Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname	Parwej Ahmed
Forenames	Shaikh
Address:	Ibri
Home telephone number	

Place of examination: Aster Hospital,Ibri	Date: 28-3-22		
If a dependant enter employee's name here:		Project:	
Birth date: 15-07-19	Nationality: Indian	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 (N) Tuberculosis (N) Epilepsy (N) Asthma (Y) Eczema (N)
Heart disease (Y) High blood pressure (N) Stroke (N) Sleep Disease (N) Cancer (N)

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: 28-03-202 **Signature of Applicant:**

Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
نحن نعتني بك دائماً

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	WNL (bracketed for items 1–13)
		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
169 cm	68 kg	23.8	120 / 70	72/mins.	L		DISTANT		NEAR			
					R		R	L	R	L		
						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.)
Mildly elevated RBS ? TAG [illegible]
Advised diet / exercise [illegible]

ASSESSMENT:

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

Date: Name (Block Capitals): DR. NANDANA PANDEY Signature: [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: Shaikh Pawaj
Emp #:
Date of Assessment: 28-03-2021

1	Age	Years 50	
2	Gender	Female/Male ✓	
3	Total Cholesterol	mmol/L 4.42	
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: 9.4 %

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: 28-03-2021
Name: Shaikh Parvej		Department/Company: Taweleem
I. D No. 100835194	Tel # 94691-8	Occupation: CRANE - OPRETOR

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

Signature: _____ **Date:** 28-03-202

Fitness to Work Certificate

Employee Data			Date 28-03-2021
Name Shaikh Parvej Ahmad			Department/Company Thuraya
I.D No. 10083594	Age 50Y		Occupation CRANE-OPRETOR

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. Nandana P Signature [signature] Date 25-3-202*

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ص.ب. ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

DEPARTMENT OF LABORATORY MEDICINE

File No:	221789	**Report No:**	0568798
Name:	SHAIKH PARWEJ AHAMAD	**Sample Date:**	28/03/2021 **Time:** 12:17
		Received By:	JIBI
Address:		**Received Date:**	28/03/2021 **Time:** 12:20
Gender:	M **Age:** 50 Y **Nationality:** INDIAN	**Report Date:**	28/03/2021 **Time:** 13:14
GSM No.:	94691082 **ID Card No.:** 100835194	**Bill No:**	0751507 **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)	6.31 mmol/L	3.9 - 6.1
Method :- Hexokinase	113.58 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	4.52 mmol/L	1 - 5.1
Method :-Enzymatic	174.74 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)	2.55 mmol/L	1.295 - 4.54
" "	98.58	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.68 mmol/L	0.259 - 1.036
" "	34.16 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	4.15	3.8 - 5.9
TRIGLYCERIDES	1.93 mmol/L	0.564 - 2.146
Method : Enzymatic	170.805 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.43 mg/dL	0.1 - 1
Method : Diazo	7.40 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.2 mg/dL	0.1 - 0.5
Method : Diazo	3.5 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	23.60 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	23.50 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	86.88 U/L	Adult : Men -40-129

Processed By:
SWATHY
Lab Technologist

Approved By:
JIBI
Lab Technologist

Released By:
JIBI
Lab Technologist
MOH LIC No. 4384

Specialist Pathologist

MOH License No: 13250

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Ref. By:	EXTERNAL DOCTOR	**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)	4.63 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3.35 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.38	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	4.40 mmol/L	1.7 - 8.3
Method : Kinetic Assay	26.43 mg/dL	10.2 - 49.8
CREATININE - SERUM	71.70 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.81 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	7660 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	43.0 %	40-75%
LYMPHOCYTES	46.3 %	20-45%
EOSINOPHILS	2.0 %	2-6 %
MONOCYTES	8.4 %	2-8 %

Processed By:	*Approved By:*	*Released By:*	
SWATHY	JIBI	JIBI	
Lab Technologist	*Lab Technologist*	*Lab Technologist*	*Specialist Pathologist*

MOH License No: 13250 MOH LIC No: 4384

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هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٧٧٧٧٩٩٣٣/٧١٥٥٩٩٧٧+٩٦٨

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Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final

INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.3 %	0-1%
HB (HEMOGLOBIN)	15.0 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.26 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.35 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	45.70 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	86.90 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	28.50 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	32.80 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.		
SICKLE CELL	NEGATIVE	
URINE ROUTINE		
URINE BIOCHEMISTRY		
GLUCOSE	NIL	
PROTEIN	NIL	
KETONE	NIL	
BILIRUBIN	NIL	
pH	ACIDIC	

Processed By: SWATHY *Lab Technologist*

Approved By: JIBI *Lab Technologist*

Released By: JIBI *Lab Technologist*

Specialist Pathologist

MOH License No: 13250

MOH LIC No: 4384

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DEPARTMENT OF LABORATORY MEDICINE

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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	

Processed By: SWATHY *Lab Technologist*

Approved By: JIBI *Lab Technologist*

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X-RAY REPORT

Doc No:	0057873
Name:	SHAIKH PARWEJ AHAMAD
Age/DOB:	50 Y
ID Card No	100835194
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	28/03/2021
X-Ray Film No:	TRUCK OMAN
Bill No:	0751507
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
MCH Reg. No. 17325

Seal

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نقال ٧٧٩٩٩٧٢٣/٧١٥٥٩٩٧٧+٩٦٨

221789 shaikh parwej ahamed 3/28/2021 11:57:36 AM

Oman AlKhair Hospital

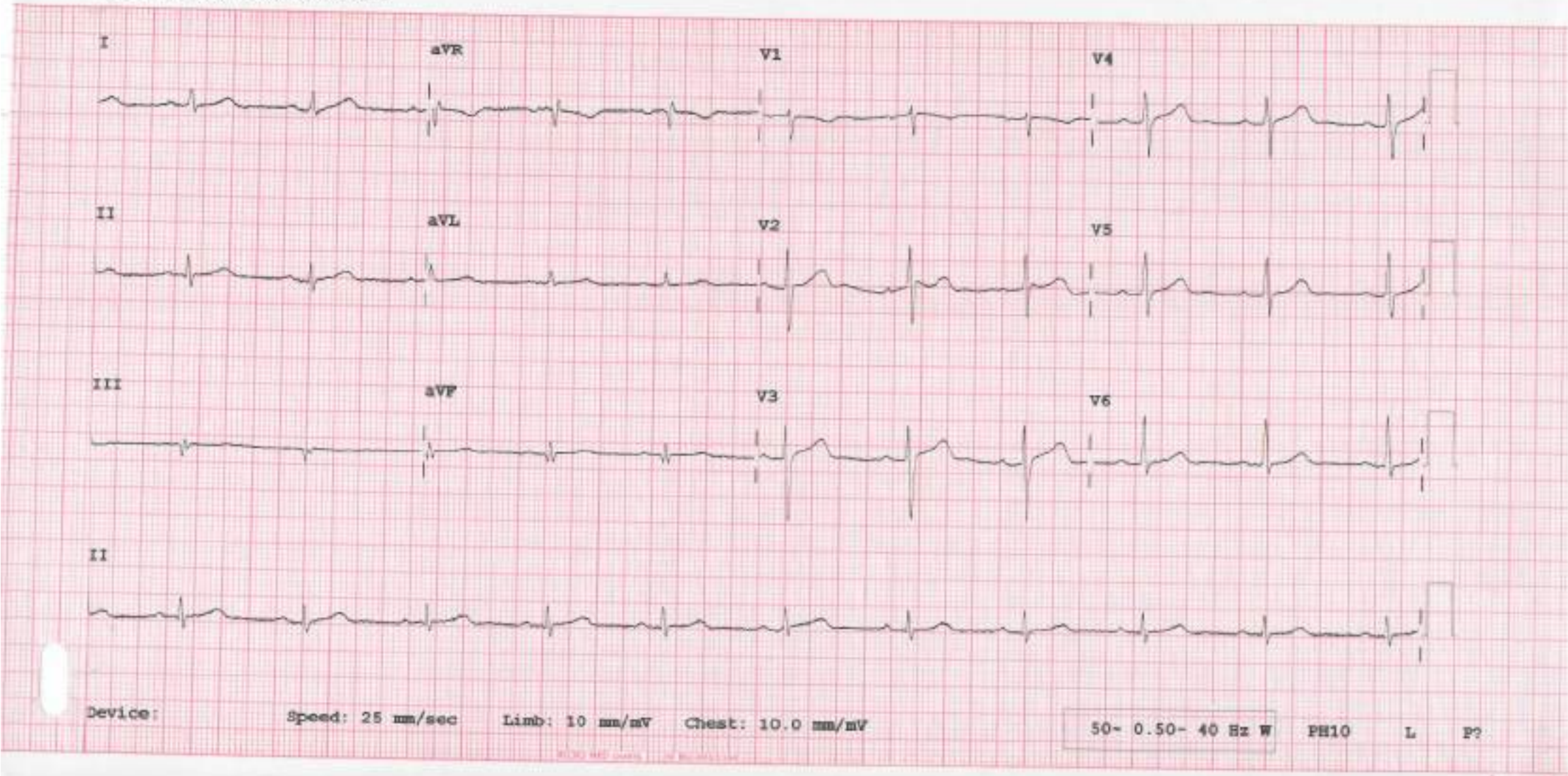
ECG

Rate 67

PR 179
QRSD 85
QT 406
QTc 429

--AXIS--
P 58
QRS -7
T 37

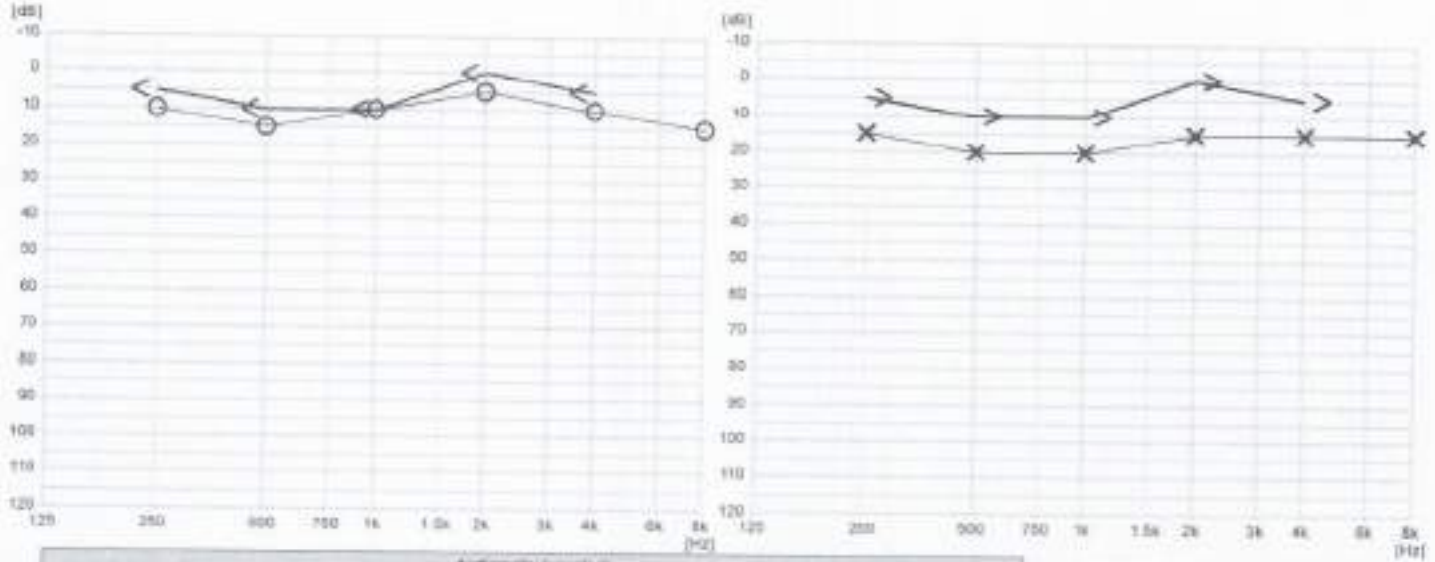
12 Lead; Standard Placement



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV 50~ 0.50~ 40 Hz W PH10 L P?

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code:	Last name , First name	Born:
0751507	AHAMAD , SHAIKH PARWE	8.03.2021
Test type:	Test date:	
Tonal audiometry	28.03.2021	



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

Calculate % hearing loss (if known)	L [%]	R [%]	Binaural [%]	Comments
Does the applicant exceed 50dB 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:- 10 dBHL

left :- 18.3 dBHL

Comments

RIGHT EAR: HEARING SENSITIVITY WITHIN NORMAL LIMITS

LEFT EAR: MINIMAL HEARING LOSS

Signature:

Date: 28/03/2021

C.R. No.: 1093393
P.O. Box: 1371
Postal Code: 133
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