TRUCK DRIVER

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

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Petroleum Development Oman **MEDICAL DEPARTMENT** PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS	**Surname/ Forenames** VIPAN KUMAR **Nationality** INDIAN - D.O.B - 17-08-1981
Mobile No. 71364146 **Address:** 77021026	**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:

Reason for Examination (tick as appropriate)

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

Employee only

B Present Job and Location: H.D. 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: 11-12-2023 **Signature of Applicant:** vipan kumar

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 DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Color Vision
164	68	25.28	110/70 mmhg	72 /mins	L N R N	Uncorrected 6/6	6/6	6/6	6/6	✓ 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 +)		8.3%		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.)

ASSESSMENT AND RECOMMENDATIONS:

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

Date: 21-12-23 Name (Block Capitals): Dr. / Nurse Dr. MOHAMMOD ULLAH General Practitioner MOH License No. : 7790 Signature:

REVIEW/CONSULTATION

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

Peace Land Clinic Mykhaizna

مركز بلاد السلام الطبي
Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea			
NAME: VIPAN KUMAR		COMPANY: TRUCK OMAN	
ID No: 77021026		OCCUPATION: H.D. DRIVER	
Mob.No: 71364146	GENDER: M / F	DATE: 11/12/2023	

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 VIPAN KUMAR **(Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.**

Signature: Vipan Kumar **Date:** 11/12/2023

P.O. Box 1403, Postal Code : 133, Al Azaiba, Governorate of Sohar, Sultanate of Oman
Tel. 26817117 / 26817143 / 26817188

Peace Land Clinic Mukhaizna
C.R.NO.1211783

Peace Land Medical Center
P.O.Box 1403, Postal Code: 133,
Occidental Camp Mukhaizna ,Sultanate of Oman
Tel: 24617117/24617148/24617149

Name:	VIPAN KUMAR	File No:	21170
Age:	42 Y Nationality : INDIA	Bill No:	27401
Gender:	MALE	Date:	11/12/2023
Ref.By:	DR.HASHIM ABDALLAH	Time:	
GSM No.:	71364146		

Test	Result	Nomal Range
OQ-001 OQ MEDICAL CHECKUP		
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	5 ml	5 ml
Colour	Yellow	Yellow
Sp. Gravity	1.020	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	Negative
Protein	Negative	Negative
Glucose	Negative	Negative
Ketones	Negative	Negative
Urobilinogen	Normal	Normal
Bilirubin	NIL	Negative
Blood	Negative	Negative
MICROSCOPIC		
PUS CELLS	1-2	2-4/ hpf
EPITHELIAL CELLS	1-2	2-4/ hpf
RBC'S	1-2	0-4/ hpf
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
STOOL ROUTINE ANALYSIS		
PHYSICAL		
Colour	Brownish	
Consistenc	Soft	
Reaction	Alkaline	
Mucus	NIL	
MICROSCOPIC		
Plus Cells	1-2	
RBC;s	0-2	
Bacteria :	NIL	
Other :	NIL	

Sr.Labtechnologist

Peace Land Clinic Mukhaizna

COMPLETE BLOOD COUNT

RBC	4.9	Male 4.38 - 6.0 10^ 12/L Female 4.0 - 5.2 10 ^12/L
HAEMOGLOBIN	14.4	Male 13 -17 gm % Female11 - 14 gm %
HCT	42.00%	Male 39.30 -50.0 % Female 37-47 %
MCV	86	84-94 ft
MCH	29	26.6-35.6 pg
MCHC	34	29.6-35.6%
WBC COUNT	6	(4.0-11.0) 10^ 9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	52%	40-75%
LYMPHOCYTE	39%	20-45%
EOSINOPHIL	2%	1-5 %
MONOCYTE	7%	2-8 %
BASOPHIL	0%	0-1%
PLATELET	306	150 - 450 10^ 9/L
ESR	14	Male 0 -15 mm / 1st hour Female 0 - 20 mm / 1st hour

SICKLE CELL TEST	Negative	
BLOOD GROUP	A Rh Positive	
FASTING BLOOD SUGAR	100 mg/dl	74-100 mg/dl

LIVER FUNCTION TEST

TOTAL PROTEIN	7.5 g/L	6-8.0 g/L
ALBUMIN	4.8 g/L	3.50-5.20 g/L
S. BILIRUBIN TOTAL	0.7 mg/dl	0.0-2.0 mg/dl
SERUM BILIRUBIN DIRECT	0.2 mg/dl	0.0-00.40 mg/dl
ALKALINE PHOSPHATE	88 U/L	53-128U/L
GGT	40 U/L	0.0-55.0 U/L
S.G.OT	14 U/L	0.0-35.0 U/L
S.G.P.T	20 U/L	10-45 U/L

RENAL FUNCTION TEST

UREA	19 mg/dl	18.0-55.0 mg/dl
S. CREATININE	0.9 mg/dl	0.70-1.30mg/dl
URIC ACID	6.6 mg/dl	3.5-7.2 mg/dl

LIPID PROFILE(CH, TG, HDL,LDL)

Total Cholestrol	179 mg/dl	Normal < 200 mg/dl
TG	150 mg/dl	Normal 0-150 mg/dl
HDL-CHOL	48 mg/dl	35.3-79 mg/dl
LDL-CHOL	99 mg/dl	<100 mg/dl
VLDL	30 mg/dl	2-30 mg/dl

Sr.Labtechnologist

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

PATIENT ID: 21170

Estimated 10-year Global CVD Risk
3.30%

Risk Category
Low Risk

Estimated Vascular Age
38Years

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

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P.O Box 1581, P.C. 133, Sultanate of Oman

ESC (2007, see Info for more)

Treatment Targets

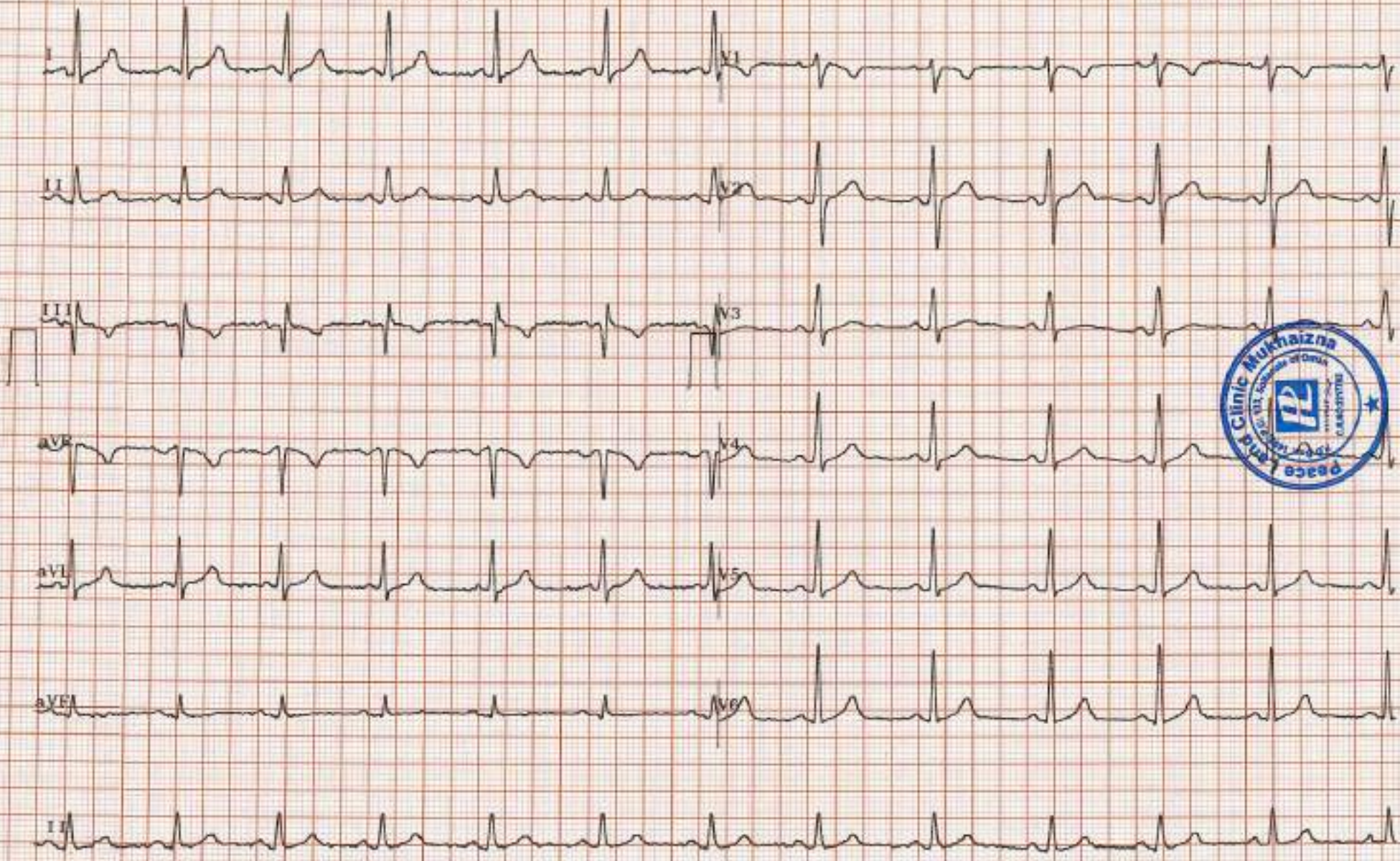
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

6 Channel + 1 Rhythm Report

Hospital:
Prescribed by:

Heart Rate: 75bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 134 ms Normal Sinus Rhythm
QRS Dur.: 96 ms Normal Axis
QT/QTc: 386/429 ms [Normal ECG]
P-R-T axes:
15 15 -2

Unit 20170 Reg.Dt 19/12/2021
me VIVAN KUMAR
nder Male Nationality INDIAN



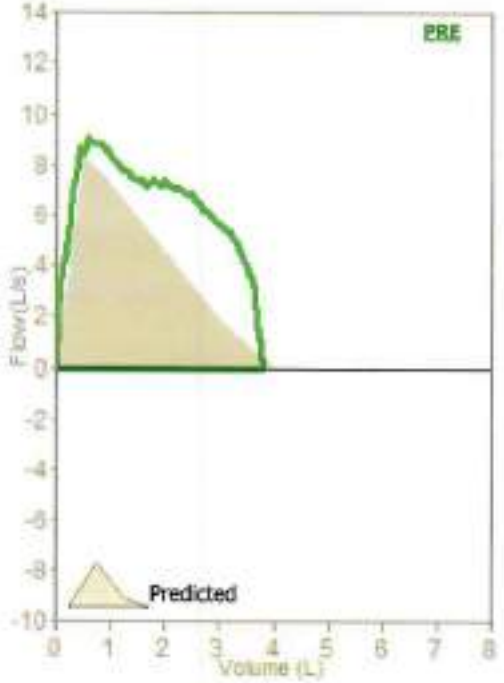
0.1Hz- 150Hz,AC50Hz. All Channels:10.0mm/mV,25.0mm/sec. EKG2000 Ver5.05M.30 Bionet Co., Ltd.

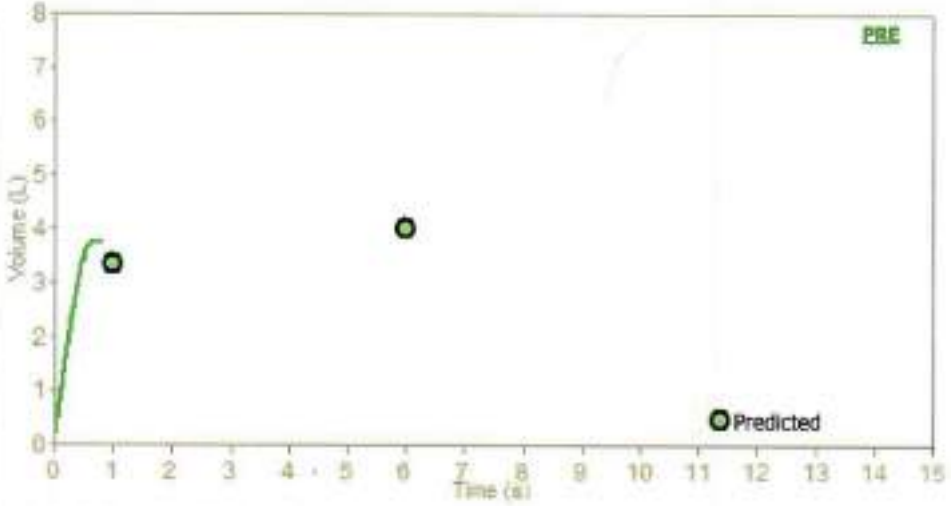
Pulmonary Function Test Results

FVC FEV1 FEV1%

Visit date 11/12/2023

Patient code	77021026	Age	42
Surname	KUMAR	Gender	Male
Name	VIPAN	Height, cm	164
Date of birth	17/08/1981	Weight, kg	68
Ethnic group	Caucasian	BMI	25.28
Smoke	No smoker	Pack-Year	
Patient group			





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 11/12/2023 09:36:46

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.01	4.01	3.79*	94	-0.37	3.79			*		
FEV1	L	2.50	3.34	3.79*	113	0.88	3.79			*		
FEV1/FVC	%	67.9	79.7	100.0*	126	2.83	100.0			*		
PEF	L/s	6.42	8.41	9.15*	109	0.61	9.15			*		
ELA	Years		42	42	100		42					
FEF2575	L/s	2.36	4.08	7.17	176	2.98	7.17					
FET	s		6.00	0.78	13		0.78					
FIVC	L	3.01	4.01									
FEV1/VC	%	67.9	79.7									

*Best values from all loops - BTPS 1.078 28 °C (82.4 °F) - Predicted ERS (ECCS) / Zapletal

Conclusion / Medical report

Signature

Instrument used
Minispir S S/N C16043

Peace Land Clinic Mukhaizna

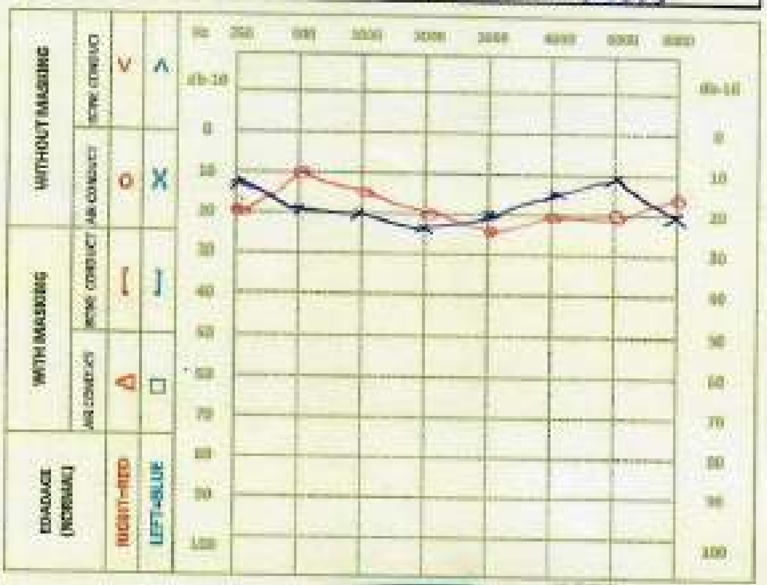
MIR

مركز بلاد السلام الطبي

Peace Land Medical Center

AUDIOMETRY TEST REPORT

NAME: VIPAN KUMAR	COMPANY: TROCKOMAN -
AGE: 42 YRS GENDER: M/F	OCCUPATION: HD DRIVER.
REF. BY:	DATE: 11/12/2025



Sibelmed

INTERPRETATION
O RIGHT EAR
X LEFT EAR

RESULT
☑ NORMAL
HEARING LOSS
☐ RIGHT
☐ LEFT

Peace Land Clinic Mukhaizna

P.O. Box 1483, Postal Code : 133, Al Azaiba, Roundabout at Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617143 · 24617149

Fitness for work certificate

Employee Data			Date 11/12/23
Name	VIPAN KUMAR		Department/Company TRUCK OMAN
I.D No.	77021026		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			
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 21-12-23
Name of health advisor Signature	Dr. MOHAMMED ULLAH General Practitioner MOH License No.: 7790		

Peace Land Clinic Mukhaizna