



TON

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

Ref. No. 19848 Reg. D1 09/08/2023  
 Inc. TINO PUTHENPARAMBU KUNJILMON  
 der Male Nationality INDIAN

leum Development Oman  
 MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL  
 DETAILS IN BLOCK CAPITALS

Mobile No. 71058088	Address: 116211361	Company Number: 1809	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 /Widow(er)
--	---

Home/Leave Address:	<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> 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 Next Job and Location: HALMA

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 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 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: 09/08/2023

Signature of Applicant: *Divine*





**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 = 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 175	WEIGHT kg 71	BMI 23.18	B.P. 120 80 mmhg	PULSE 62/mins.	HEARING L N R N	VISION		Color Vision																	
						DISTANT R L	NEAR R L																		
						Uncorrected 6/6/6	Corrected 6/6/6																		
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A																		
✓	1. Urinalysis					✓	7. Audiogram																		
✓	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																								

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

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS  FIT WITH RESTRICTION  TEMPORARY UNFIT  UNFIT

Date: 28-3-13 Name (Block Capitals): Dr. / Nurse

Signature:

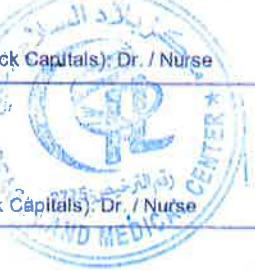
REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

**GENERAL PRACTITIONER**  
**MOH Lic No. 22368**

Signature:





### Peace Land Medical Center

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

Tel: 24617117/24617148/24617149

Name: JINO PUTHENPARAMBU KUNJUMON File No: 19848  
Age: 32 Y Nationality : INDIAN Bill No: 25502  
Gender: MALE Date: 09/08/2023  
Ref.By: DR : SHIMA Time:  
GSM No.: 71038088

Test	Result	Nomal Range
------	--------	-------------

#### 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	5.2	Male 4.38 - 4.98 10 12/l Female 4.5 - 5.5 10 12/l
HAEMOGLOBIN	15.8	Male 13 -16 gm % Female11 - 14 gm %
HCT	46.00%	Male 39.30 -44.10 % Female 37-47 %
MCV	87	84-94 ft
MCH	30	26.3-31.9 pg
MCHC	34	29.6-35.6g/dl

Medical Technologist

2775



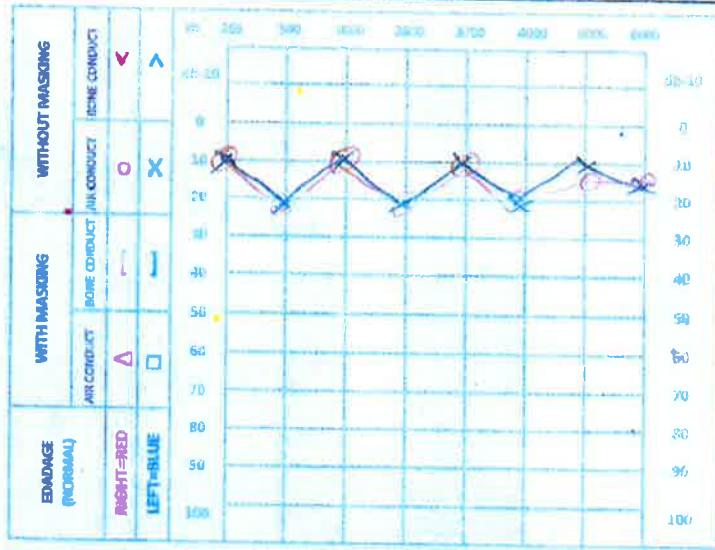
WBC COUNT	5.2	( 4.0-11.0) 10 9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	40%	53-69.7 %
LYMPHOCYTE	48%	23.9-37.9 %
EOSINOPHIL	5%	1-6 %
MONOCYTE	7%	2-10 %
BASOPHIL	0%	0-1%
PLATELET	250	156-342 10 9/l
ESR	1	Male 0 - 22 mm / 1st hour
SICKLE CELL TEST	Negative	
BLOOD GROUP	O Rh Negative	Female 0 - 29 mm / 1st hour
FASTING BLOOD SUGAR	100 mg/dl	80-110 mg/dl
LIVER FUNCTION TEST		
ALKALINE PHOSPHATE	118 U/L	53-128U/L
S. BILIRUBIN TOTAL	1.2 mg/dl	0.0-2.0 mg/dl
GGT	24 mg/dl	0.0-55.0 mg/dl
S.G.O.T	27 U/L	0.0-35.0 U/L
S.G.P.T	45 U/L	10-45 U/L
ALBUMIN	4 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	23 mg/dl	18.0-55.0 mg/dl
S. CREATININE	1 mg/dl	0.70-1.30mg/dl
URIC ACID	6.9 mg/dl	3.4-7.2 mg/dl
LIPID PROFILE(CH, TG, HDL,LDL)		
Total Cholesterol	198 mg/dl	Normal < 200 mg/dl Borderline 200- 239 mg/dl High > 240 mg/dl
TG	177 mg/dl	Normal < 200 mg/dl Borderline 200- 250 mg/dl High > 250 mg/dl
HDL-CHOL	40 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	125 mg/dl	<130 mg/dl
VLDL	35 mg/dl	5-40 mg/dl





Peace Land Medical Center

AUDIOMETRY TEST REPORT			
NAME: JINO PUTH EN PAKAMSIK IKUN JUMONI		COMPANY: TRUCK ONAN	
AGE: 32	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





# Peace Land Medical Center

## Fitness for work certificate

Employee Data		Date 09/08/2023
Name TINO POTHENPARIADU	Department/Company TRUCKMAN	
I.D No. 116211361	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 Until _____		
Permanently Unfit		
Name of health advisor Signature	Dr. CHOUFI FAISAL General Practitioner MOH Lic No. 22368	
		Date 28-8-23
		82

