مجمع كريستال الطبي
CRYSTAL POLYCLINIC

Date : 16/07/24

Mr Mohsin Jamil

Adv

Tab Lonic 10mg OD — 1 (30)

Dr. Mahe Suseel
MOH Lic no: 2821

P.O. Box 388, P.C.: 124, Al Ezdehar Street, South Mawaleh
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crystalpolyclinic@yahoo.com

CRYSTAL POLYCLINIC

مجمع كريستال الطبي

South Mawaleh, Sultanate of Oman

Cofidential

MEDICAL EXAMINATION REPORT

Petroleum Development Oman

MEDICAL DEPARTMENT

EXAMINATION REPORT

Surname: JAMIL	
Forenames: MOHSIN	
Address:	
Telephone No: 93365524	
Place of Examination: **CRYSTAL POLYCLINIC**	Date: 15/01/2024
If a dependant or fiancee enter employee's name here: Surname:	Forenames:

Date of Birth:	Nationality:	Country of Birth:	Religion:
25/02/1990	PAKISTANI	PAKISTAN	MUSLIM

☑ Male ☐ Single ☐ Widow(e)

☐ Female ☑ Married ☐ Divorced/ Separated

Relationship to employee: ☐ Wife ☐ Son ☐ Daughter ☐ Fiancee

Number of Children: 2

Reason For Examination: ☐ Pre-Employment ☐ Pre-Overseas

Designation: DRIVER

Area:

☐ Two Yearly ☐ Transfer ☐ Travel ☐ 40+/Request ☐ Retirement and Date

Name and address of family doctor	List your last 3 jobs
	(1)
	(2)
	(3)
Are you a Registered Disabled Person? (UK only) ☐	Do you belong to any Medical Insurance Scheme ?

CRYSTAL POLYCLINIC

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Petroleum Development Oman LLC

Revision: 3.0
Effective: 16 Apr 2007

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		✓	22. Heart Disease		✓	42. Awarded benefits for industrial injury/illness		✓
2. Neck swelling/glands		✓	23. Rheumatic fever		✓			
3. Difficulty in vision		✓	24. Abnormal heartbeat		✓	43. Treated for a mental condition, eg depression		✓
4. Any ear discharge		✓	25. High blood pressure		✓			
5. Asthma/bronchitis		✓	26. Stroke		✓	44. Treated for problem drinking or drug abuse		✓
6. Hayfever/other allergy		✓	27. Serious chest pain		✓			
7. Any skin trouble		✓	28. Any blood disease		✓	45. Exposed to toxic		✓
8. Tuberculosis		✓	29. Kidney disease		✓	**FOR WOMEN ONLY**		
9. Shortness of breath		✓	30. Painful passage of urine		✓			
10. Coughed/vomited blood		✓	31. Blood in urine		✓	Have you ever had:-		
11. Severe abdominal pain		✓	32. Diabetes		✓			
12. Stomach ulcer		✓	33. Headaches/migraine		✓	46. An abnormal smear		
13. Recurrent indigestion		✓	34. Dizziness/fainting		✓	47. Any gynaecological treatment		
14. Jaundice or hepatitis		✓	35. Epilepsy		✓			
15. Gall Bladder disease		✓	36. Joints/spinal trouble		✓	48. Are you pregnant?		
16. Marked change in bowel habits		✓	37. Surgical operation		✓	**49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE**		
17. Blood in stools (motions)		✓	38. Serious accident/fracture		✓			
HAVE YOU EVER BEEN:-			39. Tropical disease		✓			
18. Marked change in weight		✓	40. Fear of heights		✓			
19. Varicose veins		✓	**Have You Ever Been:-**					
20. Lump in breast/armpit		✓	41. Rejected for employment or insurance for medical reasons		✓			
21. Cancer		✓						

How much tobacco each day? N/A

Average daily alcohol consumption : N/A

FAMILY HISTORY

Diabetes	✓	Tuberculosis	✓	Epilepsy	✓
Heart disease	✓	High blood pressure	✓	Blood Disease	✓
Stroke	✓	Cancer	✓	Eczema	✓

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.

Date:

Signature of Applicant:

CRYSTAL POLYCLINIC

مجمع كريستال الطبي

To be filled by the examining Doctor or Nurse:

N = Normal A = Abnormal (Please describe)			PHYSICAL EXAMINATION
N	A		
N		1. Eyes & Pupils	
N		2. E.N.T	
N		3. Teeth & Mouth	
N		4. Lungs & Chest	
N		5. Cardiovascular System	
N		6. Abdo. Viscera	
N		7. Hernial Orifices	
N		8. Anus & Rectum	
N		9. Genito- urinary	
N		10. Extremities	
N		11.Musclo-Skeletal	
N		12. Skin & Varicose Vns	
N		13. C.N.S	

HEIGHT	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	DISTANT		NEAR		Colour Vision	Blood Group
							R	L	R	L		
184cm	103kg	30.41	130/90	80/min	L N R N	Uncorrected Corrected						

N	A		LABORATORY AND SPECIAL INVESTIGATIONS	N	A	
		1. Urineanalysis				6. Stool Analysis
		2. HB, Blood Count, ESR				7. Audiometry
		3. HbsAg				8. Spirometry
		4. RBS				9. Drug Analysis
		5. Lipid Profile				10. ECG
		6. LFT				11. OTHERS

ASSESSMENTS AND RECOMMENDATIONS:

- [x] A. Fit without restriction
- [ ] B. Fit with specified restriction
- [ ] C. Unfit
- [ ] D. Awaiting specilist assessment

N/B:
- Life style modification.
- Medications for Uric acid
- Repeat Uric acid after 2 months & Lipid profile

Dr. Manu Suseel

C.M.O INITIALS

DATE: 15/07/2024

CRYSTAL POLYCLINIC

مجمع كريستال الطبي

11.15 Appendix 15: Fitness to Work Certificate

Employee Data				Date: 15/07/2024
Name: MOHSIN JAMIL				Department/Company: TRUCK OMAN
I.D No: 94614154	Age: 34y/male			Occupation: DRIVER

Type of Medical Evaluation			Mark Those Applying √		
A1	Aircraft Refuelling		A6	Fire/Emergency response te	
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		A9	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)	**Temporar restrictio**	**Permanent restriction**	
Work near moving machinery or sharp edges			
Working at height			
Pull,Push 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**	

FIT

Appendix 20: (Form SQS) Epworth Screening Quest for Sleep Apnoea

Employee Data		Date: 15/07/2024
Name: MOHSIN JAMIL		Department / Company: GRUCK OMAN
I.D No. 9461415A	Tel # 93365524	Occupation : DRIVER

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 stituations? (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 and talking with someone

0 Sitting quietly after lunch without alcohol

0 In a car, while stopped for a few minute in traffic

Total 1

If you score a total of 15 or more you should seek advice from medical personnel on site before continuing ot drive or operate machinery in the workplace.

Declaration: I Mohsin (Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature Mohsin Date 15/07/2024

CRYSTAL POLYCLINIC

مجمع كريستال الطبي

Laboratory Report

Patient Name	:MOHSIN JAMIL	Sex	Male
Age	: 34 Y	ID No	:94614154
Order by	:Dr. Manu Suseel	MR No	:70574
Sample Received	: 15/07/2024	Sample Reported	: 15/07/2024

Hematology

Test Description	Result	Units	Normal Range
CBC With DC			
Hb	14.7	g/dl	13.0 - 18.5 g/dl
Total WBC Count	9300	cells/cumm	4000-11000 cells/cumm
Differential Leucocyte Count			
Neutrophils	60	%	40-60%
Lymphocytes	31	%	20-45%
Eosinophils	03	%	1-6%
Monocytes	06	%	2 - 10%
Basophils			0 - 2%
RBCs	5.3		3.30-6.20 millions/cumm
Platelet Count	3.5	Lakhs/cumm	1.5 -4.5 Lakhs/cumm
HCT	44.6	%	38 - 54 %
MCV	83.5	fl	78.0 - 92.0
MCH	27.5	pg	27-32 pg
MCHC	33.0	g/dl	32-36%
Sickling Test	Negative		

CRYSTAL POLYCLINIC

مجمع كريستال الطبي

Laboratory Report

Patient Name	:MOHSIN JAMIL	Sex	Male
Age	: 34 Y	ID No	:94614154
Order by	:Dr. Manu Suseel	MR No	:70574
Sample Received	: 15/07/2024	Sample Reported	: 15/07/2024

Biochemistry

Test Description	Result	Units	Normal Range
Blood Sugar	5.37	mmol/L	<7.8
LIPID PROFILE			
Total Cholesterol	6.01	mmol/L	< 5.2
Triglycerides	2.42	mmol/L	up to 2.26
HDL Cholestrol	1.06	mmol/L	0.9 - 2.0
LDL Cholestrol	4.47	mmol/L	< 3.8
VLDL Cholestrol	0.48	mmol/L	< 1.7
LIVER FUNTION TEST			
Total Bilirubin	7.2	µmol/L	0 - 33.9
Direct Bilirubin	2.8	µmol/L	0 - 6.78
SGPT(ALT)	38	U/L	upto 40
SGOT(AST)	20	U/L	upto 37
ALKALINE PHOSPHATASE	68	U/L	30 - 128
Total Protiein	69.2	g/L	62 - 85
Albumin	43.3	g/L	35 - 55
Globulin	25.9	g/L	20 - 35
RENAL FUNCTION TEST			
BLOOD UREA	4.37	mmol/L	2.8 - 7.2
CREATININE-SERUM	69.5	µmol/L	62 - 114.9
URIC ACID	442.1	µmol/L	204 - 432

CRYSTAL POLYCLINIC

مجمع كريستال الطبي

Laboratory Report

Patient Name	:MOHSIN JAMIL	Sex	Male
Age	: 34 Y	ID No	:94614154
Order by	:Dr. Manu Suseel	MR No	:70574
Sample Received	: 15/07/2024	Sample Reported	: 15/07/2024

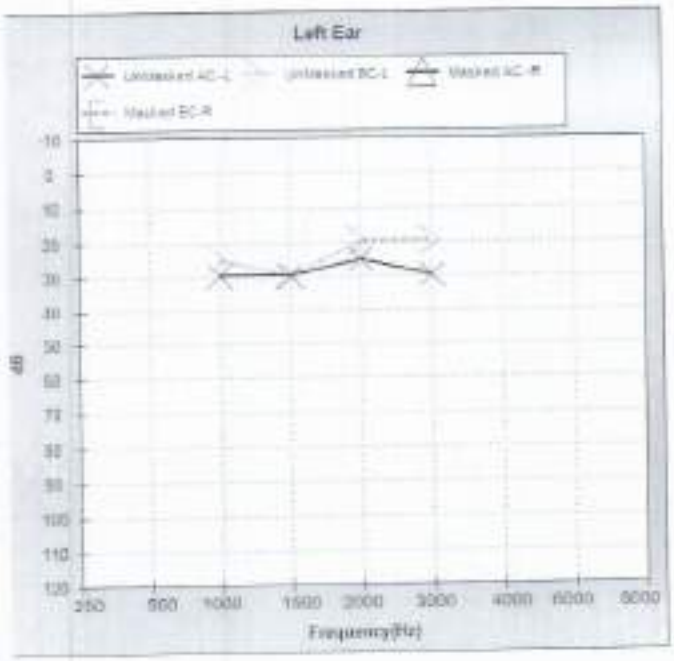
Clinical Pathology

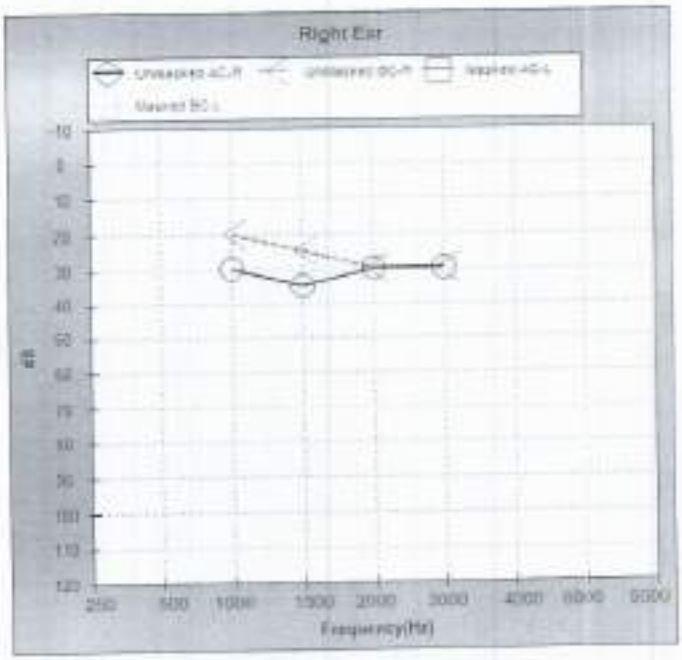
Test Description	Result	Normal Range
URINE ANALYSIS		
Colour	Pale Yellow	
Appearance	Clear	Clear
Chemical Examination		
Albumin	Nil	Nil
Sugar	Nil	Nil
Reaction(pH)	6	
Specific Gravity	1.020	1.010 - 1.030
Ketone Bodies	Nil	Nil
Bile salt	Nil	Nil
Bile Pigments	Nil	Nil
Blood	Nil	Nil
Nitrite	Nil	Nil
Microscopic Examination		
Pus Cells	1 - 3/hpf	0 - 5
RBCs	Nil/hpf	0 - 2
Epithelial Cells	1 - 2/hpf	0 - 5
Casts	Nil	Nil
Crystals	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil

CRYSTAL POLYCLINIC

Sultanate of Oman

Patient Details	
PATIENT NAME:MOHSIN JAMIL	Appointment Date-15/07/2024
Mobile No. - 93365524	Email -
Address1 -	Address2 -
City -	State -
Zip -	DOB –25/02/1990
Age – 34Y	Doctor Name –Dr. Manu Suseel





Left Ear Comment

Right Ear Comment

Left-AC	
Frequency	dB
1000	30
1500	30
2000	25
3000	30

Left-BC	
Frequency	dB
1000	25
1500	30
2000	20
3000	20

Right-AC	
Frequency	dB
1000	30
1500	35
2000	30
3000	30

Right-BC	
Frequency	dB
1000	20
1500	25
2000	30
3000	30

Masked LEFT-AC	
Frequency	dB

Masked LEFT-BC	
Frequency	dB

Masked Right-AC	
Frequency	dB

Masked Right-BC	
Frequency	dB

Audiologist Signature

Early Small Airway Obstruction Spirometery within Normal range

Post-COPD Severity Report within Normal range

CRYSTAL POLYCLINIC SULTANATE OF OMAN

FVC TEST

Name: Mohsin Jamil
94614154

34years / Male/ Ht 184cm/ 103Kg/ Non-Smoker

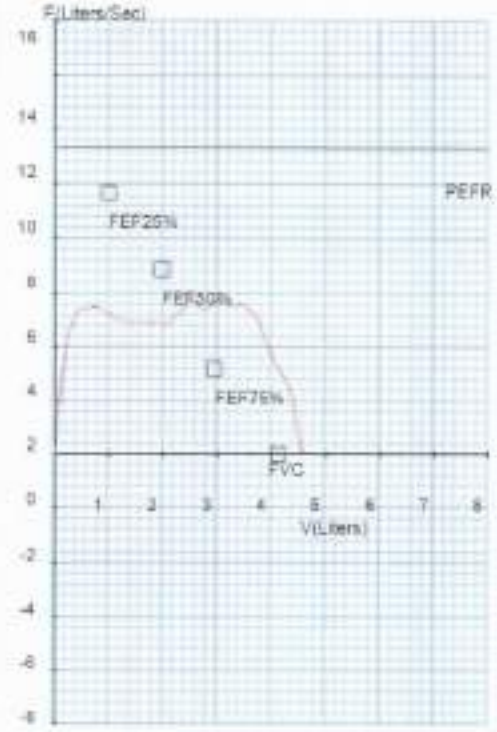
Date: 15-07-2024 (T1)

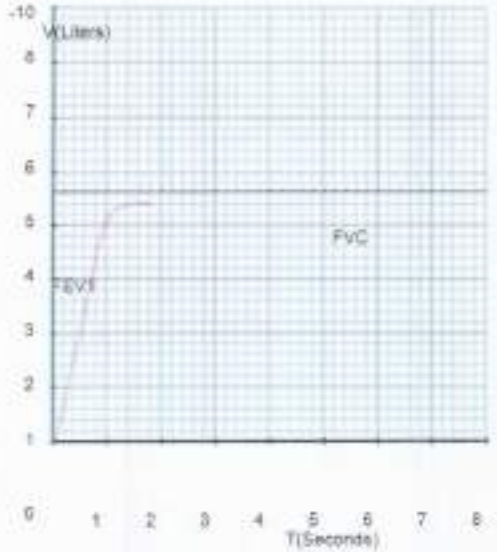
Pred Eqn : CLARITY

Eth Corr : 100

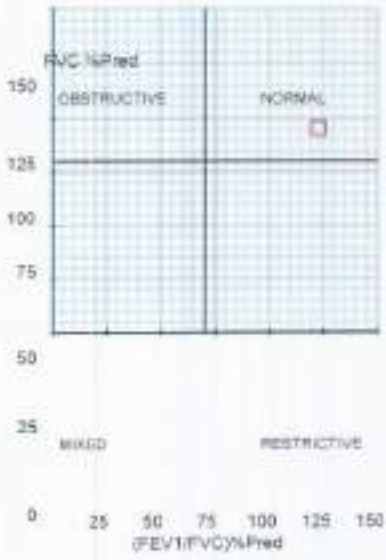
Temp : 0°C

Ref By : **DR MANU SUSEEL**





Parameter		Pred	Pre	Pre%	Post	Post%	Imp%
FVC	[L]	4.12	--	--	3.95	93	--
FEV1	[L]	3.16	--	--	3.84	112	--
FEV.5	[L]	--	--	--	2.37	--	--
FEV3	[L]	4.19	--	--	3.84	93	--
FEV6	[L]	--	--	--	--	--	--
PEFR	[L/s]	9.33	--	--	4.87	52	--
FEF25-75	[L/s]	4.12	--	--	4.53	113	--
FEF75-85	[L/s]	--	--	--	4.42	--	--
FEF 2-1.2	[L/s]	7.52	--	--	4.36	52	--
FEF25%	[L/s]	8.33	--	--	4.92	53	--
FEF50%	[L/s]	5.84	--	--	5.26	80	--
FEF75%	[L/s]	2.75	--	--	5.81	204	--
FEV.5/FVC	[%]	--	--	--	64.22	--	--
FEV1/FVC	[%]	61.53	--	--	98.51	125	--
FEV3/FVC	[%]	97.57	--	--	98.44	102	--
FEV6/FVC	[%]	--	--	--	--	--	--
FEV1/FEV6	[%]	--	--	--	--	--	--
FET	[S]	--	--	--	4.42	--	--
ExpTime	[S]	--	--	--	0.54	--	--
LungAge	[Y]	42.24	--	--	37.14	83	--
FIVC	[L]	--	--	--	--	--	--
PIFR	[L/s]	--	--	--	--	--	--
FIF25%	[L/s]	--	--	--	--	--	--
FIF50%	[L/s]	--	--	--	--	--	--
FIF75%	[L/s]	--	--	--	--	--	--
FIV.5	[L]	--	--	--	--	--	--
FIV1	[L]	--	--	--	--	--	--
FIV3	[L]	--	--	--	--	--	--
FIV.5/FIVC	[%]	--	--	--	--	--	--
FIV1/FIVC	[%]	--	--	--	--	--	--



- Doctor's Comments :

DR MANU SUSEEL