PEACE LAND MEDICAL CENTER

T·O·4

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	
Forenames	RAJESH GURUVAPPA
Address	114390239 Company Name: TRUKADAN
Home telephone number	94656131
Forenames:	
Country of birth: INDIA	Religion: HINDU

Place of examination: SHARJAH	Date: 4/2/23	If a dependant enters employee's name here: Surname:	
Birth date: 2/6/96	Nationality: INDIAN		

☑ Male ☐ Female ☐ Married ☐ Single ☐ Separated /Divorced

Relationship to employee: ☐ Wife ☐ Son ☐ Daughter

Number of children:

Reason for examination: Pre-Employment ☐ Periodic medical check-up ☐ Pre-Oversees ☐

Job: HELPER

Area

Name and address of family doctor (1) (2)

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

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? NO

FAMILY HISTORY: Diabetes ( ) 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: 4/3/2023 Signature of Applicant:

00181018 00411589

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
√	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
159	54.2	21.4	109/75	74 /mins.	L N R	Uncorrected 6/6	6/6				
						Corrected					

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis		✓		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.)

FIT

ASSESSMENT:

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

Date: 13/3/23 Name (Block Capitals): Dr. / Nurse

DR. MOHAMMED AKBAR KHAN General Practitioner MOH Lic. No. 4404

Signature:

PEACE LAND MEDICAL CENTER

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:	RAJESH GURVVAPPA	**Doc No:**	0031139
Age:	26 Y **Nationality:** INDIAN	**File No:**	0040635
Gender:	M	**Bill No:**	0047506
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	12/03/2023
GSM No.:	94656131	**Time:**	10:53

Test	Result	Normal Range
TRUCKOMAN-MEDICAL CHECKUP BELOW 40 YRS ON SITE		
COMPLITE BLOOD COUNT		
RBC	5.5 x10^12/L	Male 4.36 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	14.8 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	43.7 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.0 pg	27 - 33 pg
MCHC	32.9 g/dl	29.6 - 35.6 %
WBC COUNT	6.0 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	66 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**221 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	56 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**1.0 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**20.8 U/L**	0 - 35.0 U/L
S.G.P.T.	**29.0 U/L**	10 - 45 U/L

Medical Technologist

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Test	Result	Normal Range
GGT	**25.0 U/L**	0 - 55.0 U/L
ALBUMIN	**4.3 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.5 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.19 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**34.4 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.77 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**5.3 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**135 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**70.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**50.0 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**71.0 mg/dl**	< 100 mg/dl
VLDL	**14.0 mg/dl**	2.0 - 30 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.010	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	
Urobilinogen	Normal	

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Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	12/03/2023
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Test	Result	Normal Range
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
RANDOM BLOOD SUGAR	**85.8 mg/dl**	80 - 120 mg/dl

PEACE LAND MEDICAL CENTER

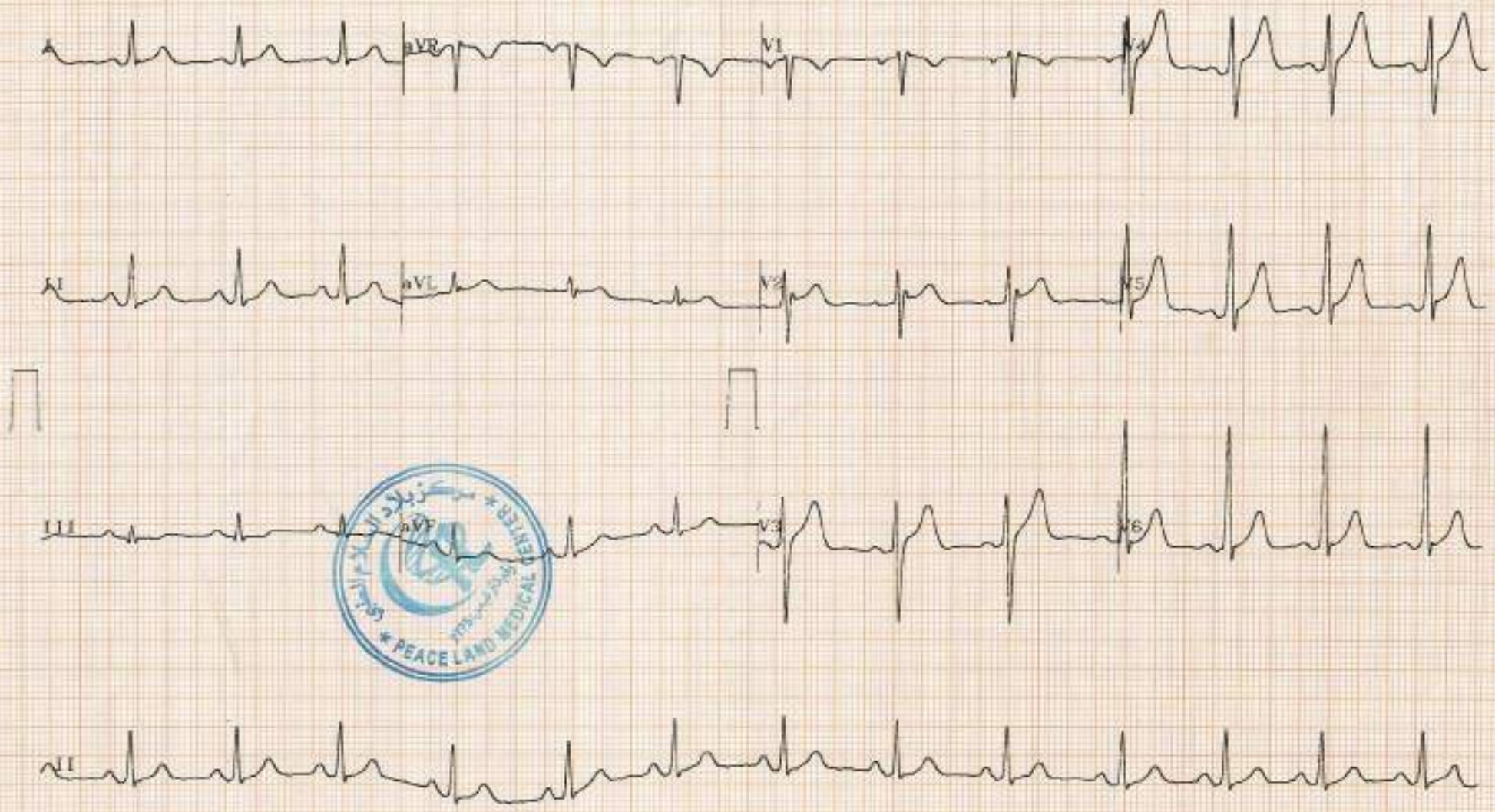
Medical Technologist

2023-03-04 09:12:20 3 Channel + 1 Rhythm Report Hospital:CCED SHAHAD
Prescribed by:

ID :
Name:
yrs. /
cm / kg

Heart Rate: 80bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 154 ms Normal Sinus Rhythm
QRS Dur.: 92 ms Normal Axis
QT/QTc: 348/406 ms LAE(Left Atrial Enlargement)
P-R-T axes: [Moderately Abnormal ECG]
66 38 24

RAJESH GURUVAPPA
114390239
TRUCK DRIVER

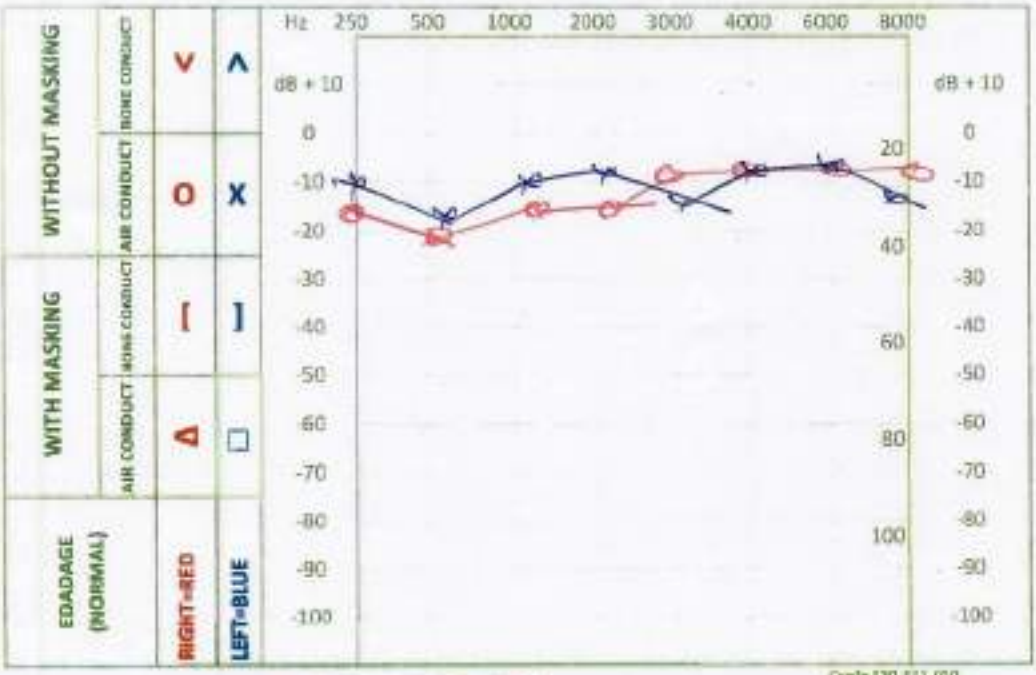


0.1Hz- 40Hz,AC50Hz. All Channels:10.0mm/mV,25.0mm/sec. CARDIO-M Ver5.11M.30 Medical Econet GmbH.

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land

AUDIOMETRY TEST REPORT

NAME	RAJESH GURUVAPPA			COMPANY	TEUCK OMAN
AGE		GENDER	M	OCCUPATION	HELPER
REF. BY				DATE	04 /03/ 2023



Sibelmed

INTERPRETATION
- X LEFT EAR
- O RIGHT EAR

RESULT
- NORMAL
- HEARING LOSS
- RIGHT
- LEFT

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ نوار العذيبة مبنى ابراج الصحوة مبنى ٢ سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف: ٢٤٦١٧١١٧/٢٤٦١٧١٤٨/٢٤٦١٧١٤٩

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land
بلاد السلام

Fitness for work certificate

Employee Data		**Date**	13 /03/2023
Name	RAJESH GURUVAPPA	**Department/Company**	TRUCK OMAN
LD No.	114390239	**Occupation**	HELPER

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*	FIT
Work near moving machinery or sharp edges			
Working at height			
Pulling, pushing, or carrying weight over ___ Kg			
Ascend/descend ladders or staire			
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 13 /03/2023
Name of health advisor Signature			

PEACE LAND MEDICAL CENTER

Dr. MUHAMMAD ASGAR KHAN
General Practitioner
MOH Lic. No. 4404

ص.ب ١٤٠٣، الرمز البريدي ١٣٣، دوار العذيبة مبنى ابراج الصحوة مبنى ٢، سلطنة عمان
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