

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname	POOVAPPA
Forenames	HARISHA PALE
Address	114699933 Company Name: T. Ruchon
Home telephone number	95067062

Place of examination:	SHANMAD	Date:	4/3/22
If a dependant enters employee's name here:		Forenames:	
Surname:			
Birth date:	15/5/93	Nationality:	INDIAN
Country of birth:	INDIA	Religion:	HINDU
☒ Male ☐ Female	☒ Married ☐ Single ☐ Separated / Divorced	Relationship to employee ☐ Wife ☐ Son ☒ Daughter	Number of children: 1
Reason for examination	Pre-Employment ☐ Periodic medical check-up ☐ Pre-Overseas ☐	Job:	HELPER
Name and address of family doctor		Area:	
List your last 3 jobs			
(1)	(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	
1. Sinus trouble		✓	21. Cancer
2. Neck swelling/glands		✓	22. Heart Disease
3. Difficulty in vision		✓	23. Rheumatic fever
4. Any ear discharge		✓	24. Abnormal heartbeat
5. Asthma/bronchitis		✓	25. High blood pressure
6. Hayfever /other significant allergy		✓	26. Stroke
7. Any skin trouble		✓	27. Serious chest pain
8. Tuberculosis		✓	28. Any blood disease
9. Shortness of breath		✓	29. Kidney disease
10. Coughed/vomited blood		✓	30. Blood in urine
11. Severe abdominal pain		✓	31. Painful passage of urine
12. Stomach ulcer		✓	32. Diabetes
13. Recurrent indigestion		✓	33. Headaches/migraine
14. Jaundice or hepatitis		✓	34. Dizziness/fainting
15. Gall Bladder disease		✓	35. Epilepsy
16. Marked change in bowel habits		✓	36. Joints/spinal trouble
17. Blood in stools (motions)		✓	37. Surgical operation
18. Marked change in weight		✓	38. Serious accident/fracture
19. Varicose veins		✓	39. Tropical disease
20. Lump in breast/armpit		✓	40. Fear of heights
HAVE YOU EVER BEEN: -			
		41. Rejected for employment or insurance for medical reasons	✓
		42. Awarded benefits for industrial injury/illness	✓
		43. Treated for a mental condition, e.g. depression	✓
		44. Treated for problem drinking or drug abuse	✓
		45. Exposed to toxic substance or noise	✓
FOR WOMEN ONLY			
Have you ever had:-			
		46. An abnormal smear	
		47. Any gynaecological treatment	
		48. Are you pregnant?	
		49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	
How much tobacco each day? NO Average daily alcohol consumption NO			
Have you ever taken illicit 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.			
Date:	4/3/2023	Signature of Applicant:	Harish

PEACE LAND 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	Colour Vision	Blood Group
163	63.1	23.7	120 70	65 /mins.	L N R N	DISTANT R 6/6 L 6/6 NEAR R L	✓	

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. Sickie Cell test				12. HIV, Hepatitis screening

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

FIT

ASSESSMENT:

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

Date: 13/11/19 Name (Block Capitals): Dr. / Nurse

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: 24617117/24617148/24617149

LAB RESULT

Name: HARISHA PALE
Age: 29 Y **Nationality:** INDIAN
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 95067062

Doc No: 0031141
File No: 0040638
Bill No: 0047508
Date: 12/03/2023
Time: 11:01

Test	Result	Normal Range
TRUCKOMAN-MEDICAL CHECKUP BELOW 40 YRS ON SITE		
COMPLITE BLOOD COUNT		
RBC	5.6 x10 ¹² /L	Male 4.38 -6.0 x 10 ¹² /L Female 4.0- 5.2x10 ¹² /L
HAEMOGLOBIN	16.2 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	47.4 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.8 pg	27 - 33 pg
MCHC	33.2 g/dl	29.6 - 35.6 %
WBC COUNT	5.8 x 10 ⁹ /L	4.0 - 11.0 x 10 ⁹ /L
DIFFERENTIAL COUNT		
NEUTROPHIL	62 %	40-75 %
LYMPHOCYTE	32 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	182 x 10 ⁹ /L	150 - 450 x 10 ⁹ /L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	54 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	1.0 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	28.1 U/L	0 - 35.0 U/L
S.G.P.T.	29.0 U/L	10 - 45 U/L



Medical Technologist



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Test	Result	Normal Range
GGT	12.3 U/L	0 - 55.0 U/L
ALBUMIN	4.5 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	7.4 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.19 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	28.0 mg/dl	18.0 - 55.0 mg/dl
S. CREATININE	0.81 mg/dl	0.70 - 1.30 mg/dl
S. URIC ACID	7.1 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	190 mg/dl	0.0 - 200 mg/dl
Triglyceride	137.7 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	44.8 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	117.7 mg/dl	< 100 mg/dl
VLDL	27.5 mg/dl	2.0 - 30 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	5 ml	
Colour	Yellow	
Sp. Gravity	1.015	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	
Urobilinogen	Normal	



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Test	Result	Normal Range
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	1-2	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
RANDOM BLOOD SUGAR	89.0 mg/dl	80 - 120 mg/dl



Medical Technologist

2023-03-04 09:22:39

3 Channel + 1 Rhythm Report

Hospital: CCED SHAHAD

Prescribed by:

ID :
Name:

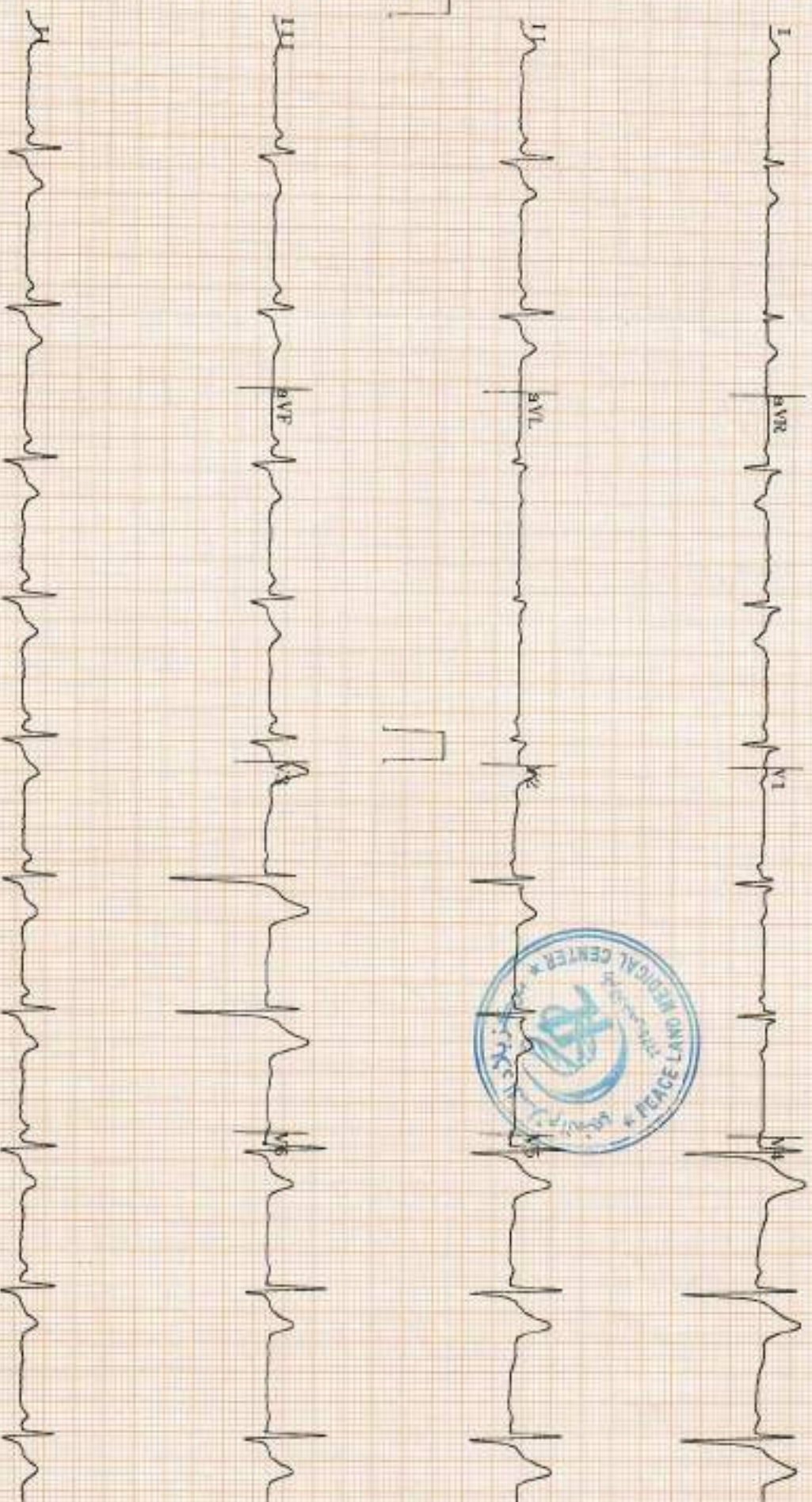
YRS. /
cm / kg

Heart Rate: 62bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 136 ms Normal Sinus Rhythm
QRS Dur.: 102 ms Normal Axis
QT/QTc: 370/383 ms ICRBBB (Incomplete Right Bundle Branch Block)
P-R-T axes: [Normal ECG]

HARISHA PALE

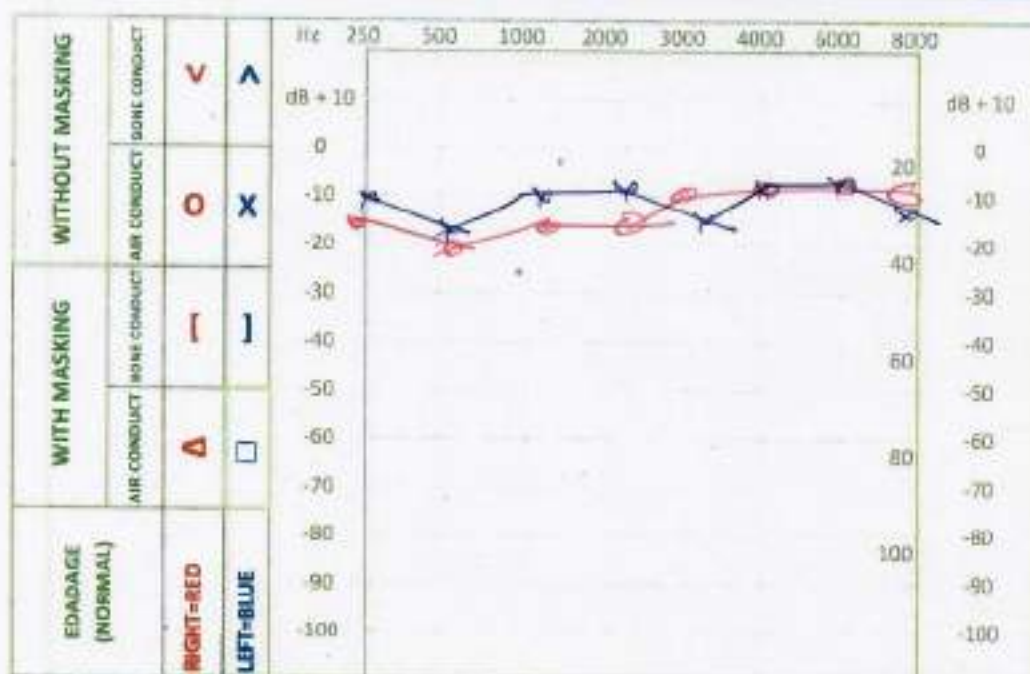
POOVAR

114699933





NAME	HARISHA PALE POCVAPPA			COMPANY	TEVCKOMAN
AGE		GENDER	M	OCCUPATION	HELPER
REF. BY				DATE	04 / 03 / 2023



Code 930-542-010

Sibelmed

X LEFT EAR
O RIGHT EAR

☒ NORMAL

HEARING LOSS

RIGHT

LEFT



ص.ب. ١٤٠٣، الرمز البريدي: ١٣٣، دوار القديفة، مبنى أبراج الصحوة، مبنى أ، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
هاتف: ٢٤٦١٧١١٧ / ٢٤٦١٧١١٨ / ٢٤٦١٧١١٩



مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date 13 /03/2023	
Name HARTSHA PALE		Department/Company TRUCK OMAN	
ID No. 114 699933		Occupation HELPER	
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)		FIT	
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			
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 13 /03/2023	
Name of health advisor Signature			

