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

Visit 19010	Reg.Dr 03-04-2023	Min Development Oman CAL DEPARTMENT	Surname/ Forenames LEVI MAMPILLY	
Name LEVI MAMPILLY		PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS	Nationality INDIAN - D.O.B # 25-05-1967	
Gender Male	Nationality INDIAN	Mobile No. 97898321	Address: #7290936	
Personal Details		Company Number: 1259	Reference Indicator:	
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:		Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	No of Children: 2	
Reason for Examination (tick as appropriate)				
Periodic Medical Examination <input checked="" type="checkbox"/> Final / Retirement <input type="checkbox"/> Other Reason: <input type="checkbox"/>				
Employee only				
B Present Job and Location: HD DRIVER - HAIMA		Next Job and Location:		
Are you a registered person with special needs? <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>		
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?		✓		WALKING
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: 05-05-2023		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. Hemial Orifices
		8. Anus & Rectum
✓		9. Genito-urinary
✓		10. Extremities
✓		11. Musculo-skeletal
✓		12. Skin & Varicose Vns.
✓		13. C.N.S.

HEIGHT cm 174	WEIGHT kg 70	BMI 23.1	B.P. 130/90 mmhg	PULSE 66 /mins.	HEARING L N R N	VISION DISTANT R 6/6 L 6/6 NEAR R 6/6 L 6/6 Uncorrected Corrected	Color Vision <input checked="" type="checkbox"/> Normal 2. Abnormal
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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	✓	
			✓	
			✓	
			✓	
			✓	
			✓	
			✓	

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

ASSESSMENT AND RECOMMENDATIONS:
 FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

Date: _____ Name (Block Capitals): Dr. / Nurse **Abdul Rahiman Beary** Signature: *Abdul Rahiman Beary*
 MOH Licence No. 1441

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





مركز بلاد السلام الطبي Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea	
NAME: LEVI MAMPILLY	COMPANY: TRUCKOMAN
ID No: 77290936	OCCUPATION: HD DRIVER
Mob.No: 97898821	GENDER: M / F DATE: 03/05/2023
<p>This questionnaire will help identify if you have any health condition which may need a more detailed medical assessment as part of your fitness to work determination. If you have any queries please contact your local Health Services Staff. All information provided on this form and during consultations remains strictly confidential. When further clinical evaluation is required following completion of a screening questionnaire, the details should be recorded on Q1 and E1 forms.</p>	
<p>How likely are you to fall asleep in the following situations? (Use 0 to 3 score as Shown below)</p> <p>0 - Would never doze 1- Slight chance of dozing 2- Moderate chance of dozing 3- High chance of dozing</p> <p><u>0</u> Sitting and reading <u>0</u> Watching TV <u>0</u> Sitting inactive in a public place (e.g. Theatre or meeting) <u>1</u> As a Passenger in the car for an hour without a break <u>0</u> Lying down to rest in the afternoon when circumstances permit <u>0</u> Sitting and talking with someone <u>0</u> Sitting quietly after lunch without alcohol <u>0</u> In a car, while stopped for a few minutes in traffic</p> <p>Total: <u>1</u></p>	
<p>If you score a total of 15 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.</p>	
Declaration: I <u>LEVI MAMPILLY</u> (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.	
Signature: <u>[Signature]</u>	Date: <u>03/05/2023</u>





Peace Land Medical Service LLC, Mukhaizna
CR No.:2/13627/9, P.O.Box: 1403,
Postal Code: 133,
Occidental Camp Mukhaizna, Sultanate of Oman

PATIENT DETAILS :

Patient ID : 18910	Doc No : 5334
Name : LEVI MAMPILLY	Doc Date : 2023-05-03T11:19:00
Age : 55Y	Bill No : 24131
Gender : Male	Date : 03/05/2023 11:19 AM
Nationality : INDIAN	Customer : TRUCKOMAN OIL & GAS SERVICES
GSM No : 97898321	Ref.by : DR ABDUL RAHMAN

TEST RESULT : PDOM PDO MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
PDO MEDICAL CHECKUP			
URINE ROUTINE ANALYSIS			
Colour	Pale yellow		
Sp. Gravity	1.020		
pH	Acidic		
Appearance	Clear		
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
PUS CELLS	1-2		
EPITHELIAL CELLS	1-2		
RBC'S	1-2		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NIL		
OTHERS	NIL		
COMPLITE BLOOD COUNT			
RBC	4.9 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	14.4 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	43 %	Male 42 -52 % Female 37 -47 %	

Reported By:
AHMED ALHAG

Sr. Lab Technologist

Printed at: 03/05/2023 11:21:48



Verified By:

Sr. Lab Technologist

Signed at: 03/05/2023 11:21:47

Specialist Pathologist:

Sr. Lab Technologist

Test	Result	Normal Range	Detailed Description
MCV	87 fl	76 - 96 fl	
MCH	30 pg	27 - 33 pg	
MCHC	33 %	32-36 %	
WBC COUNT	7000 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	42 %	40-75 %	
LYMPHOCYTE	47 %	20-45 %	
EOSINOPHIL	4 %	1-6 %	
MONOCYTE	7 %	2-8%	
BASOPHIL	0 %	0-1%	
PLATALATE	2 lakhs/cumm	1.5 - 3.5 lakhs / cu mm	
LIPID PROFILE			
Total Cholesterol	188 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	84 mg/dl	Normal < 200 mg/dl Border line 200 - 250 mg/dl High > 250 mg /dl	
HDL - CHOL	64 mg/dl	Low Risk > 50 mg/dl Normal Risk 35 - 50 mg/dl High Risk < 35 mg/dl	
LDL - CHOL	108 mg/dl	65 - 130 mg/dl	
VLDL	16 mg/dl	5-40 mg/dl Male 2-30 mg/dl Female	
FASTING BLOOD SUGAR	94 mg/dl	70 - 110 mg/dl	
LIVER FUCTION TEST			
ALKALINE PHOSPHATASE	46 u/l	44-147 U/ L	
T. BILIRUBIN	2 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.7 mg / dl	up to 0.4 mg /dl	
INDIRECT BILIRUBIN	1.3 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	14 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	12 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	7 g /dl	New born 5.2 - 9.1 g /dl Children 5.4 - 8.7 g /dl Adult 6.7 - 8.7 g /dl	
ALBUMIN	4.3 g / dl	3.6 - 5.5 g/dl	
GGT	29 u / L	4 - 48 U/L	
RENAL FUNCTION TEST			
UREA	30 mg / dl	10-50 mg /dl	
S.CREATININE	0.9 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	5.6 mg / dl	3.4 - 7.2 mg /dl	

Remarks:

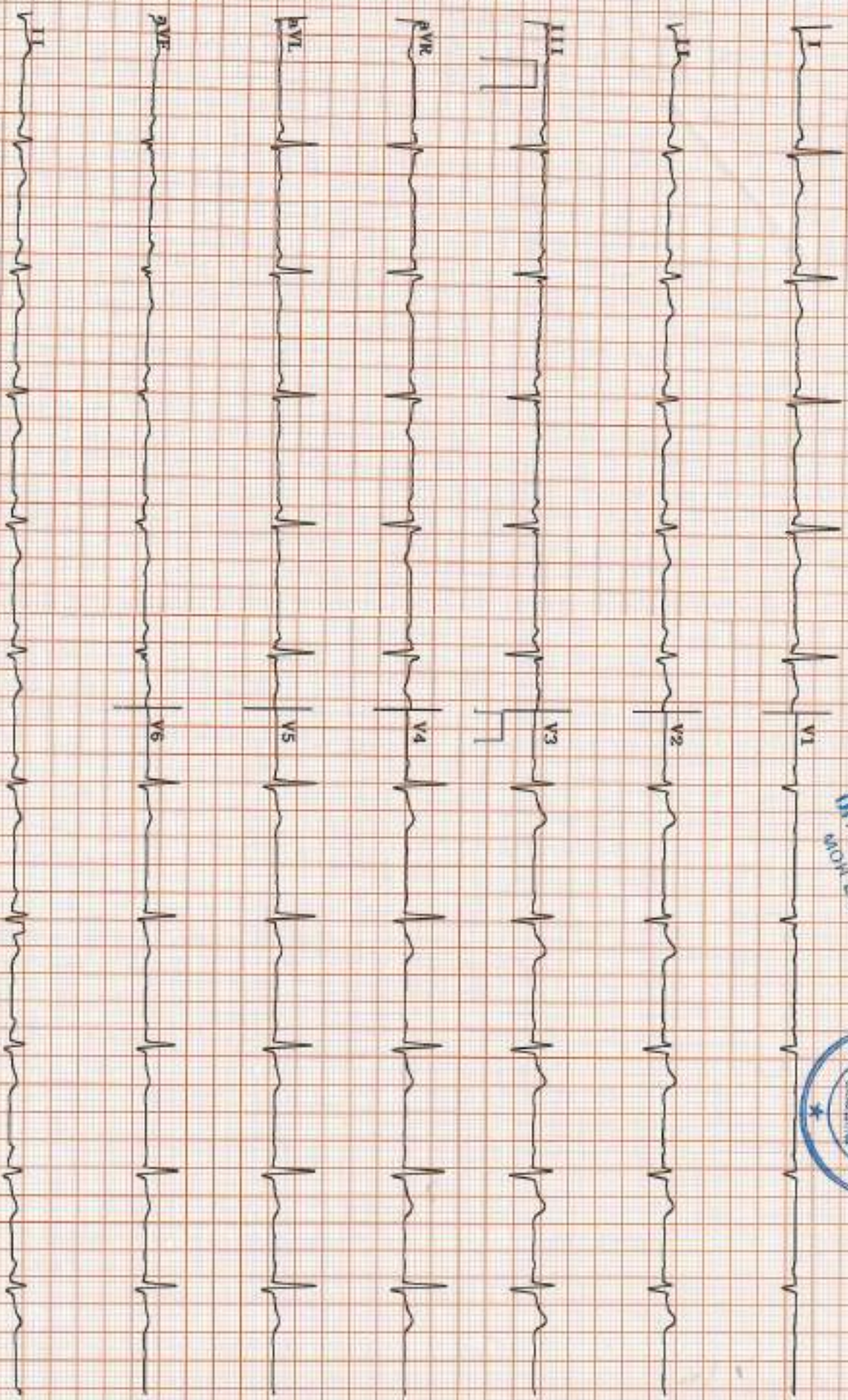
[Handwritten signature]



Heart Rate: 55 bpm
PR/RR Int.: 154/923 ms
QRS Dur: 112 ms
QT/QTc: 410/426 ms
P-R-T axes: 48 -16 -46
SV1/RV5/R+S: 0.48/1.49/1.97mV

Prescribed by:
see Analysis Result see (to be finally confirmed by physician)
Normal Sinus Rhythm
[Normal ECG]

Dr. Abdul Raheem Bano
MOH License No. 1241





PATIENT ID: 18910

Estimated 10-year Global CVD Risk

9.40%

Risk Category

Low Risk

Estimated Vascular Age

54 Years

Treatment Guidelines

ATP-III (2004)

Treatment Targets

LDL <160 mg/dL (<4.14 mmol/L)
Non-HDL <190 mg/dL (<4.93 mmol/L)

CCS (2009)

Initiate Pharmacotherapy if

LDL >5 mmol/L (>193 mg/dL)
TChol/HDL-C >6 mmol/L (>231 mg/dL)

Treatment Targets

≥50 % decrease in LDL-C

ESC (2007, see Info for more)

Treatment Targets

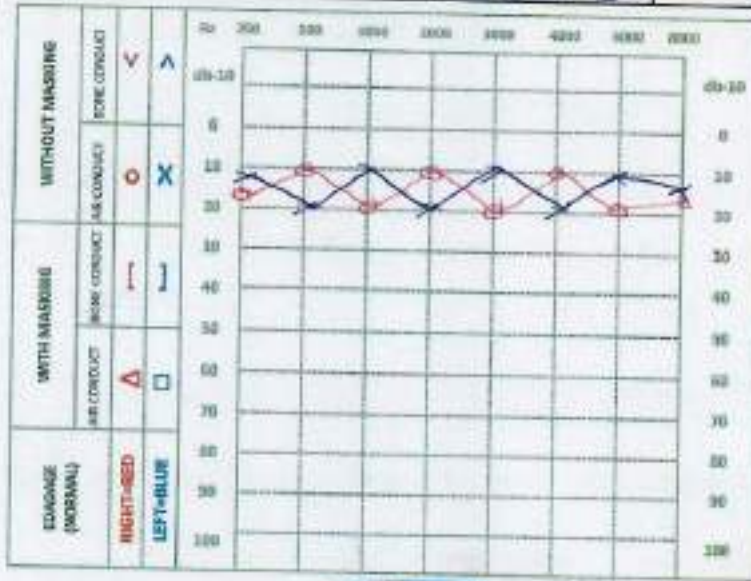
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)





مركز بلاد السلام الطبي
Peace Land Medical Center

AUDIOMETRY TEST REPORT			
NAME: LEVI MAMPILLY		COMPANY: TRUCKDRIVER	
AGE: 25/05/67	GENDER: M/F	OCCUPATION: HD DRIVER	
REF. BY:		DATE: 05/05/23	



INTERPRETATION
O RIGHT EAR
X LEFT EAR

RESULT
 NORMAL
 HEARING LOSS
 RIGHT
 LEFT

Sibelmed

Signature
Dr. Abdul Rahim
MOH License No. 1441





مرکز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date 03/05/2023	
Name LEVI MAMPILLY		Department/Company TRUCKER/CDN	
ID No.		Occupation HD DRIVER	
Type of Medical Evaluation Mark those applying ✓			
A1 Aircraft refuelling	<input type="checkbox"/>	A6 Fire / Emergency response team work	<input type="checkbox"/>
A2 Breathing apparatus	<input type="checkbox"/>	A7 Professional driving	<input type="checkbox"/>
A3 Business traveller	<input type="checkbox"/>	A8 Remote location work	<input checked="" type="checkbox"/>
A4 Catering and food preparation	<input type="checkbox"/>	A9 Transfers - group A country	<input type="checkbox"/>
A5 Crane or forklift driving & all heavy vehicles	<input checked="" type="checkbox"/>	A10 Transfers - group B country	<input type="checkbox"/>
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		<input checked="" type="checkbox"/>	
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		Date 03/05/23	



Dr. Abdul Rabih Al-Dabbas
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