



Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

Surname						
Forenames		Rashid Sarwar				
Address:						
Place of examination: Aster Hospital, Ibra	Date:	01/02/2021				
If a dependant enter employee's name here:		Home telephone number				
Project:						
Birth date:	Nationality:	Country of birth:	Religion:			
23/02/1993	Pakistan					
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced	Relationship to employee				
		<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter				
Reason for examination		Number of children:				
Pre-Employment <input type="checkbox"/> Job:						
Pre-Overseas <input type="checkbox"/> Area:						
Name and address of family doctor		List your last 3 jobs				
		(1)				
Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>				
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		<input checked="" type="checkbox"/>	21. Cancer		<input checked="" type="checkbox"/>	
2. Neck swelling/glands		<input checked="" type="checkbox"/>	22. Heart Disease		<input checked="" type="checkbox"/>	
3. Difficulty in vision		<input checked="" type="checkbox"/>	23. Rheumatic fever		<input checked="" type="checkbox"/>	
4. Any ear discharge		<input checked="" type="checkbox"/>	24. Abnormal heartbeat		<input checked="" type="checkbox"/>	
5. Asthma/bronchitis		<input checked="" type="checkbox"/>	25. High blood pressure		<input checked="" type="checkbox"/>	
6. Hayfever /other significant allergy		<input checked="" type="checkbox"/>	26. Stroke		<input checked="" type="checkbox"/>	
7. Any skin trouble		<input checked="" type="checkbox"/>	27. Serious chest pain		<input checked="" type="checkbox"/>	
8. Tuberculosis		<input checked="" type="checkbox"/>	28. Any blood disease		<input checked="" type="checkbox"/>	
9. Shortness of breath		<input checked="" type="checkbox"/>	29. Kidney disease		<input checked="" type="checkbox"/>	
10. Coughed/vomited blood		<input checked="" type="checkbox"/>	30. Blood in urine		<input checked="" type="checkbox"/>	
11. Severe abdominal pain		<input checked="" type="checkbox"/>	31. Diabetes		<input checked="" type="checkbox"/>	
12. Stomach ulcer		<input checked="" type="checkbox"/>	32. Headaches/migraine		<input checked="" type="checkbox"/>	
13. Recurrent indigestion		<input checked="" type="checkbox"/>	33. Dizziness/fainting		<input checked="" type="checkbox"/>	
14. Jaundice or hepatitis		<input checked="" type="checkbox"/>	34. Epilepsy		<input checked="" type="checkbox"/>	
15. Gall Bladder disease		<input checked="" type="checkbox"/>	35. Joints/spinal trouble		<input checked="" type="checkbox"/>	
16. Marked change in bowel habits		<input checked="" type="checkbox"/>	36. Surgical operation		<input checked="" type="checkbox"/>	
17. Blood in stools (motions)		<input checked="" type="checkbox"/>	37. Serious accident/fracture		<input checked="" type="checkbox"/>	
18. Marked change in weight		<input checked="" type="checkbox"/>	38. Tropical disease		<input checked="" type="checkbox"/>	
19. Varicose veins		<input checked="" type="checkbox"/>	39. Fear of heights		<input checked="" type="checkbox"/>	
20. Lump in breast/arm/pl		<input checked="" type="checkbox"/>				
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 <input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Epilepsy <input checked="" type="checkbox"/> Asthma <input checked="" type="checkbox"/> Eczema <input checked="" type="checkbox"/>						
Heart disease <input checked="" type="checkbox"/> High blood pressure <input checked="" type="checkbox"/> Stroke <input checked="" type="checkbox"/> Blood Diseases <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/>						
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:		Signature of Applicant:				
01/02/2021						



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. Eye & 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. /mins.	PULSE	HEARING	VISION				Colour Vision	Blood Group
166 cm	63 kg	22.9	130 80 mm	62b	L R	DISTANT		NEAR			
						R	L	R	L		
						Uncorrected		6/6 6/6 6/6 6/6			
						Corrected					

N		A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
✓				1. Urinalysis		
✓				2. Hb, Bloodcount, ESR		
✓				3. LFT, RFT, RBS		
✓				4. Drug Screen		
✓				5. Lipids (40 years +)		
✓				6. Sickle Cell test		
						7. Audiogram
						8. Lung Function
					✓	9. Chest X-Ray
						10. ECG
						11. CVS risk for 40 yrs. & above
						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: 21/02/2021
 Name (Block Capitals): DR. RAJEEV

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: Rashed Sarwan

Emp #: _____

Date of Assessment: 01/02/2021

1	Age	28 Years	
2	Gender	Female/Male	
3	Total Cholesterol	3.72mmol/L	
4	HDL Cholesterol	0.98mmol/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: 23 %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by:



Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 01/02/2021
Name: Rashid Sa'wan		Department/Company: Truck Oman
I. D No. 108911589	Tel #	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
- sitting and reading
 - watching TV
 - sitting inactive in a public place (e.g. theatre or meeting)
 - as a passenger in the car for an hour without a break
 - Lying down to rest in the afternoon when circumstances permit
 - Sitting a talking with someone
 - Sitting quietly after lunch without alcohol
 - 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, Rashid Sa'wan (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Rashid Sa'wan Date: 01/02/2021

Fitness to Work Certificate

Employee Data		Date	01/02/2021	
Name		Rashid Sarwan		
Department/Company		Truckoman		
I.D No.	108911589	Age	28	
Occupation		Driver		
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		Signature	Date	2/02/2021



DEPARTMENT OF LABORATORY MEDICINE

File No: 0218745	Report No: 0563899
Name: RASHID SARWAR	Sample Date: 02/02/2021 Time: 18:42
Address:	Received By: SREEJAS
Gender: M Age: 28 Y Nationality: PAKISTANI	Received Date: 02/02/2021 Time: 18:50
GSM No.: 93227076 ID Card No.: 108911589	Report Date: 02/02/2021 Time: 19:02
Ref. By: EXTERNAL DOCTOR	Bill No: 0744637 Bill Date: 01/02/2021
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 40 (Truckoman)		
FBS (FASTING BLOOD SUGAR)	4.91 mmol/L	3.9 - 6.1
Method :- Hexokinase	88.38 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	3.72 mmol/L	1 - 5.1
Method: -Enzymatic	143.82 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)	1.65 mmol/L	1.295 - 4.54
" "	63.69	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	1.09 mmol/L	0.259 - 1.036
" "	42.13 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	3.8	3.8 - 5.9
TRIGLYCERIDES	2.38 mmol/L	0.564 - 2.146
Method : Enzymatic	210.63 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.37 mg/dL	0.1 - 1
Method : Diazo	6.30 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.15 mg/dL	0.1 - 0.5
Method : Diazo	2.56 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	21.60 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	31.50 U/L	Male: 10-50 Female: 10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	138.77 U/L	Adult : Men -40-129

SREEJA S.
Lab Technician
MOH No.: 11155
Released By:
ASHWINI
Lab Technologist

Processed By:
SWATHY
Lab Technologist
MOH License No: 13250

Approved By:
ASHWINI
Lab Technologist
MOH License No: 16064

Specialist Pathologist

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DEPARTMENT OF LABORATORY MEDICINE

File No: 0218745	Report No: 0563899
Name: RASHID SARWAR	Sample Date: 02/02/2021 Time: 18:42
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Gender: M Age: 28 Y Nationality: PAKISTANI	Received Date: 02/02/2021 Time: 18:50
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Ref. By: EXTERNAL DOCTOR	Bill No: 0744637 Bill Date: 01/02/2021
	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)	7.66 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.85 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.81 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.73	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	4.40 mmol/L	1.7 - 8.3
Method : Kinetic Assay	26.43 mg/dL	10.2 - 49.8
CREATININE - SERUM	60.96 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.69 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	8440 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	56.5 %	40-75%
LYMPHOCYTES	31.6 %	20-45%
EOSINOPHILS	3.4 %	2-6 %
MONOCYTES	7.9 %	2-8 %

Processed By:
SWATHY
Lab Technologist

Approved By:
ASHWINI
Lab Technologist

Reported By:
SREEJAS S.
ASHWINI
Lab Technologist
MOH No: 11188

Specialist Pathologist

MOH License No: 13260

MOH License No: 16064

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Ref. By: EXTERNAL DOCTOR	Bill No: 0744637 Bill Date: 01/02/2021
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.6 %	0-1%
HB (HEMOGLOBIN)	16.0 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.78 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.36 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	47.70 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	82.50 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	27.70 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	33.50 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:
SWATHY
Lab Technologist

Approved By:
ASHWINI
Lab Technologist

SREEJAS S.
Lab Technician
Released By:
ASHWINI
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Specialist Pathologist

MOH License No: 13250

MOH License No: 18064

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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	



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X-RAY REPORT

Doc No:	0057420		
Name:	RASHID SARWAR		
Age/DOB:	28 Y	ID Card No	108911589
Sex:	Male		
Referred By:	EXTERNAL DOCTOR		
Clinical Diagnosis:			
X-Ray/UltraSound	CHEST X-RAY		
Date:	01/02/2021		
X-Ray Film No:	TOCO		
Bill No:	0744637		
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:

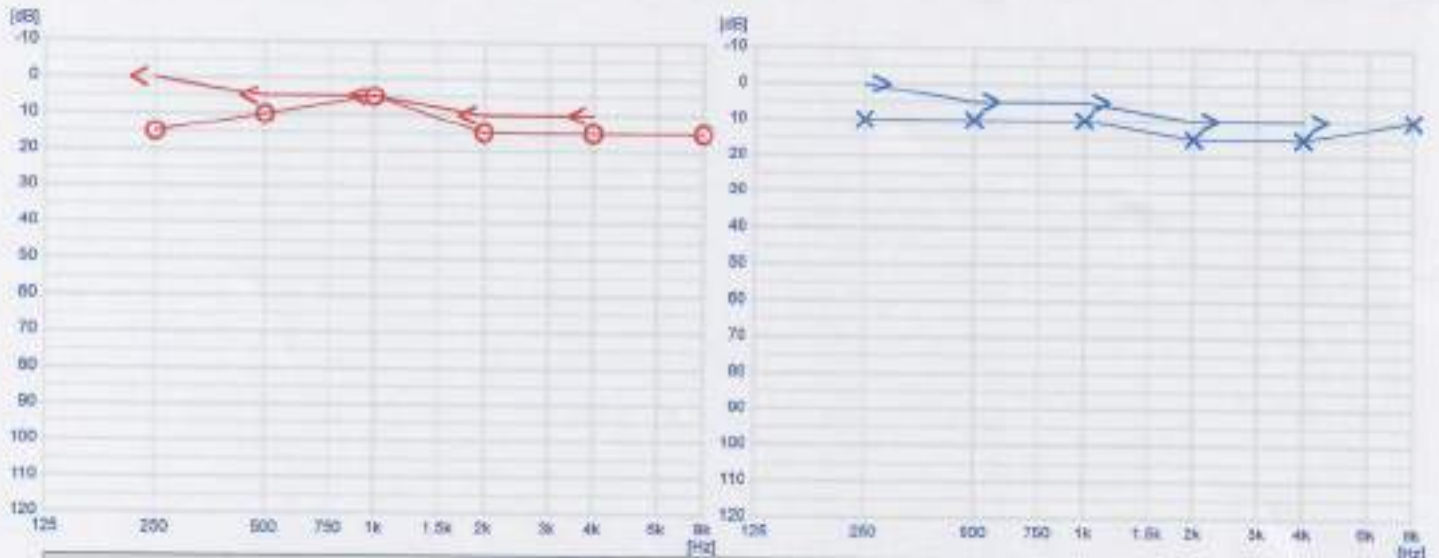
DR. KALESHA SHAIK
Specialist Radiology
MOH Reg. No. 17925



Seal

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code: 03022021_2	Last name, First name SARWAR, RASHID	Born: 03.02.2021
Test type Tonal audiometry	Test date: 03.02.2021	



Audiometry (unaided)								
Freq [Hz]	500	1000	1500	2000	3000	4000	6000	8000
Left	10	10		15		16		10
Right	10	5		15		15		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	O	X
Air/Masked	Δ	□
Bone	<	>
Bone/Masked	[]
MCL	M	M
UCL	m	m
Free Field	⊙	⊗
Free Field/Aided	A	A
Binaural		B
No response		I

PTA
 Right :- 10dBHL
 Left :- 11.6dBHL

Comments
 BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

Signature: _____



Date: 03/02/2021