TRUCKMAN – NORTH

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

atient 15732 Reg.ID 19.08.2024

ame TONY HILORY PINTO

OUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

m Development Oman
DICAL DEPARTMENT

Surname/ Forenames	TONY HILARY PINTO
Nationality	INDIAN
D.O.B:	31-05-1969

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Mobile No. 97240538	Address: 74090093	Company Number:	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: 18-08-2024

Peace Land Clinic Mukhaizna

Signature of Applicant:

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. Teath & Mouth
√		4. Lungs & Chest
√		5. Cardiovascular System
√		6. Abdo. Viscera
√		7. Hernial Orifices
		8. Anus & Rectum
√		9. Genito-urinary
√		10. Extremities
√		11. Muscuio-skeletal
√		12. Skin & Varicose Vns.
√		13. C.N.S.

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Color Vision
164	100	37.8	130/80 mmhg	87 /mins.	L – N R – N	Uncorrected 6/6	6/6			√ 1. Normal 2. Abnormal
						Corrected				

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 +)		✓		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.)

Obese, Reduce weight, Lifestyle modification

FIT

ASSESSMENT AND RECOMMENDATIONS:

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

23/10/24

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

Peace Land Clinic Mkhaizna

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

Signature:

REVIEW CONSULTATION

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

TRUCKONDAN - DIORTH

مركز بلاند السلام الطبي
Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea			
NAME: TONY HILARY PINTO		COMPANY: TRUCKONDAN	
ID No: H4090093		OCCUPATION: HD DRIVER	
Mob.No: 97240538		GENDER: M / F	DATE: 18/08/2024

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 TONY HILARY PINTO (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Date: 18/08/2024

Peace Land Clinic Mukhaizna

P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout at Sahwa Tower, Sultanate of Oman
Tel: 24817117 / 24817148 / 24817149

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	: 15732	Doc No	: 10158
Name	: TONY HILARY PINTO	Doc Date	: 2024-08-18T11:16:00
Age	: 55Y	Bill No	: 30721
Gender	: Male	Date	: 18/08/2024 11:16 AM
Nationality	: INDIAN	Customer	: TRUCKOMAN OIL & GAS SERVICES
OBM No	: 97240538	Ref.by	: DR.HAMMAD ISMAIL

TEST RESULT : PDOM PDO MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
PDO MEDICAL CHECKUP			
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	111 u/l	44-147 U/ L	
T. BILIRUBIN	0.7 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.2 mg / dl	up to 0.4 mg /dl	
INDIRECT BILIRUBIN	0.5 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	42 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	31 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	4.1 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	27 mg / dl	10-50 mg /dl	
S.CREATININE	1.1 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	7 mg / dl	3.4 - 7.2 mg /dl	
FASTING BLOOD SUGAR	102 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.020		
pH	Acidic		
Appearance	Clear		
CHEMICAL	0		
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC			

Reported By:
AHMED ALHAG

Sr. Lab Technologist

Printed at: 18/08/2024 11:19:08

Peace Land Clinic Mukhaizna

Verified By:
AHMED ALHAG

Sr. Lab Technologist

Signed at: 18/08/2024 11:19:08

Specialist Pathologist:
AHMED ALHAG

Sr. Lab Technologist

Test	Result	Normal Range	Detailed Description
PUS_CELLS	1-2		
EPITHELIAL CELLS.	1-2		
RBCS	1-2		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA.	NIL		
OTHERS.	NIL		
COMPLETE BLOOD COUNT			
RBC	5.2 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	14.7 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	44 %	Male 42 -52 % Female 37 -47 %	
MCV	84 fl	76 - 96 fl	
MCH	28 pg	27 - 33 pg	
MCHC	33 %	32 36 %	
WBC COUNT	8700 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	48 %	40-75 %	
LYMPHOCYTE	42 %	20-45 %	
EOSINOPHIL	3 %	1-6 %	
MONOCYTE	7 %	2-8%	
BASOPHIL	0 %	0-1%	
PLATELET	2.2 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
LIPID PROFILE			
Total Cholesterol	177 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	146 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	47 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	101 mg/dl	< 130 mg/dl	

Remarks:

Peace Land Clinic Mukhaizna

2022-01-25 08:30:21
Name:

Data for reference only:

HR	bpm	:	75
PR Interval	ms	:	170
P Duration	ms	:	127
QRS Duration	ms	:	93
T Duration	ms	:	222
QT/QTc	ms	:	389/436
P/QRS/T Axis	deg	:	51.3/ 30.7/23.0
R(V5)/S(V1)	mV	:	0.71/0.48
R(V5)+S(V1)	mV	:	1.19

<< Conclusions >>

Normal Sinus Rhythm
Severity Left axis deviation
possible old inferior MI

Report need physician confirm

Physician:

Custom1:
Custom2:
Custom3:

AUTO 10mm/mV

10mm/mV

I
II
III
aVR
aVL
aVF

V1
V2
V3
V4
V5
V6

II 10mm/mV

25mm/s AC50Hz EMG30Hz DFT0.5Hz

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

PATIENT ID: 15732

Estimated 10-year Global CVD Risk
13.20%

Risk Category
Moderate Risk

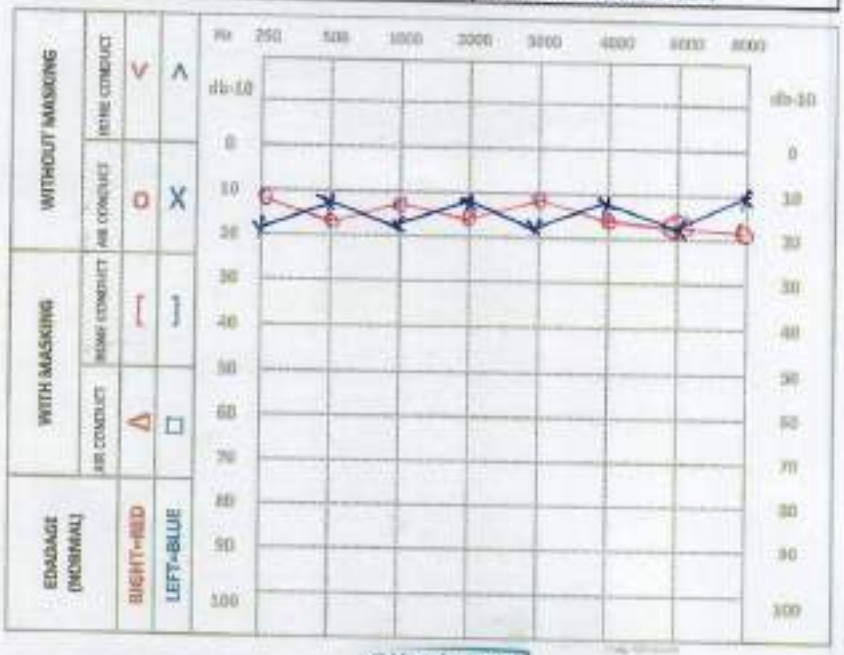
Estimated Vascular Age
60 Years

Treatment Guidelines
ATP-III (2004)
LDL <130 mg/dL (<3.37 mmol/L) Non-HDL <160 mg/dL (<4.14 mmol/L)
CCS (2009)
LDL >3.5 mmol/L (>135 mg/dL) TChol/HDL-C >5 mmol/L (>193 mg/dL) hsCRP >2 mg/L in men >50 years and women >60 years FHx and moderate risk hsCRP
LDL <2 mmol/L (<77 mg/dL) or ≥50 % decrease in LDL-C apoB <0.8 g/L (80 mg/dL)
ESC (2007, see info for more)
LDL <3 mmol/L (<120 mg/dL) TChol <5 mmol/L (<194 mg/dL)

Peace Land Clinic Muharraq

AUDIOMETRY TEST REPORT

NAME: TONY HILARY DINTO	COMPANY: TRUCKOMAN.
AGE: 31/05/1969 GENDER: M / F	OCCUPATION: HD DRIVER
REF. BY:	DATE: 18/10/2024



Sibelmed

INTERPRETATION
O RIGHT EAR
X LEFT EAR

RESULT
☑ NORMAL
HEARING LOSS
☐ RIGHT
☐ LEFT

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land

Fitness for work certificate

Employee Data		**Date**	18/08/2024
Name	TONY HILARY PINTO	**Department/Company**	TRUCKONIAN
I.D No.	7A090093	**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***	**FIT**
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 23/10/2024
Name of health advisor Signature	DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087		

Peace Land Clinic Mukhaizna

nmc

nmc specialty hospital, al ghoubra

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

Fitness Certificate

Empno:

Date of issue : *20/10/2024*

Ref No : *0000165/FIT/NMC/2024*

This is to certify that Mr. / Mrs. *TONY HILARY PINTO* with file no *50035166* and Resident card no. *74090093* was *Treated* at *nmc specialty hospital, al ghoubra* on *20/10/2024* and will be *Fit for work.* from the medical point of view starting from *20/10/2024*

DIAGNOSIS

For cardiac evaluation.

Remarks

DR SHAJU PADMAN

Place: *nmc specialty hospital, al ghoubra*

(Hospital Seal)

Signature

DR. SHAJU PADMAN PANIKKAL
Consultant - Cardiology
MOH Lic. No. 3626
nmc specialty hospital, Al Ghoubra

ID: 50035166	Second ID: 2568225	Admission ID:
Date of Birth:	Height:	Gender: Male
Age: 55 Years	Weight:	Race: Unknown

Indications
FOR FITNESS

Medications
NIL'

Referring Physician: DR.SHAJU PADMAN	Location:	Procedure Type: TMT
Attending Phy: DR.SHAJU PADMAN	Target HR: 140 bpm (85%)	Reasons for end: ACHIEVED THR
Technician: PRASAD KD	Max HR(%MPHR): 168 bpm (101%)	Symptoms: NIL

Diagnosis

Notes

Conclusions

The patient was tested using the Bruce protocol for a duration of 07:54 mm:ss and achieved 8.9 METs. A maximum heart rate of 168 bpm with a target predicted heart rate of 100% was obtained at 07:30. A maximum systolic blood pressure of 165/95 was obtained. 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: