Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname	Salim Said
Forenames	HOOD
Address:	Ibri
Home telephone number:	

Place of examination: Aster Hospital, Ibri	**Date:** 25-04-24		
If a dependant enter employee's name here:		**Project:**	
Birth date: 03-12-1981	**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 ☐ Pre-Overseas ☐	Job: 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		✓			
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	41. Awarded benefits for industrial injury/illness		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓			
6. Hayfever /other significant allergy		✓	26. Stroke		✓	42. Treated for a mental condition, e.g. depression		✓
7. Any skin trouble		✓	27. Serious chest pain		✓			
8. Tuberculosis		✓	28. Any blood disease		✓	43. Treated for problem drinking or drug abuse		✓
9. Shortness of breath		✓	29. Kidney disease		✓			
10. Coughed/vomited blood		✓	30. Blood in urine		✓	44. Exposed to toxic substance or noise		✓
11. Severe abdominal pain		✓	31. Diabetes		✓			
12. Stomach ulcer		✓	32. Headaches/migraine		✓	**FOR WOMEN ONLY** Have you ever had:-		
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓			
14. Jaundice or hepatitis		✓	34. Epilepsy		✓	45. An abnormal smear		
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓	46. Any gynaecological treatment		
16. Marked change in bowel habits		✓	36. Surgical operation		✓			
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓	47. Are you pregnant?		
18. Marked change in weight		✓	38. Tropical disease		✓	48. **Have you had an illness not mentioned above**		
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: 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: 28-04-2024 **Signature of Applicant:**

25/4/24

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	
		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		
176	96		130/80	62 /mins.	L		R	L	R	L	
					R	Uncorrected					
						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 ☐ EMPORARY UNFIT ☐ UNFIT

Date: 29/11/2021 Name (Block Capitals): Dr. DR. DARSH Signature:

REVIEW/CONSULTATION

Date: 28-4-2022 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: Hood Sqhm Saif
Emp #:
Date of Assessment: 28-4-2021

1	Age	39 Years	
2	Gender	Female/Male	
3	Total Cholesterol	5.4 mmol/L	
4	HDL Cholesterol	1.0 mmol/L	
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	130 mm Hg	
8	Is the patient being treated for High blood pressure?	Yes/No	

Framingham Risk score: 9.4 %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by:

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 9139 9073 / 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
www.asterhospital.com

مستشفى عمان الخير ش.م.م
ص.ب. ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 28-04-202
Name: Hood Salim Saul		Department/Company: Trucking
I. D No. 2852186	Tel # 93551171	Occupation: ops supvr

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

Signature: _____ **Date:** 28-4-24

28/4/21

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2569 9075
F : +968 2568 8025
M : +968 9139 9073 / 7195 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
www.asterhospital.com
مستشفى عمان الخير ش.م.م
ص.ب. ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
نحن نعتني بك دائما

Fitness to Work Certificate

Employee Data				Date 28-04-2021
Name	Hood Salim Saif			Department/Company Truckmen
I.D No.	2852186	Age	39.Y	Occupation ops.supdt

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			Date
Name of health advisor Dr. Rafiq	Signature	Date 28-4-2021	

Oman Al Khair Hospital LLC
P.O. Box 600, Postal Code : 511
Ibri, Sultanate of Oman
T : + 968 2568 8075
F : + 968 2568 8025
M : +968 9139 9073 / 7155 9977
@ : +968 7155 9977
E : oakh.ibr@asterhospital.com
www.asterhospital.com

DEPARTMENT OF LABORATORY MEDICINE

File No:	0223366	**Report No:**	0571298		
Name:	HOOD SALIM SAID ALMAHRUQI	**Sample Date:**	28/04/2021	**Time:**	13:35
		Received By:	JIBI		
Address:		**Received Date:**	28/04/2021	**Time:**	15:21
Gender:	M **Age:** 39 Y **Nationality:** OMANI	**Report Date:**	28/04/2021	**Time:**	15:36
GSM No.:	93551171 **ID Card No.:** 2852186	**Bill No:**	0755331	**Bill Date:**	28/04/2021
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 40 (Truckoman)		
FBS (FASTING BLOOD SUGAR)	6.04 mmol/L	3.9 - 6.1
Method :- Hexokinase	108.72 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**5.40 mmol/L**	1 - 5.1
Method:-Enzymatic	**208.76 mg/dl**	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.06 mmol/L	0.777 - 1.813
" "	41.0 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	4.02 mmol/L	1.295 - 4.54
" "	155.37	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.32 mmol/L	0.259 - 1.036
" "	12.39 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	5.09	3.8 - 5.9
TRIGLYCERIDES	0.70 mmol/L	0.564 - 2.146
Method : Enzymatic	61.95 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.57 mg/dL	0.1 - 1
Method : Diazo	9.80 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.15 mg/dL	0.1 - 0.5
Method : Diazo	2.50 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	21.30 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	54.80 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	62.03 U/L	Adult : Men -40-129

Processed By: JIBI *Lab Technologist*

Approved By: JIBI *Lab Technologist*

Released By: JIBI *Lab Technologist*

Specialist Pathologist

MOH LIC No: 4384

MOH LIC No: 4384

Printed at: 28/04/2021 3:37:26 PM

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : + 968 2560 8075
F : + 968 2560 8025
M : +968 9139 9073 / 7155 9977
D : +968 7155 9977
E : oakh.ibri@asterhospital.com
www.asterhospital.com

DEPARTMENT OF LABORATORY MEDICINE

File No: 0223366
Name: HOOD SALIM SAID ALMAHRUQI
Address:
Gender: M **Age:** 39 Y **Nationality:** OMANI
GSM No.: 93551171 **ID Card No.:** 2852186
Ref. By: EXTERNAL DOCTOR

Report No: 0571298
Sample Date: 28/04/2021 **Time:** 13:35
Received By: JIBI
Received Date: 28/04/2021 **Time:** 15:21
Report Date: 28/04/2021 **Time:** 15:36
Bill No: 0755331 **Bill Date:** 28/04/2021
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)	7.98 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.57 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3.41 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.34	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	31.20 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	7.20 mmol/L	1.7 - 8.3
Method : Kinetic Assay	43.24 mg/dL	10.2 - 49.8
CREATININE - SERUM	82.99 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.94 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	3910 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	17.6 %	40-75%
LYMPHOCYTES	61.4 %	20-45%
EOSINOPHILS	7.7 %	2-6 %
MONOCYTES	12.5 %	2-8 %

Processed By: JIBI *Lab Technologist*
MOH LIC No: 4384

Approved By: JIBI *Lab Technologist*

Released By: JIBI *Lab Technologist*
MOH LIC No: 4384

JOHN GEORGE PATHOLOGIAN

Specialist Pathologist

Printed at: 28/04/2021 3:37:26 PM

Oman Al Khair Hospital LLC
P.O. Box 600, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 0025
M : +968 9139 9073 / 7155 9977
E : oakh.ibri@asterhospital.com
www.asterhospital.com

مستشفى عمان الخير ش.م.م
ص.ب. ٦٠٠ الرمز البريدي ٥١١
ابري - سلطنة عمان

DEPARTMENT OF LABORATORY MEDICINE

File No: 0223366
Name: HOOD SALIM SAID ALMAHRUQI
Address:
Gender: M **Age:** 39 Y **Nationality:** OMANI
GSM No.: 93551171 **ID Card No.:** 2852186
Ref. By: EXTERNAL DOCTOR

Report No: 0571298
Sample Date: 28/04/2021 **Time:** 13:35
Received By: JIBI
Received Date: 28/04/2021 **Time:** 15:21
Report Date: 28/04/2021 **Time:** 15:36
Bill No: 0755331 **Bill Date:** 28/04/2021
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.8 %	0-1%
HB (HEMOGLOBIN)	14.7 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.27 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.15 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	46.60 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	88.40 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	27.90 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	31.50 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	03 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*
MOH LIC No: 4384

Approved By: JIBI *Lab Technologist*

Released By: JIBI *Lab Technologist*
MOH LIC No: 4384

Specialist Pathologist

Printed at: 28/04/2021 3:37:26 PM

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : + 968 2568 8075
F : + 968 2568 8025
M : +968 9139 9073 / 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
www.asterhospital.com
مستشفى عمان الخير ش.م.م
ص.ب. ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
نحن نعتني بك دائما

DEPARTMENT OF LABORATORY MEDICINE

File No: 0223366
Name: HOOD SALIM SAID ALMAHRUQI
Address:
Gender: M **Age:** 39 Y **Nationality:** OMANI
GSM No.: 93551171 **ID Card No.:** 2852186
Ref. By: EXTERNAL DOCTOR

Report No: 0571298
Sample Date: 28/04/2021 **Time:** 13:35
Received By: JIBI
Received Date: 28/04/2021 **Time:** 15:21
Report Date: 28/04/2021 **Time:** 15:36
Bill No: 0755331 **Bill Date:** 28/04/2021
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	

Processed By: JIBI *Lab Technologist*
MOH LIC No: 4384

Approved By: JIBI *Lab Technologist*

Released By: JIBI *Lab Technologist*
MOH LIC No: 4384

Specialist Pathologist

Printed at: 28/04/2021 3:37:26 PM

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 611
Ibri Sultanate of Oman
T : + 968 2568 8075
F : + 968 2568 8025
M : +968 9139 9073 / 7155 9977
ID : +968 7155 9977
E : oakh.ibri@asterhospital.com
www.asterhospital.com

Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
نحن نعتني بك دائما

X-RAY REPORT

Doc No:	0058004
Name:	HOOD SALIM SAID ALMAHRUQI
Age/DOB:	39 Y
ID Card No	2852186
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	28/04/2021
X-Ray Filim No:	TO
Bill No:	0755331
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

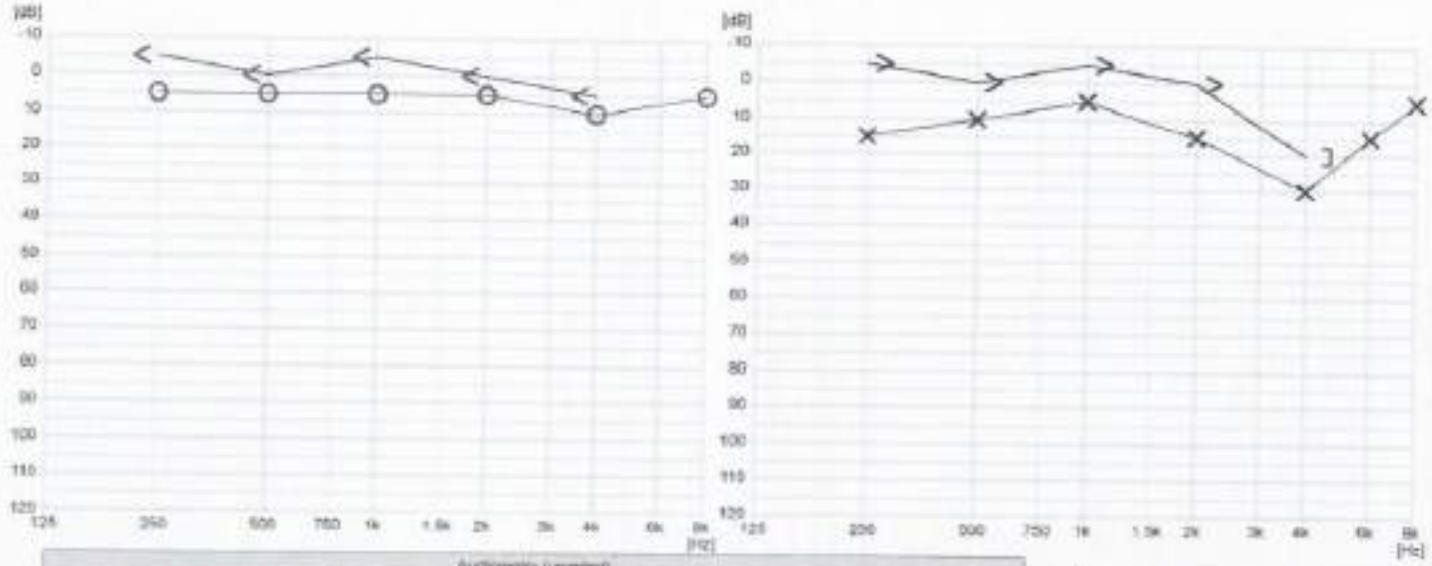
Seal

Oman Al Khair Hospital LLC
P.O. Box 400 Postal Code : 511
Ibri Sultanate of Oman
T : + 968 2568 8075
F : + 968 2568 8025
M : +968 9139 9073 / 7155 9977
O : +968 7155 9977
E : oakh.ibri@lesterhospital.com
www.asterhospital.com

مستشفى عمان الخير ش م م
ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code	Last name , First name	Born
0755331	AL MAHRUQI , HOOD SAL	2021
Test type	**Test date**	
Tonal audiometry	28.04.2021	



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

Calculate % hearing loss (if known)	L [%]	R [%]	Binaural [%]	Comments
Does the applicant exceed 25dB loss in either ear at 0.5, 1.0 or 2.0kHz?			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	↓	

PTA

Right:- 5dBHL

Left:- 10dBHL

Comments

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

Signature:

Date: 28/04/2021

C.R. No.: 1093393
P.O. Box: 3373
Postal Code: 133
Sultanate of Oman