Aster HOSPITAL
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Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname	Mubin
Forenames	Baby
Address:	Ibri
Home telephone number	

Place of examination: Aster Hospital,Ibri	Date: 07-07-22	Project:	
If a dependant enter employee's name here:			
Birth date: 22-02-1990	Nationality: Indian	Country of birth:	Religion:
☑ Male ☐ Female	☐ Married ☐ Single ☐ Separated /Divorced	☐ 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: Nil
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: 07-07-2022 **Signature of Applicant:**

OMAN AL-KHAIR HOSPITAL L.L.C

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
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مستشفى عمان الخير ش.م.م
ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري، سلطنة عمان
هاتف: ٢٥٦٨٨٠٧٥ +٩٦٨
فاكس: ٢٥٦٨٨٠٢٥ +٩٦٨
نقال: ٧١٥٥٩٩٧٧/٧٦٠٠٩٩٧٧ +٩٦٨

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		
							R	L	R	L	
180	86	26.5	120/80	77/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.)

ASSESSMENT:

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

Date: 7/7/21 Name (Block Capitals): Dr. RATHEESH KEEM Signature:

REVIEW/CONSULTATION

Date: 07-07-2021 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: Babu Muthu
Emp #:
Date of Assessment: 07-07-2021

1	Age	45 Years	
2	Gender	Female/Male	
3	Total Cholesterol	4.78 mmol/L	
4	HDL Cholesterol	0.98 mmol/L	
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: 2 %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by:

N. NARESH KUMAR

DR. RANJISH VELLA
LICENCE NO. 12350

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Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 07-7-2021
Name: Baby Muthu		Department/Company:
I. D No. 76779602	Tel # 76779602	Occupation : HEAVY 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
1	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 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 Baby *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: _____ **Date:** 6 [illegible]

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Fitness to Work Certificate

Employee Data			
Name	Baby Mythy	Date	07-07-2021
I.D No.	7674902 Age 45Y.	Department/Company	Timkaman
		Occupation	

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			
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	

Name of health advisor Dr. Rakesh Yellur **Signature** **Date** 07-07-2021 **Date**

DR. RAKESH YELLUR
LICENSE NO: 12755

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عبري سلطنة عمان

DEPARTMENT OF LABORATORY MEDICINE

File No:	0204368	**Report No:**	0577388
Name:	BABU MUTHU	**Sample Date:**	07/07/2021 **Time:** 9:53
Address:		**Received By:**	ASHWINI
Gender:	M **Age:** 45 Y **Nationality:** INDIAN	**Received Date:**	07/07/2021 **Time:** 9:59
GSM No.:	92048367 **ID Card No.:** 76749602	**Report Date:**	07/07/2021 **Time:** 11:21
Ref. By:	SIDDARTH	**Bill No:**	0766758 **Bill Date:** 07/07/2021
		Report Status:	Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	5.42 mmol/L	3.9 - 6.1
Method :- Hexokinase	97.56 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	4.78 mmol/L	1 - 5.1
Method:-Enzymatic	184.79 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	0.98 mmol/L	0.777 - 1.813
" "	38.0 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3.11 mmol/L	1.295 - 4.54
" "	119.89	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.7 mmol/L	0.259 - 1.036
" "	26.9 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	4.88	3.8 - 5.9
TRIGLYCERIDES	1.52 mmol/L	0.564 - 2.146
Method : Enzymatic	134.52 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.71 mg/dL	0.1 - 1
Method : Diazo	12.2 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.29 mg/dL	0.1 - 0.5
Method : Diazo	4.98 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	31.0 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	52.0 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	75.61 U/L	Adult : Men -40-129

Processed By:
JIBI
Lab Technologist
MOH LIC No: 4384

Approved By:
ASHWINI
Lab Technologist

Released By:
JIBI
Lab Technologist
MOH LIC No: 4384

ASHWINI RATHEESAN
MEDICAL LAB TECHNOLOGIST
MOH REG. NO. 4384

OMAN AL KHAIR HOSPITAL L.L.C

Specialist Pathologist

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Name:	BABU MUTHU	**Sample Date:**	07/07/2021	**Time:**	9:53
		Received By:	ASHWINI		
Address:		**Received Date:**	07/07/2021	**Time:**	9:59
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GSM No.:	92048367 **ID Card No.:** 76749602	**Bill No:**	0766758	**Bill Date:**	07/07/2021
Ref. By:	SIDDARTH	**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)	7.34 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.0 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3.34 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.2	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	40 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	4.0 mmol/L	1.7 - 8.3
Method : Kinetic Assay	24.02 mg/dL	10.2 - 49.8
CREATININE - SERUM	105.38 µmol/L	44.2 - 123.7
Method :-Jaffé Method	1.19 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	9560 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	69.6 %	40-75%
LYMPHOCYTES	33.9 %	20-45%
EOSINOPHILS	1.0 %	2-6 %
MONOCYTES	5.5 %	2-8 %

Processed By:
JIBI
Lab Technologist
MOH LIC No: 4384

Approved By:
ASHWINI
Lab Technologist

ASHWINI RAJAGEESAN MEDICAL LAB TECHNOLOGIST MOH REGISTERED

Released By:
JIBI
Lab Technologist
MOH LIC No: 4384

Specialist Pathologist

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DEPARTMENT OF LABORATORY MEDICINE

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Gender:	M **Age:** 45 Y **Nationality:** INDIAN	**Received Date:**	07/07/2021 **Time:** 9:59
GSM No.:	92048367 **ID Card No.:** 76749602	**Report Date:**	07/07/2021 **Time:** 11:21
Ref. By:	SIDDARTH	**Bill No:**	0768758 **Bill Date:** 07/07/2021
		Report Status:	Final

INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.1 %	0-1%
HB (HEMOGLOBIN)	18.0 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	6.56 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.30 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	58.1 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	88.6 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	29.0 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	32.7 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	02 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:
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Specialist Pathologist

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DEPARTMENT OF LABORATORY MEDICINE

File No: 0204368
Name: BABU MUTHU
Address:
Gender: M **Age:** 45 Y **Nationality:** INDIAN
GSM No.: 92048367 **ID Card No.:** 76749602
Ref. By: SIDDARTH

Report No: 0577388
Sample Date: 07/07/2021 **Time:** 9:53
Received By: ASHWINI
Received Date: 07/07/2021 **Time:** 9:59
Report Date: 07/07/2021 **Time:** 11:21
Bill No: 0766758 **Bill Date:** 07/07/2021
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	

Processed By:
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Lab Technologist
MOH LIC No: 4384

Approved By:
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ASHWIN RATHEESAN
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X-RAY REPORT

Doc No:	0058182
Name:	BABU MUTHU
Age/DOB:	45 Y
ID Card No	75749602
Sex:	Male
Referred By:	SIDDARTH
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	07/07/2021
X-Ray Filim No:	TRUCK OMAN
Bill No:	0766758
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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204368
45 Years

BABU MUTHU
Male

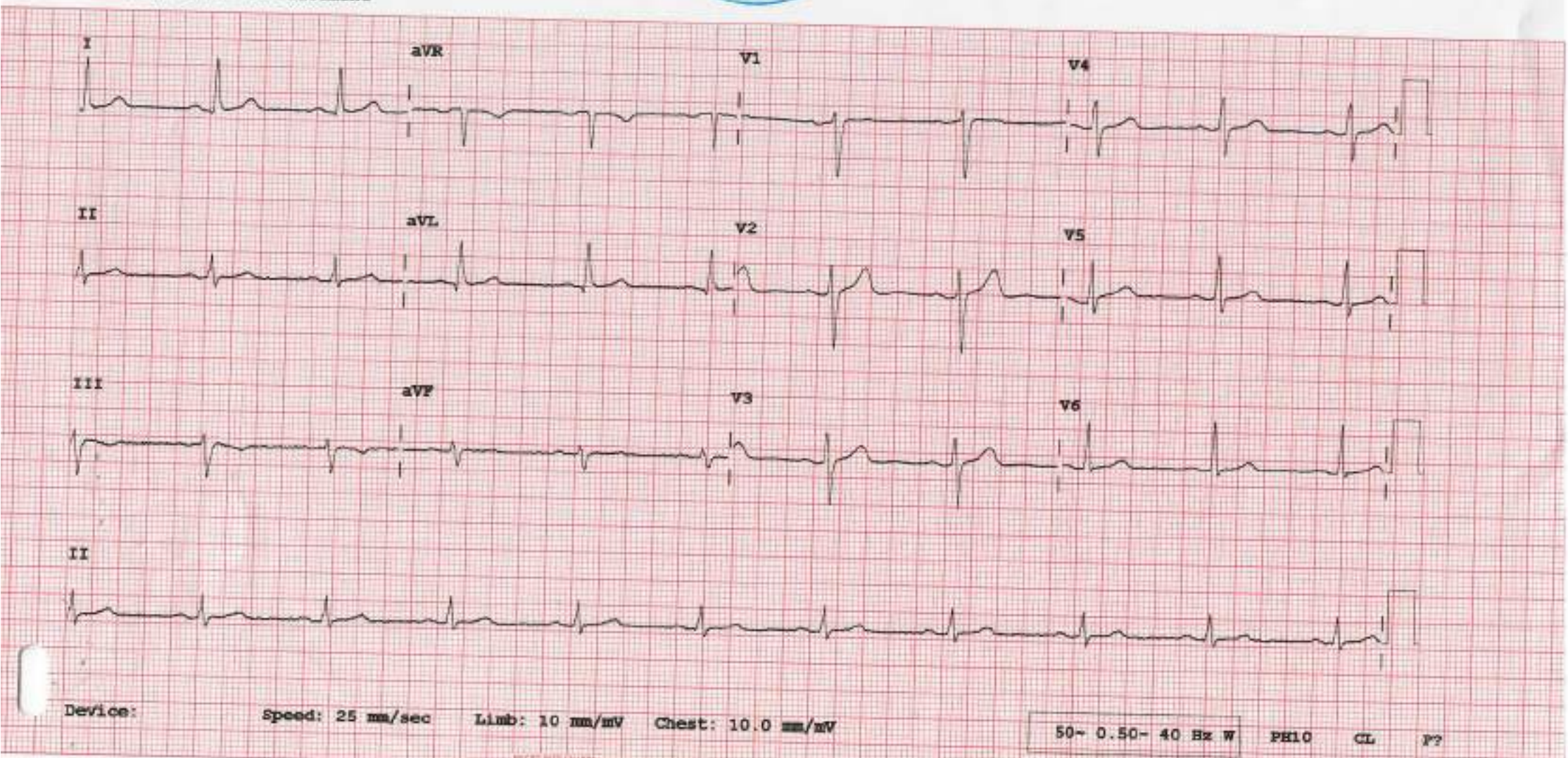
07-Jul-21 10:58:57 AM
Oman AlKhair Hospital (Emergenc>

Rate	63
RR	952
PR	176
QRSD	102
QT	395
QTc	405

--AXIS--

P	26
QRS	-11
T	7

12 Lead; Standard Placement

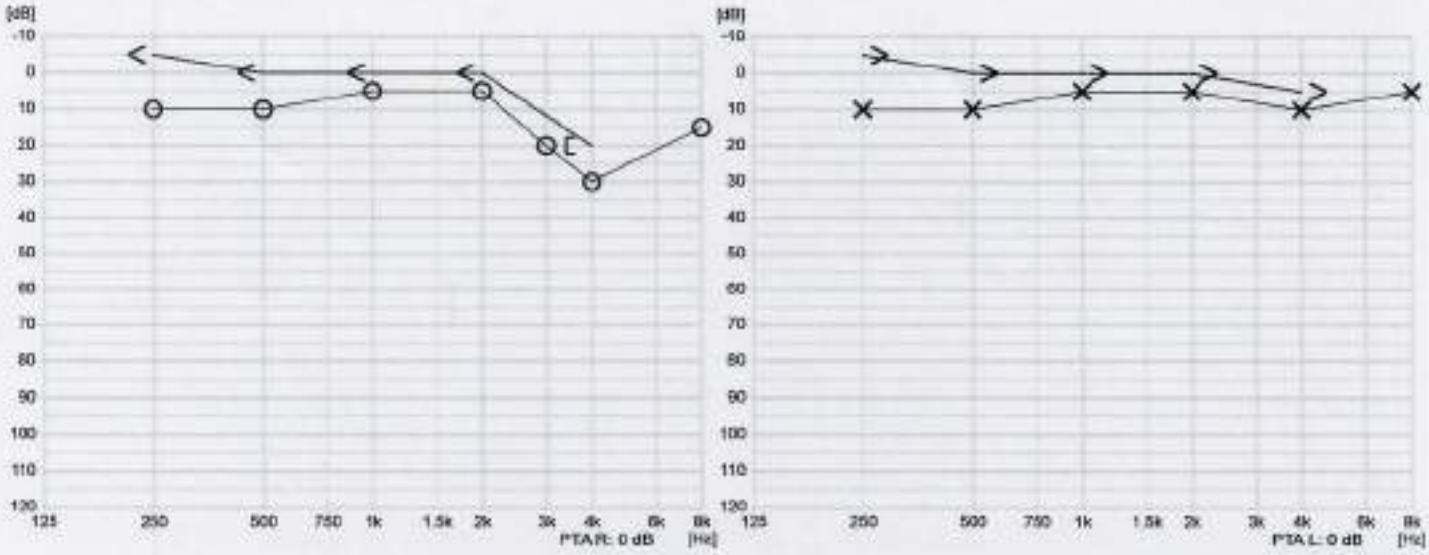


SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

IBRI

22349191

Code:	Last name , First name	Born:
0766758	**MUTHU , BABU**	**07/07/2021**
Test type	Test date:	
Tonal audiometry	**07/07/2021**	



Legend	R	L
Air	O	X
Air/Masked	Δ	□
Bone	<	>
Bone/Masked	[	]
MCL	M	M
UCL	m	m
Free Field	Ø	✕
Free Field/Aided	A	A
Binaural	B	
No response	↓	

PTA

Right :- 6.6 dBHL

Left :- 6.6 dBHL

Comments

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS WITH NOTCH AT 4 KHz IN RIGHT EAR

Signature:

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Sultanate of Oman

Date: 07/07/2021