Aster HOSPITAL
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Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname	Rohith Neelakandan
Forenames	
Address:	
Home telephone number	79070885
Project:	Truck Com

Place of examination: Aster Hospital,Ibri	Date: 3/1/22		
If a dependant enter employee's name here:			
Birth date: 15/11/1986	Nationality: Indian	Country of birth: India	Religion:
☐ Male ☐ Female	☐ Married ☐ Single ☐ Separated /Divorced	Relationship to employee ☐ Wife ☐ Son ☐ Daughter	Number of children:
Reason for examination	Pre-Employment ☐ Pre-Overseas ☐	Job: 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: 3/1/2022 **Signature of Applicant:**

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
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هاتف: ٢٥٦٨٨٠٧٥ ٩٦٨+
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ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
✓		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					Colour Vision	Blood Group
							DISTANT		NEAR			
166	77.2	28.0	118/64	98	L		R	L	R	L		
					R	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: Overweight, Advised weight reduction

☑ **FIT ALL AREAS** ☐ **FIT WITH RESTRICTION** ☐ **EMPORARY UNFIT** ☐ **UNFIT**

Date: 30/1/2022 Name (Block Capitals): Dr. NANDANA PAMIDI Signature:

د. ناندانا باميدي
DR. NANDANA PAMIDI
رقم الترخيص: ١٢٨٧٢
LICENCE NO: 12872
طبيب عام
GENERAL PRACTITIONER

REVIEW/CONSULTATION

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

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Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 30/1/2021
Name: Robith Muralidharan		Department/Company: Truck Com
I. D No. 87871431	Tel # 79070885	Occupation :

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:** 30/1/2021

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Fitness to Work Certificate

Employee Data		Date	30/1/2021
Name	Rohith Muralidharan	Department/Company	Tuck Con
I.D No. 87871431	Age 35	Occupation	

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 (Specifiy)			
Temporary Unfit until			
Permanently Unfit			**Date**
Name of health advisor Dr. Nandana Pamidi	**Signature**	**Date** 30/1/2021	

DR. NANDANA PAMIDI
GENERAL PRACTITIONER

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DEPARTMENT OF LABORATORY MEDICINE

File No: 0244585
Name: ROHITH MURALEEDHARAN
Address:
Gender: M **Age:** 35 Y **Nationality:** INDIAN
GSM No.: 79070885 **ID Card No.:** 87871431
Ref. By: EXTERNAL DOCTOR

Report No: 0599283
Sample Date: 30/01/2022 **Time:** 10:14
Received By: 181773
Received Date: 30/01/2022 **Time:** 10:18
Report Date: 30/01/2022 **Time:** 14:03
Bill No: 0807108 **Bill Date:** 30/01/2022
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 40 (Truckoman)		
FBS (FASTING BLOOD SUGAR)	5.34 mmol/L	3.9 - 6.1
Method :- Hexokinase	96.12 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	4.16 mmol/L	1 - 5.1
Method:-Enzymatic	160.83 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.510 mmol/L	0.777 - 1.813
" "	58.38 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	2.3 mmol/L	1.295 - 4.54
" "	88.64	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.36 mmol/L	0.259 - 1.036
" "	13.81 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	**2.75**	3.8 - 5.9
TRIGLYCERIDES	0.78 mmol/L	0.564 - 2.146
Method : Enzymatic	69.03 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.985 mg/dL	0.1 - 1
Method : Diazo	16.84 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.279 mg/dL	0.1 - 0.5
Method : Diazo	4.77 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	37.08 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	45.33 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	71.79 U/L	Adult : Men -40-129

ASHWINI RATHEESAN

Processed By: **ASHWINI** *Lab Technologist*
MOH License No: 16064

Approved By: **ABHILASH** *Lab Technologist*

Released By: **ABHILASH** *Lab Technologist*
MOH LIC NO : 11015

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)	7.60 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.55 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3.05 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.49	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	22.21 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM		
Method : Kinetic Assay	4.56 mmol/L	1.7 - 8.3
	27.39 mg/dL	10.2 - 49.8
CREATININE - SERUM	78.48 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.89 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	7270 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	47.3 %	40-75%
LYMPHOCYTES	42.0 %	20-45%
EOSINOPHILS	2.5 %	2-6 %
MONOCYTES	7.6 %	2-8 %

ASHWINI RATHEESH

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MOH LIC NO : 11015

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DEPARTMENT OF LABORATORY MEDICINE

File No: 0244585
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Address:
Gender: M **Age:** 35 Y **Nationality:** INDIAN
GSM No.: 79070865 **ID Card No.:** 87871431
Ref. By: EXTERNAL DOCTOR

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INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.6 %	0-1%
HB (HEMOGLOBIN)	15.1 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	4.05 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	3.78 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	41.00 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	101.20 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	37.30 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	36.80 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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		Sample Date:	30/01/2022 **Time:** 10:14
Address:		**Received By:**	181773
Gender:	M **Age:** 35 Y **Nationality:** INDIAN	**Received Date:**	30/01/2022 **Time:** 10:18
GSM No.:	79070885 **ID Card No.:** 87871431	**Report Date:**	30/01/2022 **Time:** 14:03
Ref. By:	EXTERNAL DOCTOR	**Bill No:**	0807108 **Bill Date:** 30/01/2022
		Report Status:	Final

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	PRESENT /hpf	
YEAST CELLS	NIL /hpf	

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X-RAY REPORT

Doc No:	0060337
Name:	ROHITH MURALEEDHARAN
Age/DOB:	35 Y — Omani ID/ L.Card No:: 87871431
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	30/01/2022
X-Ray Filim No:	PDO
Bill No:	0807108
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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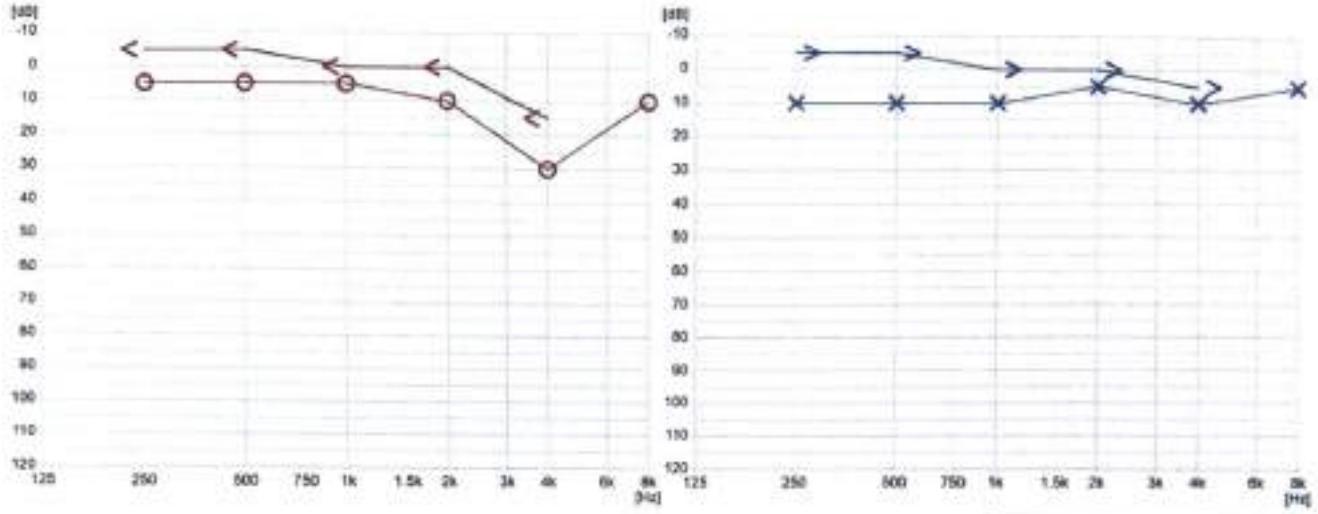
SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

IBRI

22349191

Code:	Last name , First name	Born:
0807108	ROHITH , MURALEEDHARAN	01/2022
Test type:	Test date:	
Tonal audiometry	30/01/2022	



Legend	R	L
Air	O	X
AirMasked	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 :- 8·3 dBHL

Comments

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS WITH NOTCH AT 4KHz IN RIGHT EAR

Signature:

Date: 30/01/2022