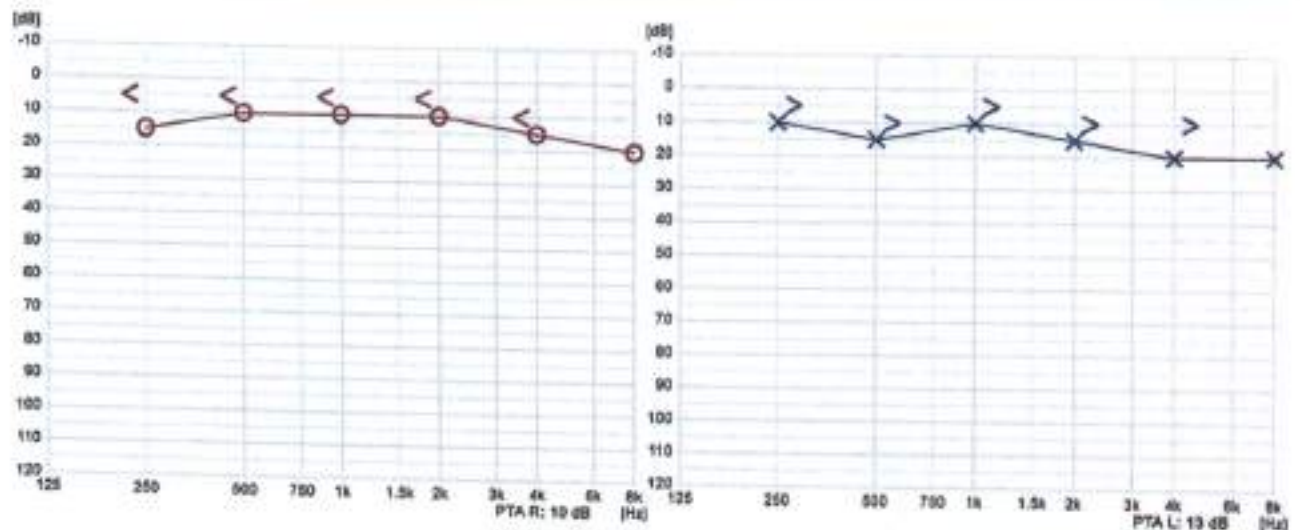
PH10

L

P2

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code: 0814768	Last name , First name ABDUL , WAHEED	Born: 16.03.2022
Test type Tonal audiometry	Test date: 16.03.2022	



PTA

Right: 10dBHL

Left: 11dBHL

Legend	R	L
Air	○	×
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:

Helix® by Hadera Biomedica Srl 3016 - www.haderabiomedica.com



Date: 16 / 03 / 2022