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Appendix 33: EX2 Form (Routine/Periodic Medical Examination)
ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Patient 19849 Reg.Dt 09/08/2023

Name DHANESHWAR DHANAPPAN

Gender Male Nationality INDIAN

Health Development Oman
MEDICAL DEPARTMENTSurname/
Forenames DHANESHWAR DHANAPPANPLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Mobile No. 79321673 Address: 116211483

Nationality INDIAN # DOB: 10/01/1998
Company Number: 1814 Reference Indicator:**Personal Details**

A <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced <input type="checkbox"/> Widower(er)
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Home/Leave Address:	<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	No of Children:
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Reason for Examination (tick as appropriate)

Periodic Medical Examination <input checked="" type="checkbox"/>	Final / Retirement <input type="checkbox"/>	Other Reason <input type="checkbox"/>
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Employee only

B Present Job and Location: MECHANIC HALIMA	Next Job and Location:
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Are you a registered person with special needs? <input type="checkbox"/>	Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>
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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 you 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 illicit/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: 09/08/2023

Signature of Applicant:





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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.									
HEIGHT cm		WEIGHT kg	BMI	B.P. mmhg	PULSE 68/mins.	HEARING L N R N	VISION, DISTANT R L R L Uncorrected 6/6 Corrected 6/6			Color Vision 1. Normal 2. Abnormal	
N	A			LABORATORY AND OTHER SPECIAL INVESTIGATIONS			N	A			
✓		1. Urinalysis					✓		7. Audogram		
✓		2. Hb, Blood count, 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.)

ASSESSMENT AND RECOMMENDATIONS:				
<input checked="" type="checkbox"/> FIT ALL AREAS		<input type="checkbox"/> FIT WITH RESTRICTION		<input type="checkbox"/> TEMPORARY UNFIT
<input type="checkbox"/> UNFIT				
Date: 28-8-23 Name (Block Capitals): Dr. / Nurse				
REVIEW/CONSULTATION				
Date: Name (Block Capitals): Dr. / Nurse				
Signature: R. SHAH FAISAL Signature: <i>RF</i> General Practitioner MOH Lic No. 22368				



Peace Land Medical Center

P.O.Box 1403, Postal Code: 133, Al Azaiba Al Sahwa Tower
Sultanate of Oman

Tel: 24617117/24617148/24617149

Name: DHANEESH DHANAPPAN File No: 19849
Age: 31 Y Nationality : INDIAN Bill No: 25503
Gender: MALE Date: 09/08/2023
Ref.By: DR : SHIMA Time:
GSM No.: 79321673

Test	Result	Nomal Range
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URINE ROUTINE ANALYSIS

PHYSICAL		
Quantity	5 ml	5 ml
Colour	Yellow	Yellow
Sp. Gravity	1.020	
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	

STOOL ROUTINE ANALYSIS

PHYSICAL		
Colour	Brownish	
Consistenc	Formed	
Reaction	Alkaline	
Mucus	NIL	
MICROSCOPIC		
Ova:	NIL	
Cyst:	NIL	
Plus Cells	1-2	
RBC;s	0-2	
Bacteria :	NIL	
Other :	NIL	

COMPLETE BLOOD COUNT

RBC	5	Male 4.38 - 4.98 10 12/l Female 4.5 - 5.5 10 12/l
HAEMOGLOBIN	13.9	Male 13 -16 gm % Female 11 - 14 gm %
HCT	42.00%	Male 39.30 -44.10 % Female 37-47 %



رقم الترخيص: 2775

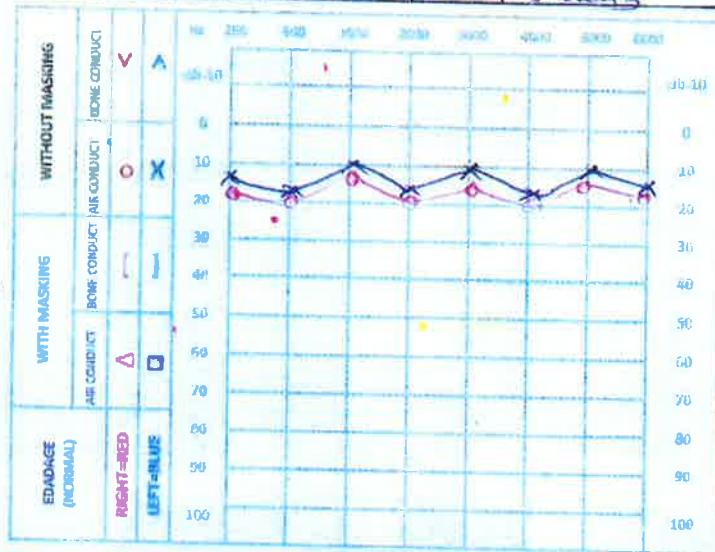
MCV	82	84-94 ft
MCH	27	26.3-31.9 pg
		<u>Medical Technologist</u>
MCHC	33	29.6-35.6g/dl
WBC COUNT	5.8	(4.0-11.0) 10 9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	51%	53-69.7 %
LYMPHOCYTE	41%	23.9-37.9 %
EOSINOPHIL	3%	1-6 %
MONOCYTE	5%	2-10 %
BASOPHIL	0%	0-1%
PLATELET	184	156-342 10 9/l
ESR	7	Male 0 - 22 mm / 1st hour
SICKLE CELL TEST	Negative	
BLOOD GROUP	O Rh Positive	Female 0 - 29 mm / 1st hour
FASTING BLOOD SUGAR	104 mg/dl	80-110 mg/dl
LIVER FUNCTION TEST		
ALKALINE PHOSPHATE	100 U/L	53-128U/L
S. BILIRUBIN TOTAL	0.7 mg/dl	0.0-2.0 mg/dl
GGT	43 mg/dl	0.0-55.0 mg/dl
S.G.O.T	20 U/L	0.0-35.0 U/L
S.G.P.T	36 U/L	10-45 U/L
ALBUMIN	4.5 mg/dl	3.50-5.20 mg/dl
TOTAL PROTEIN	8 mg/dl	6-8.0 mg/dl
SERUM BILIRUBIN DIRECT	0.3 mg/dl	0.0-0.40 mg/dl
RENAL FUNCTION TEST		
UREA	25 mg/dl	18.0-55.0 mg/dl
S. CREATININE	1.1 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 Cholesterol	193 mg/dl	Normal < 200 mg/dl Borderline200- 239 mg/dl High > 240 mg/dl
TG	100 mg/dl	Normal < 200 mg/dl Borderline200- 250 mg/dl High > 250 mg/dl
HDL-CHOL	43 mg/dl	35.3-79 mg/dl Low Risk > 50 mg/dl Nomal Risk 35-50 mg/dl High Risk < 35 mg/dl
LDL-CHOL	129 mg/dl	<130 mg/dl
VLDL	20 mg/dl	5 -40 mg/dl

رقم الترخيص: 2775





AUDIOMETRY TEST REPORT			
NAME: DHANEESH DHANAPAN		COMPANY: TRUCKMAN.	
AGE: 31 YRS.	GENDER: M/F	OCCUPATION: MECHANIC	
REF. BY:		DATE: 09/08/2023	



Sibelmed

INTERPRETATION
 O RIGHT EAR
 X LEFT EAR

RESULT
 NORMAL
 HEARING LOSS
 RIGHT
 LEFT





مَرْكَزْ بَلَادِ الْمُسْلِمِينَ

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date 09/08/2023																																										
Name DHANEEESH DHANAPPAN	Department/Company TRUCKOMAN																																											
I.D No. 116211483	Occupation MECHANIC																																											
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																																											
<p>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:</p> <table border="1"> <tr> <td>Fit with no restrictions</td> <td colspan="2">✓ FIT</td> </tr> <tr> <td>Fit with following restriction(s)</td> <td colspan="2"></td> </tr> <tr> <td><i>The employee is fit for above work but should avoid the following task(s)</i></td> <td><i>Temporary restriction</i></td> <td><i>Permanent restriction</i></td> </tr> <tr> <td>Work near moving machinery or sharp edges</td> <td></td> <td></td> </tr> <tr> <td>Working at height</td> <td></td> <td></td> </tr> <tr> <td>Pulling, pushing, or carrying weight over _____ Kg</td> <td></td> <td></td> </tr> <tr> <td>Ascend/descend ladders or stairs</td> <td></td> <td></td> </tr> <tr> <td>Operate motor vehicles, forklifts or heavy machinery</td> <td></td> <td></td> </tr> <tr> <td>Use of a respirator</td> <td></td> <td></td> </tr> <tr> <td>Repetitive twisting of valves or wrenches</td> <td></td> <td></td> </tr> <tr> <td>Flying</td> <td></td> <td></td> </tr> <tr> <td>Other (Specify)</td> <td></td> <td></td> </tr> <tr> <td>Temporary Unfit until</td> <td colspan="2"></td> </tr> <tr> <td>Permanently Unfit</td> <td colspan="2"></td> </tr> </table>			Fit with no restrictions	✓ FIT		Fit with following restriction(s)			<i>The employee is fit for above work but should avoid the following task(s)</i>	<i>Temporary restriction</i>	<i>Permanent restriction</i>	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		
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