Appendix 33: EX2 Form (Routine/Periodic Medical Examination)

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N = Normal	A = Anormal (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	Color Vision
171	76	26	110/80 mmhg	60/mins.	L N R N	DISTANT R 6/6 L 6/6; NEAR R L; Uncorrected; Corrected	1. Normal 2. Abnormal

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	✓		7. Audiogram
✓		2. Hb, Blood count, ESR	—		8. Lung Function
✓	LFT	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.)

* Impaired LFT and hypolipidemic
* He get FTW from specialty & procedure

ASSESSMENT AND RECOMMENDATIONS:

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

Date: 28/11/2023 Name (Block Capitals): Dr. / Nurse

Signature:

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

REVIEW/CONSULTATION

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

Signature:

Peace Land Clinic Mukhaizna

TON

Appendix 33: EX2 Form (Routine/Periodic Medical Examination)

OUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

tient 20984 Reg.Dt 04/09/2023
ame ALEX CHERIAN JOHN
nder Male Nationality INDIAN

leum Development Oman
DICAL DEPARTMENT

Surname/ Forenames: ALEX CHERIAN JOHN

Nationality: INDIA # DOB: 28/04/1985

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Mobile No. 96228858 | Address: 76214089 | Company Number: | Reference Indicator:

Personal Details

A ☑ Male ☐ Female | ☑ Married ☐ Single ☐ Separated /Divorced /Widow(er)

Home/Leave Address: | Relationship to employee: ☐ Wife ☐ Son ☐ Daughter | No of Children: 1

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☑ Final / Retirement ☐ Other Reason: ☐

Employee only

B Present Job and Location: HELPER HAIMA | Next Job and Location:

Are you a registered person with special needs? ☐ | Do you belong to any Medical Insurance Scheme? ☐

Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.

Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' please describe

		N	Y	Description
Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?		√		
1	Ear, nose, eye or throat problems	√		
2	Chest problems like asthma, bronchitis, another bad cough	√		
3	Heart abnormality, chest pains	√		
4	Abdominal pains, abnormal bowel motions	√		
5	Urogenital problems (kidney disease, menstrual disorder)	√		
6	Skin trouble or allergies	√		
7	Epileptic fits, dizzy spells or migraine	√		
8	History of mental illness, depression anxiety	√		
9	Diabetes, thyroid disease ,history of Hypertension	√		
10	Blood disorder e.g. anaemia, blood cancer e.g. leukaemia	√		
11	Any history of accidents or fractures	√		
12	**Have you had any serious allergies**	√		
13	Do any dependants have a significant ongoing illness?	√		
14	Any family history of cancers	√		
Do you take any regular medicines, or have your taken in the past?		√		
Do you smoke? If yes, what and how much each day?		√		
Do you drink alcohol? If yes, what is your average weekly intake?		√		
Have you ever taken elicited/recreational drugs?		√		
Are you doing regular sports or physical activities?		√		

STATEMENT: I have read the above questions and the above answers are correct and no information concerning my present or past state of health has been withheld. . I understand and agree that this form will be held as a confidential record by PDO Medical Department, and may be copied (by paper or secure electronic transmission) to the Occupational Health Services for the purpose of Health Surveillance and other Occupational Health review.

Date: 04/09/2023 **Signature of Applicant:** Alex John

Peace Land Clinic Mukhaizna

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

Name:	ALEX CHERIAN JOHN	File No:	20064
Age:	38Y Nationality : INDIAN	Bill No:	25776
Gender:	MALE	Date:	04/09/2023
Ref.By:	DR : SHIMA	Time:	
GSM No.:	96228688		

Test	Result	Nomal Range
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	5 ml	5 ml
Colour	Yellow	Yellow
Sp. Gravity	1.010	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	Negative
Protein	Negative	Negative
Glucose	Negative	Negative
Ketones	Negative	Negative
Urobilinogen	Normal	Normal
Bilirubin	NIL	Negative
Blood	Negative	Negative
MICROSCOPIC		
PUS CELLS	1-2	2-4/ hpf
EPITHELIAL CELLS	1-2	2-4/ hpf
RBC'S	1-2	0-4/ hpf
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
COMPLETE BLOOD COUNT		
RBC	4	Male 4.38 - 4.98 10 12/l Female 4.5 - 5.5 10 12/l
HAEMOGLOBIN	13	Male 13 -16 gm % Female11 - 14 gm %
HCT	38.00%	Male 39.30 -44.10 % Female 37-47 %
MCV	94	84-94 ft
MCH	32	26.3-31.9 pg
MCHC	34	29.6-35.6g/dl
WBC COUNT	5.7	(4.0-11.0) 10 9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	42%	53-69.7 %
LYMPHOCYTE	48%	23.9-37.9 %
EOSINOPHIL	5%	1-6 %
MONOCYTE	5%	2-10 %
BASOPHIL	0%	0-1%
PLATELET	281	156-342 10 9/l
FASTING BLOOD SUGAR	95 mg/dl	80-110 mg/dl

Medical Technologist

Peace Land Clinic Mukhaizna

LIVER FUNCTION TEST		
TOTAL PROTEIN	8 mg/dl	6-8.0 mg/dl
ALBUMIN	4.5 mg/dl	3.50-5.20 mg/dl
S. BILIRUBIN TOTAL	0.5 mg/dl	0.0-2.0 mg/dl
SERUM BILIRUBIN DIRECT	0.1 mg/dl	0.0-00.40 mg/dl
ALKALINE PHOSPHATE	89 U/L	44-147U/L
GGT	98 U/L	0.0-55 U/L
S.G.OT	70 U/L	0.0-45.0 U/L
S.G.P.T	178 U/L	10-45 U/L
RENAL FUNCTION TEST		
UREA	22 mg/dl	18.0-55.0 mg/dl
S. CREATININE	0.7 mg/dl	0.70-1.30mg/dl
URIC ACID	7 mg/dl	3.4-7.2 mg/dl
LIPID PROFILE(CH, TG, HDL,LDL)		
Total Cholestrol	252 mg/dl	Normal < 200 mg/dl Borderline200- 239 mg/dl High > 240 mg/dl
TG	64 mg/dl	Normal < 200 mg/dl Borderline200- 250 mg/dl High > 250 mg/dl
HDL-CHOL	70 mg/dl	35.3-79 mg/dl Low Risk > 50 mg/dl Normal Risk 35-50 mg/dl High Risk < 35 mg/dl
LDL-CHOL	182 mg/dl	<130 mg/dl
VLDL	13 mg/dl	5-40 mg/dl

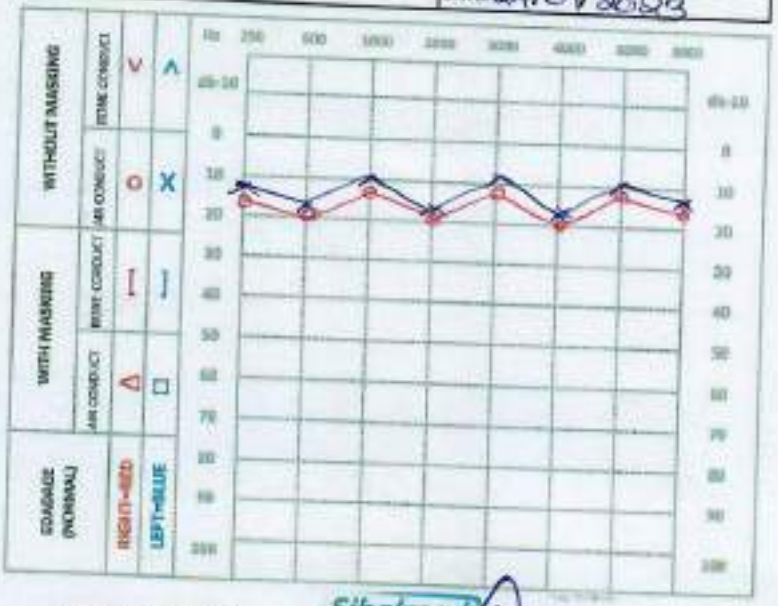
Medical Technologist

Peace Land Clinic Mukhtiarra

مركز بلاد السلام الطبي
Peace Land Medical Center

AUDIOMETRY TEST REPORT

NAME: ALEX CHERIAN JOHN	COMPANY: TCN
AGE: 28/04/85 GENDER: M/F	OCCUPATION: HELPER
REF. BY:	DATE: 04/04/2023



Sibelmed

INTERPRETATION
O RIGHT EAR
X LEFT EAR

RESULT
☑ NORMAL
HEARING LOSS
☐ RIGHT
☐ LEFT

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

ص.ب ١٤٦١ الرمز البريدي ١٣٣ بوار الحصبة مبنى برج البحيرة مبنى ٢ سلطنة عمان
P.O. Box 1461, Postal Code : 133, Al Kuwaitia, Roundabout al Bahwa Tower, Sultanate of Oman
Tel: 24617117 / 24617140 / 24617140

Peace Land Clinic Bukhaizna

مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data			
Name	ALEX CHERIAN JOHN	Date	01/09/2023
I.D No.	76214089	Department/Company	TRACKOMAN
		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)			
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 28/2/23

Peace Land Clinic

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

P.O. Box 1483, Postal Code : 133, Al Araibi, Roundabout of Sahwa Tower, Sultanate of Oman
Tel : 24617117 / 24617148 / 24617119

Peace Land Medical Center
AL SAHWA TOWER 2, AZAIBA
PO BOX 1403 , POSTAL CODE 133
Phone: 24617116, 24617117
Fax:24617115
Email:medicalcenter@peacelandenergy.com

REFERRAL LETTER

CASH

Date Of Issue: 05/09/2023

REF No: 2235

DOCTOR: DR.SHAH FAISAL **DEPARTMENT:** ENDOCRINOLOGIST/ INTERNAL MEDICINE/HEPATOLOGIST

HOSPITAL REFERRED TO: NMC/BADR AL SAMA

NAME: ALEX CHERIAN IDHN

AGE: 38 Y **RESIDENT CARD NO:** 76214080

FILE NO: 45238 **STATUS:** **GENDER:** Male **NATIONALITY:** INDIAN

Dear Doctor,

The above mentioned patient presented to me with complaints of
FOR OCCUPATIONAL HEALTH EXAMINATIONN. HIS LFTS ARE DERANGED AND HIGH LDL. NEED SPECIALIST CONSULTATION AND FTW REPORT BACK

ON EXAMINATION

He is being referred to your expert management and care.

Thanking you,

Yours truly,

Reffered By
(Name with Seal)

DR. SHAH FAISAL
General Practitioner
MOH Lic No. 22368

PLACE :

DATE :05/09/2023

(Hospital Seal)

nmc specialty hospital, al ghoubra

P.O BOX : 613, Postal Code : 133 AL-GHOUBRA Sultanate of Oman

Medical Report

Consultant: DR RAJEEV C/GENERAL MEDICINE **Consultation Date : 27/11/2023 09:17:27**

Personal Details

Name : ALEX CHERIAN JOHN 1229	**Age :** 37Y / M	**File No :** 14412163	**EMP No :**
Consultation Date : 27/11/2023 09:17:27	**marital status :** N/A	**Id Card/L Card :**	
Ref By :	**Occupation :**	**Policy No :**	
Working Company :	**Customer :** Truck Oman Llc		
Certificate No :	**Address :**		
Email Id :	**Nationality :** INDIA	**Phone :** 96228688	

Chief Complaints

SL No	Symptoms
1	ASYMPTOMATIC , ALTERED LFT & HIGH CHOL DETECTED DURING PDO MEDICAL CHECK-UP

History Of Present Illness

ASYMPTOMATIC; FOR FITNESS

Past Medical History

SL No	Date	Diagnosis	Duration	Treatment
1	27/11/2023	NONE	1 Day	

Allergies and / or Adverse Drug Reactions

SL No	Allergy Category	Description	Remarks
1	Medication Allergies	NONE	

Physical Examination

Vital Information

Date	Time	Pulse/mt	BP/mmHg	Temp(F)	Temp(C)	Pain score	RR (bpm)	SPO2 (%)	Ht (cm)	Wt (kg)	BMI	Waist size	RBS	FBS	Remarks
27/11/2023	8:58AM	57 Regular	141/95mmHg	98.24	36.80	0-No Hurt	20	98		76.6	0				

System Review

Cardio Vascular Systems (Normal)

Respiratory Systems (Normal)

Abdomen (Normal)

Nervous Systems (Normal)

Investigation

Sl No.	Date	Special Notes	Investigation	Remarks	Reference Consultant	Emergency	Billed/Not billed
1	27/11/2023		ULTRASOUND OF ABDOMEN				Billed
2	27/11/2023		HBs Ag (ECL)				Billed
3	27/11/2023		HCV (ECL)				Billed

Test Description	Test Result	Normal Value	Remarks
Result :- 933164 : 27/11/2023			
HBs Ag (ECL)	NON REACTIVE (0.559)	Non Reactive: less than 1.0 Reactive: Equal or over 1.0	
Method: Electrochemiluminescence immunoassay.			
HCV (ECL)	NON REACTIVE (0.045)	CUT OFF VALUE: 1.00	
Method: Electrochemiluminescence immunoassay.			
Remarks: This is an antibody test.			
If reactive, active infection to be confirmed by HCV PCR test.			
Remarks :			

Final Diagnosis

No	Code	Diagnosis	Remarks
1	K75.81	Nonalcoholic steatohepatitis (NASH)	
2	E78.4	Other hyperlipidemia	

Prescription

Sl No.	Medicine	Dosage	Duration	Quantity	Remarks
1	ATORVASTATIN (calcium) 10 mg tablet(STORVAS TAB 10MG 30`) (Tablet)	0-0-1 (1 Tablet) (Oral)	60 Day	60	After Food
2	ALPHA-TOCOPHEROL ACETATE 100 mg soft capsule(UNIVIT E CAP (VITAMIN E)400IU) (Capsule)	0-0-1 (1 Mg) (Oral)	60 Day	60	After Food

Advice

DIET AND EXERCISE.

FIT FOR WORK

Dr. RAJEEV C
Specialist in Internal Medicine
MCH Reg. No. 1345