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

Heat 19049 Reg. Dt 09/08/2023

ime DHANEESH DHANAPPAN

nder Male Nationality INDIAN

sum Development Oman
 DICAL DEPARTMENT

Surname/
 Forenames DHANEESH DHANAPPAN

Nationality INDIAN #DOB: 10/01/1998

PLEASE COMPLETE YOUR PERSONAL
 DETAILS IN BLOCK CAPITALS

Mobile No. 79321673 Address: 11621483 Company Number: 1814 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:

Reason for Examination (tick as appropriate)

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

Employee only

B Present Job and Location: MECHANIC
 MAIDA Next Job and Location:

Are you a registered person with special need ☐ 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 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 = Anormal (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.	PULSE	HEARING	VISION		Color Vision	
178	82	25.88	110/70	68/min.	L N R N	DISTANT R L	NEAR R L	✓ Normal	2. Abnormal
						Uncorrected	Corrected		
N	A					LABORATORY AND OTHER SPECIAL INVESTIGATIONS		N	A
✓		1. Urinalysis						✓	
✓		2. Hb, Blood count, ESR							
✓		3. LFT, RFT, RBS							
		4. Drug Screen							
✓		5. Lipids (40 years +)							
✓		6. Sickie Cell test							
7. Audiogram									
8. Lung Function									
9. Chest X-Ray									
10. ECG									
11. CVS risk for 40 yrs. & above									
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
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
Age: 31 Y Nationality : INDIAN
Gender: MALE
Ref.By: DR : SHIMA
GSM No.: 79321673

File No: 19849
Bill No: 25503
Date: 09/08/2023
Time:

Test	Result	Normal 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

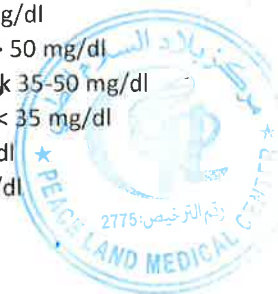
Ova:	NIL
Cyst:	NIL
Plus Cells	1-2
RBC;s	0-2
Bacteria :	NIL
Other :	NIL

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 %



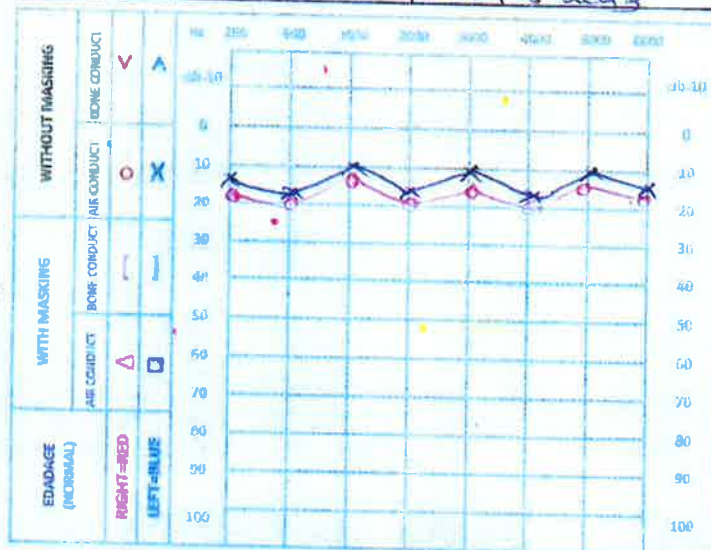
MCV	82	84-94 ft
MCH	27	26.3-31.9 pg
Medical Technologist		
MCHC	33	29.6-35.6g/dl
WBC COUNT	5.8	(4.0-11.0) 10 ⁹ /l
DIFFERENTIAL COUNT		
NEUTROPHIL	51%	53-69.7 %
LYMPHOCYTE	41%	23.9-37.9 %
EOSINOPHIL	3%	1-6 %
MONOCYTE	5%	2-10 %
BASOPHIL	0%	0-1%
PLATELET	184	156-342 10 ⁹ /l
ESR	7	Male 0 - 22 mm / 1st hour
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.OT	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 Cholestrol	193 mg/dl	Normal < 200 mg/dl Borderline 200- 239 mg/dl High > 240 mg/dl
TG	100 mg/dl	Normal < 200 mg/dl Borderline 200- 250 mg/dl High > 250 mg/dl
HDL-CHOL	43 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	129 mg/dl	<130 mg/dl
VDL	20 mg/dl	5 -40 mg/dl





مرکز بلاد السلام Peace Land Medical Center

AUDIOMETRY TEST REPORT			
NAME: DIHANEESH DHANABAN		COMPANY: Truckman	
AGE: 31 YRS.	GENDER: M/F	OCCUPATION: MECHANIC	
REF. BY:		DATE: 09/05/2023	



INTERPRETATION
○ RIGHT EAR
× LEFT EAR

RESULT
☒ NORMAL
☐ HEARING LOSS
☐ RIGHT
☐ LEFT





مركز بلاد السلام الطبي Peace Land Medical Center

Fitness for work certificate

Employee Data		Date 09/08/2023	
Name DHANEESH DHANAPPAN		Department/Company TRUCKOMAN	
I.D No. 116 211483		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	
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 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			
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			
Name of health advisor Signature	DR. SHAH FAISAL General Practitioner MOH Lic No. 22368		Date 28-8-23 RF

