PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

SUORAJ/LALITHARAJ SELVARAJ
38 Y(M) «Blank» 05/02/22 11:53
0027244
65617 Bill # 0032258
PEACELAND

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname
Forenames
Address 7500 3357
Home telephone number 95064454 T.Oman

Place of examination MCT | Date 5/2/22

If a dependant enter employee's name here:
Surname: | Forenames:

Birth date 13/5/82 | Nationality: INDIAN | Country of birth: INDIA | Religion: HINDU

☑ Male ☐ Female | ☑ Married ☐ Single ☐ Separated /Divorced | Relationship to employee: ☐ Wife ☐ Son ☑ Daughter | Number of children: 2

Reason for examination: Pre-Employment ☑ Periodic medical check-up ☐ Pre-Overseas ☐ | Job: WELDER | Area:

Name and address of family doctor

List your last 3 jobs
(1)
(2)
(3)

Are you a Registered Disabled Person? (UK only) ☐ | Do you belong to any Medical Insurance Scheme? ☐

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. Hayfever /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? NO | Average daily alcohol consumption NO

Have you ever taken elicited drugs? ( )

FAMILY HISTORY: Diabetes ( ) M, F 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: 5/2/22 | **Signature of Applicant:** ✗

PEACE LAND MEDICAL CENTER

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.
		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
168	67	23.7	140/90	77 /mins.	L R N	Uncorrected 6/6	6/6			N	
						Corrected					

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
	✓	1. Urinalysis	Glucose high sugar	✓		7. Audiogram
✓		2. Hb, Bloodcount, 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.)
Diabetic & Hypertensi on medication

ASSESSMENT:

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

Date: 9/2/22 Name (Block Capitals): Dr. / Nurse Signature:

PEACE LAND MEDICAL CENTER

Dr. EMAD OMER
General Practitioner
MOH License No.:6009

REVIEW/CONSULTATION

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

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:	SIJORAJ LALITHARAJ SELVARAJ	**Doc No:**	0016548
Age:	38 Y **Nationality:** INDIAN	**File No:**	0027244
Gender:	M	**Bill No:**	0032259
Ref. By:	DR. EMAD OMER	**Date:**	06/02/2022
GSM No.:	95064454	**Time:**	14:17

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.1 10"12/l	Male 4.38 -5.78 10"12/l Female 4.0- 5.0 10"12/l
HAEMOGLOBIN	15.2 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	44.1 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	88 fl	84-94 fl
MCH	28.3 pg	27 - 33 pg
MCHC	34.4 g/dl	29.6 - 35.6 %
WBC COUNT	8.2 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	60 %	40-75 %
LYMPHOCYTE	35 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	02 %	2-8%
BASOPHIL	01 %	0-1%
ESR		Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**212 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	89 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**1.0 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**28.1 U/L**	0 - 35.0 U/L
S.G.P.T.	**37.8 U/L**	10 - 45 U/L

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Medical Technologist

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Test	Result	Normal Range
GGT	**54.8 U/L**	0 - 55.0 U/L
ALBUMIN	**4.6 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.8 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.19 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**22.8 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.87 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**3.5 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**200 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**180 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**69.1 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**94.9 mg/dl**	< 100 mg/dl
VLDL	**36 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	**187.5 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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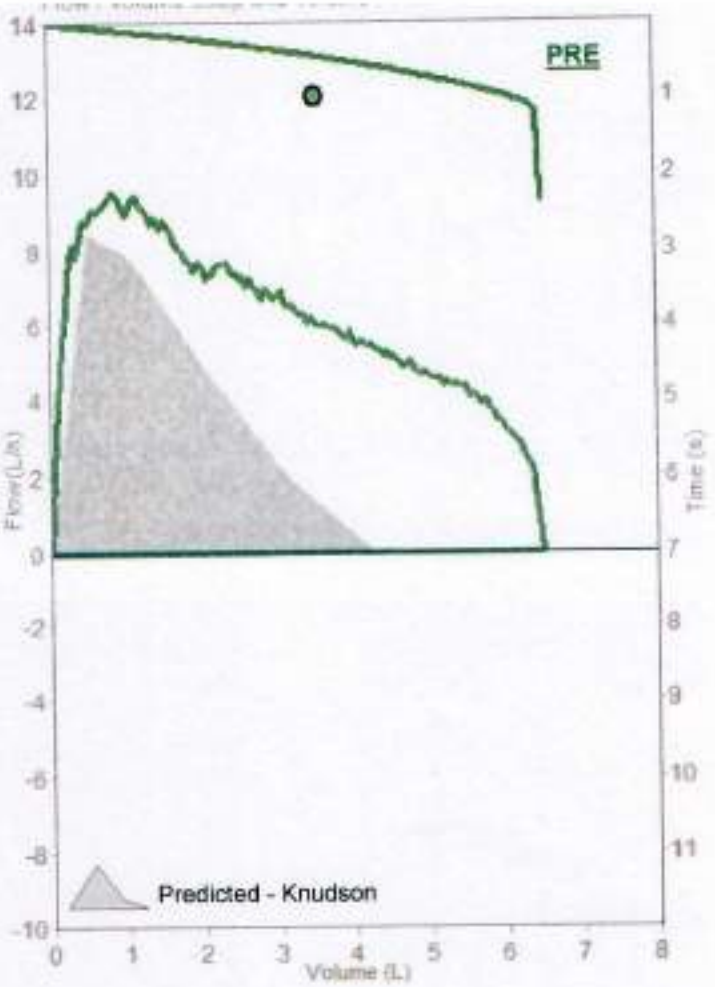
Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	3-4	
EPITHELIAL CELLS	1-2	
RBC'S	1-2	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	

Medical Technologist

Visit date 05/02/2022

Patient code	75003357	Age	38
Surname	SELVARAJ	Gender	Male
Name	SIJORAJ	Height, cm	168
Date of birth	13/05/1983	Weight, kg	67
Ethnic group	Not defined	BMI	23.74



Interpretation

FVC FEV1 FEV1%

Normal Spirometry

Best values from all loops

Parameters		Pred	PRE	%Pred	POST	%Chg
FVC	L	4.27	6.50	152		
FEV1	L	3.55	6.11	172		
FEV1%	%	83.9	94.00	112		
PEF	L/s	8.47	9.56	113		

PRE Trial date 05/02/2022 12:09:43

Parameters		Pred	PRE # 1	%Pred	PRE # 2	PRE # 3	POST#1	%Pred	%Chg
FEV6	L	4.27	**6.50**	152					
FVC	L	4.27	**6.50**	152					
FEV1	L	3.55	**6.11**	172					
FEV1%	%	83.9	**94.0**	112					
PEF	L/s	8.47	**9.56**	113					
FEF2575	L/s	3.83	**6.27**	164					
FIVC	L	4.27							
ELA	Years	38							

BTPS 1.097 24 °C 75.2 °F

Conclusion / Medical report

Signature

PEACE LAND MEDICAL CENTRE

Quality Control F

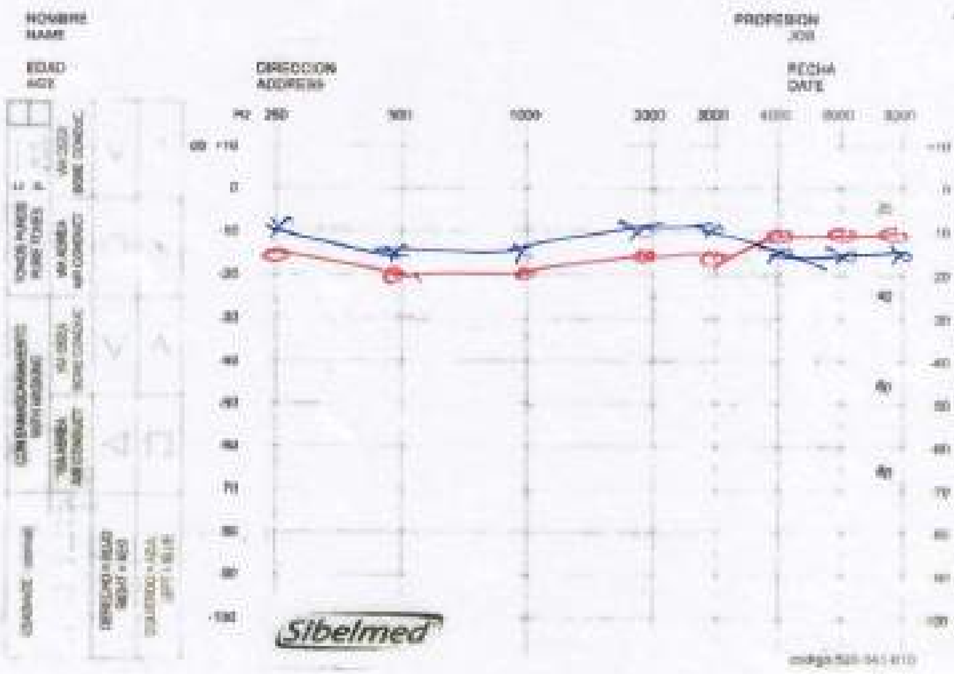
Breathe out for a longer time

Instrument used
Minispir LT POST S/N K05070

MIR

Peace Land Medical Center

AUDIOMETRY TEST REPORT			
Name:	Siyoraj	Company	Towell Oman
Gender:	M	Occupation	Welder
Ref By:	Dr. Emad Omer	Date:	5/1/22



INTERPRETATION

× LEFT EAR

O RIGHT EAR

RESULT ☑ Normal

☐ Hearing Loss

☐ Left ☐ Right

PEACE LAND MEDICAL

Fitness for work certificate

Employee Data		Date	9/12/22
Name	Silaraj Lalitharaj	Department/Company	T.O
I.D No.	75003357	Occupation	Welder

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			
Working at height			
Puling, 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
Name of health advisor Signature			9/12/22

PEACE LAND MEDICAL CENTER
Dr. EMAD OMER
General Practitioner
MOH License No.:9009

nmc specialty hospital,al-hail

P.O BOX : 613, Postal Code : 133 al-hail Sultanate of Oman

Medical Report

Consultant: DR NISANTH KALLINKEEL/GENERAL MEDICINE **Consultation Date :** 09/02/2022 09:56:51

Personal Details

Name : SUDRAJ LILTHRAJ SELVARAJ 6925	**Age :** 38Y / M	**File No : EMP No :** S0038657
Consultation Date : 09/02/2022 09:56:51	**marital status :** N/A	**Id Card/L Card :** RC
Ref By :		**Occupation :**
Working Company :	**Customer :** TRUCKOMAN EQUIPMENT RENTAL LLC	**Policy No :**
Certificate No :	**Address :**	
Email Id :	**Nationality :** INDIA	**Phone :** 95064454

Chief Complaints

Symptoms

Found to have high BP during health check up

History Of Present Illness

H/o DM and DLP - Not on Rx
Apparently asymptomatic

No smoking

Physical Examination

Vital Information

Date	Time	Pulse/mt	BP/mmHg	Temp(F)	Temp(C)	Pain score	RR (bpm)	SPO2 (%)	Ht (cm)	Wt (kg)	BMI	Waist size	RBS	Remarks
09/02/2022	9:52AM	90	154/106mmHg	98.96	37.20	0-No Hurt	20	99		66	0			

General Examination

Pallor (No), Cyanosis (No), Clubbing (No), Icterus (No)
Notes : NVBS S1, S2 Normal, No murmur

Provisional Diagnosis

No	Code	Working / Provisional Diagnosis	Remarks
1	-1	DM	
2	-1	HTN	

Investigation

Sl No.	Date	Special Notes	Investigation	Remarks	Reference Consultant	Emergency
1	09/02/2022		HbA1C			
2	09/02/2022		LIPID PROFILE			
3	09/02/2022		CREATININE			
4	09/02/2022		URINE MICRO ALBUMIN			
5	09/02/2022		ECG			

Notes: ECG WNL

Test Description	Test Result	Normal Value
CREATININE	76.38 umol/L	Adults: MALE: 62 - 106 µ mol/L, FEMALE: 44 - 80 µ mol/L

HbA1C	8.5 %	NORMAL : < 6.0 GOOD DIABETES CONTROL : <7 FAIR DIABETES CONTROL : 7-8 POOR DIABETES CONTROL : >8
LIPID PROFILE		
TOTAL CHOLESTEROL	5.32 mmol/L	< 5.18 mmol/L
HDL	1.33 mmol/L	>1.5 mmol/L
TRIGLYCERIDES	1.88 mmol/L	Desirable : <2.083 mmol/L Boderline high : 2.83 - 5.67 mmol/L Hypertriglyceridemia >5.65 mmol/L
LDL	3.73 mmol/L	< 2.6 mmol/L
VLDL	0.85 mmol/L	0.128-0.845mmol/L
URINE MICRO ALBUMIN	7.83	< 20 mg/L

Prescription

Sl No.	Medicine	Dosage	Duration	Quantity	Remarks
1	METFORMIN HYDROCHLORIDE 750 mg prolonged-release tablet(GLUCOPHAGE 750 XR TABLETS 30's) (Tablet)	0-0-1 (1 Tablet) (Oral)	60 Day	60	
2	AMLODIPINE (besylate) 10 mg tablet(AMLOPRESS 10MG TAB 30'S (AMLODIPINE)) (Tablet)	0-0-1 (1 Tablet) (Oral)	60 Day	60	

Advice

Diet and life style modification. Review after 2 months.

DR. YOUTH KALLINKEEL
Specialist - Internal Medicine
KMC Reg. No: 15[illegible]
[illegible] speciality hospital, Alathur

DR. YOUTH KALLINKEEL
GENERAL MEDICINE