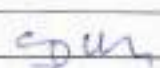


Initial Medical Examination Report
INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname		Forenames		Address		Home telephone number	
Place of examination: Aster Hospital Ibr		Date: 04/04/2021		Project:			
If a dependant enter employee's name here:				Country of birth:			
Birth date: 03/06/1976		Nationality: INDIAN		Religion:		Number of children:	
☒ Male ☐ Female		☐ Married ☐ Single ☐ Separated /Divorced		☐ 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. Joint/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: 04/04/2021		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. Hemial 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
175cm	86	28.1	120/70	92/min.	L R	DISTANT	NEAR		
						Uncorrected	Corrected		
						8/6	R L		
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: Hypertriglyceridemia, advised to take medicines, and to do fasting lipid profile after 3 months.

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

Date: Name (Block Capitals): Dr. NAODAWA DAMAS Signature: [Signature]

REVIEW/CONSULTATION

Date: 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: DEEPA KUMAR SOT PAUL

Emp #:

Date of Assessment:

1	Age	45 Years	
2	Gender	Female/Male	
3	Total Cholesterol	mmol/L	4.35
4	HDL Cholesterol	mmol/L	0.88
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: 7.9 %

Framingham Risk Rating (Circle the appropriate score):

Low

Medium

High

Any further action or recommendations?

Assessment or Examination conducted by:

[Signature]
Dr. [Name]
[Address]
[Phone Number]
[Email Address]



Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 04/04/2021
Name: DEEPAK KUMAR SETHI POOL		Department/Company: TRACKMEN NORTH LLC
I. D No. 87243357	Tel # 9527793	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 1 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 0 Lying down to rest in the afternoon when circumstances permit 0 Sitting & 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 <u>Deepak Kumar</u> (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.		
Signature: _____		Date: 04/04/2021

Fitness to Work Certificate

Employee Data		Date <u>01/04/2021</u>	
Name <u>DEEPAK KUMAR SAT PAUL</u>		Department/Company <u>TRUCK OMN NORTH LLC</u>	
ID No. <u>83343357</u>	Age <u>45</u>	Occupation <u>DRIVER</u>	
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		Date	
Name of health advisor <u>Dr. Mandana</u>		Signature <u>[Signature]</u> Date	

DEPARTMENT OF LABORATORY MEDICINE

File No: 0221917	Report No: 0569428
Name: DEEPAK KUMAR	Sample Date: 04/04/2021 Time: 10:46
Address:	Received By: SREEJAS
Gender: M Age: 45 Y Nationality: INDIAN	Received Date: 04/04/2021 Time: 10:50
GSM No.: 95277931 ID Card No.: 87243357	Report Date: 04/04/2021 Time: 12:32
Ref. By: EXTERNAL DOCTOR	Bill No: 0752431 Bill Date: 04/04/2021
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	6.0 mmol/L	3.9 - 6.1
Method : - Hexokinase	108 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	4.35 mmol/L	1 - 5.1
Method:-Enzymatic	168.17 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	0.88 mmol/L	0.777 - 1.813
" "	33.80 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	1.16 mmol/L	1.295 - 4.54
" "	44.63	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	2.32 mmol/L	0.259 - 1.036
" "	89.74 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	4.94	3.8 - 5.9
TRIGLYCERIDES	5.07 mmol/L	0.564 - 2.146
Method : Enzymatic	448.695 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.79 mg/dL	0.1 - 1
Method : Diazo	13.50 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.25 mg/dL	0.1 - 0.5
Method : Diazo	4.20 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	25.00 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	22.90 U/L	Male: 10-50 Female: 10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	91.24 U/L	Adult : Men -40-129

Processed By:
JIBI
Lab Technologist
MOH LIC No: 4384

Approved By:
SREEJAS
Lab Technologist

Released By:
SREEJAS
Lab Technologist
MOH License No: 11155

Specialist Pathologist

DEPARTMENT OF LABORATORY MEDICINE

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Ref. By: EXTERNAL DOCTOR	Bill No: 0752431 Bill Date: 04/04/2021
	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)	7.78 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	5.34 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.44 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	2.19	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	38.60 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	4.40 mmol/L	1.7 - 8.3
Method : Kinetic Assay	26.43 mg/dL	10.2 - 49.8
CREATININE - SERUM	71.81 µmol/L	44.2 - 123.7
Method : Jaffe Method	0.81 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	6370 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	52.5 %	40-75%
LYMPHOCYTES	39.1 %	20-45%
EOSINOPHILS	1.6 %	2-6 %
MONOCYTES	6.3 %	2-8 %

Processed By:
JIBI
Lab Technologist

Approved By:
SREEJAS
Lab Technologist

Released By:
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Lab Technologist

Specialist Pathologist

MOH LIC No: 4384

MOH License No: 11155

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Page 2 of 4

DEPARTMENT OF LABORATORY MEDICINE

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	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.5 %	0-1%
HB (HEMOGLOBIN)	14.0 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	4.94 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)	44.50 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	90.10 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	28.30 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	31.50 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	NIL	
PROTEIN	NIL	
KETONE	NIL	
BILIRUBIN	NIL	
pH	ACIDIC	

Processed By:
JIBI
Lab Technologist

Approved By:
SREEJAS
Lab Technologist

Released By:
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Lab Technologist

Specialist Pathologist

MOH LIC No: 4384

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Page 3 of 4

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	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
UROBILINOGEN	NORMAL	
URINE MICROSCOPY (Centrifugation Method)		
RED BLOOD CELLS (RBC)	NIL /hpf	
PUS CELLS	0-2 /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:
SREEJAS
Lab Technologist

Released By:
SREEJAS
Lab Technologist

MOH License No: 11155

Specialist Pathologist

221917
45 Years

DEEPAK
Male

04-Apr-21 11:44:51 AM

Oman AlKhair Hospital (Emergency)



Rate 78
RR 769
PR 167
QRS 103
QT 362
QTc 413

--AXIS--

P 54
QRS 10
T 23

12 Lead; Standard Placement

Dr. Rakesh Vella
رئيس الطوارئ
Emergency Line
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1109-1110-1111
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2255-2256-2257
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2507-2

X-RAY REPORT

Doc No:	0057919		
Name:	DEEPAK KUMAR		
Age/DOB:	45 Y	ID Card No	87243357
Sex:	Male		
Referred By:	EXTERNAL DOCTOR		
Clinical Diagnosis:			
X-Ray/UltraSound	CHEST X-RAY		
Date:	04/04/2021		
X-Ray Film No:	TRUCK OMAN		
Bill No:	0752431		
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:

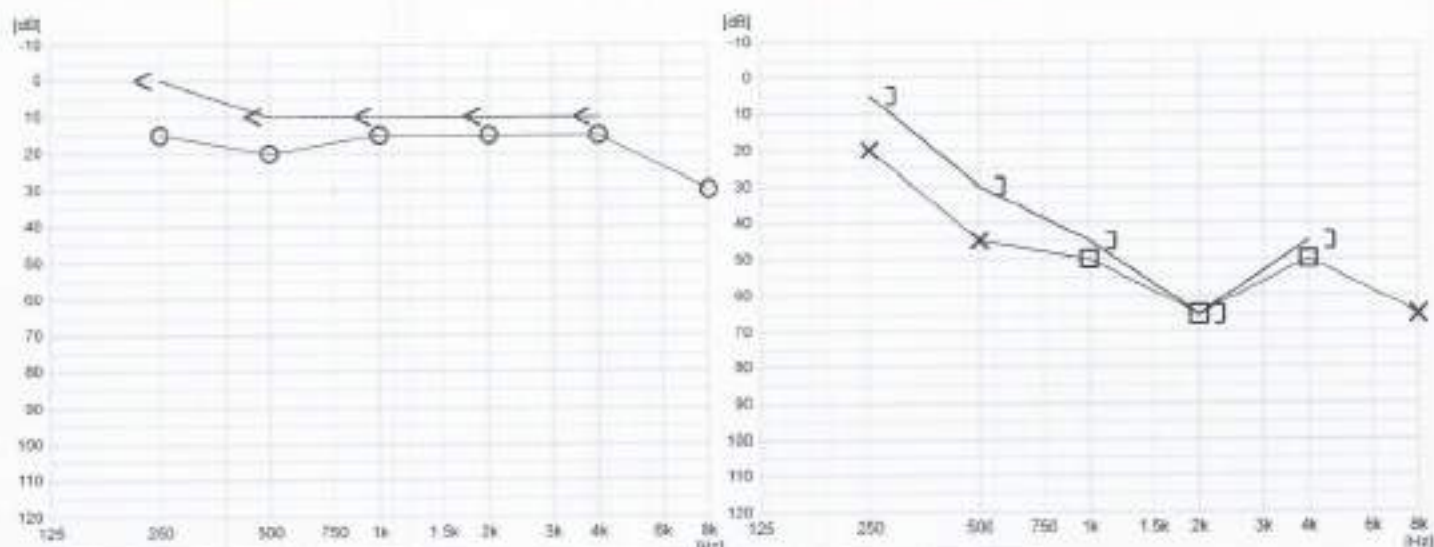
DR. KALESHA SHAIK
Specialist Radiology
MOH Reg. No. 17925



Seal

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code: 0752431	Last name, First name: KUMAR, DEEPAK	Born: 04.04.2021
Test type: Tonal audiometry	Test date: 04.04.2021	



Audiometry (unaided)							
Freq (Hz)	500	1000	1500	2000	3000	4000	8000
Left	45	30		35		50	65
Right	20	15		15		15	30
Calculate % hearing loss (if known)				L (%)	R (%)	Binaural (%)	Comments
Does the applicant exceed 30dB loss in either ear at 1 K, 1 K or 2 KHz?				Yes/No			

Legend	R	L
Air	○	×
Air/Masked	△	□
None	<	>
Bone/Masked	[	]
MCL	M	M
UCL	m	m
Free Field	⊙	⊗
Free Field/Wided	A	A
Binaural	B	
No response	I	

PTA
Right:- 16.6 dBHL
Left:- 53.3 dBHL

* Responses were inconsistent.

Comments

RIGHT EAR: MINIMAL HEARING LOSS

LEFT EAR: MODERATE SLOPING SENSORINEURAL HEARING LOSS

Signature:

Date: 04/04/2021

