TRUKOMAN – NORTH

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

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Client 20557 Reg.Dt 8/08/2024
Name MADUMOOSANAPANICKED AJITH KUMAR

n Development Oman
DICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames	AJITH KUMAR
Nationality	INDIAN D.O.B: 04-05-1970
Mobile No. 96178921 Address: 77139609	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: HELPER

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	√		DM ON MEDICATION
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 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 = 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.

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	Color Vision
168	73	25.9	120/70 mmhg	66/mins.	L N R N	DISTANT R 6/6 L 6/6; NEAR R L; Uncorrected; 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 +)		√		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 TO WORK as per specialist report

FIT

ASSESSMENT AND RECOMMENDATIONS:

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

Date: 19/09/2024 Name (Block Capitals): Dr. / Nurse

Peace Land Clinic Mukhtar Puzin

Signature:

REVIEW/CONSULTATION

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

DR. HASHIM ABDALLA
GENERAL PRACTITIONER
MOH License No: 9087

Peaceland Medical Service LLC, Mukhaizna
CR No.:2/13627/8, P.O.Box: 1403,
Postal Code: 133,
Occidental Camp Mukhaizna, Sultanate of Oman

PATIENTDETAILS :

Patient ID	: 20557	Doc No	: 10160
Name	: MADUSOODANA PANICKER AJITHKUMAR	Doc Date	: 2024-08-18T11:23:00
Age	: 54Y	Bill No	: 30723
Gender	: Male	Date	: 18/08/2024 11:23 AM
Nationality	: INDIAN	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 96178921	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	60 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	
IINDIRECT BILIRUBIN	0.5 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	40 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	39 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	
RENAL FUNCTION TEST			
UREA	31 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	106 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 11:26:08

Peace Land Clinic Mukhaizna

Verified By:
AHMED ALHAG
Sr. Lab Technologist
Signed at: 18/08/2024 11:26:08

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 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	14.6 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	43 %	Male 42 -52 % Female 37 -47 %	
MCV	85 fl	76 - 96 fl	
MCH	29 pg	27 - 33 pg	
MCHC	34 %	32 36 %	
WBC COUNT	5500 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	42 %	40-75 %	
LYMPHOCYTE	44 %	20-45 %	
EOSINOPHIL	6 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
PLATELET	2.2 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
LIPID PROFILE			
Total Cholesterol	161 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	149 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	54 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	107 mg/dl	< 130 mg/dl	

Remarks:

Peace Land Clinic Mukhaizna

2024-08-18 09:46:30

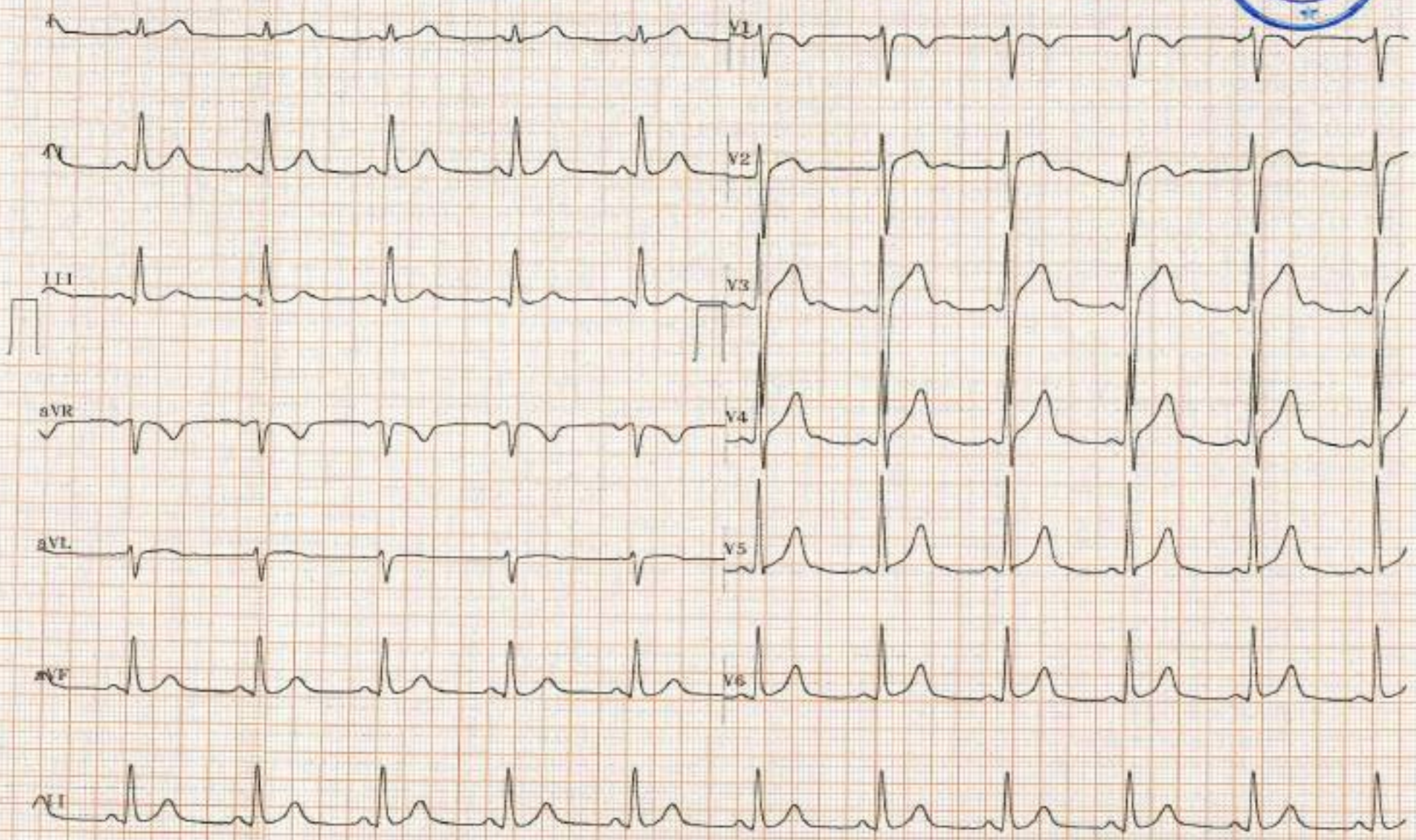
6 Channel + 1 Rhythm Report

Hospital:
Prescribed by:

Heart Rate: 66bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 126 ms Normal Sinus Rhythm
QRS Dur.: 110 ms Normal Axis
QT/QTc: 434/455 ms [Normal ECG]
P-R-T axes:
59 76 51

Name: [illegible]
Test: 2055* Reg.Dt: [illegible]/2024
Addr: [illegible]

Peace Land Clinic Mukhaizna



0.1Hz-LPFoff,AC60Hz,EMG. All Channels:10.0mm/mV,25.0mm/sec. CARDIO-M Ver5.09M.30 Medical Econet GmbH.

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

PATIENT ID:20557

Estimated 10-year Global CVD Risk

11.20%

Risk Category

High Risk

Estimated Vascular Age

57 Years

Treatment Guidelines

ATP-III (2004)

LDL <100 mg/dL (<2.59 mmol/L)
Non-HDL <130 mg/dL (<3.37 mmol/L)

CCS (2009)

LDL <2 mmol/L (<77 mg/dL) or ≥50 % decrease in LDL-C
apoB <0.8 g/L (80 mg/dL)

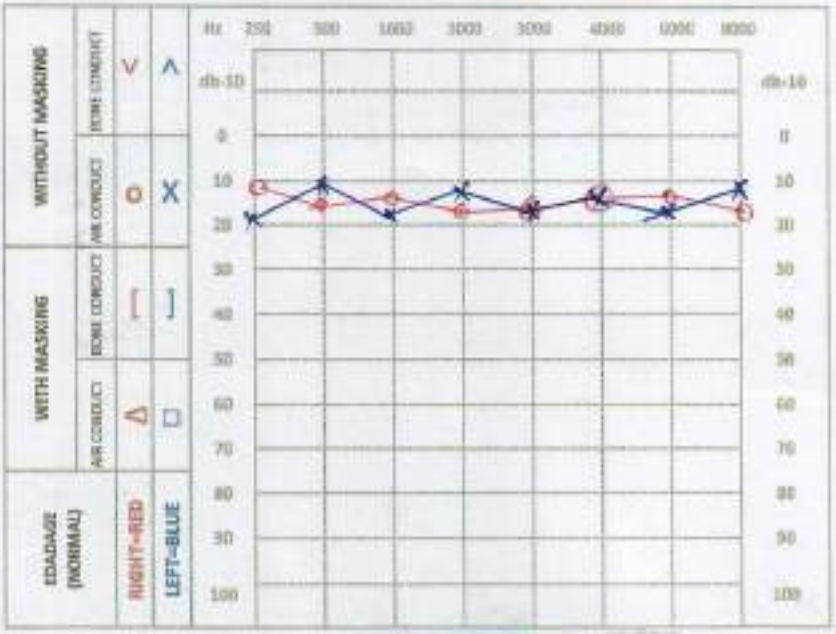
ESC (2007, see Info for more)

LDL <2-2.5 mmol/L (<80-100 mg/dL)
TChol <4-4.5 mmol/L (<155-175 mg/dL)

Peace Land Clinic Muscat

AUDIOMETRY TEST REPORT

NAME: AJITH KUMAR	COMPANY: TRUCKONOMY - NORTH
AGE: 04/05/1990 GENDER: M / F	OCCUPATION: HELPER
REF. BY:	DATE: 18/08/2024



Sibelmed

INTERPRETATION	
O	RIGHT EAR
X	LEFT EAR

RESULT
☑ NORMAL
HEARING LOSS
☐ RIGHT
☐ LEFT

Peace Land Clinic Mukhaizna
P.O Box 1403, P.C. 133, Sultanate of Oman
C.R.NO:2317743

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH Licence No: 9087

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land

Fitness for work certificate

Employee Data			Date	18/08/2024
Name	AJITH KUMAR		Department/Company	TRUCK OMANI - NORTH
I.D No.	77139609		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*	
Work near moving machinery or sharp edges			FIT
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 19/09/2024
Name of health advisor Signature			

Peace Land Clinic Muhaizna P.O. Box 133 C.R.NO 2211758

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

P.O. Box 1403, Postal Code 133, Al Azaiba, Koumzabeat al Sabaa Tower, Sultanate of Oman
Tel: 24617137 / 24617148 / 24617149

nmc specialty hospital, al ghoubra

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

Fitness Certificate

Empno:
Date of issue : *18/09/2024*

Ref No : *0000231/FIT/NMC/2024*

This is to certify that Mr. / Mrs. *MADUSOODANA PANICKER AJITHKUMAR* with file no *14456698* and Resident card no. *77139609* was *Treated* at *nmc specialty hospital, al ghoubra* on *18/09/2024* and will be *Fit for work.* from the medical point of view starting from *18/09/2024*

DIAGNOSIS
For cardiac evaluation.

Remarks

DR SHAJU PADMAN

Place: *nmc specialty hospital, al ghoubra*

(Hospital Seal)

Signature

DR. SHAJU PADMAN PANATTIL
Consultant - Cardiology
DHA Lic. No. 3020
nmc Specialty Hospital, Al Ghoubra

RECEPTION

MADUSOODANA PANICKER AJITHKUMAR,
14456698

Patient Information

9/18/2024 9:45:04 AM
Bruce

ID: 14456698 Second ID: 4119377 Admission ID:

Date of Birth:
Age: 54 Years
Height:
Weight:
Gender: Male
Race: Unknown

Indications
PDO FITNES

Medications
DM ON MEDICATION

Referring Physician: DR.SHAJU PADMAN
Location:
Procedure Type: TMT

Attending Phy: DR.SHAJU PADMAN
Technician: ANANDU
Target HR: 141 bpm (85%)
Max HR(%MPHR): 145 bpm (87%)
Reasons for end: ACHEVED THR
Symptoms: NIL

Diagnosis

Notes

Conclusions
The patient was tested using the Bruce protocol for a duration of 09:54 mm:ss and achieved 11.5 METs. A maximum heart rate of 145 bpm with a predicted heart rate of 87% was obtained at 09:30. A maximum blood pressure of 187/82 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

DR. SHAJU PADMANABHAN PANICKER
Consultant - Cardiology
KMC Reg. No. 39[illegible]
[illegible] Hospital

Signed by:
Date: 18/9/24