

Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname: <u>Jaspal Singh Mohan Singh</u>	
Forenames:	
Address: <u>Ibn</u>	
Home telephone number:	
Place of examination: Aster Hospital, Ibri	Date: <u>28/3/21</u>
If a dependant enter employee's name here:	
Birth date: <u>8/10/1978</u>	Nationality: <u>Indian</u>
Project:	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/arm/pit	☒
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:-	
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	
45. Have you ever had:-	
46. An abnormal smear	☒
47. Any gynaecological treatment	☒
48. Are you pregnant?	☒
49. Have you had an illness not mentioned above	☒
How much tobacco each day? Average daily alcohol consumption	
Have you ever taken illicit drugs? PDO test all new/potential employees for illicit/recreational drugs	
FAMILY HISTORY: Diabetes (☒) Tuberculosis (☒) Epilepsy (☒) Asthma (☒) Eczema (☒) Heart disease (☒) High blood pressure (☒) Stroke (☒) Blood Disease (☒) 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: <u>28/3/21</u>	Signature of Applicant: <u>[Signature]</u>

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. Hemial 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
182cm	90kg	27.1	120/80	62/min.	L R	DISTANT HEAR R L R L Uncorrected 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.)

Overweight - advised weight reduction
Hyperlipidemia - Advised exercise, repeat fasting lipid profile after 3 months.

ASSESSMENT:

High RBS, glycosuria, advised to do FBS, PPBS, HbA1c and
☒ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT
 physician's consultation

Date:

Name (Block Capitals): Dr. NAWDANA PAREOS Signature: *[Signature]*

REVIEW/CONSULTATION

Date: 28-13-2021

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: Jasal Singh / Mohd. Singh

Emp #: 968039

Date of Assessment: 28/3/2021

1	Age	42 Years	
2	Gender	Female/Male	
3	Total Cholesterol	5.45 mmol/L	
4	HDL Cholesterol	1.00 mmol/L	
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	120 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. R. Al-Rasbi + R. Al-Rasbi

M. N. Al-Rasbi



Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 28/3/2024
Name: Japh. Singh. Minor	Department/Company: Tropic Centre	
I. D No. 86268039	Tel #	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 & 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, Japh. Singh (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Japh. Singh

Date: 28/3/2024

Fitness to Work Certificate

Employee Data		Date	
Name <i>Jamal Singh Nishu</i>		Date <i>28/3/2022</i>	
I.D No. <i>862680398</i>		Department/Company <i>Ken Car</i>	
Age		Occupation <i>Driver</i>	
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			
Lifting, 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			
Permanently Unfit			
Name of health advisor <i>Dr. Vandana P</i>	Signature <i>[Signature]</i>	Date <i>28/3/2022</i>	

DEPARTMENT OF LABORATORY MEDICINE

File No: 0221800	Report No: 0568810
Name: JASPAL SINGH MOHAN SINGH	Sample Date: 28/03/2021 Time: 13:03
Address:	Received By: JIBI
Gender: M Age: 42 Y Nationality: INDIAN	Received Date: 28/03/2021 Time: 13:05
GSM No.: 93673043 ID Card No.: 86268039	Report Date: 28/03/2021 Time: 14:28
Ref. By: EXTERNAL DOCTOR	Bill No: 0751526 Bill Date: 28/03/2021
	Report Status: Preliminary

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	12.86 mmol/L	3.9 - 6.1
Method :- Hexokinase	231.48 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	5.45 mmol/L	1 - 5.1
Method:-Enzymatic	210.7 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.06 mmol/L	0.777 - 1.813
" "	41.0 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3.52 mmol/L	1.295 - 4.54
" "	135.89	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.88 mmol/L	0.259 - 1.036
" "	33.81 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	5.14	3.8 - 5.9
TRIGLYCERIDES	1.91 mmol/L	0.564 - 2.146
Method : Enzymatic	169.035 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.61 mg/dL	0.1 - 1
Method : Diazo	10.40 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.16 mg/dL	0.1 - 0.5
Method : Diazo	2.80 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	34.20 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	70.10 U/L	Male: 10-50 Female: 10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	92.02 U/L	Adult : Men -40-129

Processed By:
JIBI

Lab Technologist

MOH LIC No: 4384

Approved By:

Lab Technologist

Released By:

JIBI
Lab Technologist

MOH LIC No: 4384

Specialist Pathologist

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INVESTIGATION	RESULT	REFERENCE RANGE
		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
TOTAL PROTEIN-SERUM(Colorimetric Assay)	8.01 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.75 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3.26 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.46	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	33.50 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	6.00 mmol/L	1.7 - 8.3
Method : Kinetic Assay	36.04 mg/dL	10.2 - 49.8
CREATININE - SERUM	71.93 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.81 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	6110 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	47.6 %	40-75%
LYMPHOCYTES	39.8 %	20-45%
EOSINOPHILS	3.4 %	2-6 %
MONOCYTES	8.7 %	2-8 %

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Approved By:

Lab Technologist

Released By:

JIBI GEORGE
Lab Technologist

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INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.5 %	0-1%
HB (HEMOGLOBIN)	14.5 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	4.82 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	1.95 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	45.30 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	94.00 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	30.10 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	32.00 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	' + + + '	
PROTEIN	NIL	
KETONE	NIL	
BILIRUBIN	NIL	
pH	ACIDIC	

Processed By:
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	Report Status: Preliminary

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:
JIBI
Lab Technologist
MOH LIC No. 4384

Approved By:
Lab Technologist

Processed By:
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Lab Technologist
MOH LIC No. 4384



Specialist Pathologist

X-RAY REPORT

Doc No:	0057880
Name:	JASPAL SINGH MOHAN SINGH
Age/DOB:	42 Y ID Card No 86268039
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	28/03/2021
X-Ray Film No:	TRUCK OMAN
Bill No:	0751526
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. KALESHA SHAL**
Specialist Radiology
MOH Reg. No. 17925



JASPAL SINGH
Male

28-Mar-21 01:18:39 PM
Oman AlKhair Hospital (Emergency)

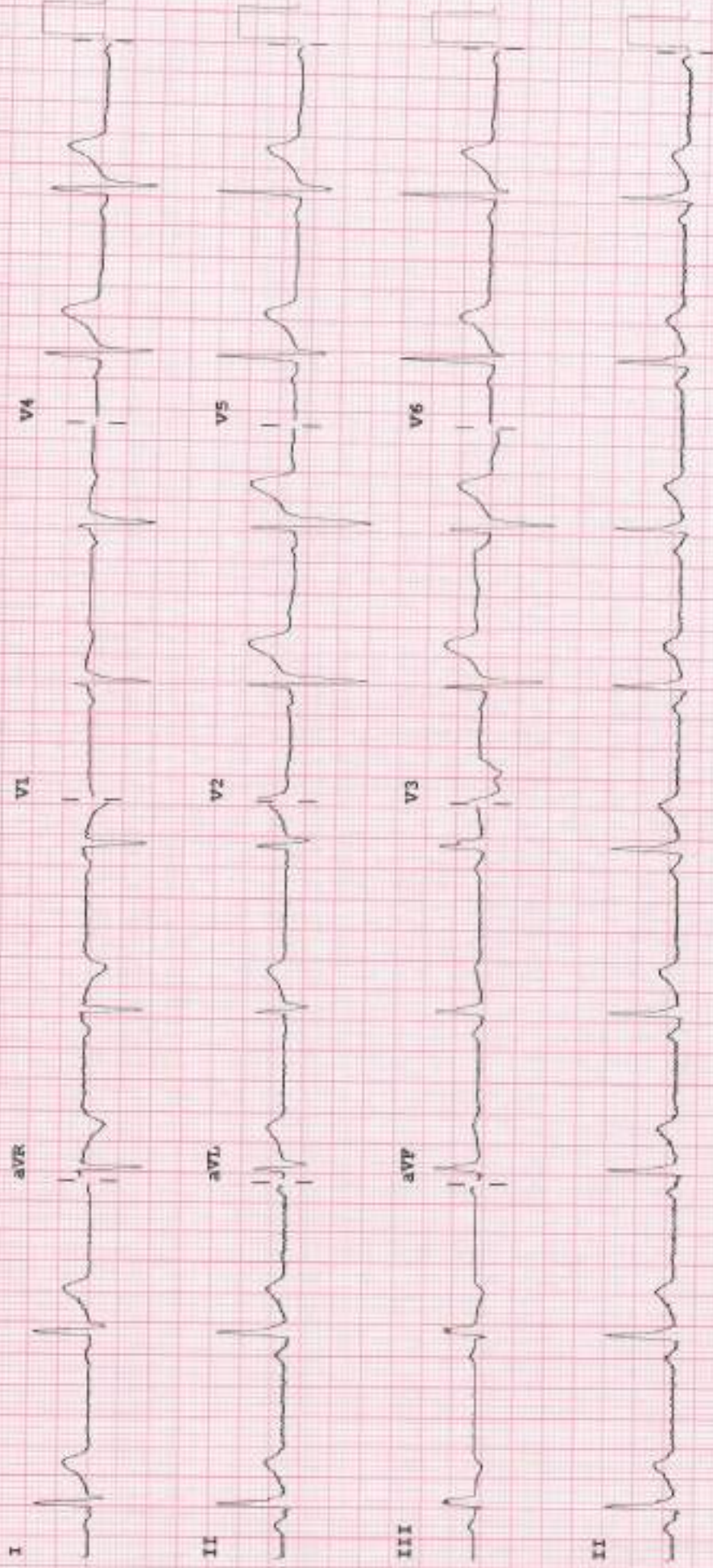
43 Years

Rate 56
RR 1071
PR 155
QRS 105
QT 429
QTc 415

--AXIS--

P 60
QRS 58
T 13

12 Lead: Standard Placement



Device:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

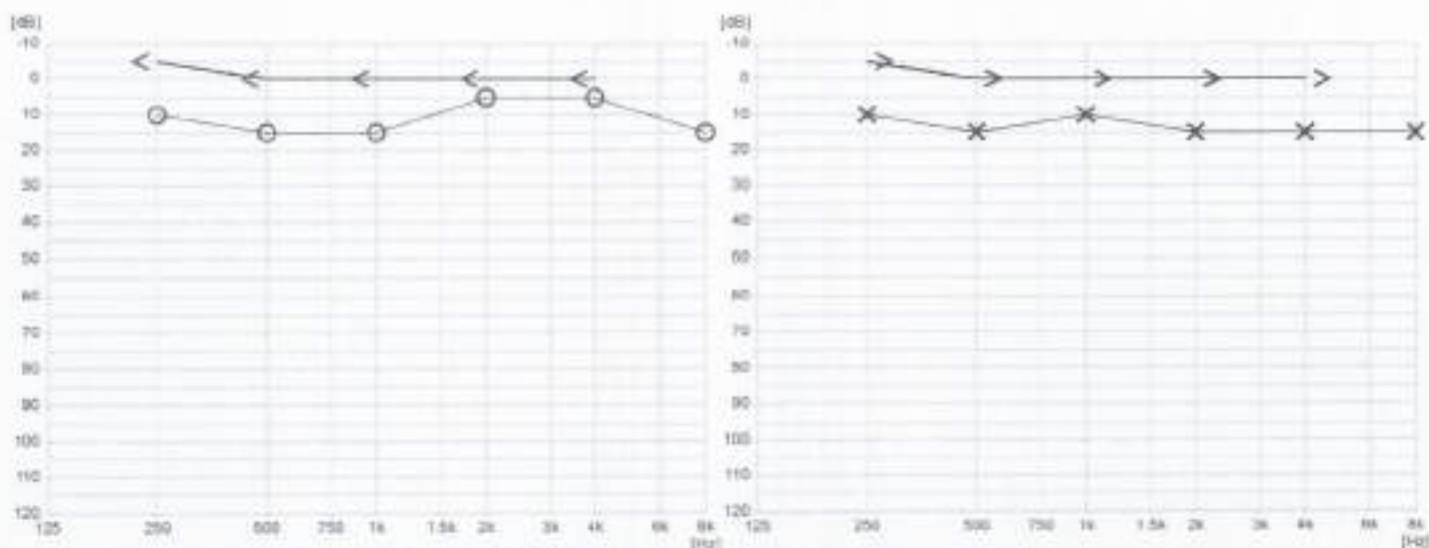
50~ 0.50~ 40 Hz W

PH10 CL

P2

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code: 0751526	Last name, First name SINGH, JASPAL	Born: 28.03.2021
Test type Tonal audiometry	Test date: 28.03.2021	



Audiometry (continued)								
Freq (Hz)	500	1000	1000	2000	3000	4000	6000	8000
Left	15	10		15		15		15
Right	15	15		5		5		15
Calculate % hearing loss (if known)								
			L (%)	R (%)	Binaural (%)	Comments		
Does the applicant exceed 30dB loss in either ear at 0.5, 1.0 or 2.0KHz?					Yes/No			

Legend	R	L
Air	○	×
Air Masked	△	□
Bone	<	>
Bone Masked	[	]
WCL	M	M
UCL	m	m
Free Field	⊗	⊗
Free Field/Aided	A	A
Binaural	B	
No response	I	

PTA
Right:- 11.6 dBHL
Left:- 13.3 dBHL

Comments
BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

Signature:

[Signature]

مركز الجودة الفائقة
C.R. No.: 1091593
P.O. Box: 3373
Postal Code: 133
Amman, Jordan

Date: 28/03/2021