TON

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

TINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

velopment Oman
L DEPARTMENT

COMPLETE YOUR PERSONAL
ILS IN BLOCK CAPITALS

Surname/ Forenames	LEVI MAMPILLY
Nationality	INDIAN D.O.B: 25-05-1967
Mobile No. 97898321 Address: 77290936	Company Number: 1259 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: 2

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☑ Final / Retirement ☐ Other Reason: ☐

Employee only

B Present Job and Location: HD DRIVER

Next Job and Location:

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 your 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: 13-03-2025 Signature of Applicant:

Peace Land Clinic Mukhaizna

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 = 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	70	22.9	130/80 mmhg	74 /mins.	L A R A	DISTANT R L / NEAR R L Uncorrected 6/6 6/6 Corrected	1. Normal 2. Abnormal

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 +)		9.4		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.)

Hearing impaired, sent for consultation by ENT doctor & report attached-1

FIT

ASSESSMENT AND RECOMMENDATIONS:

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

Date: 17/03/24 Name (Block Capitals): Dr. / Nurse

Peace Land Clinic Mukhaizna

Signature:

REVIEW/CONSULTATION

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

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

مركز بلاد السلام الطبي
Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

NAME	LEVI MANIPILLY		COMPANY	TRUEHOMEN HOMES	
ID No	772908[illegible]	GENDER M	OCCUPATION	HD DRIVER	
Mob.No	9781 8321		DATE	13/3/2025	

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.

How likely are you to fall asleep in the following situations? (Use 0 to 3 score as shown below)

0 - Would never doze

1-Slight chance of dozing

2-Moderate chance of dozing

3-Hight chance of dozing

0 Sitting and reading

0 Watching TV

0 Sitting inactive in a public place(e.g.Teatere or meeting)

0 As a Passenger in the car for an hour without a break

0 Lying down to rest in the afternoon when circumstances permit

0 Sitting a talking with someone

0 Sitting quietly after lunch without alcohol

0 In a car, while stopped for a few minutes in traffic

Total: 0

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.

Declaration : I LEVI (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: [signature] Date: 13-03-2025

Peace Land Clinic Mukhaizna
P.O.Box: 1404, P.C: 133, Sultanate of Oman
C.R.NO:3247763

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

PATIENTDETAILS :

Patient ID	: 18910	Doc No	: 12621
Name	: LEVI MAMPILLY	Doc Date	: 2025-03-13T12:55:00
Age	: 57Y	Bill No	: 34299
Gender	: Male	Date	: 13/03/2025 12:55 PM
Nationality	: INDIAN	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 97898321	Ref.by	: DR.HASHIM ABDALLAH

TEST RESULT : PDOM PDO MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
PDO MEDICAL CHECKUP			
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	92 u/l	44-147 U/ L	
T. BILIRUBIN	1.9 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.7 mg / dl	up to 0.4 mg /dl	
IINDIRECT BILIRUBIN	1.2 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	21 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	17 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	4.5 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	15 mg / dl	10-50 mg /dl	
S.CREATININE	1 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	7 mg / dl	3.4 - 7.2 mg /dl	
FASTING BLOOD SUGAR	97 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.010		
pH	Acidic		
Appearance	Clear		
CHEMICAL	0		
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC.			
PUS_CELLS	1-2		
EPITHELIAL CELLS.	1-2		
RBCS			

Peace Land Clinic Mukhaizna

Reported By:
Lab Technician
Sr. Lab Technologist

Verified By:
Lab Technician
Sr. Lab Technologist

Approved By:
Lab Technician
Sr. Lab Technologist

Printed at: 13/03/2025 12:56:56

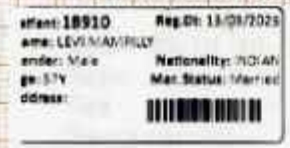
Signed at: 13/03/2025 12:56:56

Test	Result	Normal Range	Detailed Description
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA.	NIL		
OTHERS.	NIL		
COMPLETE BLOOD COUNT			
RBC	5.6 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	16 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	48 %	Male 42 -52 % Female 37 -47 %	
MCV	85 fl	76 - 96 fl	
MCH	29 pg	27 - 33 pg	
MCHC	34 %	32 36 %	
WBC COUNT	7500 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	49 %	40-75 %	
LYMPHOCYTE	40 %	20-45 %	
EOSINOPHIL	3 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
PLATELET	1.6 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
LIPID PROFILE			
Total Cholesterol	186 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	65 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	63 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	126 mg/dl	< 130 mg/dl	
VLDL	13 mg/dl	2-30 mg/dl	
NON HDL CHOLESTEROL	120 mg/dl	Less than 130mg/dl	

Remarks:

Peace Land Clinic Mukhaizina

PLMS MUKHAIZNA



DeptID:
ID:
Operator: PEACELAND MEDICAL SERQT/QTc
Custom1:
Custom2:
Custom3:

Data for reference only:

HR	bpm	:	70
PR Interval	ms	:	160
P Duration	ms	:	123
QRS Duration	ms	:	98
T Duration	ms	:	184
QT/QTc	ms	:	365/393
P/QRS/T Axis	deg	:	33.9/-28.0/39.5
R(V5)/S(V1)	mV	:	0.81/0.00
R(V5)+S(V1)	mV	:	0.81

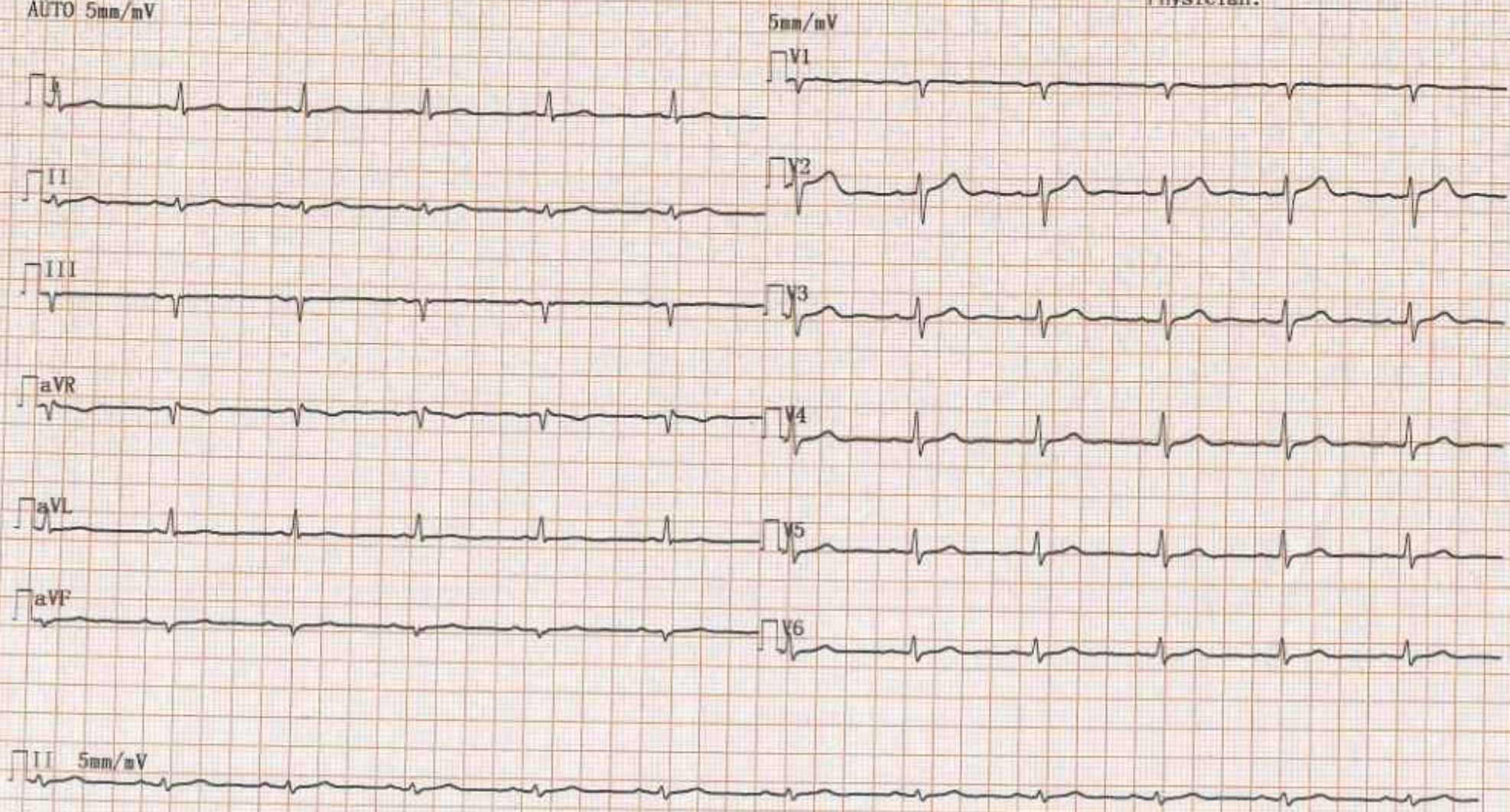
<< Conclusions >>

Normal Sinus Rhythm;
Middling Left axis deviation;
possible old inferior MI;

Report need physician confirm

Physician:

AUTO 5mm/mV



25mm/s AC50Hz+EMG30Hz+DFT0.5Hz

بلاد السلام للخدمات الطبية ش.م.م
Peace Land Medical Services L.L.C

PATIENT ID: 18910

Estimated 10-year Global CVD Risk

9.40%

Risk Category

Low Risk

Estimated Vascular Age

54 Years

Treatment Guidelines

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)

Peace Land Clinic

مركز بلاد السلام الطبي
Peace Land Medical Center

AUDIOMETRY TEST REPORT

NAME: LEVI MAMPILLY	COMPANY: TON.
AGE: 25/05/1967 GENDER: M / F	OCCUPATION: HD DRIVER.
REF. BY:	DATE: 13/03/2025

INTERPRETATION
O RIGHT EAR
X LEFT EAR

RESULT
☐ NORMAL
HEARING LOSS
☐ RIGHT
☐ LEFT

Peace Land Clinic Mukhaizna
P.O.Box: 1402, P.C: 133, Sultanate of Oman
C.R.NO:2217743

P.O. Box 1402, Postal Code: 133, Al Adalia, Roundabout of Sahwa Tower, Sultanate of Oman
Tel: 24617137, 24617143, 24617144

مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	13/03/2025.
Name	LEVI MAMPILLY.	Department/Company	TON.
I.D No.	77290936.	Occupation	HD DRIVER.

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			FIT
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			Date 17/03/24
Name of health adviser Signature			

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

Peace Land Clinic Al Ain

nmc specialty hospital, al ghoubra

P.O BOX : 613, Postal Code : 133
AL-GHOUBRA
24504000

Fitness Certificate

Empno:
Date of issue : *16/03/2025*

Ref No : *0000032/FIT/NMC/2025*

This is to certify that Mr. / Mrs. *LEVI MAMPILLY* with file no *14475743* and Resident card no. *77290936* was *Treated* at *nmc specialty hospital, al ghoubra* on *16/03/2025* and will be *Fit for work* from the medical point of view starting from *16/03/2025*

DIAGNOSIS
E78.00-Pure Hypercholesterolemia, Unspecified

Remarks

DR SHAJU PADMAN

Place: *nmc specialty hospital, al ghoubra*

(Hospital Seal)

Signature

DR. SHAJU PADMAN PANATTIL
Consultant Cardiology
MOH Lic. No. 2025
nmc specialty hospital, Al Ghoubra

LEVI MAMPILLY 57Y/M, 14475743

Patient Information

3/16/2025 10:32:54 AM
Bruce

ID: 14475743 | Second ID: 2628284 | Admission ID: 14475743

Date of Birth:
Age: 57 Years

Height:
Weight:

Gender: Male
Race: Unknown

Indications
PDO FOR FITNESS

Medications

Referring Physician: DR. SHAJU PADMAN

Location:

Procedure Type: TMT FOR PDO FITNESS

Attending Phy: DR.SHAJU PADMAN
Technician: PRASAD KD

Target HR: 139 bpm (85%)
Max HR(%MPHR): 149 bpm (91%)

Reasons for end: ACHEVED THR
Symptoms: NIL

Diagnosis

Notes

Conclusions

The patient was tested using the Bruce protocol for a duration of 09:00 mm:ss and achieved 10.5 METs. A maximum heart rate of 149 bpm with a target predicted heart rate of 90% was obtained at 08:40. A maximum systolic blood pressure of 160/90 was obtained at 08:06. The patient reached target heart rate with appropriate heart rate and blood pressure response to exercise. No significant ST changes during exercise or recovery. No evidence of ischemia.
Normal exercise stress test.

Reviewed by:

UNCONFIRMED REPORT

Signed by:

Date:

LEVI MAMPILLY 57Y/M, 14475743

Exam Summary

3/16/2025 10:32:54 AM
Bruce

Summary

Exercise Time: 09:00
Leads with 100uV ST: II, III, aVR, aVF, V2, V3, V4, V5, V6
PVCs: 5
Duke Treadmill Score: 1

Max Values

Speed: 4.2 MPH HR: 149 BPM 91% of MPHR (163 bpm)
Grade: 16 % SBP: 160/90 mmHg
METs: 10.5 DBP: 160/90 mmHg
HR*BP: 23360 BPM * mmHg
ST/HR Index: 1.70 uV/bpm in aVR at 05:50

Max ST

ST elevation: 1.9 mm in II at 09:50
ST depression: -1.5 mm in aVR at 09:50

Max ST Changes

ST elevation change: 1.5 mm in V3 at 09:50
ST depression change: -0.5 mm in V1 at 10:00

STAGE SUMMARY

ST measurement based on J+60ms

		Speed (MPH)	Grade (%)	HR (BPM)	BP (mmHg)	METs	HR*BP	ST LEVEL (mm) I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
BP	PRE-X	0.0	0.0	106	140/75	-	14840	0.3	0.8	0.5	-0.6	-0.1	0.6	-0.2	0.2	0.3	0.2	0.3	0.4
Standing	PRE-X	0.0	0.0	105	-	-	-	0.3	0.8	0.5	-0.7	-0.1	0.7	-0.2	0.2	0.3	0.2	0.3	0.4
Treadmill Started	PRE-X	1.0	0.0	106	-	-	-	0.3	0.8	0.5	-0.7	-0.1	0.7	-0.2	0.2	0.3	0.2	0.3	0.4
START EXE	EXE 00:00	1.0	0.0	105	-	-	-	0.2	0.8	0.5	-0.6	-0.2	0.6	-0.3	0	0.2	0.1	0.2	0.4
STAGE 1	EXE 03:00	1.7	10.0	126	-	4.4	-	0.4	1.1	0.6	-0.8	-0.2	0.9	-0.3	-0.1	0.5	0.3	0.3	0.4
STAGE 2	EXE 06:00	2.5	12.0	157	-	7.1	-	0.6	1.1	0.5	-0.9	0	0.8	-0.5	-0.1	0.8	0.5	0.4	0.6
BP	EXE 08:06	3.4	14.0	146	160/90	9.7	23360	0.5	1.1	0.5	-0.9	0	0.8	-0.5	0	1.1	0.6	0.4	0.5
STAGE 3	EXE 09:00	3.4	14.0	149	-	10.3	-	0.4	1.1	0.6	-0.9	-0.1	0.9	-0.5	-0.1	1.3	0.8	0.4	0.5
Peak	EXE 09:00	4.2	16.0	149	-	10.5	-	0.6	1.3	0.7	-1	-0.1	1	-0.6	0	1.3	0.8	0.4	0.5
END REC	REC 07:02	0.0	0.0	-	-	2.1	-	-	-	-	-	-	-	-	-	-	-	-	-

nmc specialty hospital nmc مستشفى ان ام سي التخصصي

AUDIOGRAM

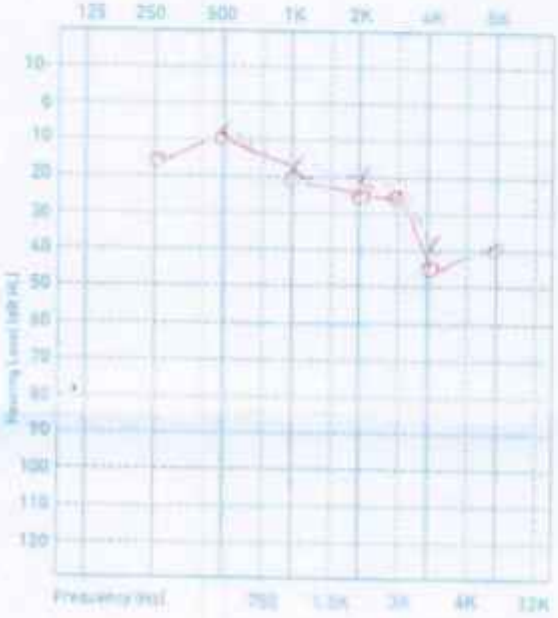
File No 14475743 رقم الملف

Name of Patient Lewi Hampilly اسم المريض Nationality Indian الجنسية

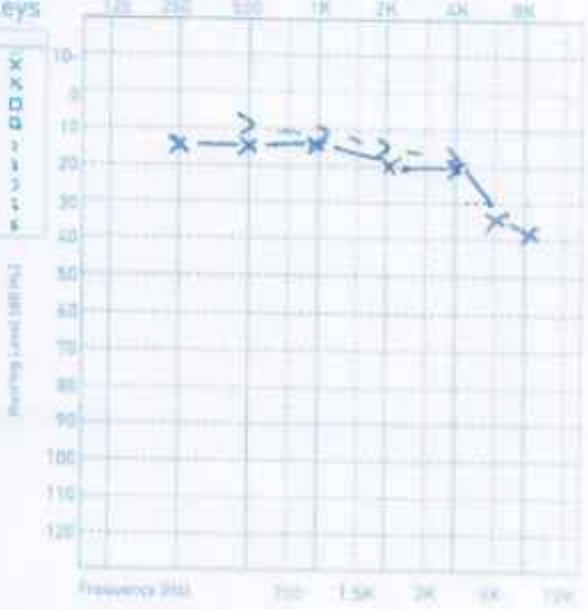
Age 57y السن Sex M الجنس Date 16/3/2025 التاريخ

Referring Physician Dr. Benaifer Billimoria طبيب الاحالة

Presenting Complaints تقديم الشكاوى



Audiogram Keys



Ear	PTA	Weber	SRT	SDS	MCL	UCL
Right	18 dBHL					
Left	17 dBHL					

IMPRESSION:

Bilateral Minimd hearing loss with high frequency Sensorineiral Hearing loss in Right Ear.
- 45 db loss at 4K only in (RT) ear.

Recommendations:

Ent consultation - FIT TO WORK

ANILA SHEKHAR KUMAR MISHRA Audiologist MOH Lic. No. 13692 nmc specialty hospital, Al Ghadeer

Name & Signature of Audiologist

Date 16/3/2025 Time 10:30Am

Name & Signature of Physician

DR. BENAIFER BILLIMORIA Specialist - ENT MOH Lic. No. 2359 nmc specialty hospital, Al Ghadeer

Date

AUDIOMETRIC