

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

Place of examination: Aster Hospital, Ibri		Date: 25-4-2021		Surname: Sandan dan	
				Forenames: Sin Hash	
				Address: Ibri	
				Home telephone number:	
If a dependant enter employee's name here:					
Birth date: 10-11-1977		Nationality: Indian		Project:	
				Country of birth:	
				Religion:	
☒ Male ☐ Female	☐ Married ☐ Single ☐ Separated /Divorced	Relationship to employee		Number of children:	
		☐ Wife ☐ Son ☐ Daughter			
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
1. Sinus trouble		☒	21. Cancer		☒
2. Neck swelling/glands		☒	22. Heart Disease		☒
3. Difficulty in vision		☒	23. Rheumatic fever		☒
4. Any ear discharge		☒	24. Abnormal heartbeat		☒
5. Asthma/bronchitis		☒	25. High blood pressure		☒
6. Hayfever/other significant allergy		☒	26. Stroke		☒
7. Any skin trouble		☒	27. Serious chest pain		☒
8. Tuberculosis		☒	28. Any blood disease		☒
9. Shortness of breath		☒	29. Kidney disease		☒
10. Coughed/vomited blood		☒	30. Blood in urine		☒
11. Severe abdominal pain		☒	31. Diabetes		☒
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 (mottions)		☒	37. Serious accident/fracture		☒
18. Marked change in weight		☒	38. Tropical disease		☒
19. Varicose veins		☒	39. Fear of heights		☒
20. Lump in breast/arm/pit		☒			
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 results 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: 25-4-2021		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 /mins.	HEARING	VISION	Colour Vision	Blood Group
163 cm	61 kg		130 80	76	L R	DISTANT NEAR R L R L Uncorrected Corrected 6/6 6/6 6/6 6/6		

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. Sickie 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: 21-04-2021 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: San Ghosh Sadanandan

Emp #:

Date of Assessment: 25-07-2021

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

Framingham Risk score: 6.7 %

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: 25-4-2021
Name: Santhosh Sridhar	Department/Company: Tiru Koman	
L D No. 78247273	Tel # 96528806	Occupation: Rikar

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

Signature: [Signature] Date: 25-4-2021

Fitness to Work Certificate

Employee Data		Date 25-04-2021	
Name Sanjosh Sedenandan		Department/Company Thuc/Komen	
ID No. 78247273	Age 43-Y	Occupation Risker	
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 25-04-2021	Date

DEPARTMENT OF LABORATORY MEDICINE

File No: 223189	Report No: 0571046
Name: SANTHOSH SADANANDAN	Sample Date: 25/04/2021 Time: 10:29
Address:	Received By: SWATHY
Gender: M Age: 43 Y Nationality: INDIAN	Received Date: 25/04/2021 Time: 10:40
GSM No.: 96528806 ID Card No.: 78247273	Report Date: 25/04/2021 Time: 11:49
Ref. By: EXTERNAL DOCTOR	Bill No: 0754903 Bill Date: 25/04/2021
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	5.64 mmol/L	3.9 - 6.1
Method :- Hexokinase	101.52 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	4.76 mmol/L	1 - 5.1
Method:-Enzymatic	184.02 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	0.95 mmol/L	0.777 - 1.813
" "	36.5 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3.47 mmol/L	1.295 - 4.54
" "	133.89	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.35 mmol/L	0.259 - 1.036
" "	13.63 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	5.01	3.8 - 5.9
TRIGLYCERIDES	0.77 mmol/L	0.564 - 2.146
Method : Enzymatic	68.145 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.87 mg/dL	0.1 - 1
Method : Diazo	14.80 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.46 mg/dL	0.1 - 0.5
Method : Diazo	7.8 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	28.50 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	38.30 U/L	Male: 10-50 Female: 10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	122.01 U/L	Adult : Men -40-129

Processed By:
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Lab Technologist

Approved By:
SWATHY
Lab Technologist

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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)	7.81 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.66 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3.15 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.48	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	34.6 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	2.90 mmol/L	1.7 - 8.3
Method : Kinetic Assay	17.42 mg/dL	10.2 - 49.8
CREATININE - SERUM	66.37 µmol/L	44.2 - 123.7
Method : Jaffe Method	0.75 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	8290 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	63.3 %	40-75%
LYMPHOCYTES	28.5 %	20-45%
EOSINOPHILS	0.6 %	2-6 %
MONOCYTES	7.1 %	2-8 %

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Lab Technologist

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INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.5 %	0-1%
HB (HEMOGLOBIN)	15.4 gm/dl	Male-13 - 18 gm/dl Female-11 - 15 gm/dl
TOTAL RBC COUNT	5.09 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.68 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	46.20 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	90.80 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	30.30 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	33.30 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	

Processed By:
SWATHY
Lab Technologist

Approved By:
SWATHY
Lab Technologist

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Specialist Pathologist

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Ref. By: EXTERNAL DOCTOR	Bill No: 0754903 Bill Date: 25/04/2021
	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	

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Lab Technologist

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Lab Technologist

Released By: Y. T. J.
SWATHY
Lab Technologist

MOH License No: 13250



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X-RAY REPORT

Doc No:	0057990		
Name:	SANTHOSH SADANANDAN		
Age/DOB:	43 Y	ID Card No	78247273
Sex:	Male		
Referred By:	EXTERNAL DOCTOR		
Clinical Diagnosis:			
X-Ray/UltraSound	CHEST X-RAY		
Date:	25/04/2021		
X-Ray Film No:	TO		
Bill No:	0754903		
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:



223109
43 Years

SANTHOSH SADANANDAN
Male

25-Apr-21 10:50:41 AM

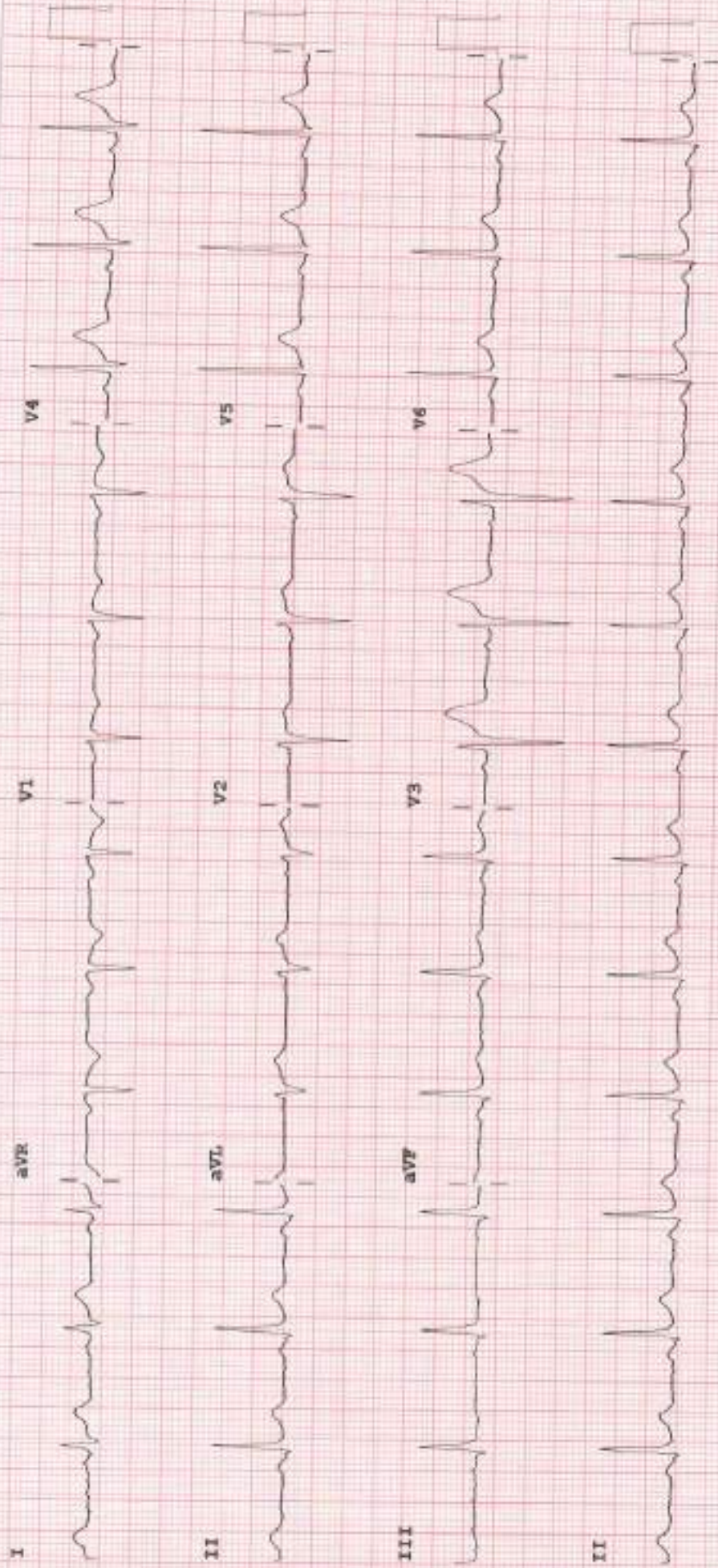
Oman AlKhair Hospital (Emergency)

Rate 76
RR 789
PR 140
QRS 95
QT 360
QTc 405

--AXIS--

P 58
QRS 75
T 28

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

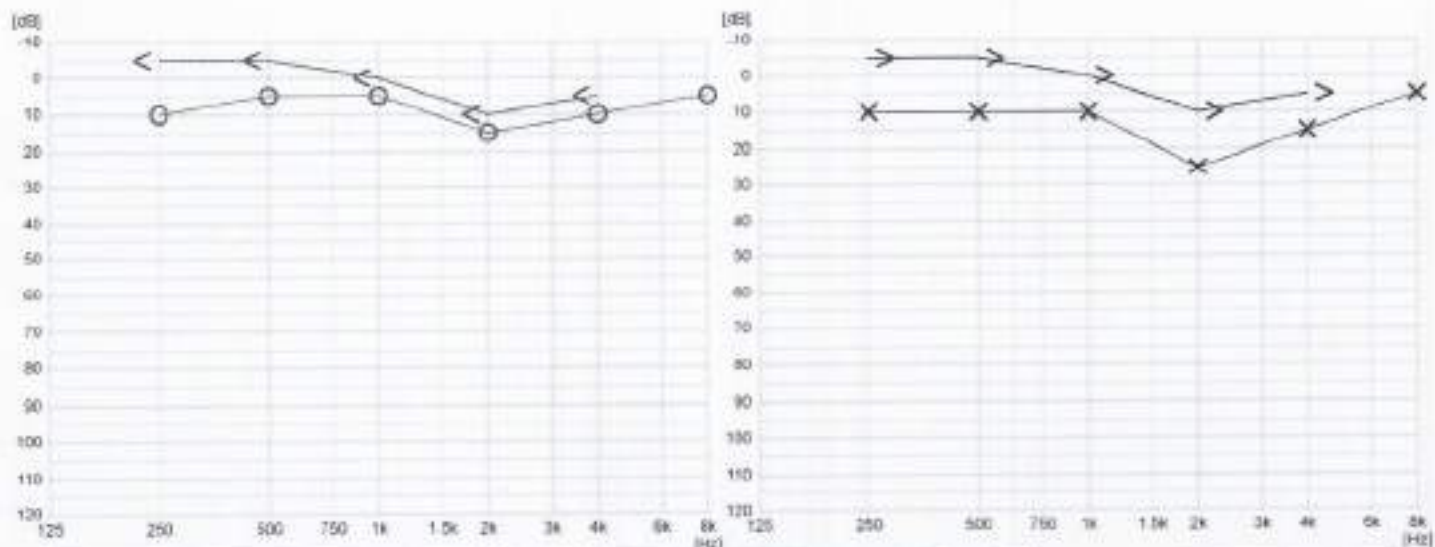
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1111112120

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code: 0754903 Left name: First name: SADANANDAN, SANTHOSH Last name: SANTHOSH Date: 25.04.2021
Test type: Tonal audiometry Test date: 25.04.2021



Audiometry (unaided)								
Freq [Hz]	500	1000	1500	2000	3000	4000	6000	8000
Left	10	10		25		15		5
Right	5	5		15		10		5
Calculate % hearing loss (if known)								
			L (%)	R (%)	Binaural (%)	Comments		
Does the applicant exceed 25dB loss in either ear at 0.5, 1 or 2 kHz?					Yes/No			

Legend	R	L
Air	O	X
Air/Masked	△	□
Bone	<	>
Bone/Masked	[	]
MCL	M	M
UCL	m	m
Free Field	⊙	⊗
Free Field/Aided	A	A
Binaural	B	
No response	I	

PTA
Right:- 8.3 dBHL
Left:- 15 dBHL

Comments
BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

Signature:

Date: 25/04/2021

