# Initial Medical Examination Report

## INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname: Hayal
Forenames: Babu
Address: Ibn
Home telephone number

Place of examination: Aster Hospital,Ibn | Date: 02-3-2021

If a dependant enter employee's name here: | Project:

Birth date: 07-1-1991 | Nationality: Pakistan | Country of birth: | 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 |
|---|---|---|
| 1. Sinus trouble | | ✓ |
| 2. Neck swelling/glands | | ✓ |
| 3. Difficulty in vision | | ✓ |
| 4. Any ear discharge | | ✓ |
| 5. Asthma/bronchitis | | ✓ |
| 6. Hayfever /other significant allergy | | ✓ |
| 7. Any skin trouble | | ✓ |
| 8. Tuberculosis | | ✓ |
| 9. Shortness of breath | | ✓ |
| 10. Coughed/vomited blood | | ✓ |
| 11. Severe abdominal pain | | ✓ |
| 12. Stomach ulcer | | ✓ |
| 13. Recurrent indigestion | | ✓ |
| 14. Jaundice or hepatitis | | ✓ |
| 15. Gall Bladder disease | | ✓ |
| 16. Marked change in bowel habits | | ✓ |
| 17. Blood in stools (motions) | | ✓ |
| 18. Marked change in weight | | ✓ |
| 19. Varicose veins | | ✓ |
| 20. Lump in breast/armpit | | ✓ |
| 21. Cancer | | ✓ |
| 22. Heart Disease | | ✓ |
| 23. Rheumatic fever | | ✓ |
| 24. Abnormal heartbeat | | ✓ |
| 25. High blood pressure | | ✓ |
| 26. Stroke | | ✓ |
| 27. Serious chest pain | | ✓ |
| 28. Any blood disease | | ✓ |
| 29. Kidney disease | | ✓ |
| 30. Blood in urine | | ✓ |
| 31. Diabetes | | ✓ |
| 32. Headaches/migraine | | ✓ |
| 33. Dizziness/fainting | | ✓ |
| 34. Epilepsy | | ✓ |
| 35. Joints/spinal trouble | | ✓ |
| 36. Surgical operation | | ✓ |
| 37. Serious accident/fracture | | ✓ |
| 38. Tropical disease | | ✓ |
| 39. Fear of heights | | ✓ |

| HAVE YOU EVER BEEN:- | Y | N |
|---|---|---|
| 40. Rejected for employment or insurance for medical reasons | | ✓ |
| 41. Awarded benefits for industrial injury/illness | | ✓ |
| 42. Treated for a mental condition, e.g. depression | | ✓ |
| 43. Treated for problem drinking or drug abuse | | ✓ |
| 44. Exposed to toxic substance or noise | | ✓ |
| **FOR WOMEN ONLY** | | |
| Have you ever had:- | | |
| 45. An abnormal smear | | |
| 46. Any gynaecological treatment | | |
| 47. Are you pregnant? | | |
| 48. Have you had an illness not mentioned above | | |

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 ( ) Stroke ( ) Blood Cancer ( ) 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 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: 02-03-2021 Signature of Applicant:

OMAN AL KHAIR HOSPITAL

**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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | DISTANT | | NEAR | | |
| 172 | 71 | 23.9 | 107/60 | 70/mins. | L<br>R | | R | L | R | L | |
| | | | | | | Uncorrected | 6/6 | 6/6 | | | |
| | | | | | | 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: 03-3-21 Name (Block Capitals): Dr. [illegible] Signature: [illegible]

**REVIEW/CONSULTATION**

Date: 3-3-21 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: Rabin Thapa
Emp #:
Date of Assessment: 2/3/21

| | | | |
|---|---|---|---|
| 1 | Age | 30 Years | |
| 2 | Gender | Female/Male | |
| 3 | Total Cholesterol | 3.50 mmol/L | |
| 4 | HDL Cholesterol | ١٠٥٩ mmol/L | |
| 5 | Smoker | Yes/No | |
| 6 | Diabetes | Yes/No | |
| 7 | Systolic Blood pressure | ١٤٠ mm Hg | |
| 8 | Is the patient being treated for High blood pressure? | Yes/No | |

**Framingham Risk score:** 2 %

Framingham Risk Rating (Circle the appropriate score):

**Low** **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by:

D. Rajesh Rana

## Epworth Screening Quest. for Sleep Apnoea

| Employee Data | | Date: 02-03-2021 |
|---|---|---|
| Name: Babun Hayab | | Department/Company: Transkomon |
| I D No. 10010587 | Tel # 97293244 | Occupation: Driver. |

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 |
| 1 | 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 | 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, _____ *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and correct.

**Signature:** _____ **Date:** 02-03-2021

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# Fitness to Work Certificate

| Employee Data | | Date | 2/3/2021 |
|---|---|---|---|
| Name | Babar Hayat | Department/Company | Truck owner |
| I.D No. | Age | Occupation | Driver |

| 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** | | | Date |
| **Permanently Unfit** | | | |

Name of health advisor Dr. Rashid M. Raja Signature Date 02-3-2021

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فاكس: ٢٥٦٨ ٨٠٢٥ ٩٦٨+
نقال: ٧١٥٥ ٩٩٧٧/ ٩١٣٩ ٩٠٧٣ ٩٦٨+

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## DEPARTMENT OF LABORATORY MEDICINE

| | | | | | |
|---|---|---|---|---|---|
| **File No:** | 0220123 | **Report No:** | 0566403 | | |
| **Name:** | BABAR HAYAT | **Sample Date:** | 02/03/2021 | **Time:** | 10:45 |
| | | **Received By:** | JIBI | | |
| **Address:** | | **Received Date:** | 02/03/2021 | **Time:** | 10:50 |
| **Gender:** | M **Age:** 30 Y **Nationality:** PAKISTANI | **Report Date:** | 02/03/2021 | **Time:** | 13:16 |
| **GSM No.:** | 97293244 **ID Card No.:** 100105807 | **Bill No:** | 0747982 | **Bill Date:** | 02/03/2021 |
| **Ref. By:** | EXTERNAL DOCTOR | **Report Status:** | Preliminary | | |

| INVESTIGATION | RESULT | REFERENCE RANGE |
|---|---|---|
| PDO MEDICAL CHECK UP BELOW 40 (Truckoman) | | |
| FBS (FASTING BLOOD SUGAR) | 4.75 mmol/L | 3.9 - 6.1 |
| Method :- Hexokinase | 85.5 mg/dL | 70 - 110 |
| LIPID PROFILE - SERUM | | |
| CHOLESTEROL (TOTAL) | 3.50 mmol/L | 1 - 5.1 |
| Method:-Enzymatic | 135.31 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) | 2.15 mmol/L | 1.295 - 4.54 |
| " " | 82.92 | 50 - 172 |
| VLDL (VERY LOW DENSITY LIPOPROTEIN) | 0.32 mmol/L | 0.259 - 1.036 |
| " " | 12.39 mg/dl | 10 - 40 |
| RATIO (TOTAL CHOL / HDL CHOL) | **3.37** | 3.8 - 5.9 |
| TRIGLYCERIDES | 0.70 mmol/L | 0.564 - 2.146 |
| Method : Enzymatic | 61.95 mg/dl | 50 - 190 |
| LIVER FUNCTION TEST - SERUM | | |
| TOTAL BILIRUBIN - SERUM | **1.14 mg/dL** | 0.1 - 1 |
| Method : Diazo | **19.50 µmol/L** | 1 - 17.1 |
| DIRECT BILIRUBIN - SERUM | 0.15 mg/dL | 0.1 - 0.5 |
| Method : Diazo | 2.50 µmol/L | 1 - 8.55 |
| SGOT (AST)-SERUM (IFCC) | 60.80 U/L | Male: up to 40.0<br>Female: up to32.0 |
| SGPT (ALT)-SERUM (IFCC) | 72.10 U/L | Male: 10-50<br>Female:10-35 |
| ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC) | 103.27 U/L | Adult : Men -40-129 |

*Processed By:*
**JIBI**
*Lab Technologist*
MOH LIC No: 4384

*Approved By:*
*Lab Technologist*

JIBI GEORGE
*Released By:*
**JIBI**
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*Specialist Pathologist*

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نقال ٧٧٧٩٩٧٣/٧١٥٥٩٩٧٧+٩٦٨

## DEPARTMENT OF LABORATORY MEDICINE

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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) | 8.36 gm/dL | 6.6 - 8.7 |
| ALBUMIN - SERUM (Colorimetric Assay) | **4.91 gm/dL** | 3.9 - 4.9 |
| GLOBULIN - SERUM (Calculation) | 3.45 gm/dL | 2.3 - 3.5 |
| ALBUMIN / GLOBULIN RATIO - Calculation | 1.42 | 1.2 - 1.5 |
| GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM | 48.50 U/L | Men : 8-61<br>Female : 5-36 |
| RENAL FUNCTION TEST (UREA - CREATININE) | | |
| UREA - SERUM | 2.90 mmol/L | 1.7 - 8.3 |
| Method : Kinetic Assay | 17.42 mg/dL | 10.2 - 49.8 |
| CREATININE - SERUM | 78.81 µmol/L | 44.2 - 123.7 |
| Method :-Jaffé Method | 0.89 mg/dl | 0.5 - 1.4 |
| CBC (COMPLETE BLOOD COUNT) | | |
| TOTAL WBC COUNT | 6400 cells/cumm | 4000 - 11000 cells/cumm |
| DC (DIFFERENTIAL COUNT) | | |
| NEUTROPHILS | 50.6 % | 40-75% |
| LYMPHOCYTES | 37.5 % | 20-45% |
| EOSINOPHILS | 1.9 % | 2-6 % |
| MONOCYTES | 9.5 % | 2-8 % |

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JIBI
*Lab Technologist*
MOH LIC No: 4384

*Approved By:*
*Lab Technologist*

*Released By:*
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*Specialist Pathologist*

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**Address:**
**Gender:** M **Age:** 30 Y **Nationality:** PAKISTANI
**GSM No.:** 97293244 **ID Card No.:** 100105807
**Ref. By:** EXTERNAL DOCTOR

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**Report Status:** Preliminary

| INVESTIGATION | RESULT | REFERENCE RANGE |
|---|---|---|
| BASOPHILS | 0.5 % | 0-1% |
| HB (HEMOGLOBIN) | 16.6 gm/dl | Male-13 - 18 gm/dl<br>Female-11- 15 gm/dl |
| TOTAL RBC COUNT | 5.94 million/cu | MALE: 4.5-6.5million/cu<br>FEMALE: 3.9-5.5million/cu |
| PLATELET COUNT | 2.49 lakhs/cumm | 1.0 - 4.0 lakhs / cumm |
| PCV (PACKED CELL VOLUME) | 48.60 % | Males : 42% - 52%<br>Females : 37% - 47% |
| MCV (MEAN CORPUSCULAR VOLUME) | 81.80 FL | 76 - 96 FL |
| MCH (MEAN CORPUSCULAR HEMOGLOBIN) | 27.90 PG | 27 - 33 PG |
| MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION) | 34.20 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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## DEPARTMENT OF LABORATORY MEDICINE

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| INVESTIGATION | RESULT | REFERENCE RANGE |
|---|---|---|
| UROBILINOGEN | NORMAL | |
| URINE MICROSCOPY (Centrifugation Method) | | |
| RED BLOOD CELLS (RBC) | NIL /hpf | |
| PUS CELLS | 0-2 /hpf | |
| EPITHELIAL CELLS | NIL /hpf | |
| CRYSTALS | NIL /hpf | |
| CAST | NIL /hpf | |
| BACTERIA | NIL /hpf | |
| YEAST CELLS | NIL /hpf | |

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# X-RAY REPORT

| | |
|---|---|
| Doc No: | 0057690 |
| Name: | BABAR HAYAT |
| Age/DOB: | 30 Y |
| ID Card No | 100105807 |
| Sex: | Male |
| Referred By: | EXTERNAL DOCTOR |
| Clinical Diagnosis: | |
| X-Ray/UltraSound | CHEST X-RAY |
| Date: | 02/03/2021 |
| X-Ray Filim No: | TRUCK OMAN |
| Bill No: | 0747982 |
| 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: .....

Seal

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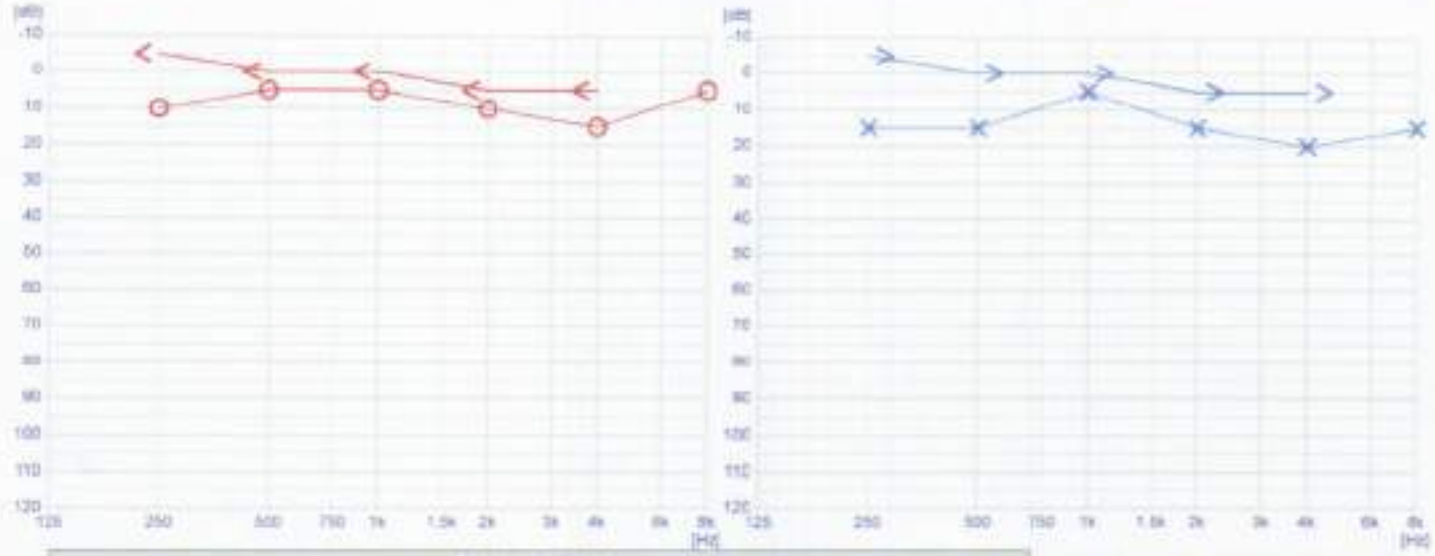
ص.ب. ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

# SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

| Code: | Last name , First name: | Born: |
|---|---|---|
| 0747982 | HAYAT , BABAR | 02.03.2021 |
| **Test type:** | **Test date:** | |
| Tonal audiometry | 02.03.2021 | |




| Audiometry (unaided) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Freq [Hz] | 500 | 1000 | 1500 | 2000 | 3000 | 4000 | 6000 | 8000 |
| Left | 15 | 5 | | 15 | | 20 | | 15 |
| Right | 5 | 5 | | 10 | | 15 | | 5 |

| Calculate % hearing loss (if known) | L [%] | R [%] | Binaural [%] | Comments |
|---|---|---|---|---|
| | | | | |
| Does the applicant exceed 35dB loss in either ear at 0.5, 1.0 or 2.0KHz? | | | Yes/No | |

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

PTA
Right:- 6·6 dBHL
Left:- 11.6 dBHL

**Comments**
BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

**Signature:**

C.R. No.: 1093283
P.O. Box: 3373
Postal Code: 133
Sultanate of Oman

**Date:** 02/03/2021