Aster HOSPITAL
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Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname	
Forenames	SUNIL KUMARPAIL SREENIVASAN
Address:	
Home telephone number	

Place of examination: Aster Hospital,Ibri	Date: 08/04/21		
If a dependant enter employee's name here:		Project:	
Birth date: 31/05/1978	Nationality: INDIAN	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		Y	N		Y	N
1. Sinus trouble		✓	21. Cancer		✓	**HAVE YOU EVER BEEN:-**		
2. Neck swelling/glands		✓	22. Heart Disease		✓	40. Rejected for employment or insurance for medical reasons		✓
3. Difficulty in vision		✓	23. Rheumatic fever		✓			
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	41. Awarded benefits for industrial injury/illness		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓			
6. Hayfever /other significant allergy		✓	26. Stroke		✓	42. Treated for a mental condition, e.g. depression		✓
7. Any skin trouble		✓	27. Serious chest pain		✓			
8. Tuberculosis		✓	28. Any blood disease		✓	43. Treated for problem drinking or drug abuse		✓
9. Shortness of breath		✓	29. Kidney disease		✓			
10. Coughed/vomited blood		✓	30. Blood in urine		✓	44. Exposed to toxic substance or noise		✓
11. Severe abdominal pain		✓	31. Diabetes		✓			
12. Stomach ulcer		✓	32. Headaches/migraine		✓	**FOR WOMEN ONLY**		
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓	Have you ever had:-		
14. Jaundice or hepatitis		✓	34. Epilepsy		✓	45. An abnormal smear		
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓	46. Any gynaecological treatment		
16. Marked change in bowel habits		✓	36. Surgical operation		✓			
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓	47. Are you pregnant?		
18. Marked change in weight		✓	38. Tropical disease		✓	48. **Have you had an illness not mentioned above**		
19. Varicose veins		✓	39. Fear of heights		✓			
20. Lump in breast/armpit		✓						

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 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: 08/04/2021 Signature of Applicant:

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مستشفى عمان الخير ش.م.م
ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان
هاتف ٠٠٩٦٨٢٥٦٨٨٠٧٥
فاكس ٠٠٩٦٨٢٥٦٨٨٠٢٥
نقال ٠٠٩٦٨٧١٥٥٩٩٧٧ / ٠٠٩٦٨٩١٣٩٠٧٣

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 /mins.	HEARING	VISION 6/6				Colour Vision	Blood Group
						DISTANT		NEAR			
171	72	24.6	140/88 mmHg	72	L ✓ R ✓	R	L	R	L		
						Uncorrected c/c c/c.					
						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 ☐ TEMPORARY UNFIT ☐ UNFIT

Date: Name (Block Capitals): Dr. Signature:

REVIEW/CONSULTATION

Date: 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: SHAIL KOYAPPAIL SREEDHARAN
Emp #: _____
Date of Assessment: _____

1	Age	42 Years	
2	Gender	Female/Male	
3	Total Cholesterol	mmol/L 5-41	
4	HDL Cholesterol	mmol/L 0.98	
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	140 mm Hg	
8	Is the patient being treated for High blood pressure?	Yes/No	

Framingham Risk score: 9.4 %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations?

_____
_____
_____

Assessment or Examination conducted by:

_____

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 08/04/2021
Name: Shinil Kovappayil Sreenivasan		Department/Company: Fluckman Mouth LLC
I. D No. 71692334	Tel # 92727563	Occupation : Mechanic

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

1	sitting and reading
1	watching TV
0	sitting inactive in a public place (e.g. theatre or meeting)
1	as a passenger in the car for an hour without a break
1	Lying down to rest in the afternoon when circumstances permit
1	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	

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

Signature: _____ **Date:** 08/04/2021

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Fitness to Work Certificate

Employee Data			Date 08/04/2021
Name Sunil Kayapayil Sreenivasan			Department/Company Fruehauf North LLC
I.D No. 71692334	Age 42		Occupation Mechanic

Type of Medical Evaluation			Mark those applying √
A1	Aircraft refuelling		
A2	Breathing apparatus		
A3	Business traveller		
A4	Catering and food preparation		
A5	Crane or forklift driving & all heavy vehicles		
A6	Fire / Emergency response team work		
A7	Professional driving		
A8	Remote location work		
A9	Transfers – group A country		
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			
Permanently Unfit			**Date**
Name of health advisor	**Signature**	**Date** 08/04/21	

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DEPARTMENT OF LABORATORY MEDICINE

File No:	0222390	**Report No:**	0569791		
Name:	SHINIL KOYAPAYIL SREENIVASAN	**Sample Date:**	08/04/2021	**Time:**	9:55
		Received By:	ASHWINI		
Address:		**Received Date:**	08/04/2021	**Time:**	10:01
Gender:	M **Age:** 42 Y **Nationality:** INDIAN	**Report Date:**	08/04/2021	**Time:**	11:41
GSM No.:	93727563 **ID Card No.:** 71692334	**Bill No:**	0752929	**Bill Date:**	08/04/2021
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	5.53 mmol/L	3.9 - 6.1
Method :- Hexokinase	99.54 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)	0.98 mmol/L	0.777 - 1.813
" "	38.0 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3.67 mmol/L	1.295 - 4.54
" "	141.77	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.76 mmol/L	0.259 - 1.036
" "	29.38 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	5.52	3.8 - 5.9
TRIGLYCERIDES	1.66 mmol/L	0.564 - 2.146
Method : Enzymatic	146.91 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.99 mg/dL	0.1 - 1
Method : Diazo	16.99 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.22 mg/dL	0.1 - 0.5
Method : Diazo	3.69 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	28.00 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	34.00 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	70.06 U/L	Adult : Men -40-129

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Lab Technologist
MOH License No: 16064

Approved By:
ASHWINI
Lab Technologist

ASHWINI RATHEESAN

Released By:
ASHWINI
Lab Technologist
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Specialist Pathologist

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عبري سلطنة عمان
هاتف: ٢٥٦٨٨٠٧٥ / ٢٥٦٨٨٠٢٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٧١٥٥٩٩٧٧ / ٩٦٨٩١٣٩٩٠٧٣+

DEPARTMENT OF LABORATORY MEDICINE

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Name:	SHINIL KOYAPAYIL SREENIVASAN	**Sample Date:**	08/04/2021	**Time:**	9:55
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Gender:	M **Age:** 42 Y **Nationality:** INDIAN	**Report Date:**	08/04/2021	**Time:**	11:41
GSM No.:	93727563 **ID Card No.:** 71692334	**Bill No:**	0752929	**Bill Date:**	08/04/2021
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

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)	7.70 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	5.08 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.62 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.94	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	35 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	3.70 mmol/L	1.7 - 8.3
Method : Kinetic Assay	22.22 mg/dL	10.2 - 49.8
CREATININE - SERUM	75.61 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.86 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	6510 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	46.1 %	40-75%
LYMPHOCYTES	45.3 %	20-45%
EOSINOPHILS	0.9 %	2-6 %
MONOCYTES	7.4 %	2-8 %

Processed By
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Lab Technologist

Approved By
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Lab Technologist

Released By
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Lab Technologist
MOH License No: 16064

Specialist Pathologist

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DEPARTMENT OF LABORATORY MEDICINE

File No:	0222390	**Report No:**	0569791		
Name:	SHINIL KOYAPAYIL SREENIVASAN	**Sample Date:**	06/04/2021	**Time:**	9:55
		Received By:	ASHWINI		
Address:		**Received Date:**	08/04/2021	**Time:**	10:01
Gender:	M **Age:** 42 Y **Nationality:** INDIAN	**Report Date:**	08/04/2021	**Time:**	11:41
GSM No.:	93727563 **ID Card No.:** 71692334	**Bill No:**	0752929	**Bill Date:**	08/04/2021
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.3 %	0-1%
HB (HEMOGLOBIN)	16.0 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.22 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.60 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	47.20 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	90.40 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	30.70 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	33.90 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	03 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	NIL	
PROTEIN	NIL	
KETONE	NIL	
BILIRUBIN	NIL	
pH	ACIDIC	

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DEPARTMENT OF LABORATORY MEDICINE

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Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

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	

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ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

222390
42 Years

SHINIL
Male

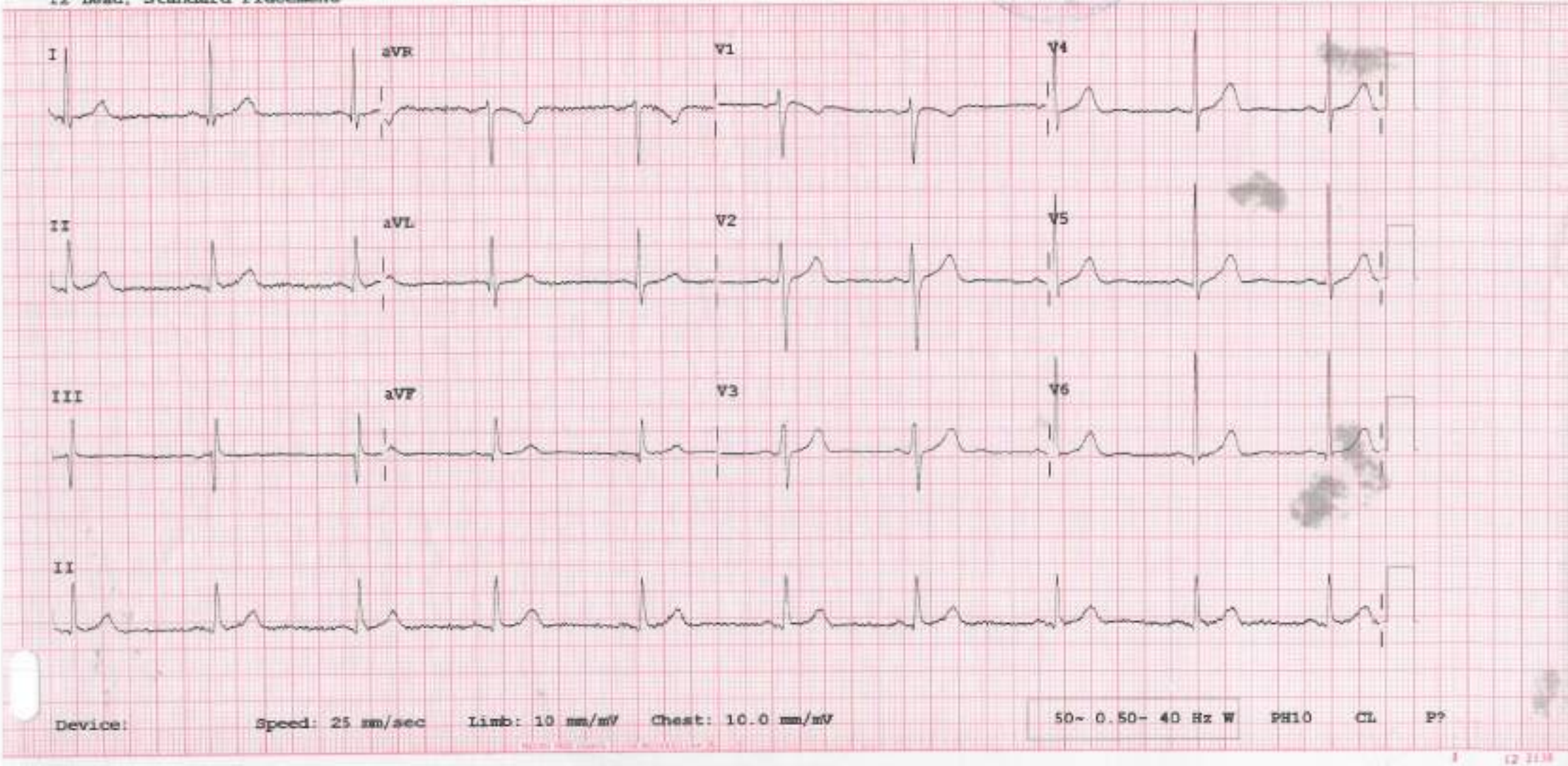
08-Apr-21 11:04:53 AM
Oman AlKhair Hospital (Emergenc>

Rate	57
RR	1053
PR	148
QRSD	87
QT	403
QTc	393

--AXIS--

P	30
QRS	44
T	32

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 P?

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لحن لعنتي بك دائما

X-RAY REPORT

Doc No:	0057936
Name:	SHINIL KOYAPAYIL SREENIVASAN
Age/DOB:	42 Y
ID Card No	71692334
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	08/04/2021
X-Ray Filim No:	TO
Bill No:	0752929
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 SHAIK
Specialist Radiology
MOH Reg. No. 17925

Seal

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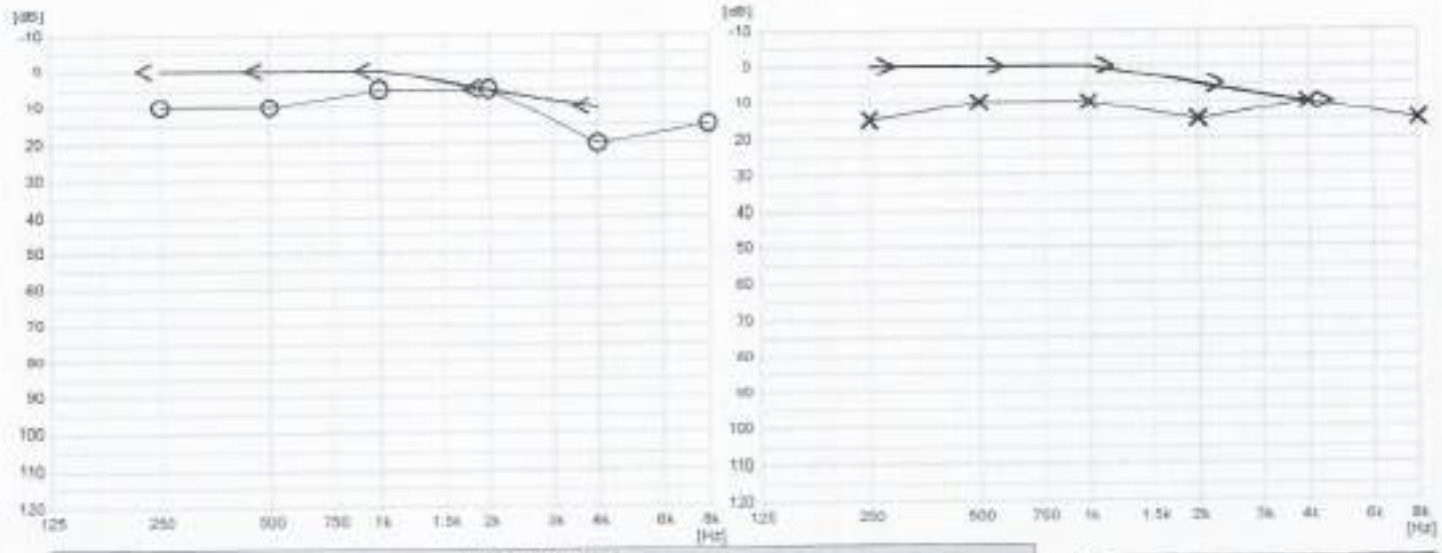
مستشفى عمان الخير ش.م.م
هاتف
فاكس
نقال
عبري - سلطنة عمان

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code:	Last name , First name	Birth:
0752929	SREENIVASAN , SHINIL K	08.04.2021
Test type:	Test date:	
Tonal audiometry	08.04.2021	



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

(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	

PTA

Right :- 6·6 dBHL

Left :- 11·6 dBHL

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

Comments

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

Signature:

Date: 08/04/2021

C.R. No. 1293393
P.O. Box 2071
Postal Code: 133
Sultanate of Oman

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