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

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Ident 19848 Reg. Dt 09/08/2023
 mc JINO PUTHENPARAMBU KUNJUMON
 der Male Nationality INDIAN

Ministry of Health Development Oman
 MEDICAL DEPARTMENT

Surname/Forenames JINO PUTHENPARAMBU KUNJUMON

Nationality INDIAN # DOB: 23/03/1991

PLEASE COMPLETE YOUR PERSONAL
 DETAILS IN BLOCK CAPITALS

Mobile No. 71038088 Address: 116211361 Company Number: 1809 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 Next Job and Location:

HAIMA

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 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:

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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	
175	71	23.18	120/80	62/min.	L N R N	DISTANT R L	NEAR R L	1. Normal 2. Abnormal	
				LABORATORY AND OTHER SPECIAL INVESTIGATIONS					
N	A					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. Sickie 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				Signature:					
REVIEW/CONSULTATION				Dr. SHAH FAIZAL General Practitioner MOH Lic No. 22368					
Date: Name (Block Capitals): Dr. / Nurse				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
Age: 32 Y Nationality : INDIAN
Gender: MALE
Ref.By: DR : SHIMA
GSM No.: 71038088

File No: 19848
Bill No: 25502
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
Consistency	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 % Female 11 - 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

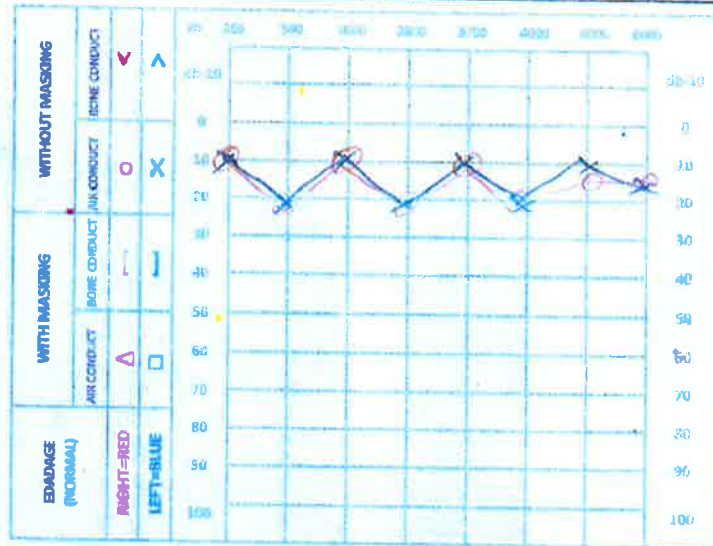


WBC COUNT	5.2	(4.0-11.0) 10 ⁹ /l
DIFFERENTIAL COUNT		
NEUTROPHIL	40%	53-69.7 %
LYMPHOCYTE	48%	23.9-37.9 %
EOSINOPHIL	5%	1-6 %
MONOCYTE	7%	2-10 %
BASOPHIL	0%	0-1%
PLATELET	250	156-342 10 ⁹ /l
ESR	1	Male 0 - 22 mm / 1st hour
SICKLE CELL TEST	Negative	
		Female 0 - 29 mm / 1st hour
BLOOD GROUP	O Rh Negative	
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.OT	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 Cholestrol	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 Normal 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





AUDIOMETRY TEST REPORT			
NAME: JINO PUTHEN PARAMBIL KUNJUMON		COMPANY: TRUCKDRIVER	
AGE: 32	GENDER: M/F	OCCUPATION: MECHANIC	
REF. BY:		DATE: 09/08/2023	



Sibelmed

INTERPRETATION	
O	RIGHT EAR
X	LEFT EAR

RESULT	
<input checked="" type="checkbox"/>	NORMAL HEARING LOSS
<input type="checkbox"/>	RIGHT
<input type="checkbox"/>	LEFT





مرکز طب و صحت Peace Land Medical Center

Fitness for work certificate

Employee Data		Date 09/08/2022	
Name JIND ROTHENPARAMBU		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 Unfit until			
Permanently Unfit			
Name of health advisor Signature		DR. CHARI FAISAL General Practitioner MOH Lic No. 22368	Date 28-8-23 82

