TON

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

ient 20958 Reg.Dt 22/10/2023
ame VINOD THALIYAKATTIL
nder Male Nationality INDIAN

OUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

eum Development Oman
DICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames	VINOD THALIYAKATTIL
Nationality INDIAN	D.O.B: 11/03/1980
Mobile No. 72021922 Address: 123243741	Company Number: 1996 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:

Reason for Examination (tick as appropriate)

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

Employee only

B Present Job and Location: RIGGER 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: 22/10/2023

Peace Land Drilling Muscat Oman

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	A	N = Normal A = Anormal (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. mmhg	PULSE	HEARING	VISION	Color Vision
160	71	27.73	130/80	66 mins.	L N R N	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 +) 3-9%	✓		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.)

- Asymptomatic lumbar spondylosis - (degenerative change)
- Life style modification for Borderd Lipid profile

ASSESSMENT AND RECOMMENDATIONS:

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

Date: 20/4/2026 Name (Block Capitals): Dr. / Nurse Signature:

Peace Land Clinic Muhibbah

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

REVIEW/CONSULTATION

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

Peaceland Medical Service LLC, Mukhaizna
CR No.:2/1362719, P.O.Box: 1483,
Postal Code: 133,
Occidential Camp Mukhaizna, Sultanate of Oman

PATIENTDETAILS :

Patient ID	: 20558	Doc No	: 6707
Name	: VINOD THALIYAKATTIL	Doc Date	: 2023-10-22T11:44:00
Age	: 43Y	Bill No	: 26356
Gender	: Male	Date	: 22/10/2023 11:44 AM
Nationality	: INDIAN	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 72021922	Ref.by	: Dr. ABUBAKR ABDELHALIM

TEST RESULT : OQ-001 OQ MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
OQ MEDICAL CHECKUP			
BLOOD GROUP & Rh TYPING	'A' Positive		
COMPLITE BLOOD COUNT			
RBC	4.5 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	13.8 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	41 %	Male 42 -52 % Female 37 -47 %	
MCV	91 fl	76 - 96 fl	
MCH	31 pg	27 - 33 pg	
MCHC	33 %	32 36 %	
WBC COUNT	8300 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	54 %	40-75 %	
LYMPHOCYTE	38 %	20-45 %	
EOSINOPHIL	2 %	1-6 %	
MONOCYTE	6 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	4	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATALATE	2.4 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIVER FUCTION TEST			
ALKALINE PHOSPHATASE	45 u/l	44-147 U/ L	
T. BILIRUBIN	0.6 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.2 mg / dl	up to 0.4 mg /dl	
iINDIRECT BILIRUBIN	0.4 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	24 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	27 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	7.2 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	4.2 g / dl	3.6 - 5.5 g/dl	
GGT	26 u / L	4 - 48 U/L	
RENAL FUNCTION TEST			
UREA	26 mg / dl	10-50 mg /dl	
S.CREATININE	0.8 mg / dl	0.7 - 1.2 mg /dl	

Reported By:
AHMED ALHAG

Sr. Lab Technologist

Printed at: 22/10/2023 11:46:47

Verified By:
AHMED ALHAG

Sr. Lab Technologist

Signed at: 22/10/2023 11:46:47

Specialist Pathologist:
AHMED ALHAG

Sr. Lab Technologist

Peaceland Medical Service LLC, Mukhaizna
CR No.:2/1362719, P.O.Box: 1403,
Postal Code: 133,
Occidental Camp Mukhaizna, Sultanate of Oman

Test	Result	Normal Range	Detailed Description
S.URIC ACID	4.7 mg / dl	3.4 - 7.2 mg /dl	
LIPID PROFILE			
Total Cholesterol	195 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	150 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	60 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	100 mg/dl	< 100 mg/dl	
VLDL	30 mg/dl	2-30 mg/dl	
FASTING BLOOD SUGAR	85 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		
RBC'S	1-2		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NIL		
OTHERS	NIL		
STOOL ROUTINE ANALYSIS			
PHYSICAL			
Colour	Brownnish		
Consistancy	Soft		
Reaction	Alkaline		
Mucus	NIL		
MICROSCOPIC			
Ova:	NIL		
Cyst:	NIL		
Bacteria	NIL		

Remarks:

Reported By:
AHMED ALHAG

Sr. Lab Technologist

Printed at: 22/10/2023 11:46:47

Peace Land Clinic Mukhaizna

Verified By:
AHMED ALHAG

Sr. Lab Technologist

Signed at: 22/10/2023 11:46:47

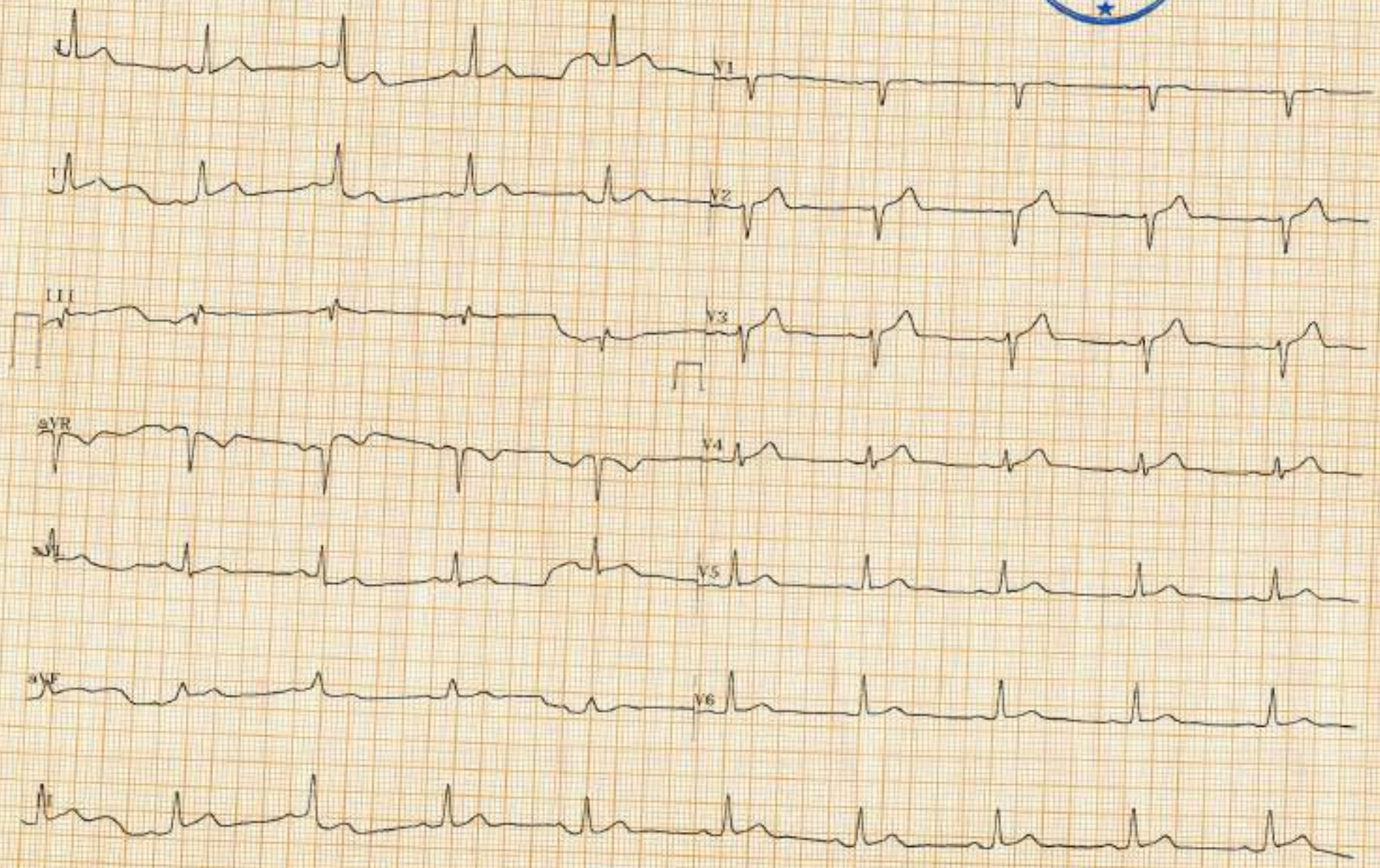
Specialist Pathologist:
AHMED ALHAG

Sr. Lab Technologist

6 Channel + 1 Rhythm Report

Hospital:

Heart Rate: 59bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 168 ms Sinus Bradycardia(HR:50-59)
QRS Dur.: 94 ms Normal Axis
QT/QTc: 388/383 ms [Minimally Abnormal or Normal Variation] ECG
P-R-T axes:
3 26 16



0.1Hz-LPFoFF,AC60Hz,EMG. I-aVF:10.0mm/mV,V1-V6:5.0mm/mV,25.0mm/sec, CARDIO-M Ver5.09M 30 Medical Support C

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

PATIENT ID: 20558

Estimated 10-year Global CVD Risk

3.90%

Risk Category

Low Risk

Estimated Vascular Age

40Years

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)

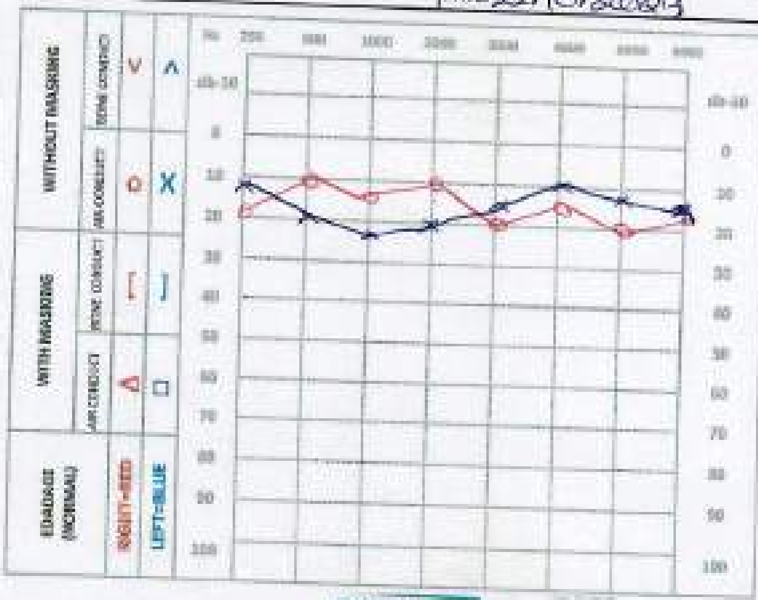
Treatment Targets

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: VINOD THALIYAKATTIL		COMPANY: TRUCKOMAN	
AGE: 43 YRS	GENDER: M/F	OCCUPATION: RIGGER.	
REF. BY:		DATE: 22/10/2023	



Sibelmed

INTERPRETATION
O RIGHT EAR
X LEFT EAR

RESULT
☑ NORMAL
HEARING LOSS
☐ RIGHT
☐ LEFT

Dr. ABUBAKER A [illegible]
MOH [illegible] No: 25074

Peace Land Clinic

P.O Box 1403, Postal Code: 133, Al Azaiba Roundabout al Rahwa Tower, Sultanate of Oman
Tel: 24617117 / 24617148 / 24617149

مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data			
Name	VINOD THALIYAKATTIL	Date	22/10/2023
I.D No.	123243741	Department/Company	TRACKOMAN
		Occupation	RIGGER

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			
Working at height			
Puling, pushing, or carrying weight over ___ Kg			
Ascend/descend ladders or stairs			
Operate motor uehicles, forklifts or heavy machinery			
Use of a respirator			
Repetitive twisting of valves or wrenches			
Flying			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			
		Date	20/11/2023
Name of health advisor Signature			

Peace Land Clinic Mukhaizna

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087