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Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname: Gulistan Malik
Forenames: Muhammad
Address: Ibri
Home telephone number:

Place of examination: Aster Hospital Ibri
Date: 28-3-2021
If a dependant enter employee's name here:
Project:
Birth date: 01-07-1993 Nationality: Pakistan
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
1. Sinus trouble		✓
2. Neck swelling/glands		✓
3. Difficulty in vision		✓
4. Any ear discharge		✓
5. Asthma/bronchitis		✓
6. Hayfever /other significant allergy		✓
7. Any skin trouble		✓
8. Tuberculosis		✓
9. Shortness of breath		✓
10. Coughed/vomited blood		✓
11. Severe abdominal pain		✓
12. Stomach ulcer		✓
13. Recurrent indigestion		✓
14. Jaundice or hepatitis		✓
15. Gall Bladder disease		✓
16. Marked change in bowel habits		✓
17. Blood in stools (motions)		✓
18. Marked change in weight		✓
19. Varicose veins		✓
20. Lump in breast/armpit		✓
21. Cancer		✓
22. Heart Disease		✓
23. Rheumatic fever		✓
24. Abnormal heartbeat		✓
25. High blood pressure		✓
26. Stroke		✓
27. Serious chest pain		✓
28. Any blood disease		✓
29. Kidney disease		✓
30. Blood in urine		✓
31. Diabetes		✓
32. Headaches/migraine		✓
33. Dizziness/fainting		✓
34. Epilepsy		✓
35. Joints/spinal trouble		✓
36. Surgical operation		✓
37. Serious accident/fracture		✓
38. Tropical disease		✓
39. Fear of heights		✓

HAVE YOU EVER BEEN:-	Y	N
40. Rejected for employment or insurance for medical reasons		✓
41. Awarded benefits for industrial injury/illness		✓
42. Treated for a mental condition, e.g. depression		✓
43. Treated for problem drinking or drug abuse		✓
44. Exposed to toxic substance or noise		✓
FOR WOMEN ONLY Have you ever had:-		
45. An abnormal smear		✓
46. Any gynaecological treatment		✓
47. Are you pregnant?		✓
48. **Have you had an illness not mentioned above**		✓

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: 28/3/2021 Signature of Applicant:

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
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FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
		1. Eyes & Pupils	WNL
		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		
							R	L	R	L	
175cm	90kg	29.4	120/70	76 mins.	L	Uncorrected	6/6		6/6		
					R	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.)

Overweight - advised weight reduction.

ASSESSMENT: Hypertriglyceridemia, Advised medication, Repeat fasting Lipid profile after 3 months

☑ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT with medication

Date: Name (Block Capitals): Dr NANDANA PAMIDI Signature:

REVIEW/CONSULTATION

Date 28-3-2021 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: Mehmood. Gulshan. Malik. Mon. Tin.
Emp #: 87355497
Date of Assessment: 28/3/21

1	Age	Years	47
2	Gender	Female/Male (Male circled)	
3	Total Cholesterol	mmol/L 4.70	
4	HDL Cholesterol	mmol/L 1.09	
5	Smoker	Yes/No ✓	
6	Diabetes	Yes/No ✓	
7	Systolic Blood pressure	mm Hg 120	
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 (circled) **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by:

Epworth Screening Quest. for Sleep Apnoea

Employee Data			
Name:	Mohd Gulsher Mia	Date:	28/3/2021
I. D No:	87355497 Tel #	Department/Company:	Truck Driver
		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 Muhammad (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: _____ Date: 28/3/21.

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فاكس: ٢٥٦٨ ٨٠٢٥ ٩٦٨+
جوال: ٩٩٧٣ ٩١٣٩ / ٩٩٧٧ ٧١٥٥ ٩٦٨+

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Fitness to Work Certificate

Employee Data			Date	28/3/2020
Name	Mohd. Sulistion Mdk.		Department/Company	Tkek Oman
I.D No.	87355797	Age	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			
Pulling, 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

Dr. Vandana P
Name of health advisor

Signature

Date 28/3/2020

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مستشفى عمان الخير ش.م.م

DEPARTMENT OF LABORATORY MEDICINE

File No:	221796	**Report No:**	0568804		
Name:	MUHAMMAD GULISTAN MALIK NOOR ZAMAN	**Sample Date:**	28/03/2021	**Time:**	12:48
		Received By:	JIBI		
Address:		**Received Date:**	28/03/2021	**Time:**	12:53
Gender:	M **Age:** 47 Y **Nationality:** PAKISTANI	**Report Date:**	28/03/2021	**Time:**	13:35
GSM No.:	93268586 **ID Card No.:** 87355497	**Bill No:**	0751521	**Bill Date:**	28/03/2021
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	4.95 mmol/L	3.9 - 6.1
Method :- Hexokinase	89.1 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	4.70 mmol/L	1 - 5.1
Method:-Enzymatic	181.7 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.09 mmol/L	0.777 - 1.813
" "	42.0 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	1.65 mmol/L	1.295 - 4.54
" "	63.59	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	**1.97 mmol/L**	0.259 - 1.036
" "	**76.11 mg/dl**	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	4.31	3.8 - 5.9
TRIGLYCERIDES	**4.30 mmol/L**	0.564 - 2.146
Method : Enzymatic	**380.55 mg/dl**	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.32 mg/dL	0.1 - 1
Method : Diazo	5.50 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.15 mg/dL	0.1 - 0.5
Method : Diazo	2.5 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	14.80 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	16.50 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	72.49 U/L	Adult : Men -40-129

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SWATHY
Lab Technologist
MOH License No: 13250

Approved By:
SWATHY
Lab Technologist

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Specialist Pathologist

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نقال: ٧١٥٥ ٩٩٧٧ / ٩٦٨+

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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)	7.48 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.65 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.83 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	**1.64**	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	34.0 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	5.50 mmol/L	1.7 - 8.3
Method : Kinetic Assay	33.03 mg/dL	10.2 - 49.8
CREATININE - SERUM	70.84 µmol/L	44.2 - 123.7
Method :-Jaffe Method	0.8 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	8500 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	46.2 %	40-75%
LYMPHOCYTES	37.2 %	20-45%
EOSINOPHILS	7.4 %	2-6 %
MONOCYTES	8.7 %	2-8 %

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SWATHY
Lab Technologist

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INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.5 %	0-1%
HB (HEMOGLOBIN)	14.8 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.01 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)	44.70 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	89.20 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	29.50 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	33.10 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	08 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:	*Approved By:*	*Released By:*	
SWATHY	**SWATHY**	**SWATHY**	
Lab Technologist	*Lab Technologist*	*Lab Technologist*	*Specialist Pathologist*
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فاكس ٠٠٩٦٨٢٥٦٨٨٠٢٥
نقال ٠٠٩٦٨٩٢٩٩٧٣٠/٧١٥٥٩٩٧٧

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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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X-RAY REPORT

Doc No:	0057877
Name:	MUHAMMAD GULISTAN MALIK NOOR ZAMAN
Age/DOB:	47 Y
ID Card No	87355497
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	28/03/2021
X-Ray Filim No:	TRUCK OMAN
Bill No:	0751521
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

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221796
47 Years

MUHAMMED GHULISTAN
Male

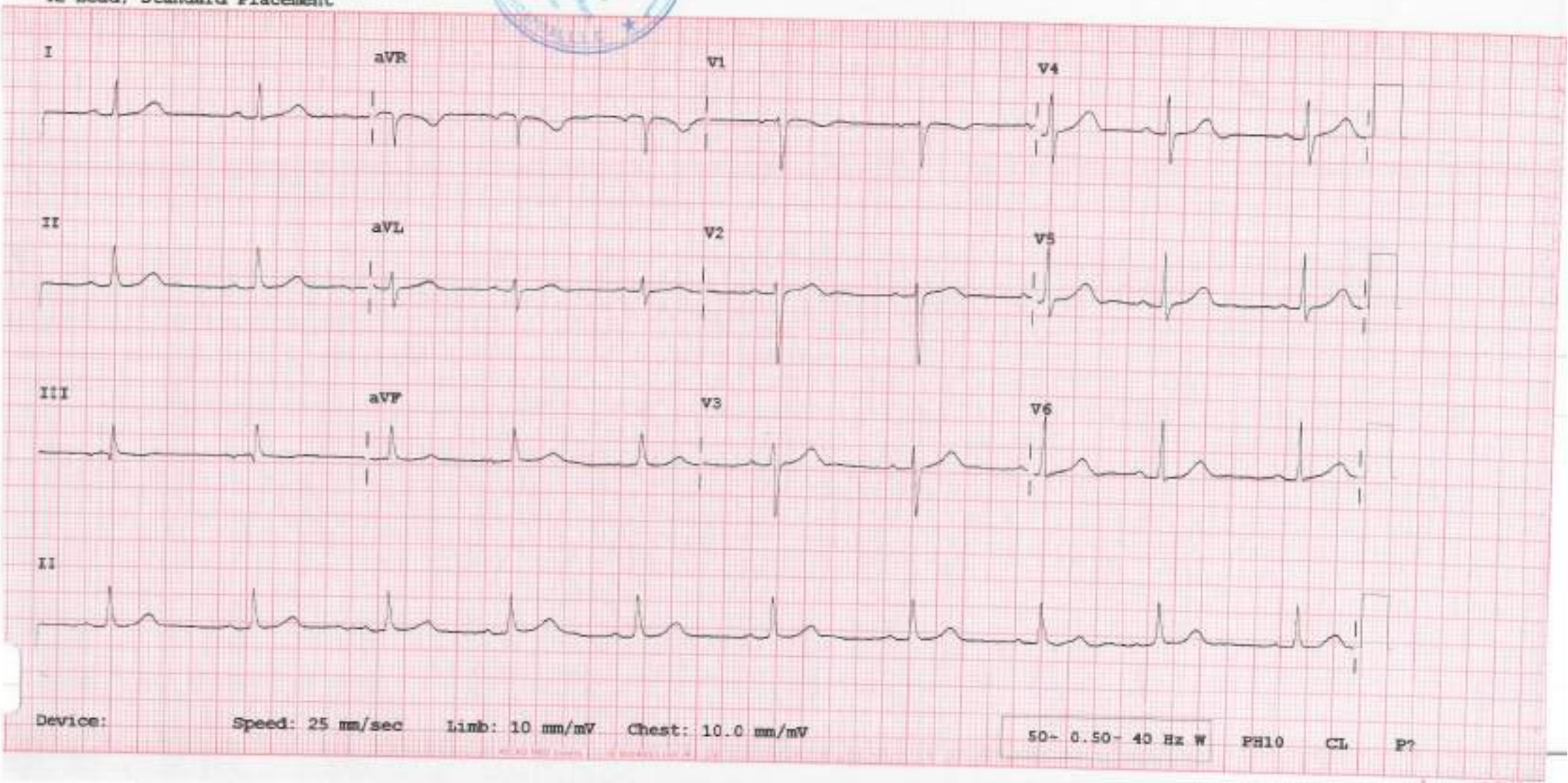
28-Mar-21 01:13:26 PM
Oman AlKhair Hospital (Emergenc>

Rate	61
RR	984
PR	177
QRSD	88
QT	421
QTc	424

--AXIS--

P	-8
QRS	64
T	27

12 Lead; Standard Placement



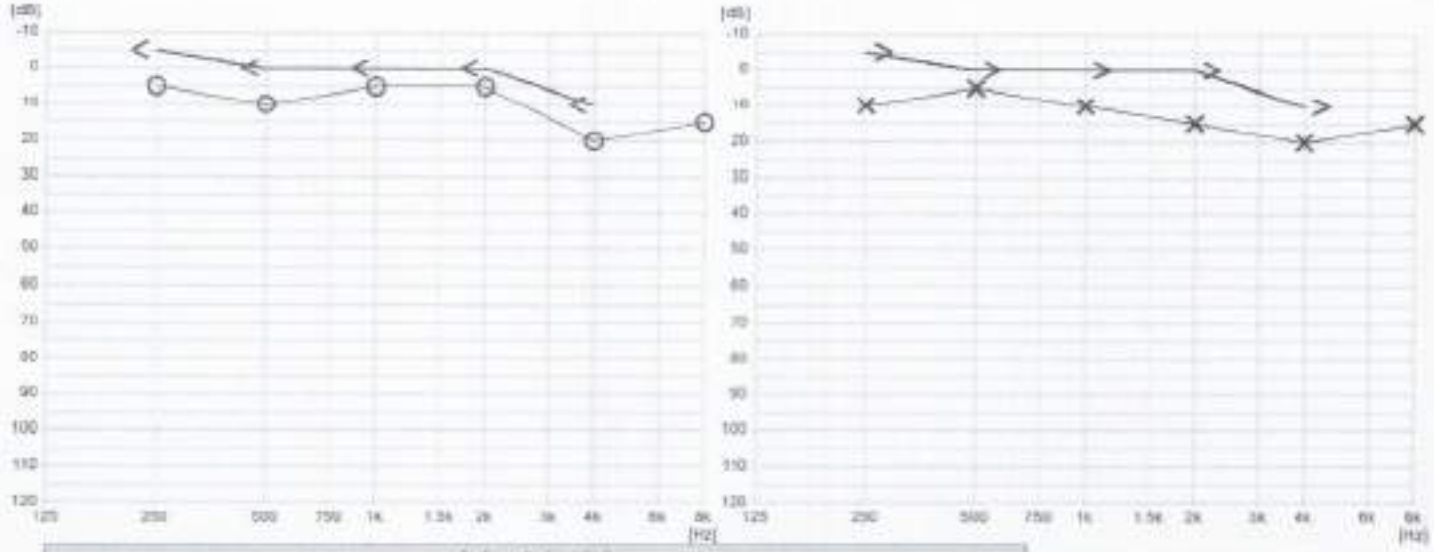
Device:

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

Code:	Last name , First name	Born:
0751521	GULISTAN , MUHAMMAD	28.03.2021
Test type:	Test date:	
Tonal audiometry	28.03.2021	



Audiometry (unaided)								
Freq.[Hz]	500	1000	1500	2000	3000	4000	6000	8000
Left	5	10		35		20		15
Right	10	5		5		20		15

Calculate % hearing loss (if known)	L [%]	R [%]	Binaural [%]	Comments
Does the applicant exceed 35dB loss in either ear at 0.5, 1.0 or 2.0KHz?			Yes/No	

Legend	R	L
Air	○	×
Air/Masked	△	□
Bone	<	>
Bone/Masked	[	]
MCL	M	M
UCL	m	m
Free Field	⊘	⊗
Free Field/Aided	A	A
Binaural	B	
No response	↓	

PTA

Right :- 6.6 dBHL

Left :- 10 dBHL

Comments

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

Signature:

C.R. No. 1093393
P.O. Box 3373
Postal Code 112
Sultanate of Oman

Date: 28/03/2021