Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname	Khan
Forenames	S. Faeyllah
Address:	Ibri
Home telephone number	

Place of examination: Aster Hospital,Ibri	**Date:** 12-05-2021		
If a dependant enter employee's name here:		**Project:**	
Birth date: 20-01-1995	**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		✓	41. Awarded benefits for industrial injury/illness		✓
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	42. Treated for a mental condition, e.g. depression		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓	43. Treated for problem drinking or drug abuse		✓
6. Hayfever /other significant allergy		✓	26. Stroke		✓	44. Exposed to toxic substance or noise		✓
7. Any skin trouble		✓	27. Serious chest pain		✓	**FOR WOMEN ONLY**		
8. Tuberculosis		✓	28. Any blood disease		✓	Have you ever had:-		
9. Shortness of breath		✓	29. Kidney disease		✓	45. An abnormal smear		
10. Coughed/vomited blood		✓	30. Blood in urine		✓	46. Any gynaecological treatment		
11. Severe abdominal pain		✓	31. Diabetes		✓	47. Are you pregnant?		
12. Stomach ulcer		✓	32. Headaches/migraine		✓	48. **Have you had an illness not mentioned above**		
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 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: 12-05-2021 **Signature of Applicant:**

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
							DISTANT		NEAR		
				/mins.	L		R	L	R	L	
171	82.2		140/90	56	R	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: Name (Block Capitals): Dr. Signature:

REVIEW/CONSULTATION

Date: 29/05/2021 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: Sy Feeullah Khan
Emp #:
Date of Assessment: 12-05-2021

1	Age	Years 32	
2	Gender	Female/Male	
3	Total Cholesterol	mmol/L 4.12	
4	HDL Cholesterol	mmol/L 1.09	
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	mm Hg 140	
8	Is the patient being treated for High blood pressure?	Yes/No	

Framingham Risk score: 4.2 %

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			
Name: Sq Fee Ullah Khan		Date:	12-05-2024
I. D No. 79164664	Tel # 98252541	Department/Company:	Tmdcoman
		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 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 Sq Fee Ullah *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: SK **Date:** 12-05-2024

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Fitness to Work Certificate

Employee Data			
Name	Sq Feeullah Khan	Date	12-05-2021
I.D No.	79164669 Age 37-Y	Department/Company	Trukomm
		Occupation	DRIVER

Type of Medical Evaluation			Mark those applying √
A1	Aircraft refuelling		
A2	Breathing apparatus		
A3	Business traveller		
A4	Catering and food preparation		
A5	Crane or forklift driving & all heavy vehicles		
A6	Fire / Emergency response team work		
A7	Professional driving		
A8	Remote location work		
A9	Transfers – group A country		
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	**Signature**	**Date**	

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DEPARTMENT OF LABORATORY MEDICINE

File No:	0224067	**Report No:**	0572438		
Name:	SAFEEULLAH KHAN	**Sample Date:**	12/05/2021	**Time:**	13:41
Address:		**Received By:**	JIBI		
Gender:	M **Age:** 37 Y **Nationality:** INDIAN	**Received Date:**	12/05/2021	**Time:**	13:43
GSM No.:	98282441 **ID Card No.:** 79164669	**Report Date:**	12/05/2021	**Time:**	14:48
Ref. By:	EXTERNAL DOCTOR	**Bill No:**	0756813	**Bill Date:**	12/05/2021
		Report Status:	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 40 (Truckoman)		
FBS (FASTING BLOOD SUGAR)	5.50 mmol/L	3.9 - 6.1
Method :- Hexokinase	99 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	4.17 mmol/L	1 - 5.1
Method:-Enzymatic	161.21 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)	1.81 mmol/L	1.295 - 4.54
" "	69.88	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	**1.33 mmol/L**	0.259 - 1.036
" "	**51.33 mg/dl**	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	4.01	3.8 - 5.9
TRIGLYCERIDES	2.90.0 mmol/L	0.564 - 2.146
Method : Enzymatic	**256.65 mg/dl**	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.88 mg/dL	0.1 - 1
Method : Diazo	15.00 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.32 mg/dL	0.1 - 0.5
Method : Diazo	5.50 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	17.80 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	23.40 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	77.61 U/L	Adult : Men -40-129

Processed By:
JIBI
Lab Technologist
MOH LIC No: 4384

Approved By:
JIBI
Lab Technologist

Released By:
JIBI
Lab Technologist
MOH LIC No: 4384

Specialist Pathologist

Printed at: 12/05/2021 3:42:06 PM

Oman Al Khair Hospital LLC T : +968 2568 8075

DEPARTMENT OF LABORATORY MEDICINE

File No: 0224067
Name: SAFEEULLAH KHAN
Address:
Gender: M **Age:** 37 Y **Nationality:** INDIAN
GSM No.: 98282441 **ID Card No.:** 79164669
Ref. By: EXTERNAL DOCTOR

Report No: 0572438
Sample Date: 12/05/2021 **Time:** 13:41
Received By: JIBI
Received Date: 12/05/2021 **Time:** 13:43
Report Date: 12/05/2021 **Time:** 14:48
Bill No: 0756813 **Bill Date:** 12/05/2021
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)	8.44 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.68 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	**3.76 gm/dL**	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.24	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	32.50 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	4.90 mmol/L	1.7 - 8.3
Method : Kinetic Assay	29.43 mg/dL	10.2 - 49.8
CREATININE - SERUM	86.55 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.98 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	4600 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	48.2 %	40-75%
LYMPHOCYTES	44.8 %	20-45%
EOSINOPHILS	0.7 %	2-6 %
MONOCYTES	6.1 %	2-8 %

Processed By: JIBI *Lab Technologist*
MOH LIC No: 4364

Approved By: JIBI *Lab Technologist*

Released By: JIBI *Lab Technologist*
MOH LIC No: 4364

Specialist Pathologist

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X-RAY REPORT

Doc No:	0058033
Name:	SAFEEULLAH KHAN
Age/DOB:	37 Y
Omani ID/ L.Card No::	79164669
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	12/05/2021
X-Ray Film No:	TO
Bill No:	0756813
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