



MEDICAL FITNESS CERTIFICATE FOR TRUCKOMAN

NAME	WALEED ZAMAN																					
AGE/D.O.B	28 Y 28.07.1992	DATE 06.12.2020																				
PASS/ID NO:	106234284	GENDER MALE																				
VISION-RT-EYE	6/6 WITHOUT GLASSES	HEIGHT 176 CM																				
LT-EYE	6/6 WITHOUT GLASSES	WEIGHT 67 KG																				
HEART	NORMAL	BP 106 /78 mmHg																				
LUNGS	NORMAL	PULSE 62/ Min(Irregular)																				
ABDOMEN	NORMAL	CNS NORMAL																				
SKIN	NORMAL	ENT NORMAL																				
INVESTIGATIONS	<table> <tr><td>FBS</td><td>NORMAL</td></tr> <tr><td>BLOOD GROUP</td><td>O POSITIVE</td></tr> <tr><td>HAEMOGRAM</td><td>NORMAL</td></tr> <tr><td>LFT</td><td>NORMAL</td></tr> <tr><td>RFT</td><td>HYPERURICEMIA</td></tr> <tr><td>LIPID PROFILE</td><td>NORMAL</td></tr> <tr><td>SICKLING TEST</td><td>NEGATIVE</td></tr> <tr><td>URINE ROUTINE</td><td>NORMAL</td></tr> <tr><td>ECG</td><td>VPC(+)</td></tr> <tr><td>AUDIOGRAM</td><td>Normal hearing threshold</td></tr> </table>		FBS	NORMAL	BLOOD GROUP	O POSITIVE	HAEMOGRAM	NORMAL	LFT	NORMAL	RFT	HYPERURICEMIA	LIPID PROFILE	NORMAL	SICKLING TEST	NEGATIVE	URINE ROUTINE	NORMAL	ECG	VPC(+)	AUDIOGRAM	Normal hearing threshold
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URINE ROUTINE	NORMAL																					
ECG	VPC(+)																					
AUDIOGRAM	Normal hearing threshold																					
COMMENTS																						

CONCLUSION **MEDICALLY FIT**

Signature:

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581



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المقر الرئيسي :

س.ت. : ١٦٩٣٨٠٨، ص.ب. : ٤٤٣، الرمز البريدي : ١١٢

روي سلطنة عمان. هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥

الخوير : ٢٤٤٨٨٣٢٢ | صحار : ٢٨٤٦٦٠٠ | الخوض : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣٠

بركاء : ٢٦٨٨٤٩٠ | صور : ٢٥٥٤٦١١٢ | الزوى : ٢٥٤٧٧٧٧ | فلج : ٢٦٧٥٤١٣١

البريد الإلكتروني info@badroman.com



File No: 3329594
Name: WALEED ZAMAN
Age: 28 Y **Sex:** M
Nationality: PAKISTANI
GSM No.: 91797085
Ref. By: DR. VENKATESH KUMAR

Doc No: 3486864
Date: 06/12/2020 **Time:** 11:04
Bill No: 04052476
Chs No:
ID No:

Test	Result	Normal Range
BLOOD GROUP	O	
Rh	POSITIVE	
HAEMOGRAM		
TOTAL COUNT(W B C)	8.4 K/uL	4.0 - 11.0 K/uL
DIFFERENTIAL COUNT		
NEUTROPHILS	52 %	40- 75 %
LYMPHOCYTES	35 %	20 -45 %
EOSINOPHILS	07 %	01 - 06 %
MONOCYTS	06 %	02 - 10 %
BASOPHILS	00 %	
HAEMOGLOBIN	17.9 gm/dl	Male : 14 - 18 gm/dl Female - 12-16 gm/dl
R B C COUNT	6.31 mil/ul	3.8 - 5.8 mil/ul
PCV	52.1 %	37 - 47 %
M C V	82.5 fL	78 - 93 fL
M C H	28.3 pg	27 - 32 pg
M C H C	34.3 gm/dL	31 - 35 gm/dL
PLATELET COUNT	253 k/UI	150 - 400 k/UI
SICKLING TEST	NEGATIVE	
RENAL FUNCTION TEST		
UREA	3.49 mmol/L (21 mg/dl)	1.66 - 7.47 mmol/L 10 - 45 mg/dl
CREATININE	91.05 umol/L (1.03 mg/dl)	61.88-123.76 umol/L 0.7 - 1.4 mg/dl
URIC ACID	303.35 umol/L (5.1 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

Medical Technologist
Out of Normal Range

Out of Critical Range

Requisitioning Doctor:

Clinical Pathologist

Collected Date And Time:

Reported Date And Time:



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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	
176		67.5	21.8	106/78	62/min. Irregular	L ✓ R ✓	DISTANT	NEAR				
							Uncorrected	Corrected	R L R L			
							6/6	6/6	N/6	N/6	(N)	O+ve
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A					
✓		1. Urinalysis	ECG - VPC ⊕ Benign.				✓		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. Sickie 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: 06/12/2020 Name (Block Capitals): Dr. / Nurse Signature:												
REVIEW/CONSULTATION												
Date: 06/12/2020 Name (Block Capitals): Dr. / Nurse Signature:												

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