PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

6877

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname: VELAYUDHAN
Forenames: RAKESH AYINIKKATT
Address: 73450041 Company Name: TRUCK OMAN SCB
Home telephone number: 93887186

Place of examination: MUSCAT Date: 15/11/22
If a dependant enters employee's name here:
Surname:
Forenames:
Birth date: 26/5/79 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: H.D.D
Name and address of family doctor (1) (2) Area
List your last 3 jobs (1) (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. Haylever /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		
13. Recurrent indigestion		√	33. Headaches/migraine		√	Have you ever had:-		
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 NO
Have you ever taken elicited 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: 15/11/2022 Signature of Applicant: X

DM On Meds
T. Amido 2mg.

PEACE LAND MEDICAL CENTER

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (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.	
		14. Breast	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
173	98	32.7	136/82	70 /mins.	L N R	Uncorrected 6/6	6/6			N	
						Corrected					

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
	✓	1. Urinalysis	↑ Glu	✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR	↑ FBS			8. Lung Function
	✓	3. LFT, RFT, RBS		✓		9. Chest X-Ray
✓		4. Drug Screen		✓		10. ECG
	✓	5. Lipids (40 years +)	↑ TC, ↑ LDL	9.4.1		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.) Hx of DM on med
1, Review & Fin by internist (DM & DLP) 3m later
2, LSM & RFR (dwt, Exercise & diet)

ASSESSMENT:

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

Date: 23.11.22 Name (Block Capitals): Dr. / Nurse Dr. Sharifah Seyedmahmoud Jafar Cardiologist Specialist MOH Reg. No. 21982 Signature:

C.R. 1110249 PEACE LAND MEDICAL CENTER

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي
Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

RAKESH AYINKKATT VELAYUDHN
43 Y(M) «Blank» 16/11/22 09:54
0037529
73392 Bill # 0043410
PEACELAND

	Date: 15/11/2022
	Department/Company: Truckomen
Tel #	Occupation: H.D.D

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

0 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 0

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

Signature: [signature] Date: 15/11/2022

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:	RAKESH AYINIKKATT VELAYUDHN	**Doc No:**	0027284
Age:	43 Y **Nationality:** INDIAN	**File No:**	0037529
Gender:	M	**Bill No:**	0043410
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	15/11/2022
GSM No.:	93887186	**Time:**	13:42

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
COMPLITE BLOOD COUNT		
RBC	5.4 10"12/l	Male 4.38 -5.78 10"12/l Female 4.0- 5.0 10"12/l
HAEMOGLOBIN	15.5 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	45.8 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	28.3 pg	27 - 33 pg
MCHC	33.7 g/dl	29.6 - 35.6 %
WBC COUNT	6.5 10'9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	66 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	10	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**249 10"9/l**	156 - 342 10'9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	58 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**1.9 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**24.0 U/L**	0 - 35.0 U/L
S.G.P.T.	**27.0 U/L**	10 - 45 U/L

Medical Technologis

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Tel: 24617117/24617148/24617149

LAB RESULT

Name:	RAKESH AYINIKKATT VELAYUDHN	**Doc No:**	0027264
Age:	43 Y **Nationality:** INDIAN	**File No:**	0037529
Gender:	M	**Bill No:**	0043410
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	15/11/2022
GSM No.:	93887186	**Time:**	13:42

Test	Result	Normal Range
GGT	**33.1 U/L**	0 - 55.0 U/L
ALBUMIN	**4.7 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.8 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.20 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**31.7 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**1.2 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**7.7 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**260 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**131.9 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**66.0 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**167.7 mg/dl**	< 100 mg/dl
VLDL	**26.3 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	**146.0 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	(+)	
Ketones	Negative	

Medical Technologist

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LAB RESULT

Name:	RAKESH AYINIKKATT VELAYUDHN	**Doc No:**	0027264
Age:	43 Y **Nationality:** INDIAN	**File No:**	0037529
Gender:	M	**Bill No:**	0043410
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	15/11/2022
GSM No.:	93887186	**Time:**	13:42

Test	Result	Normal Range
Urobilinogen	Normal	
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	
STOOL ROUTINE ANALYSIS		
PHYSICAL		
Colour	Brownnish	
Consistency	Soft	
Reaction	Alkaline	
Mucus	NIL	
MICROSCOPIC		
Ova:	NIL	
Cyst:	NIL	
Pus Cells:	1-2 Cells/hpf	
RBCs	0-1 Cells/hpf	
Others	NIL	
Bacteria	NIL	
DRUG TESTING		
AMPHETAMINES(AMP)	NEGATIVE	
MORPHINE(MOP)	NEGATIVE	
COCAINE(COC)	NEGATIVE	

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Medical Technologist

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LAB RESULT

Name:	RAKESH AYINIKKATT VELAYUDHN	**Doc No:**	0027264
Age:	43 Y **Nationality:** INDIAN	**File No:**	0037529
Gender:	M	**Bill No:**	0043410
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	15/11/2022
GSM No.:	93887186	**Time:**	13:42

Test	Result	Normal Range
PHENCYCLIDINE(PCP)	NEGATIVE	
METHAMPHETAMINE(MET)	NEGATIVE	
TRAMADOL(TRA)	NEGATIVE	
BARBITURATES(BAR)	NEGATIVE	
BENZODIAZEPINES(BZO)	NEGATIVE	
MEDTHODONE(MED)	NEGATIVE	
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE	
MARIJUANA(THC)	NEGATIVE	

PEACE LAND MEDICAL CENTER

Medical Technologist

2022-11-15 10:00:27

6Channel+1 Rhythm Report

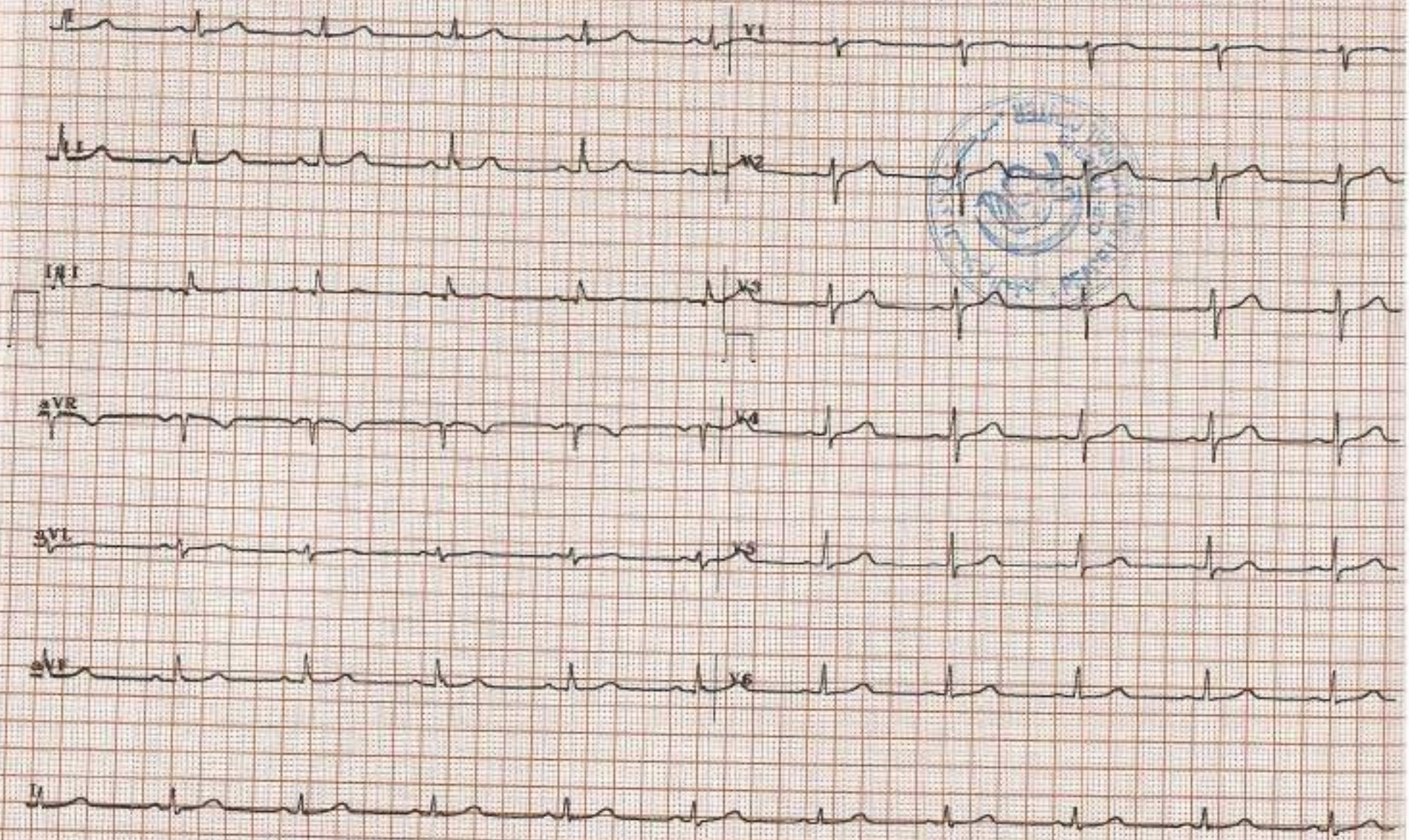
Hospital:PLMS

Confirmed by:

RAKESH AYINKKATT VELAYUDHN
43 Y(M) <Blank> 15/11/22 09:54
0037529
73382 Bill # 0043410
PACEMAKER

Heart Rate : 63 BPM
PR Int.: 160 ms
QRS Dur.: 86 ms
QT/QTc: 424/434 ms
P-R-T axes: 52 55 41

** Analysis Result ** (Unconfirmed Report)
NORMAL SINUS RHYTHM
NORMAL AXIS
[NORMAL ECG]



0.1Hz- 40Hz,AC50Hz.PM.Qik. 10.0/5.0mm/mV. 25.0mm/sec. CARDIO-M PLUS 1.13.30 Medical Econet Gm

Estimated 10-year Global CVD Risk

9.4%*

Risk Category

High Risk*

Estimated Vascular Age

54 Years*

***Due to this patient being diabetic, they are placed in the High Risk Category and should be treated based on the following guidelines.**

Treatment Guidelines

ATP-III (2004)
Treatment Targets
LDL <100 mg/dL (<2.59 mmol/L)
Non-HDL <130 mg/dL (<3.37 mmol/L)

CCS (2009)
Treatment Targets
LDL <2 mmol/L (<77 mg/dL) or ≥50 % decrease in LDL-C
apoB <0.8 g/L (80 mg/dL)

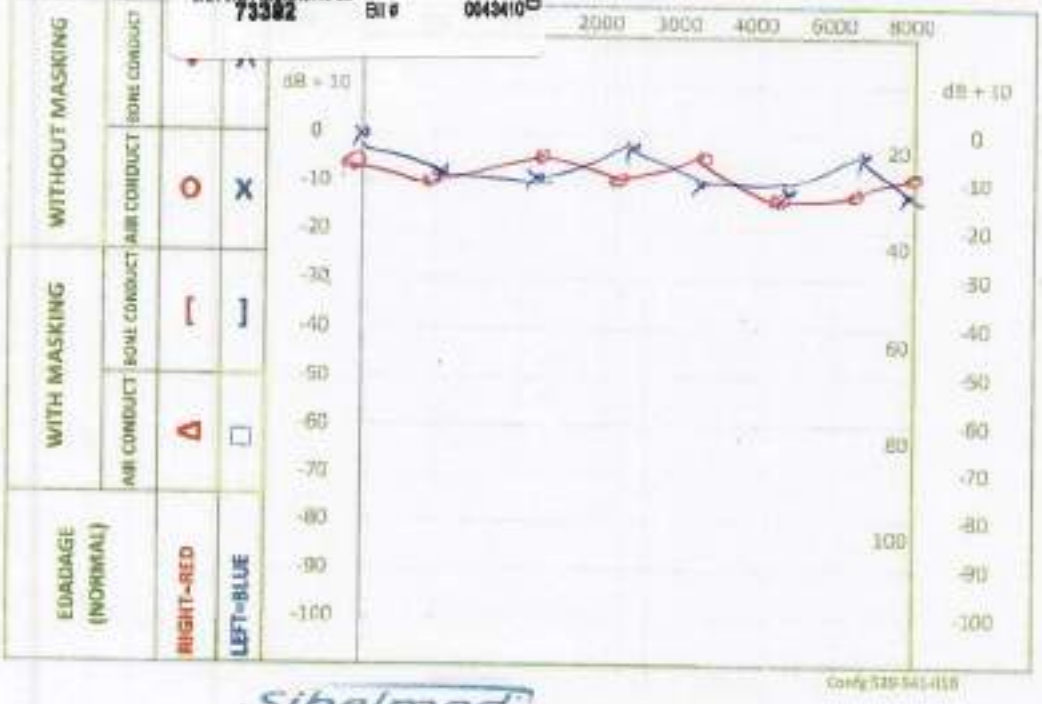
ESC (2007, see Info for more)
Treatment Targets
LDL <2-2.5 mmol/L (<80-100 mg/dL)
TChol <4-4.5 mmol/L (<155-175 mg/dL

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land
بلاد السلام

AUDIOMETRY TEST REPORT

NAME	RAKESH AYINKKATT VELAYUDHN	COMPANY	TRuck Oman
AGE	43 Y(M) «Blank»	OCCUPATION	H.D.D
REF. BY		DATE	15/11/2022

15/11/22 09:54
0037529
73382 Bill # 0043410
PENCILAND



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
NORMAL
HEARING LOSS
RIGHT
LEFT

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ بوار القديمة مبنى أبراج الصحوة مبنى ٢، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف: ٢٤٦١٧١١٧ / ٢٤٦١٧١٤٨ / ٢٤٦١٧١٤٩

مركز فرح للخدمات الطبية

FARAH MEDICAL SERVICE CENTER

عضو مختبرات مجموعة سلطان مديكا

Member of Sultan Medica Group

Patient		Doctor	
Patient No.		Transaction	
Age		Date/Time	
Gender		Serial	

X-RAY REPORT

Doc No.	PAT009361
Date:	15-11-22
Name:	RAKESH AYINIKKATT VELAYUDHAN
Sex:	MALE
Referred By:	DR. SHIMA
Age/DOB	26-May-1979
X-Ray:	CHEST PA

REPORT

Normal heart size

Both lung fields are clear

Normal pleural spaces

Impression:

NORMAL STUDY

Signature:

Seal

18th Nov. Street, Muscat • Tel: (968) 24697777 • Fax: (968) 24697778 • Mob: (968) 99230224 • P.O. Box: 780 Postal code: 111, Seeb
Email: info@farahmedical.com • www.farahmedical.com

مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data			Date	23/11/22
Name	RAKESH AYINIKKATT		Department/Company	truck Oman SLB
I.D No.	73450641		Occupation	HDD

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			FIT
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 23/11/22
Name of health advisor Signature			

مركز بلاد السلام الطبي
Peace Land Medical Center

Peace Land
بلاد السلام

Date: 23/11/22

MV. RAKESH

℞

1. Atorvastatin tab 40 mg # 60

#1 PO BID [0-0-1]

Dr. Shima Seyedshoaiba Jafar
Cardiologist Specialist
MOH Lic. No. 21982

ص.ب : ١٤٠٣، الرمز البريدي : ١٣٣، دوار العذيبة ميثى ابراج الصحوة ميثى ٢، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout Al Shawa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف : ٢٤٦١٧١١٧ / ٢٤٦١٧١٤٨ / ٢٤٦١٧١٤٩