

Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

Place of examination: Aster Hospital, Ibra		Date: 15/12/2021	Surname: RAMEEN KRISHNAN	
If a dependant enter employee's name here:		Forenames:		
Birth date: 25/5/1978		Address:		
Nationality: INDIAN		Home telephone number: 9132259		
Project: Truck Driver		Country of birth:		
Religion:		Relationship to employee:		
☒ Male ☐ Female		☐ Married ☐ Single ☐ Separated / Divorced		☐ Wife ☐ Son ☐ Daughter
Reason for examination: Pre-Employment		Job:		
Pre-Overseas		Area:		
Name and address of family doctor:		List your last 3 jobs:		
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
1. Sinus trouble		21. Cancer		Y
2. Neck swelling/glands		22. Heart Disease		N
3. Difficulty in vision		23. Rheumatic fever		N
4. Any ear discharge		24. Abnormal heartbeat		N
5. Asthma/bronchitis		25. High blood pressure		N
6. Hayfever /other significant allergy		26. Stroke		N
7. Any skin trouble		27. Serious chest pain		N
8. Tuberculosis		28. Any blood disease		N
9. Shortness of breath		29. Kidney disease		N
10. Coughed/vomited blood		30. Blood in urine		N
11. Severe abdominal pain		31. Diabetes		N
12. Stomach ulcer		32. Headaches/migraine		N
13. Recurrent indigestion		33. Dizziness/fainting		N
14. Jaundice or hepatitis		34. Epilepsy		N
15. Gall Bladder disease		35. Joints/spinal trouble		N
16. Marked change in bowel habits		36. Surgical operation		N
17. Blood in stools (motions)		37. Serious accident/fracture		N
18. Marked change in weight		38. Tropical disease		N
19. Varicose veins		39. Fear of heights		N
20. Lump in breast/armpit				N
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: 15/12/2021		Signature of Applicant: Rameen Krishnan		

Ramegh krishnakutty.

241457.

Tab. Amlodipine 5mg 100 x 2 weeks.



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مستشفى عمان الخير ش. م. م.
ص. ب. 400 - إ. بري - سلطنة عمان

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

N = Normal A = Abnormal (please describe)

N		A		PHYSICAL EXAMINATION	
☒				1. Eyes & Pupils	
☒				2. E.N.T.	
☒				3. Teeth & Mouth	
☒				4. Lungs & Chest	
☒				5. Cardiovascular System	
☒				6. Abdo, Viscera	
☒				7. Hemiel 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.
168		73-6		26-1	180 110
PULSE		HEARING		VISION	
56 /mins.		L R		DISTANT NEAR	
				R L R L	
				Uncorrected Corrected	
				4/6 4/6	
				Colour Vision	
				Blood Group	
N		A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	
☒				1. Urinalysis	
☒				2. Hb, Bloodcount, ESR	
☒				3. LFT, RFT, RBS	
☒				4. Drug Screen	
☒				5. Lipids (40 years +)	
☒				6. Sickie Cell test	
☒				7. Audiogram	
☒				8. Lung Function	
☒				9. Chest X-Ray	
☒				10. ECG	
☒				11. CVS risk for 40 yrs. & above	
☒				12. HIV, Hepatitis screening	

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

ASSESSMENT: High BP. Advised medication & review after 1 week.

☐ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT

15/10/2021

Date: Name (Block Capitals): Dr. NAUDANA PANIDI 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: RAMESH KRISHNAN
Emp #: 122924378
Date of Assessment: 15/12/2021

1	Age	Years	43
2	Gender	Female/Male	Male
3	Total Cholesterol	mmol/L	4.29
4	HDL Cholesterol	mmol/L	0.9
5	Smoker	Yes/No	No
6	Diabetes	Yes/No	No
7	Systolic Blood pressure	mm Hg	180
8	Is the patient being treated for High blood pressure?	Yes/No	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: DR. NANDANA PRASAD
GENERAL PRACTITIONER

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 15/12/2021
Name: RAMESH KRISHNANKUTTY		Department/Company: TRUCKMEN NORTH LLC
I.D No. 122924378	Tel # 91132259	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

2 watching TV

2 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

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, (Ramesh) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Ramesh Date: 15/12/2021

Fitness to Work Certificate

Employee Data		Date <u>15/12/2021</u>	
Name <u>RAMEN KRISHNAN KUTTY</u>		Department/Company <u>TRUCKMAN VIKRAM LLC</u>	
ID No. <u>182924578</u>	Age <u>43</u>	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	☐	☐	
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	Signature	Date <u>15/12/2021</u>	Date



DEPARTMENT OF LABORATORY MEDICINE

File No: 0241457	Report No: 0592326
Name: RAMESH KRISHNANKUTTY	Sample Date: 15/12/2021 Time: 12:19
Address:	Received By: ASHWINI
Gender: M Age: 43 Y Nationality: INDIAN	Received Date: 15/12/2021 Time: 12:27
GSM No.: 91132259 ID Card No.: 122924378	Report Date: 15/12/2021 Time: 13:15
Ref. By: EXTERNAL DOCTOR	Bill No: 0799196 Bill Date: 15/12/2021
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	5.01 mmol/L	3.9 - 6.1
Method :- Hexokinase	90.18 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	4.29 mmol/L	1 - 5.1
Method:-Enzymatic	165.85 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	0.990 mmol/L	0.777 - 1.813
" "	38.27 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	2.49 mmol/L	1.295 - 4.54
" "	96.07	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.82 mmol/L	0.259 - 1.036
" "	31.51 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	4.33	3.8 - 5.9
TRIGLYCERIDES	1.78 mmol/L	0.564 - 2.146
Method : Enzymatic	157.53 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.964 mg/dL	0.1 - 1
Method : Diazo	16.48 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.220 mg/dL	0.1 - 0.5
Method : Diazo	3.76 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	22.33 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	24.92 U/L	Male: 10-50 Female: 10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	80.03 U/L	Adult : Men -40-129

Processed By:
181773
Lab Technologist

Approved By:
ASHWINI
Lab Technologist

Released By:
ASHWINI
Lab Technologist

MOH License No: 18064

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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)	7.88 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.56 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3.32 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.37	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	16.50 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	6.04 mmol/L	1.7 - 8.3
Method : Kinetic Assay	36.28 mg/dL	10.2 - 49.8
CREATININE - SERUM	86.80 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.98 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	7710 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	44.1 %	40-75%
LYMPHOCYTES	41.5 %	20-45%
EOSINOPHILS	5.4 %	2-6 %
MONOCYTES	8.7 %	2-8 %

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INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.3 %	0-1%
HB (HEMOGLOBIN)	15.7 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.34 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.27 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	45.90 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	86.00 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	29.40 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 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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Ref. By: EXTERNAL DOCTOR	Bill No: 0799196 Bill Date: 15/12/2021
	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:	0059380
Name:	RAMESH KRISHNANKUTTY
Age/DOB:	43 Y Omani ID/ L.Card No:: 122924378
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	15/12/2021
X-Ray Film No:	TO
Bill No:	0799196
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



241457

RAMESH KRISHNANKUTTY

12/15/2021 12:40:07 PM

Oman AlKhair Hospital

ECG

Rate 79

PR 154

QRSD 98

QT 397

QTc 456

--AXIS--

P 48

QRS -2

T 31

12 Lead; Standard Placement



aVR

V4

aVL

V5

aVF

V6

I

II

III

II

Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

50~ 0.50~ 40 Hz W

PR10

L

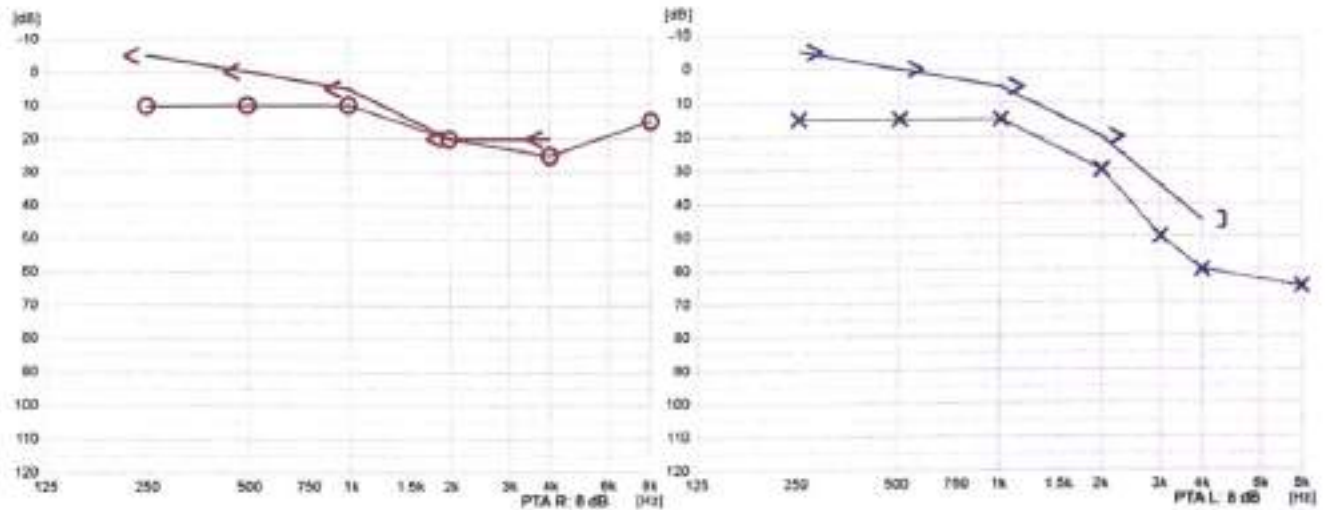
P7

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

IBRI

22349191

Code: 0799196	Last name, First name KRISHNANKUTTY, RAMESH	Born: 12/2021
Test type: Tonal audiometry	Test date: 15/12/2021	



Legend	R	L
Air	O	X
AirMasked	Δ	□
Bone	<	>
BoneMasked	[	]
MCL	M	M
UCL	m	m
Free Field	⊗	⊗
Free FieldMasked	A	A
Stimuli		B
No response		I

PTA

Right:- 13.3 dBHL

Left:- 20 dBHL

Comments

RIGHT EAR: HEARING SENSITIVITY WITHIN NORMAL LIMITS

LEFT EAR: MINIMAL HEARING LOSS WITH SLOPE AT HIGH FREQUENCIES

Signature:

Date: 15/12/2021

Headed by Hedera Biomedics Srl 2040 www.hedera-biomedics.com P.O. Box: 3371 Postal Code: 133 Sultanate of Oman

