



MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

NAME	AVTAR SINGH BHATOE		
AGE/D.O.B	39Y 10.10.1981	DATE	10.12.2020
PASS/ID NO:	73695116	GENDER	MALE
VISION-RT-EYE	6/6 WITHOUT GLASSES	HEIGHT	179 CM
LT-EYE	6/6 WITHOUT GLASSES	WEIGHT	111 KG
HEART	NORMAL	BP	108 /88 mmHg
LUNGS	NORMAL	PULSE	68/ Min
ABDOMEN	NORMAL	CNS	NORMAL
SKIN	NORMAL	ENT	NORMAL

INVESTIGATIONS

FBS	NORMAL
BLOOD GROUP	B POSITIVE
HAEMOGRAM	NORMAL
LFT	NORMAL
RFT	HYPERURICEMIA
LIPID PROFILE	DLP
SICKLING TEST	NEGATIVE
URINE ROUTINE	NORMAL
AUDIOGRAM	Normal hearing threshold

COMMENTS	* Obesity - Advised for weight reduction
	* DLP- advised lifestyle modification
	* HYPERURICEMIA - Advised treatment

CONCLUSION MEDICALLY FIT

Signature:

FIT

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

SEAL





File No: 3330038
Name: AVTAR SINGH BHATOE
Age: 39 Y **Sex:** M
Nationality: INDIAN
GSM No.: 95920852
Ref. By: DR. VENKATESH KUMAR

Doc No: 3487366
Date: 10/12/2020 **Time:** 10:30
Bill No: 04054656
Chs No:
ID No:

Test	Result	Normal Range
BLOOD GROUP	B	
Rh	POSITIVE	
HAEMOGRAM		
TOTAL COUNT(W B C)	8.3 K/uL	4.0 - 11.0 K/uL
DIFFERENTIAL COUNT		
NEUTROPHILS	61 %	40- 75 %
LYMPHOCYTES	30 %	20 -45 %
EOSINOPHILS	03 %	01 - 06 %
MONOCYTS	06 %	02 - 10 %
BASOPHILS	00 %	
HAEMOGLOBIN	14.8 gm/dl	Male : 14 - 18 gm/dl Female - 12-16 gm/dl
R B C COUNT	5.3 mil/ul	3.8 - 5.8 mil/ul
PCV	41.5 %	37 - 47 %
M C V	78.9 fL	78 - 93 fL
M C H	28.2 pg	27 - 32 pg
M C H C	35.7 gm/dL	31 - 35 gm/dL
PLATELET COUNT	216 k/UI	150 - 400 k/UI
SICKLING TEST	NEGATIVE	
RENAL FUNCTION TEST		
UREA	2.99 mmol/L (18 mg/dl)	1.66 - 7.47 mmol/L 10 - 45 mg/dl
CREATININE	76.02 umol/L (0.86 mg/dl)	61.88-123.76 umol/L 0.7 - 1.4 mg/dl
URIC ACID	475.84 umol/L (8.0 mg/dl)	Male:202-416 umol/L , Male:3.4-7.0 mg/dl, Female:149-357 umol/L Female:2.5-6.0mg/dl

[Signature]
Medical Technologist
Out of Normal Range

[Signature]
Out of Critical Range Requisitioning Doctor:

[Signature]
Clinical Pathologist
Page: 1 of 1

Collected Date And Time:
Reported Date And Time:

N = Normal A = Abnormal (please describe)				PHYSICAL EXAMINATION							
N	A										
☒		1. Eyes & Pupils		② Cornea → mild opac @ 9 o'clock position mm sh ⊕, glo norm fcp m ⊕ norm norm norm norm norm norm norm							
☒		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
179	111	34.6	108/88	68/min.	L	DISTANT	NEAR				
					R	Uncorrected	R L R L				
						Corrected	6/6 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. Sickle 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: 10/12/2019 Name (Block Capitals): Dr. / Nurse Signature:											
REVIEW/CONSULTATION											
Date: 10/12/2019 Name (Block Capitals): Dr. / Nurse Signature:											

Dr. RAJILA P.P.
MBBS., DNB (ENT), DLO
Specialist Ent Surgeon
MOH Lic No.: 18387

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581



Appendix 20: (Form SQ5): Epworth Screening Quest. For Sleep Apnoea

Employee Data		Date: 10/12/2020
Name: Ameen Shoukhat BAHARI		Department/Company:
I. D No.	Tel #	Occupation : operator

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



<u>1</u>	sitting and reading
<u>1</u>	watching TV
<u>0</u>	sitting inactive in a public place (e.g. theatre or meeting)
<u>2</u>	as a passenger in the car for an hour without a break
<u>2</u>	Lying down to rest in the afternoon when circumstances permit
<u>0</u>	Sitting a talking with someone
<u>2</u>	Sitting quietly after lunch without alcohol
<u>0</u>	In a car, while stopped for a few minutes in traffic
Total	<u>8</u>

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: 10/12/2020



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