PEACELAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname: KAMALAKSHI

Forenames: ABHILASH PODIYAN

Address: 113810821 Company Name: T.O.

Home telephone number: 79264157

Place of examination: Muscat Date: 2/8/23

If a dependant enters employee's name here:

Surname | Forenames:

Birth date: 14/3/92 Nationality: Indian Country of birth: India Religion: Hindu

[√] Male [ ] Female | [ ] Married [√] Single [ ] Separated /Divorced | Relationship to employee: [ ] Wife [ ] Son [ ] Daughter | Number of children

Reason for examination: Pre-Employment [√] Periodic medical check-up | Pre-Overseas [ ] | Job Area: Mechanic

Name and address of family doctor (1) (2) | List your last 3 jobs (2) (2) (3)

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		√	41. Rejected for employment or insurance for medical reasons		√
3. Difficulty in vision		√	23. Rheumatic fever		√			
4. Any ear discharge		√	24. Abnormal heartbeat		√	42. Awarded benefits for industrial injury/illness		√
5. Asthma/bronchitis		√	25. High blood pressure		√			
6. Hayfever /other significant allergy		√	26. Stroke		√	43. Treated for a mental condition, e.g. depression		√
7. Any skin trouble		√	27. Serious chest pain		√			
8. Tuberculosis		√	28. Any blood disease		√	44. Treated for problem drinking or drug abuse		√
9. Shortness of breath		√	29. Kidney disease		√			
10. Coughed/vomited blood		√	30. Blood in urine		√	45. Exposed to toxic substance or noise		√
11. Severe abdominal pain		√	31. Painful passage of urine		√			
12. Stomach ulcer		√	32. Diabetes		√	**FOR WOMEN ONLY** Have you ever had:-		
13. Recurrent indigestion		√	33. Headaches/migraine		√			
14. Jaundice or hepatitis		√	34. Dizziness/fainting		√	46. An abnormal smear		
15. Gall Bladder disease		√	35. Epilepsy		√	47. Any gynaecological treatment		
16. Marked change in bowel habits		√	36. Joints/spinal trouble		√			
17. Blood in stools (motions)		√	37. Surgical operation		√	48. Are you pregnant?		
18. Marked change in weight		√	38. Serious accident/fracture		√	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
19. Varicose veins		√	39. Tropical disease		√			
20. Lump in breast/armpit		√	40. Fear of heights		√			

How much tobacco each day? nil | Average daily alcohol consumption: occasionally

Have you ever taken illicited drugs? (X)

FAMILY HISTORY: Diabetes (X) Tuberculosis (X) Epilepsy (X) Asthma (X) Eczema (X) Heart disease (X) High blood pressure (X) Stroke (X) Blood Disease (X) Cancer (X)

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.

Date: 2/8/23 Signature of Applicant: Abhilash

PEACELAND MEDICAL CENTER

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	
		14. Breast	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION DISTANT	VISION NEAR	Colour Vision	Blood Group
157	65	26.4	138/82	76 /mins	L: N, R: N	Uncorrected: R 6/6, L 6/6; Corrected:	R L	N	

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	TAFT's / Uric acid and Deranged Lipid profile	✓		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.)

- Specialist Report attached.
- Advise - 25m
  - exercise + Diet control
  - Review and Repeat Lipid in 3 months

ASSESSMENT:

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

FIT

Date. 17-9-21 Name (Block Capitals): Dr. / Nurse DR. SHAH FAISAL General Practitioner MOH Lic No. 22368 Signature:

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REVIEW/CONSULTATION

Date Name (Block Capitals): Dr. / Nurse Signature

Peace Land Medical Center
P.O Box 1403, Postal Code: 133, Al Azaiba, Roundabout Al Sahwa Tower
Sultanate of Oman
Tel: 24617117/24617148/24817149

LAB RESULT

Name: ABHILASH PODIYAN KAMALAKSHI		**Doc No:**	0036079
Age: 31 Y	**Nationality:** INDIAN	**File No:**	0044305
Gender: M		**Bill No:**	0053139
Ref. By: DR.SHAH FAISAL		**Date:**	02/08/2023
GSM No.: 79204157		**Time:**	14.43

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.0 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	15.6 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	45.5 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	89 fl	84-94 fl
MCH	29.0 pg	27 - 33 pg
MCHC	33.3 g/dl	29.6 - 35.6 %
WBC COUNT	6.4 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	65 %	40-75 %
LYMPHOCYTE	28 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	05 %	2-8%
BASOPHIL	00 %	0-1%
ESR		Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**201 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	62 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.92 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**55.2 U/L**	0 - 35.0 U/L
S.G.P.T	**98.0 U/L**	10 - 45 U/L

PEACE LAND MEDICAL CENTER مركز بلاد السلام الطبي

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Medical Technologist

Peace Land Medical Center
P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout Al Sahwa Tower
Sultanate of Oman
Tel. 24617117/24617148/24617149

LAB RESULT

Name:	ABHILASH PODIYAN KAMALAKSHI	**Doc No:**	0030079
Age:	31 Y **Nationality:** INDIAN	**File No:**	0044306
Gender:	M	**Bill No:**	0053139
Ref. By:	DR SHAH FAISAL	**Date:**	02/08/2023
GSM No.:	79204157	**Time:**	14:43

Test	Result	Normal Range
ALBUMIN	**4.5 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.0 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.19 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**31.3 mg/dl**	16.0 - 55.0 mg/dl
S.CREATININE	**1.0 mg/dl**	0.70 - 1.30 mg/dl
S.URIC ACID	**9.9 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**278 mg/dl**	0.0 - 200 mg/dl
Triglyceride	377.8 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	**64.3 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**138.2 mg/dl**	< 100 mg/dl
VLDL	75.5 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	87.0 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.025	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	
Urobilinogen	Normal	

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Medical Technologist

Peace Land Medical Center
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Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name: ABHILASH PODIYAN KAMALAKSHI
Age: 31 Y **Nationality:** INDIAN
Gender: M
Ref. By: DR.SHAH FAISAL

GSM No.: 79204157

Doc No: 0036079
File No: 0044306
Bill No: 0053139
Date: 02/08/2023
Time: 14.43

Test	Result	Normal Range
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	Nil	

Medical Technologist

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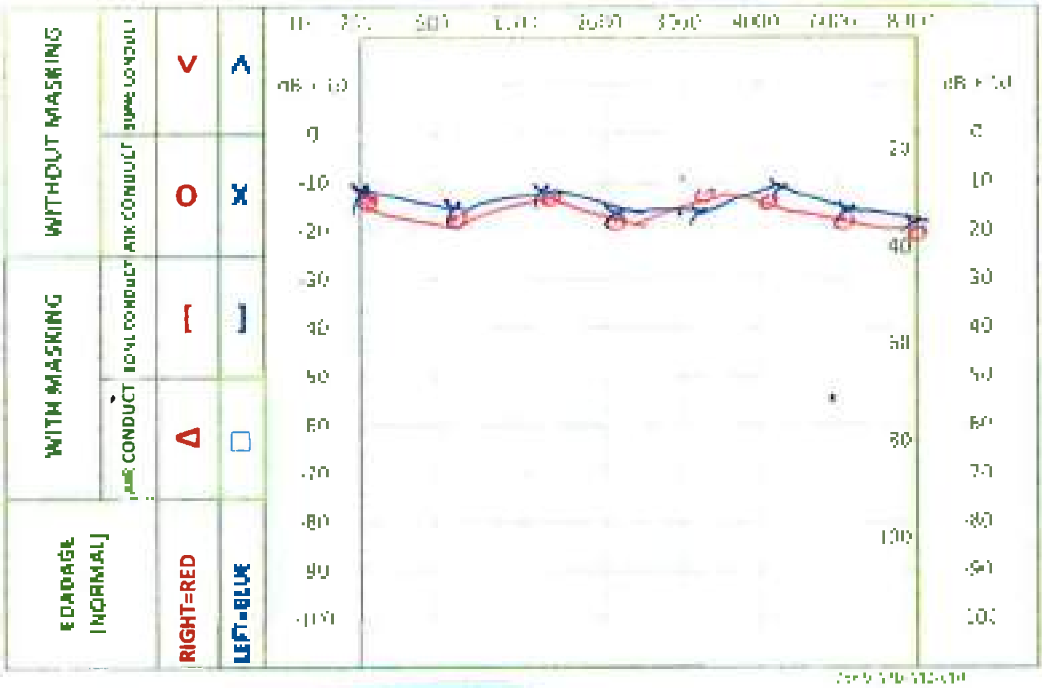
Peace Land Medical Center

ABHILASH POOVAN KAMALAKSHI

22/08/23 09 22

DIOMETRY TEST REPORT

COMPANY	T.O.
OCCUPATION	mechanic
DATE	2/8/22



Sibelmed

INTERPRETATION	
X	LEFT EAR
O	RIGHT EAR

RESULT

- [x] NORMAL
- [ ] HEARING LOSS
- [ ] RIGHT
- [ ] LEFT

P.O. Box 1403, Postal Code 130, Al Azaiba, Roundabout at Sahwa Tower, Sultanate of Oman
Tel.: 24617147 / 24617148 / 24617149

مركز بلاد السلام الطبي
Peace Land Medical Center

Peace Land
بلاد السلام

Fitness for work certificate

Employee Da / Name / I.D No. / Type of Medic	ABHILASH PODIYAN KAMALAKSHI 0063! 02/08/23 08:22	Date	17-8-23
		Department/Company	
		Occupation	Mechanic

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
Fit with following restrictions			
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			
Pulling, pushing or carrying weight over ___ kg			
Ascent/descent 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			
Permanent Unfit		Date	17-8-23
Name of health advisor & signature	SHAH FAISAL General Practitioner MOH Lic No. 22368		

PEACE LAND MEDICAL CENTER ★ مركز بلاد السلام الطبي

ص.ب: ١٤٠٣، الرمز البريدي: ١٣٣، دوار العذيبة مبنى ابراج الصحوة مبنى ٣، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout at Sahwa Tower, Sultanate of Oman
Tel: 24617117 / 24617148 / 24617149

BADR AL SAMAA HOSPITAL NIZWA LLC

P.O Box:1116, Postal Code:611 , NIZWA
Sultanate of Oman
+968 25447776

Fitness Certificate

Date of issue : *09/08/2023* **Ref No :** *0002379/FIT/BADR/2023*

This is to certify that Mr. / Mrs. *ABHILASH POOIYAN KAMALAKSHI* with file no *3448880* and Resident card no. *113810821* was *Treated* at *BADR AL SAMAA HOSPITAL NIZWA LLC* on *09/08/2023* and will be *FIT FOR WORK WITH DUE RISK* from the medical point of view starting from *09/08/2023*

DIAGNOSIS
E78.5-Hyperlipidemia, unspecified,E79.0-Hyperuricemia w/o signs of inflam arthrit and tophaceous dis,K75.81-Nonalcoholic steatohepatitis (NASH)

Remarks
HIGH LIPIDS , DERANGED LFT AND HIGH URIC ACID , COUNSELLED WELL ABOUT DIE AND LIFESTYLE CHANGES , ADVISED MEDICATIONS AND REGULAR FOLLWO UP ADVISED , REPEAT LL THESE TESTS AFTER 3 MONTHS .

DR. MADHURA RATNAKAR

Place: *BADR AL SAMAA HOSPITAL NIZWA LLC*

Signature DR. MADHURA RATNAKAR RATNAKAR MBBS, DNB SPECIALIST-INTERNAL MEDICINE MOH LICENCE

(Hospital Seal) BADR NIZWA 3 BADR AL SAMAA HOSPITAL