Aster HOSPITAL
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Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname	Suresh Kongassh Valappil
Forenames	
Address:	
Home telephone number	7919533

Place of examination: Aster Hospital, Ibri	Date: 30/12/21	If a dependant enter employee's name here:	
Birth date: 6/4/1974	Nationality: Indian	Project: Mucr. Omn	
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 ☐ 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: 30/12/2021 **Signature of Applicant:**

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman

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فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٧٦٥٥٩٩٧٧+٩٦٨

مستشفى عمان الخير ش.م.م
ص.ب. ٤٠٠ الرمز البريدي ١١١
عبري، سلطنة عمان

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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
178	63.9	20.6	114/60	68	L R

VISION	DISTANT R	DISTANT L	NEAR R	NEAR L	Colour Vision	Blood Group
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 ☐ TEMPORARY UNFIT ☐ UNFIT

Date: 30/1/2022 Name (Block Capitals): DR. NANDANA PANIDI Signature:

DR. NANDANA PANIDI
LICENCE NO: 12872
GENERAL PRACTITIONER

REVIEW/CONSULTATION

Date: 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: Suresh KU
Emp #: GHH8391
Date of Assessment: 30/9/21.

1	Age	Years 47	
2	Gender	Female/Male	
3	Total Cholesterol	mmol/L	5
4	HDL Cholesterol	mmol/L	1.79
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	mm Hg 114	
8	Is the patient being treated for High blood pressure?	Yes/No	

Framingham Risk score: 2.8 %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by:

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Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 30/1/2022
Name: Suresh K.V		Department/Company: Aster Oman
I. D No. 6744391	Tel # 79199533	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
0	Lying down to rest in the afternoon when circumstances permit
0	Sitting a talking with someone
1	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:** 30/1/2022

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Fitness to Work Certificate

Employee Data		**Date**	30/1/2022
Name	Suresh K V	**Department/Company**	Nick Oman
I.D No.	67448391 **Age** 47	**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 (Specify)			
Temporary Unfit until			
Permanently Unfit			**Date**

Name of health advisor Dr. Nandana Pamidi **Signature** **Date** 30/1/2022

DR. NANDANA PAMIDI
LICENCE NO: 13271
GENERAL PRACTITIONER

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DEPARTMENT OF LABORATORY MEDICINE

File No:	0244586		
Name:	SURESH KANGASSERI VALAPPIL	**Report No:**	0599274
		Sample Date:	30/01/2022 **Time:** 10:11
Address:		**Received By:**	181773
Gender:	M **Age:** 47 Y **Nationality:** INDIAN	**Received Date:**	30/01/2022 **Time:** 10:15
GSM No.:	79199533 **ID Card No.:** 67448391	**Report Date:**	30/01/2022 **Time:** 13:36
Ref. By:	EXTERNAL DOCTOR	**Bill No:**	0807109 **Bill Date:** 30/01/2022
		Report Status:	Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	6.0 mmol/L	3.9 - 6.1
Method :- Hexokinase	108 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	5.0 mmol/L	1 - 5.1
Method:-Enzymatic	193.3 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.790 mmol/L	0.777 - 1.813
" "	69.2 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	2.72 mmol/L	1.295 - 4.54
" "	105.16	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.49 mmol/L	0.259 - 1.036
" "	18.94 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	2.79	3.8 - 5.9
TRIGLYCERIDES	1.07 mmol/L	0.564 - 2.146
Method : Enzymatic	94.695 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.782 mg/dL	0.1 - 1
Method : Diazo	13.37 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.193 mg/dL	0.1 - 0.5
Method : Diazo	3.3 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	18.78 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	21.63 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	34.84 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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DEPARTMENT OF LABORATORY MEDICINE

File No: 0244586
Name: SURESH KANGASSERI VALAPPIL
Address:
Gender: M **Age:** 47 Y **Nationality:** INDIAN
GSM No.: 79199533 **ID Card No.:** 67448391
Ref. By: EXTERNAL DOCTOR

Report No: 0599274
Sample Date: 30/01/2022 **Time:** 10:11
Received By: 181773
Received Date: 30/01/2022 **Time:** 10:15
Report Date: 30/01/2022 **Time:** 13:36
Bill No: 0807109 **Bill Date:** 30/01/2022
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)	7.99 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.76 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3.23 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.47	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	16.66 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	2.55 mmol/L	1.7 - 8.3
Method : Kinetic Assay	15.32 mg/dL	10.2 - 49.8
CREATININE - SERUM	94.15 µmol/L	44.2 - 123.7
Method :-Jaffé Method	1.07 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	6500 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	36.6 %	40-75%
LYMPHOCYTES	41.1 %	20-45%
EOSINOPHILS	14.9 %	2-6 %
MONOCYTES	6.8 %	2-8 %

ASHWINI RATHEESH

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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DEPARTMENT OF LABORATORY MEDICINE

File No: 0244586
Name: SURESH KANGASSERI VALAPPIL
Address:
Gender: M **Age:** 47 Y **Nationality:** INDIAN
GSM No.: 79199533 **ID Card No.:** 67448391
Ref. By: EXTERNAL DOCTOR

Report No: 0599274
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INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.6 %	0-1%
HB (HEMOGLOBIN)	15.4 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.18 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.24 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	45.70 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	88.20 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	29.70 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	33.70 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	02 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	

ASHWINI RAJENDRAN

Processed By:
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Lab Technologist
MOH License No: 16084

Approved By:
ABHILASH
Lab Technologist

Released By:
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MOH LIC NO : 11015

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DEPARTMENT OF LABORATORY MEDICINE

File No: 0244586
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Gender: M **Age:** 47 Y **Nationality:** INDIAN
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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	

ASHWINI PATHOLOGIST

Processed By:
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Lab Technologist

Approved By:
ABHILASH
Lab Technologist

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X-RAY REPORT

Doc No:	0060338
Name:	SURESH KANGASSERI VALAPPIL
Age/DOB:	47 Y — Omani ID/ L.Card No:: 67448391
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	30/01/2022
X-Ray Filim No:	TRUCK
Bill No:	0807109
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

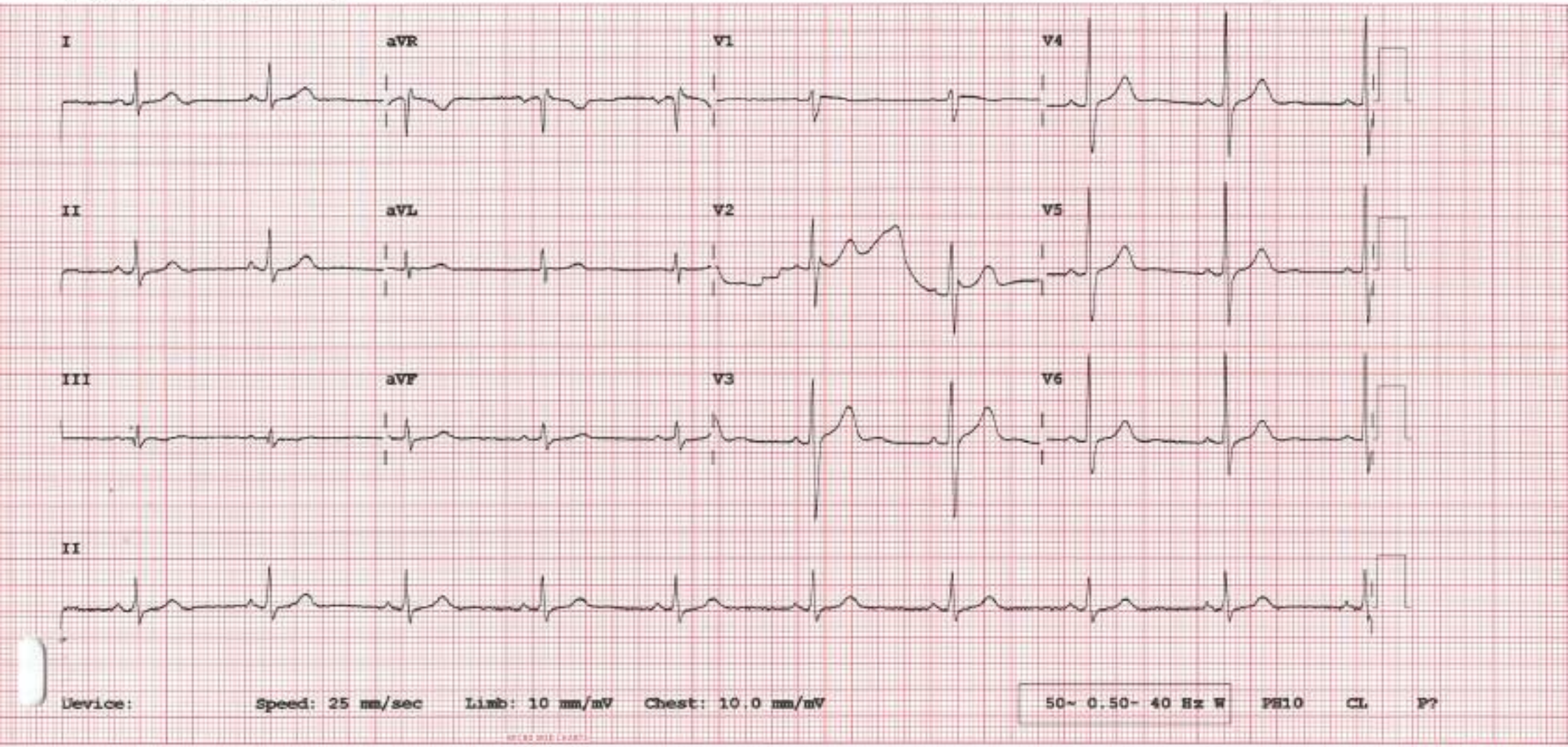
244586 SURESH 30-Jan-22 11:08:32 AM
47 Years Male ASTER HOSPITAL IBRI (Emergency)

Rate	58
RR	1034
PR	143
QRSD	105
QT	427
QTc	420

--AXIS--

P	39
QRS	17
T	34

12 Lead; Standard Placement



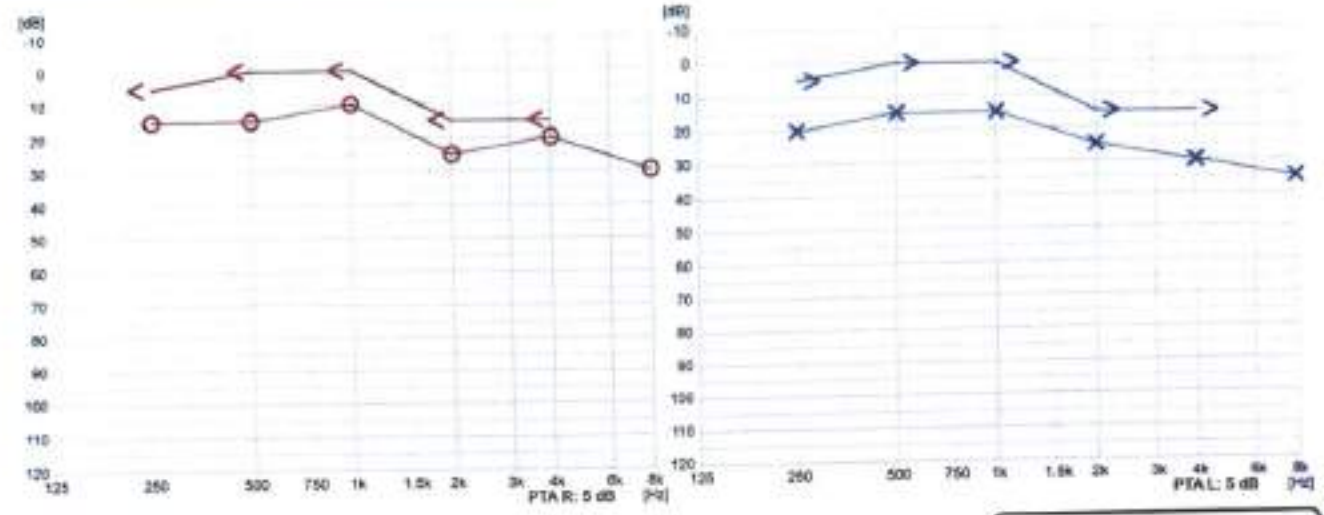
Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV 50~ 0.50~ 40 Hz W PM10 CL P?

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

IBRI

22349191

Code:	Last name , First name	Born:
0807109	SURESH , KANGASSERI	
Test type:	Test date:	
Tonal audiometry	30/01/2022	



Legend	R	L
Air	O	X
AirMasked	Δ	□
Bone	<	>
BoneMasked	[	]
MCL	M	M
UCL	m	m
Free Field	∅	%
Free FieldAided	A	A
Binaural	B	
No response	I	

PTA

Right:- 16.6 dBHL

Left:- 18.3 dBHL

Comments

BILATERAL MINIMAL HEARING LOSS

Signature:

Date: 30/01/2022