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Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname	SAID
Forenames	YOUNIS
Address:	IBRI
Home telephone number	99060050

Place of examination: Aster Hospital, Ibri	Date: [illegible]	If a dependant enter employee's name here:	Project:
Birth date: [illegible]	Nationality: Omani	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 etc. alcohol/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.**

OMAN AL-KHAIR HOSPITAL

Date: [illegible] **Signature of Applicant:**

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P.O. Box 400, Postal Code : 511
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عبري، سلطنة عمان

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		
179	82	26.2	140/90	84/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 +)	Cholesterol, TG, Triglycerides.			11. CVS risk for 40 yrs. & above
	✓	6. Sickle Cell test	+ve		✓	12. HIV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

Borderline high B.P. Salt restriction diet and exercise.
Re-check BP after 1 month. Review after 1 month

ASSESSMENT:

☑ **FIT ALL AREAS** ☐ **FIT WITH RESTRICTION** ☐ **EMPORARY UNFIT** ☐ **UNFIT**

Date: 16-02-2021 Name (Block Capitals): Dr. ABUREEN KHAN Signature:

REVIEW/CONSULTATION

Date: 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: Mounir Said Yaqoob
Emp #:
Date of Assessment: 15/02/2021

1	Age	Years	42
2	Gender	Female/Male	
3	Total Cholesterol	mmol/L	7.37
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: 6 %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by:

Dr. Rakesh Tella

DR. RAKESH TELLA
LICENCE NO: 12208

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هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٩٢٩٩٠٧٧٣/٧١٥٥٩٩٧٧+٩٦٨

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 16/02/2021
Name: YOUNIS SAID AL QUWITEI		Department/Company: Tauda oman
I. D No. 6046383	Tel # 99060050	Occupation: Senior Surgeon

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)
1	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
1	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total	2

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

Signature: [signature] **Date:** 16/02/2021

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فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٩٦٨+ ٩٣٩٩٧٣٧/٧١٥٥٩٩٧٧

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Fitness to Work Certificate

Employee Data			Date 16/02/2021
Name YOUNIS SAID			Department/Company Truck crew
I.D No. 6046383	Age ~~37~~ 42		Occupation Senior supervisor

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	To Follow after 1 month		✓
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. Ahmed Signature		Date 16-02-2021	

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DEPARTMENT OF LABORATORY MEDICINE

File No: 0185241
Name: YOUNIS SAID MOHSIN AL QUWAITEI
Address:
Gender: M **Age:** 42 Y **Nationality:** OMANI
GSM No.: 99060050 **ID Card No.:** 6046383
Ref. By: EXTERNAL DOCTOR

Report No: 0565123
Sample Date: 16/02/2021 **Time:** 9:47
Received By: JIBI
Received Date: 16/02/2021 **Time:** 11:36
Report Date: 16/02/2021 **Time:** 11:36
Bill No: 0746334 **Bill Date:** 16/02/2021
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	5.98 mmol/L	3.9 - 6.1
Method :- Hexokinase	107.64 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**7.37 mmol/L**	1 - 5.1
Method:-Enzymatic	**284.92 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)	4.33 mmol/L	1.295 - 4.54
" "	167.34	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	**1.96 mmol/L**	0.259 - 1.036
" "	**75.58 mg/dl**	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	**6.76**	3.8 - 5.9
TRIGLYCERIDES	**4.27 mmol/L**	0.564 - 2.146
Method : Enzymatic	**377.895 mg/dl**	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.43 mg/dL	0.1 - 1
Method : Diazo	7.30 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.2 mg/dL	0.1 - 0.5
Method : Diazo	3.50 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	16.30 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	34.60 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	60.46 U/L	Adult : Men -40-129

Processed By:
SWATHY
Lab Technologist
MOH License No: 13250

Approved By:
JIBI
Lab Technologist

Released By:
JIBI
Lab Technologist
MOH LIC No: 4384

SWATHY. K.S
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MOH Reg. No. 13250

Specialist Pathologist

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DEPARTMENT OF LABORATORY MEDICINE

File No:	0185241				
Name:	YOUNIS SAID MOHSIN AL QUWAITEI	**Report No:**	0565123		
		Sample Date:	16/02/2021	**Time:**	9:47
Address:		**Received By:**	JIBI		
Gender:	M **Age:** 42 Y **Nationality:** OMANI	**Received Date:**	16/02/2021	**Time:**	11:36
GSM No.:	99060050 **ID Card No.:** 6046383	**Report Date:**	16/02/2021	**Time:**	11:36
Ref. By:	EXTERNAL DOCTOR	**Bill No:**	0746334	**Bill Date:**	16/02/2021
		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)	7.28 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.73 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.55 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	**1.85**	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	32.0 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	4.60 mmol/L	1.7 - 8.3
Method : Kinetic Assay	27.63 mg/dL	10.2 - 49.8
CREATININE - SERUM	105.16 µmol/L	44.2 - 123.7
Method :-Jaffé Method	1.19 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	4320 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	46.1 %	40-75%
LYMPHOCYTES	44.9 %	20-45%
EOSINOPHILS	0.7 %	2-6 %
MONOCYTES	8.1 %	2-8 %

Processed By:
SWATHY
Lab Technologist
MOH License No: 13250

Approved By:
JIBI
Lab Technologist

Released By:
JIBI
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MOH License No: 13250

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DEPARTMENT OF LABORATORY MEDICINE

File No:	0185241		
Name:	YOUNIS SAID MOHSIN AL QUWAITEI		
Address:			
Gender:	M **Age:** 42 Y **Nationality:** OMANI		
GSM No.:	99060050 **ID Card No.:** 6046383		
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INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.2 %	0-1%
HB (HEMOGLOBIN)	15.6 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.85 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.28 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	47.20 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	80.70 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	26.70 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	33.10 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	06 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.		
URINE ROUTINE		
URINE BIOCHEMISTRY		
GLUCOSE	NIL	
PROTEIN	NIL	
KETONE	NIL	
BILIRUBIN	NIL	
pH	ACIDIC	
UROBILINOGEN	NORMAL	

Processed By: SWATHY *Lab Technologist*

Approved By: JIBI *Lab Technologist*

Released By: JIBI *Lab Technologist*

SWATHY S Lab Technologist MOH Reg. No. 13250

Specialist Pathologist

MOH License No: 13250

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GSM No.:	99060050 **ID Card No.:** 6046383		
Ref. By:	EXTERNAL DOCTOR		
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Sample Date:	16/02/2021	**Time:**	9:47
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Bill No:	0746334	**Bill Date:**	16/02/2021
Report Status:	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
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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File No:	0185241		
Name:	YOUNIS SAID MOHSIN AL QUWAITEI	**Report No:**	0565121
		Sample Date:	16/02/2021 **Time:** 9:47
Address:		**Received By:**	JIBI
Gender:	M **Age:** 42 Y **Nationality:** OMANI	**Received Date:**	16/02/2021 **Time:** 11:26
GSM No.:	99060050 **ID Card No.:** 6046383	**Report Date:**	16/02/2021 **Time:** 11:26
Ref. By:	EXTERNAL DOCTOR	**Bill No:**	0746334 **Bill Date:** 16/02/2021
		Report Status:	Final

INVESTIGATION	RESULT
SICKLE CELL	POSITIVE

Note:-Since variety of condition and other abnormal haemoglobin in addition to haemoglobin S may give false positive results, Positive Hb solubility tests should be confirmed by HPLC testing.

Processed By:
SWATHY
Lab Technologist
MOH License No: 13250

Approved By:
JIBI
Lab Technologist

SWATHY K.S
Lab Technologist
MOH Reg. No. 13250

Released By
JIBI
Lab Technologist
MOH LIC No: 4384

Specialist Pathologist

Printed at: 16/02/2021 11:27:33 AM

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A Unit of DM Healthcare LLC

مستشفى عمان الخير م.م.ش
ص.ب ٤٠٠، الرمز البريدي ٥١١، عبري، سلطنة عمان
هاتف: ٢٥٦٨٨٠٧٥ ٩٦٨+ فاكس: ٢٥٦٨٨٠٢٥ ٩٦٨+
البريد الإلكتروني: oakh.ibri@asterhospital.com
www.asterhospital.com
وحدة من مجموعة دي موين للرعاية الصحية

165241
42 Years

YOUNIS
Male

16-Feb-21 09:44:56 AM
Oman AlKhair Hospital (Emergenc>

Rate	92
RR	652
PR	177
QRSD	92
QT	349
QTc	432

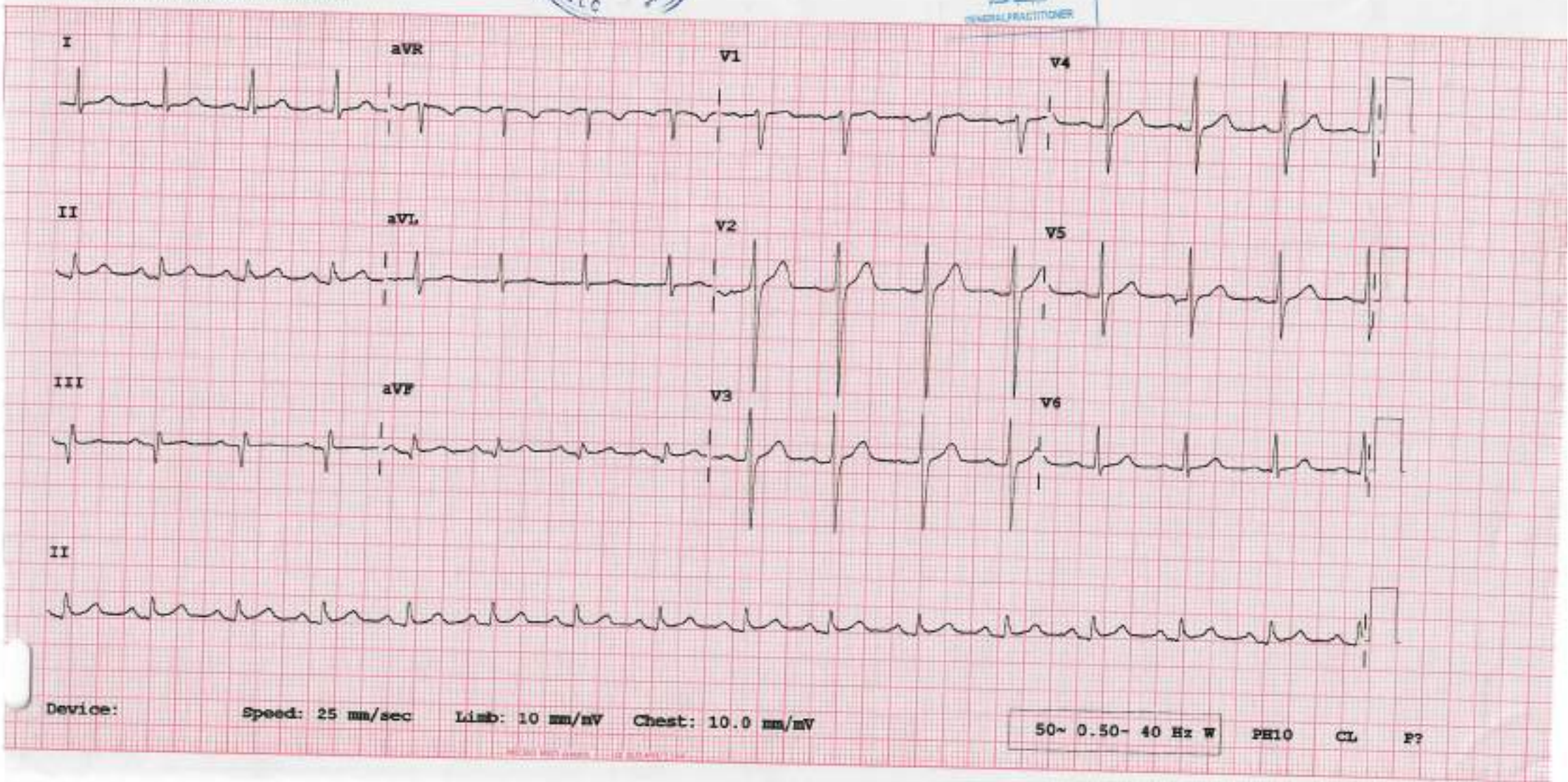
--AXIS--

P	60
QRS	28
T	34

12 Lead; Standard Placement

OMAN AL-KHAIR HOSPITAL L.L.C.

DR. RAKESH YELLA
LICENSE NO: 12339
GENERAL PRACTITIONER



Device:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

50~ 0.50- 40 Hz W PH10 CL P?

Aster HOSPITAL
We'll Treat You Well

آستر مستشفى
نحن نعتني بك دائما

X-RAY REPORT

Doc No:	0057558
Name:	YOUNIS SAID MOHSIN AL QUWAITEI
Age/DOB:	42 Y
ID Card No	6046383
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	16/02/2021
X-Ray Filim No:	TRUCK OMAN
Bill No:	0746334
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: .....

Seal

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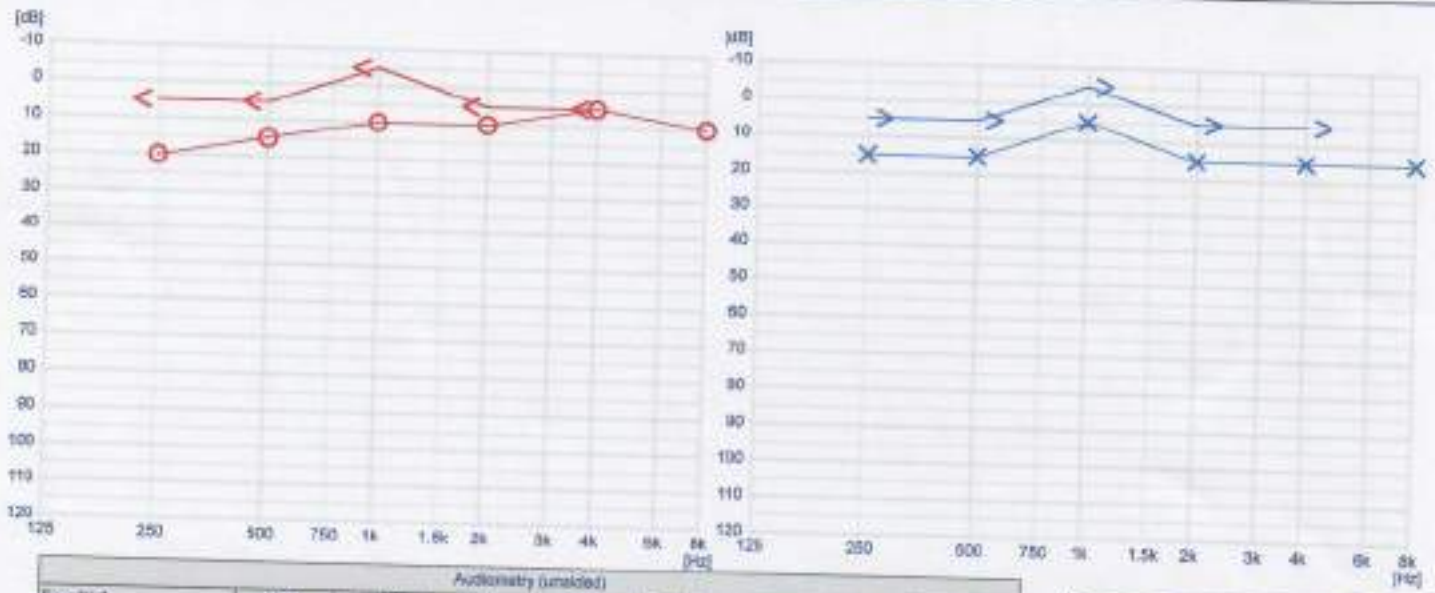
وحدة من مجموعة دمون للرعاية الصحية

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code:	Last name , First name	Born:
0746334	AL QUWAITEI , YOUNIS SAI[redacted]SIN	
Test type	Test date:	
Tonal audiometry	16.02.2021	



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

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	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 :- 11.6 dBHL

Left :- 11.6 dBHL

Comments

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

Signature:

Date: 16/02/2021