

TON

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

Ref. No: 19842 Reg. Dt: 10/07/202

Name: SUNIL VASUDEVAN

Gender: Male

Nationality: INDIA

Employer: Petroleum Development Oman

Mar. Status: Married

Department: MEDICAL DEPARTMENT

Barcode

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Mobile No: 71328219

Address: 66986995

Surname/
Forenames

SUNIL PUTHETHATH

Nationality: INDIAN

D.O.B: 03-01-1969

Company Number: 6460

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:

Next Job and Location:

HD DRIVER

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 & HTN 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 you taken in the past?	✓	✓	T. ATENELOL 50 - 0 D
Do you smoke? If yes, what and how much each day?	✓		T. TILDAGLIPIN 50 + METFORMIN 500 - 0 D
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: 10-07-2025



Signature of Applicant: *Sunil*

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									
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. mmhg	PULSE 70/mins.	HEARING L R N N	VISION DISTANT R 6/6 NEAR L 6/6	Color Vision
167	84	30.1	130/80		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.)

TMJ was done (normal)

L.S.M.

FIT

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

Date:

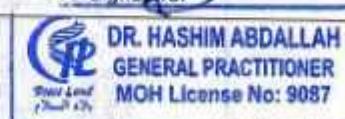
Name (Block Capitals): Dr. / Nurse



REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse



Signature:



Epworth Screening Questionnaire for Sleep Apnoea	
NAME: <u>SCONIL PUTHENZHOTH</u>	COMPANY: <u>TRUCKMAN D NORT</u>
ID No: <u>66886995</u>	OCCUPATION: <u>HD DRIVER</u>
Mob.No: <u>71328219</u>	GENDER: <u>M / F</u> DATE: <u>10/10/2025</u>
<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-Hight chance of dozing</p> <p><input checked="" type="checkbox"/> Sitting and reading <input checked="" type="checkbox"/> Watching TV <input checked="" type="checkbox"/> Sitting inactive in a public place(e.g.Theatre or meeting) <input checked="" type="checkbox"/> As a Passenger in the car for an hour without a break <input checked="" type="checkbox"/> Lying down to rest in the afternoon when circumstances permit <input checked="" type="checkbox"/> Sitting a talking with someone <input checked="" type="checkbox"/> Sitting quietly after lunch without alcohol <input checked="" type="checkbox"/> In a car, while stopped for a few minutes in traffic</p> <p>Total: <u>8</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> <p>Declaration : I <u>SCONIL PUTHENZHOTH</u> (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.</p> <p>Signature: <u>[Signature]</u> Date: <u>10/17/2025</u></p> <p></p>	





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

PATIENT DETAILS :

Patient ID	: 19842	Doc No	: 14314
Name	: SUNIL VASUDEVAN	Doc Date	: 2025-07-10T18:40:00
Age	: 58Y	Bill No	: 36246
Gender	: Male	Date	: 10/07/2025 18:40 PM
Nationality	: INDIAN	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 71328219	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	53 u/l	44-147 U / L	
T. BILIRUBIN	0.8 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.4 mg / dl	up to 0.4 mg /dl	
INDIRECT BILIRUBIN	0.4 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.	42 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	8 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	28 mg / dl	10-50 mg /dl	
S.CREATININE	0.7 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	6.7 mg / dl	3.4 - 7.2 mg /dl	
FASTING BLOOD SUGAR	104 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			
PUS CELLS			

Reported By:
Lab Technician

Sr. Lab Technologist



Verified By:
Lab Technician

Sr. Lab Technologist

Approved By:
Lab Technician

Sr. Lab Technologist

Test	Result	Normal Range	Detailed Description
EPITHELIAL CELLS.	1-2		
RBCS	1-2		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA.	NIL		
OTHERS.	NIL		
COMPLETE BLOOD COUNT			
RBC	5.2 Million/cu mm	Male 4.5 - 6.0 million /cu mm Female 4.5 - 5.5 million/cu mm	
HAEMOGLOBIN	15.8 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	45 %	Male 42 -52 % Female 37 -47 %	
MCV	87 fl	76 - 96 fl	
MCH	30 pg	27 - 33 pg	
MCHC	34 %	32.36 %	
WBC COUNT	8600 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	50 %	40-75 %	
LYMPHOCYTE	36 %	20-45 %	
EOSINOPHIL	6 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
PLATELET	2.5 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
LIPID PROFILE			
Total Cholesterol	160 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	60 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	66 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	71 mg/dl	< 130 mg/dl	
VLDL	12 mg/dl	2-30 mg/dl	
NON HDL CHOLESTEROL	94 mg/dl	Less than 130mg/dl	

Remarks:




Patient: 19642 Reg. Dt: 10/07/202
 Name: SUNIL VASUDEVAN
 Gender: Male Nationality: INDIA
 Age: 58Y Mar. Status: Married
 Address: 

Ref ID: 10/07/2022
Patient: 195642
Name: SUNIL VASUDEVAN
Gender: Male
Age: 56
Address:


Heart Rate: 63 bpm
PR/RR Int.: 160/952 ms
QRS Dur: 94 ms
QT/QTc: 398/407 ms
P-R-T axes: 45 41 14
SV1/RV5/R+S: 0.86/1.47/2.33mV

** Analysis Result ** (To be finally confirmed by physician)
Normal Sinus Rhythm
[Normal ECG]





PATIENT ID: 19642

Estimated 10-year Global CVD Risk

21.60%

Risk Category

High Risk

Estimated Vascular Age

72 Years

Treatment Guidelines

ATP-III (2004)

Treatment Targets

LDL <100 mg/dL (<2.59 mmol/L)

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

CCS (2009)

Treatment Targets

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)

Treatment Targets

LDL <2-2.5 mmol/L (<80-100 mg/dL)

TChol <4-4.5 mmol/L (<155-175 mg/dL)



AUDIOLOGY TEST REPORT

NAME: SUNIL PUTHEZHATH	COMPANY: TON	
AGE: 56 yrs	GENDER: M/F	OCCUPATION: HD DRIVER
REF. BY:	DATE: 10/08/2025	



Sibelmed

INTERPRETATION

RESULT
NORMAL
HEARING LOSS
RIGHT
LEFT

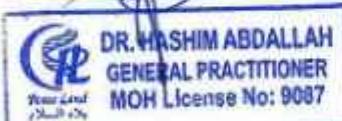




مركز بلاد السلام الطبي

Fitness for work certificate

Employee Data		Date 10-7-2025																																	
Name SUNIL PUTHEZHATH	I.D No. 66986995	Department/Company TON																																	
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)																																			
<p><i>The employee is fit for above work but should avoid the following task(s)</i></p> <table border="1"> <tr> <td>Work near moving machinery or sharp edges</td> <td>Temporary restriction</td> <td>Permanent restriction</td> </tr> <tr> <td>Working at height</td> <td></td> <td></td> </tr> <tr> <td>Pulling, pushing, or carrying weight over _____ Kg</td> <td></td> <td></td> </tr> <tr> <td>Ascend/descend ladders or stairs</td> <td></td> <td></td> </tr> <tr> <td>Operate motor vehicles, forklifts or heavy machinery</td> <td></td> <td></td> </tr> <tr> <td>Use of a respirator</td> <td></td> <td></td> </tr> <tr> <td>Repetitive twisting of valves or wrenches</td> <td></td> <td></td> </tr> <tr> <td>Flying</td> <td></td> <td></td> </tr> <tr> <td>Other (Specify)</td> <td></td> <td></td> </tr> <tr> <td>Temporary Unfit until</td> <td></td> <td></td> </tr> <tr> <td>Permanently Unfit</td> <td></td> <td></td> </tr> </table>			Work near moving machinery or sharp edges	Temporary restriction	Permanent restriction	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		
Work near moving machinery or sharp edges	Temporary restriction	Permanent restriction																																	
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																																			
<p><i>Name of health advisor/Signature</i></p> <p>2018/2019</p>																																			





nmc specialty hospital, al ghoubra

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

Fitness Certificate

Empno:

Date of issue : 19/07/2025

Ref No : 0000111/FIT/NMC/2025

This is to certify that Mr. / Mrs. **SUNIL PUTHEZHATH VASUDEVAN** 6460 with file no 14487701 and Resident card no. 66986995 was *Examined* at **nmc specialty hospital, al ghoubra** on 19/07/2025 and will be *fit to work* from the medical point of view starting from 19/07/2025

DIAGNOSIS

Z02.1-Encounter For Pre-Employment Examination

Remarks

fit to work

DR MUHAMMAD SIDDIQUI

Place: **nmc specialty hospital, al ghoubra**

(Hospital Seal)

Signature



ID: 14487701

Second ID: 2677427

Admission ID: _____

Date of Birth: _____

Age: 56 Years

Height: _____

Weight: _____

Gender: Male

Race: Unknown

Indications
PDO FOR FITNESSMedications
DM, HTN AND ON MED

Referring Physician: DR. MUHAMMED SIDDQUI

Location: _____

Procedure Type: TMT FOR FITNESS

Attending Phys: DR. MUHAMMED SIDDQUI

Target HR: 139 bpm (85%)

Reasons for end: ACHIEVED THR

Technician: _____

Max HR(%MPHR): 149 bpm (90%)

Symptoms: FATIGUE

Diagnosis: _____

Notes: _____

Conclusions

The patient was tested using the Bruce protocol for a duration of 15'54 min:sec and achieved 12.1 METs. A heart rate of 149 bpm with a target predicted heart rate of 91% was obtained at 10:00. A systolic blood pressure of 155/94 was obtained at 08:08 and a diastolic blood pressure of 155/94 was obtained at 08:08. No significant ST changes during exercise or recovery, no evidence of ischemia. Normal Stress stress test.

Reviewed by: _____

Signed by: _____

Date: _____

(INCOMING) REPORT

1025
P00
017/25