Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname: Vijayan	
Forenames: Biju	
Address: Ibri	
Home telephone number:	
Place of examination: Aster Hospital, Ibri	Date: 27-9-2021
If a dependant enter employee's name here:	
Project:	
Birth date: 20.5.1971	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: 27-09-2021 **Signature of Applicant:**

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فاكس ٠٠٩٦٨٢٥٦٨٨٠٢٥
نقال ٠٠٩٦٨٩١٣٩٩٠٧٣ / ٧١٥٥٩٩٧٧

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	WNL
		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	HEARING	VISION				Colour Vision	Blood Group
							DISTANT		NEAR		
							R	L	R	L	
165 cm	65 kg		150/100	/mins.	L R	Uncorrected	9/6	9/6	9/6	9/6	
						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:

Advice FBS, PPBS, HBA1C, lipid profile on fasting
BP monitoring
Advice physician consultation for diabetic control.

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

Date: 28/4/2021 Name (Block Capitals): Dr. DR. [illegible] Signature:

REVIEW/CONSULTATION

29/4
Uncontrolled on HTN, DCP not taking treatment properly.

Date: 27-04-2021 Name (Block Capitals): Dr. Signature:

Treatment Modified. Advised regular f/u and Monthly f/u

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نقال ٧١٥٥٩٩٧٧/٩١٣٩٩٠٧٣ +٩٦٨

fit to work as regular f/u and Start Monthly f/u.

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: Biju Vijayan
Emp #:
Date of Assessment: 27-09-2021

1	Age	46 Years	
2	Gender	Female/Male	
3	Total Cholesterol	5.3 mmol/L	
4	HDL Cholesterol	1.0 mmol/L	
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	150 mm Hg	
8	Is the patient being treated for High blood pressure?	Yes/No	

Framingham Risk score: 25.3 %

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: 27-04-2021
Name: Biju Vijayan		Department/Company: Thackuman
I. D No. 78247151	Tel # 92145779	Occupation : Rigger

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

Signature: Biju **Date:** 27-04-2021

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نقال: ٠٠٩٦٨٩٩٣٩٩٠٧٣ / ٠٠٩٦٨٧١٥٥٩٩٧٧

11.15 Appendix 15: Fitness to Work Certificate

Employee Data				Date 27-04-2024
Name Biju Vijayan				Department/Company Trivadosman
I.D No. 78247751	Age 46-Y			Occupation Rigger

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			√ with Monthly follow up
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**	29/4/2024

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DEPARTMENT OF LABORATORY MEDICINE

File No:	0223275	**Report No:**	0571197		
Name:	BIJU VIJAYAN	**Sample Date:**	27/04/2021	**Time:**	10:35
		Received By:	JIBI		
Address:		**Received Date:**	27/04/2021	**Time:**	10:41
Gender:	M **Age:** 46 Y **Nationality:** INDIAN	**Report Date:**	27/04/2021	**Time:**	12:31
GSM No.:	92145779 **ID Card No.:** 78247151	**Bill No:**	0755123	**Bill Date:**	27/04/2021
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	**13.00 mmol/L**	3.9 - 6.1
Method :- Hexokinase	**234 mg/dL**	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**5.33 mmol/L**	1 - 5.1
Method:-Enzymatic	**206.06 mg/dl**	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.04 mmol/L	0.777 - 1.813
" "	40.0 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	2.66 mmol/L	1.295 - 4.54
" "	102.52	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	**1.65 mmol/L**	0.259 - 1.036
" "	**63.54 mg/dl**	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	5.13	3.8 - 5.9
TRIGLYCERIDES	**3.59 mmol/L**	0.564 - 2.146
Method : Enzymatic	**317.715 mg/dl**	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.47 mg/dL	0.1 - 1
Method : Diazo	8.10 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.13 mg/dL	0.1 - 0.5
Method : Diazo	2.15 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	25.10 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	51.30 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	65.12 U/L	Adult : Men -40-129

Processed By:	*Approved By:*	*Released By:*	
JIBI	**JIBI**	**JIBI**	
Lab Technologist	*Lab Technologist*	*Lab Technologist*	*Specialist Pathologist*

MOH LIC No: 4384 MCH LIC No: 4384

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فاكس
نقال

DEPARTMENT OF LABORATORY MEDICINE

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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)	7.97 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	**5.08 gm/dL**	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.89 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	**1.76**	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	33.60 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	3.20 mmol/L	1.7 - 8.3
Method : Kinetic Assay	19.22 mg/dL	10.2 - 49.8
CREATININE - SERUM	94.83 µmol/L	44.2 - 123.7
Method :-Jaffé Method	1.07 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	12050 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	70.2 %	40-75%
LYMPHOCYTES	22.0 %	20-45%
EOSINOPHILS	0.7 %	2-6 %
MONOCYTES	6.7 %	2-8 %

Processed By:	*Approved By:*	*Released By:*	
JIBI	JIBI	JIBI	
Lab Technologist	*Lab Technologist*	*Lab Technologist*	*Specialist Pathologist*
MOH LIC No: 4384		MOH LIC No: 4384	

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DEPARTMENT OF LABORATORY MEDICINE

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		Received By:	JIBI
Address:		**Received Date:**	27/04/2021 **Time:** 10:41
Gender:	M **Age:** 46 Y **Nationality:** INDIAN	**Report Date:**	27/04/2021 **Time:** 12:31
GSM No.:	92145779 **ID Card No.:** 78247151	**Bill No:**	0755123 **Bill Date:** 27/04/2021
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final

INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.4 %	0-1%
HB (HEMOGLOBIN)	16.6 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.40 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.41 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	50.90 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	94.30 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	30.70 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	32.60 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	'+++'	
PROTEIN	NIL	
KETONE	NIL	
BILIRUBIN	NIL	
pH	ACIDIC	

Processed By: JIBI *Lab Technologist*

Approved By: JIBI *Lab Technologist*

Released By: JIBI *Lab Technologist*

Specialist Pathologist

MOH LIC No: 4384

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نقال: ٧١٥٥٩٩٧٧/٩١٣٩٩٠٧٣ ٩٦٨+

DEPARTMENT OF LABORATORY MEDICINE

File No: 0223275
Name: BIJU VIJAYAN
Address:
Gender: M **Age:** 46 Y **Nationality:** INDIAN
GSM No.: 92145779 **ID Card No.:** 78247151
Ref. By: EXTERNAL DOCTOR

Report No: 0571197
Sample Date: 27/04/2021 **Time:** 10:35
Received By: JIBI
Received Date: 27/04/2021 **Time:** 10:41
Report Date: 27/04/2021 **Time:** 12:31
Bill No: 0755123 **Bill Date:** 27/04/2021
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	

Processed By:
JIBI
Lab Technologist
MOH LIC No: 4384

Approved By:
JIBI
Lab Technologist

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Lab Technologist
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Specialist Pathologist

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X-RAY REPORT

Doc No:	0057998
Name:	BIJU VIJAYAN
Age/DOB:	46 Y — ID Card No 78247151
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	27/04/2021
X-Ray Film No:	T O
Bill No:	0755123
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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نقال: ٧١٥٥ ٩٩٧٧/٧٥٥٩ ٩٦٨+

223275
46 Years

BIJU VIJAYAN
Male

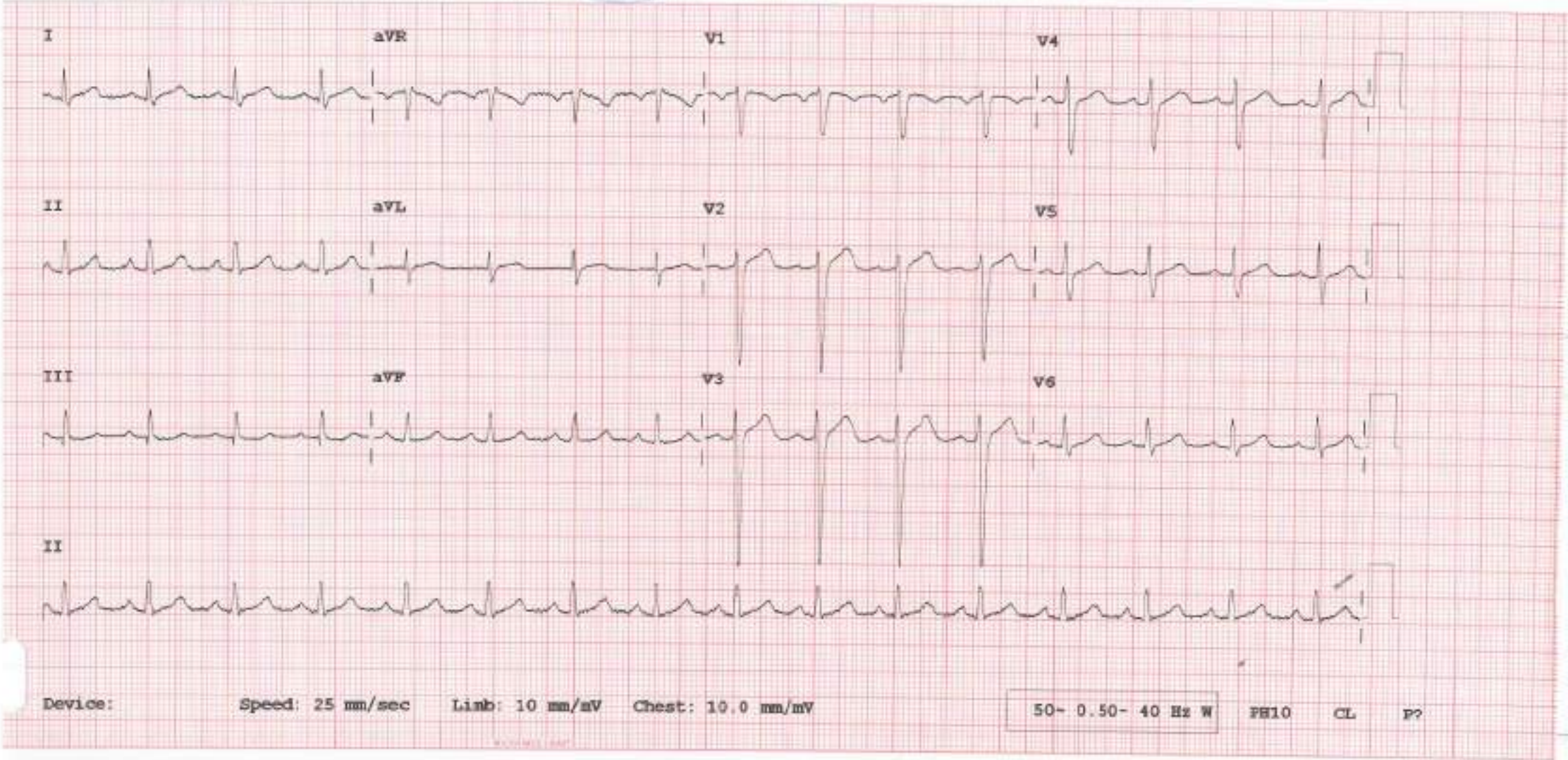
27-Apr-21 10:09:59 AM
Oman AlKhair Hospital (Emergenc>

Rate	95
RR	632
PR	165
QRSD	108
QT	358
QTc	450

--AXIS--

P	56
QRS	73
T	34

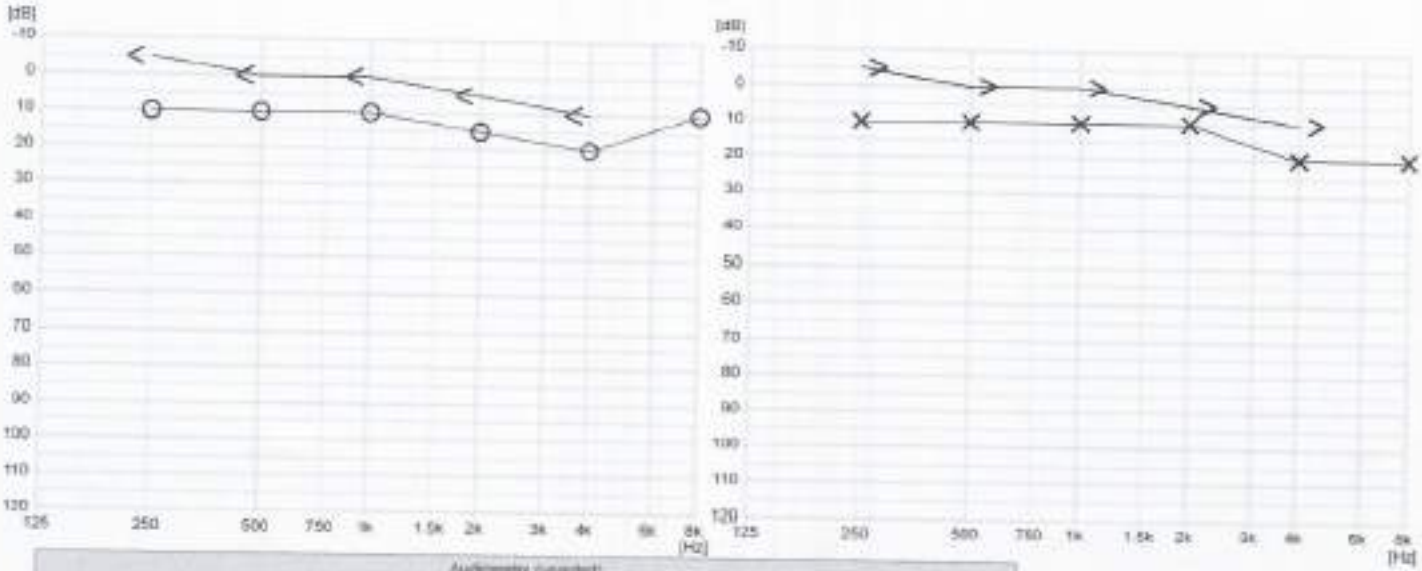
12 Lead; Standard Placement



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV 50- 0.50- 40 Hz W PH10 CL P?

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code	Last name - First name	Since
0755123	VIJAYAN , BIJU	27.04.2021
Test type	**Test date**	
Tonal audiometry	27.04.2021	



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

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	

Legend	R	L
Air	O	X
Air/Masked	Δ	□
Bone	<	>
Bone/Masked	[	]
MCL	M	M
UCL	m	m
Free Field	Ø	%
Free Field/Aided	A	A
Binaural	B	
No response	↓	

PTA

Right:- 11.6 dBHL

Left :- 10 dBHL

Comments

BILATERAL HEARING SENSITIVTY WITHIN NORMAL LIMITS

Signature:

Date: 27/04/2021

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