

Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Place of examination: Aster Hospital, Ibri		Date: 01/02/2021		Home telephone number	
If a dependant enter employee's name here:		Project:			
Birth date: 16/04/1995		Nationality: Pakistan		Country of birth:	
Religion:		Relationship to employee			
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced		<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	
Reason for examination		Number of children:			
Pre-Employment <input type="checkbox"/> Job:					
Pre-Overseas <input type="checkbox"/> Area:					
Name and address of family doctor		List your last 3 jobs			
		(1)			
Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>			
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		<input checked="" type="checkbox"/>	21. Cancer		<input checked="" type="checkbox"/>
2. Neck swelling/glands		<input checked="" type="checkbox"/>	22. Heart Disease		<input checked="" type="checkbox"/>
3. Difficulty in vision		<input checked="" type="checkbox"/>	23. Rheumatic fever		<input checked="" type="checkbox"/>
4. Any ear discharge		<input checked="" type="checkbox"/>	24. Abnormal heartbeat		<input checked="" type="checkbox"/>
5. Asthma/bronchitis		<input checked="" type="checkbox"/>	25. High blood pressure		<input checked="" type="checkbox"/>
6. Hayfever /other significant allergy		<input checked="" type="checkbox"/>	26. Stroke		<input checked="" type="checkbox"/>
7. Any skin trouble		<input checked="" type="checkbox"/>	27. Serious chest pain		<input checked="" type="checkbox"/>
8. Tuberculosis		<input checked="" type="checkbox"/>	28. Any blood disease		<input checked="" type="checkbox"/>
9. Shortness of breath		<input checked="" type="checkbox"/>	29. Kidney disease		<input checked="" type="checkbox"/>
10. Coughed/vomited blood		<input checked="" type="checkbox"/>	30. Blood in urine		<input checked="" type="checkbox"/>
11. Severe abdominal pain		<input checked="" type="checkbox"/>	31. Diabetes		<input checked="" type="checkbox"/>
12. Stomach ulcer		<input checked="" type="checkbox"/>	32. Headaches/migraine		<input checked="" type="checkbox"/>
13. Recurrent indigestion		<input checked="" type="checkbox"/>	33. Dizziness/fainting		<input checked="" type="checkbox"/>
14. Jaundice or hepatitis		<input checked="" type="checkbox"/>	34. Epilepsy		<input checked="" type="checkbox"/>
15. Gall Bladder disease		<input checked="" type="checkbox"/>	35. Joints/spinal trouble		<input checked="" type="checkbox"/>
16. Marked change in bowel habits		<input checked="" type="checkbox"/>	36. Surgical operation		<input checked="" type="checkbox"/>
17. Blood in stools (motions)		<input checked="" type="checkbox"/>	37. Serious accident/fracture		<input checked="" type="checkbox"/>
18. Marked change in weight		<input checked="" type="checkbox"/>	38. Tropical disease		<input checked="" type="checkbox"/>
19. Varicose veins		<input checked="" type="checkbox"/>	39. Fear of heights		<input checked="" type="checkbox"/>
20. Lump in breast/armpit		<input checked="" type="checkbox"/>			
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 (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: 01/02/2021		Signature of Applicant: [Signature]			

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	HEARING	VISION				Colour Vision	Blood Group																
172 cm	71 kg	24.0	130/80 mmHg	70 b/min	L R	<table border="1"> <thead> <tr> <th colspan="2">DISTANT</th> <th colspan="2">NEAR</th> </tr> <tr> <th>R</th> <th>L</th> <th>R</th> <th>L</th> </tr> </thead> <tbody> <tr> <td>Uncorrected</td> <td>6/6</td> <td>6/6</td> <td>6/6</td> </tr> <tr> <td>Corrected</td> <td>6/6</td> <td>6/6</td> <td>6/6</td> </tr> </tbody> </table>				DISTANT		NEAR		R	L	R	L	Uncorrected	6/6	6/6	6/6	Corrected	6/6	6/6	6/6		
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R	L	R	L																								
Uncorrected	6/6	6/6	6/6																								
Corrected	6/6	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. Sick 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: 2/02/2021

Name (Block Capitals): Dr. RAGIMOL

Signature:

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr.

Signature:

DEPARTMENT OF LABORATORY MEDICINE

File No: 218743
Name: MUHAMMAD AMER SOHAIL

Address:

Gender: M **Age:** 25 Y **Nationality:** PAKISTANI
GSM No.: 95359120 **ID Card No.:** 107709168
Ref. By: EXTERNAL DOCTOR

Report No: 0563903
Sample Date: 02/02/2021 **Time:** 18:42
Received By: SREEJAS
Received Date: 02/02/2021 **Time:** 18:50
Report Date: 02/02/2021 **Time:** 19:10
Bill No: 0744640 **Bill Date:** 01/02/2021
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 40 (Truckoman)		
FBS (FASTING BLOOD SUGAR)	5.47 mmol/L	3.9 - 6.1
Method :- Hexokinase	98.46 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	5.41 mmol/L	1 - 5.1
Method:-Enzymatic	209.15 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.04 mmol/L	0.777 - 1.813
" "	40.0 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3.47 mmol/L	1.295 - 4.54
" "	134.1	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.91 mmol/L	0.259 - 1.036
" "	35.05 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	5.2	3.8 - 5.9
TRIGLYCERIDES	1.98 mmol/L	0.564 - 2.146
Method : Enzymatic	175.23 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.45 mg/dL	0.1 - 1
Method : Diazo	7.70 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.14 mg/dL	0.1 - 0.5
Method : Diazo	2.32 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	20.80 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	36.70 U/L	Male: 10-50 Female: 10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	80.99 U/L	Adult : Men -40-129

Processed By:
SREEJAS
Lab Technologist

Approved By:
SREEJAS
Lab Technologist

SREEJAS
Lab Technician
Released By:
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Lab Technologist

Specialist Pathologist

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وحدة من مجموعة د.موبين للرعاية الصحية