

Initial Medical Examination Report
INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Place of examination: Aster Hospital, Ibra		Date: 27/10/2021	Surname: <u>Barbsh, Allah Barbsh</u>	
If a dependant enter employee's name here:		Forenames: <u>Elahi, Barbsh, Allah Barbsh</u>		
Birth date: <u>01/1/1965</u>		Address: <u>95218479</u>		
Nationality: <u>Pakistani</u>		Home telephone number: <u>95218479</u>		
Project: <u>Truck Driver</u>		Country of birth: <u>Pakistan</u>		
Religion: <u>Barbsh</u>		Relationship to employee: <u>Barbsh</u>		
☒ Male ☐ Female	☒ Married ☐ Single ☐ Separated / Divorced	☐ 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
1. Sinus trouble	☒	21. Cancer	☒	40. Rejected for employment or insurance for medical reasons
2. Neck swelling/glands	☒	22. Heart Disease	☒	41. Awarded benefits for industrial injury/illness
3. Difficulty in vision	☒	23. Rheumatic fever	☒	42. Treated for a mental condition, e.g. depression
4. Any ear discharge	☒	24. Abnormal heartbeat	☒	43. Treated for problem drinking or drug abuse
5. Asthma/bronchitis	☒	25. High blood pressure	☒	44. Exposed to toxic substance or noise
6. Hayfever /other significant allergy	☒	26. Stroke	☒	FOR WOMEN ONLY
7. Any skin trouble	☒	27. Serious chest pain	☒	Have you ever had:-
8. Tuberculosis	☒	28. Any blood disease	☒	45. An abnormal smear
9. Shortness of breath	☒	29. Kidney disease	☒	46. Any gynaecological treatment
10. Coughed/vomited blood	☒	30. Blood in urine	☒	47. Are you pregnant?
11. Severe abdominal pain	☒	31. Diabetes	☒	48. Have you had an illness not mentioned above
12. Stomach ulcer	☒	32. Headaches/migraine	☒	
13. Recurrent indigestion	☒	33. Dizziness/fainting	☒	
14. Jaundice or hepatitis	☒	34. Epilepsy	☒	
15. Gall Bladder disease	☒	35. Joints/spinal trouble	☒	
16. Marked change in bowel habits	☒	36. Surgical operation	☒	
17. Blood in stools (motions)	☒	37. Serious accident/fracture	☒	
18. Marked change in weight	☒	38. Tropical disease	☒	
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 illicit drugs? () PDO test all new/potential employees for illicit/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: <u>27/10/2021</u>		Signature of Applicant: <u>[Signature]</u>		

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	HEARING	VISION	Colour Vision	Blood Group
179	77.3	24.1	120 60	56/min.	L R	DISTANT NEAR R L R L 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.)

12/10 DM2 and poor control. Advised Physician Consultation.

ASSESSMENT:

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

Date:

Name (Block Capitals): Dr. HARESH YELLA

Signature:

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. HARESH YELLA

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: Ellahi Bakhsh Allah Bakhsh

Emp #:

Date of Assessment: 27/10/2021

1	Age	56 Years	
2	Gender	Female/Male	
3	Total Cholesterol	4.5 mmol/L	
4	HDL Cholesterol	1.08 mmol/L	
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	120 mm Hg	
8	Is the patient being treated for High blood pressure?	Yes/No	

Framingham Risk score: 21.6 %

Framingham Risk Rating (Circle the appropriate score):

Low

Medium

High

Any further action or recommendations?



Assessment or Examination conducted by:

Dr. Rakesh Yella



Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 27/10/2021
Name: Elhadi Bakhsb Alkhal Bah		Department/Company: Tack Aaron
I. D No. 80906173	Tel # 95218479	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

☐ sitting and reading

☐ watching TV

☐ sitting inactive in a public place (e.g. theatre or meeting)

☐ as a passenger in the car for an hour without a break

☐ Lying down to rest in the afternoon when circumstances permit

☐ Sitting a talking with someone

☐ Sitting quietly after lunch without alcohol

☐ In a car, while stopped for a few minutes in traffic

Total 02

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, Elhadi Bakhsb Alkhal Bah (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: [Signature] **Date:** 27/10/2021

Fitness to Work Certificate

Employee Data		Date <u>27/10/2021</u>	
Name <u>Elahi Bakhsh Allah Bakhsh</u>		Department/Company <u>Truck Owner</u>	
I.D No. <u>80906173</u>	Age <u>56yr</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 <u>Dr. Rakesh Yella</u>	Signature <u>[Signature]</u>	Date <u>27/10/21</u>	



DEPARTMENT OF LABORATORY MEDICINE

File No: 202242
Name: ELLAHI BAKHSH ALLAH BAKHSH
Address:
Gender: M **Age:** 56 Y **Nationality:** PAKISTANI
GSM No.: 95218479 **ID Card No.:** 80906173
Ref. By: EXTERNAL DOCTOR

Report No: 0586371
Sample Date: 27/10/2021 **Time:** 9:38
Received By: JIBI
Received Date: 27/10/2021 **Time:** 9:41
Report Date: 27/10/2021 **Time:** 11:08
Bill No: 0791787 **Bill Date:** 27/10/2021
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	10.59 mmol/L	3.9 - 6.1
Method :- Hexokinase	190.62 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	4.51 mmol/L	1 - 5.1
Method:-Enzymatic	174.36 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.080 mmol/L	0.777 - 1.813
" "	41.75 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	2.98 mmol/L	1.295 - 4.54
" "	114.91	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.46 mmol/L	0.259 - 1.036
" "	17.7 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	4.18	3.8 - 5.9
TRIGLYCERIDES	1.00 mmol/L	0.564 - 2.146
Method : Enzymatic	88.5 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.295 mg/dL	0.1 - 1
Method : Diazo	5.04 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.119 mg/dL	0.1 - 0.5
Method : Diazo	2.03 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	13.68 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	24.33 U/L	Male: 10-50 Female: 10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	54.45 U/L	Adult : Men -40-129

Processed By:
JIBI
Lab Technologist
MOH LIC No: 4384

Approved By:
SREERAJ
Lab Technologist

Released By:
SREERAJ
Lab Technologist
MOH License No: 8644



Printed at: 27/10/2021 11:10:22 AM

Page 1 of 4

Report No:	0586371		
Sample Date:	27/10/2021	Time:	9:38
Received By:	JIBI		
Received Date:	27/10/2021	Time:	9:41
Report Date:	27/10/2021	Time:	11:08
Bill No:	0791787	Bill Date:	27/10/2021
Report Status:	Final		

[illegible]

DEPARTMENT OF LABORATORY MEDICINE

File No: 202242
Name: ELLAHI BAKHSH ALLAH BAKHSH
Address:
Gender: M **Age:** 56 Y **Nationality:** PAKISTANI
GSM No.: 95218479 **ID Card No.:** 80906173
Ref. By: EXTERNAL DOCTOR

Report No: 0586371
Sample Date: 27/10/2021 **Time:** 9:38
Received By: JIBI
Received Date: 27/10/2021 **Time:** 9:41
Report Date: 27/10/2021 **Time:** 11:08
Bill No: 0791787 **Bill Date:** 27/10/2021
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.8 %	0-1%
HB (HEMOGLOBIN)	14.8 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.03 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	1.87 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	43.80 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	87.10 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	29.40 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	33.80 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	05 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
MOH LIC No: 4384

Approved By:
SREERAJ
Lab Technologist

Released By:
SREERAJ
Lab Technologist
MOH License No: 6644



Printed at: 27/10/2021 11:10:22 AM

Page 3 of 4

DEPARTMENT OF LABORATORY MEDICINE

File No: 202242
Name: ELLAHI BAKHSH ALLAH BAKHSH
Address:
Gender: M **Age:** 56 Y **Nationality:** PAKISTANI
GSM No.: 95218479 **ID Card No.:** 80906173
Ref. By: EXTERNAL DOCTOR

Report No: 0586371
Sample Date: 27/10/2021 **Time:** 9:38
Received By: JIBI
Received Date: 27/10/2021 **Time:** 9:41
Report Date: 27/10/2021 **Time:** 11:08
Bill No: 0791787 **Bill Date:** 27/10/2021
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	

Jibi
Processed By:
JIBI
Lab Technologist
MOH LIC No: 4384

Approved By:
SREERAJ
Lab Technologist

Sreeraj
Released By:
SREERAJ
Lab Technologist
MOH License No: 6844



Printed at: 27/10/2021 11:10:22 AM

Page 4 of 4

X-RAY REPORT

Doc No:	0058616
Name:	ELLAHI BAKHSH ALLAH BAKHSH
Age/DOB:	56 Y Omani ID/ L.Card No.: 80906173
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	27/10/2021
X-Ray Film No:	T.O
Bill No:	0791787
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



202242
56 Years

ELLAHI BAKHSH ALLAH BAKHSH
Male

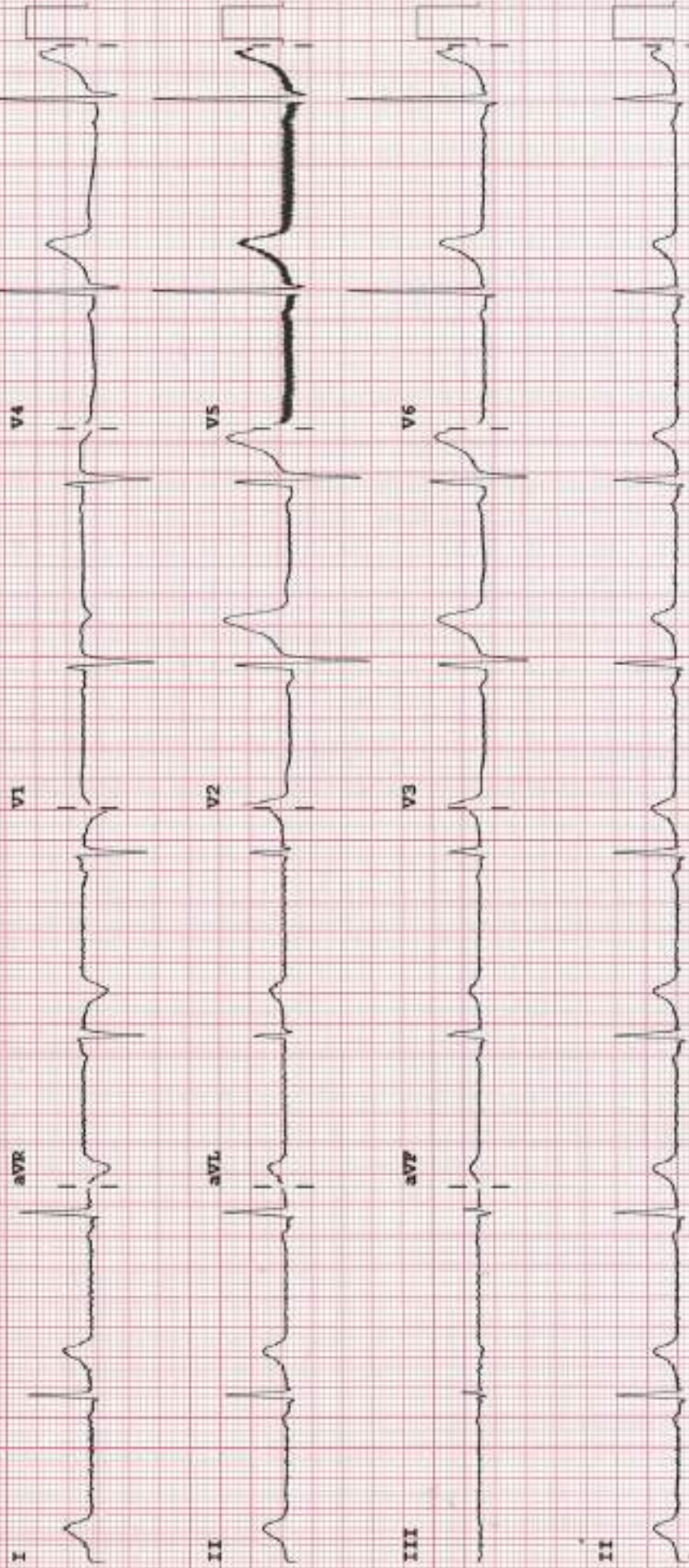
27-Oct-21 09:35:51 AM
ASTER HOSPITAL IBRI (Emergency)

Rate 49
RR 1224
PR 163
QRS 108
QT 432
QTc 390

--AXIS--

P 40
QRS 36
T 23

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

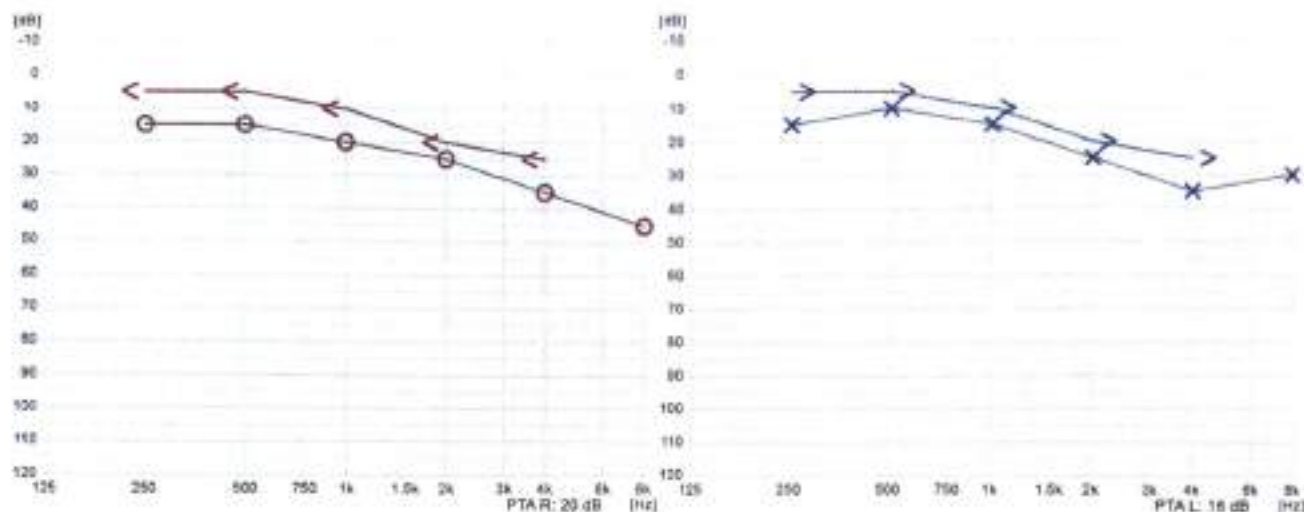
P?

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

IBRI

22349191

Code: 0791797	Last name , First name ELLAHI BAKSHI , ALLAH	Born: 29/04/2021
Test type: Tonal audiometry	Test date: 27/10/2021	



Legend	R	L
Air	○	×
AirMasked	△	□
Bone	<	>
BoneMasked	[	]
MCL	M	M
UCL	m	m
Free Field	⊗	⊗
Free FieldMasked	A	A
Binaural		B
No response		I

PTA

Right:- 20dBHL

Left:- 16.6dBHL

Comments

BILATERAL MINIMAL HEARING LOSS

Signature:



Date: 27/10/2021