PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS.

Surname
Forenames RENJITH RAVI.
Address 92921721- TruckOman
Home telephone number 78753772.

Place of examination: Dut Date 27/4/22.

If a dependant enter employee's name here:
Surname: Forenames:

Birth date: 20/3/88 Nationality: Indian Country of birth: India Religion: Hindu

☑ Male ☐ Female ☐ Married ☑ Single ☐ Separated /Divorced

Relationship to employee: ☐ Wife ☐ Son ☐ Daughter Number of children:

Reason for examination: Pre-Employment ☑ Periodic medical check-up ☐ Pre-Overseas ☐ Job: Auto Electrician Area:

Name and address of family doctor

List your last 3 jobs
(1)
(2)
(3)

Are you a Registered Disabled Person? (UK only) ☐ Do you belong to any Medical Insurance Scheme? ☐

DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)

	Y	N		Y	N		Y	N
1. Sinus trouble		|	21. Cancer		|	HAVE YOU EVER BEEN:-		
2. Neck swelling/glands		|	22. Heart Disease		|	41. Rejected for employment or insurance for medical reasons		|
3. Difficulty in vision		|	23. Rheumatic fever		|			
4. Any ear discharge		|	24. Abnormal heartbeat		|	42. Awarded benefits for industrial injury/illness		|
5. Asthma/bronchitis		|	25. High blood pressure		|			
6. Hayfever /other significant allergy		|	26. Stroke		|	43. Treated for a mental condition, e.g. depression		|
7. Any skin trouble		|	27. Serious chest pain		|			
8. Tuberculosis		|	28. Any blood disease		|	44. Treated for problem drinking or drug abuse		|
9. Shortness of breath		|	29. Kidney disease		|			
10. Coughed/vomited blood		|	30. Blood in urine		|	45. Exposed to toxic substance or noise		|
11. Severe abdominal pain		|	31. Painful passage of urine		|			
12. Stomach ulcer		|	32. Diabetes	✓	|	FOR WOMEN ONLY		
13. Recurrent indigestion		|	33. Headaches/migraine		|	Have you ever had:-		
14. Jaundice or hepatitis		|	34. Dizziness/fainting		|	46. An abnormal smear		
15. Gall Bladder disease		|	35. Epilepsy		|	47. Any gynaecological treatment		
16. Marked change in bowel habits		|	36. Joints/spinal trouble		|			
17. Blood in stools (motions)		|	37. Surgical operation		|	48. Are you pregnant?		
18. Marked change in weight		|	38. Serious accident/fracture		|	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
19. Varicose veins		|	39. Tropical disease		|			
20. Lump in breast/armpit		|	40. Fear of heights		|			

How much tobacco each day? No. Average daily alcohol consumption No

Have you ever taken elicited drugs? ( )

FAMILY HISTORY: Diabetes ( ) Tuberculosis ( ) Epilepsy ( ) Asthma ( ) Eczema ( ) Heart disease ( ) High blood pressure ( ) Stroke ( ) Blood Disease ( ) Cancer ( )

PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-

I declared these statements to be true to the best of my knowledge and belief and I agree that the result of this medical examination in general terms may be revealed to the Company if required, and the details sent to my own doctor if this is considered necessary by the examining medical officer.

Date: 27/4/22 Signature of Applicant: [signature]

PEACE LAND MEDICAL CENTER

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N = Normal A = Abnormal (please describe)

N	A		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.	
		14. Breast	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	Colour Vision	Blood Group
168	71	25.2	138/88	72/mins.	L / R: N	DISTANT R L, NEAR R L — Uncorrected: 6/6 6/6; Corrected:	N	[illegible]

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
	✓	1. Urinalysis	Glycosuria (+)	✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR		✓		8. Lung Function
	✓	3. LFT, RFT, RBS	High FBS			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.)

DM on medications.

ASSESSMENT:

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

Date: 27/4/2014 Name (Block Capitals): Dr. / Nurse Signature:

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General Practitioner
MOH License No.

REVIEW/CONSULTATION

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

Peace Land Medical Center
P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout Al Sahwa Tower
Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name:	RENJITH RAVI		
Age:	34 Y **Nationality:** INDIAN	**Doc No:**	0019753
Gender:	M	**File No:**	0030240
Ref. By:	ABDULRAHMAN ABDULLATEIF ABDULRAHMAN ZEINELDEEN	**Bill No:**	0035535
GSM No.:	78753772	**Date:**	27/04/2022
		Time:	10:57

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.7 10"12/l	Male 4.38 -5.78 10"12/l Female 4.0- 5.0 10"12/l
HAEMOGLOBIN	16.9 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	50.0 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	**82 fl**	84-94 fl
MCH	**26.8 pg**	27 - 33 pg
MCHC	32.8 g/dl	29.6 - 35.6 %
WBC COUNT	10.0 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	58 %	40-75 %
LYMPHOCYTE	37 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**194 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	59 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**1.0 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**27.3 U/L**	0 - 35.0 U/L

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Medical Technologist

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Test	Result	Normal Range
S.G.P.T.	45.0 U/L	10 - 45 U/L
GGT	55.0 U/L	0 - 55.0 U/L
ALBUMIN	4.5 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	8.0 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.19 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	27.4 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.78 mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	6.2 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	220 mg/dl	0.0 - 200 mg/dl
Triglyceride	143.4 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	60.2 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	131.2 mg/dl	< 100 mg/dl
VLDL	28.6 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	135.4 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	5 ml	
Colour	Yellow	
Sp. Gravity	1.010	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	(+)	

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Test	Result	Normal Range
Ketones	Negative	
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	

PEACE LAND MEDICAL CENTER

Medical Technologist

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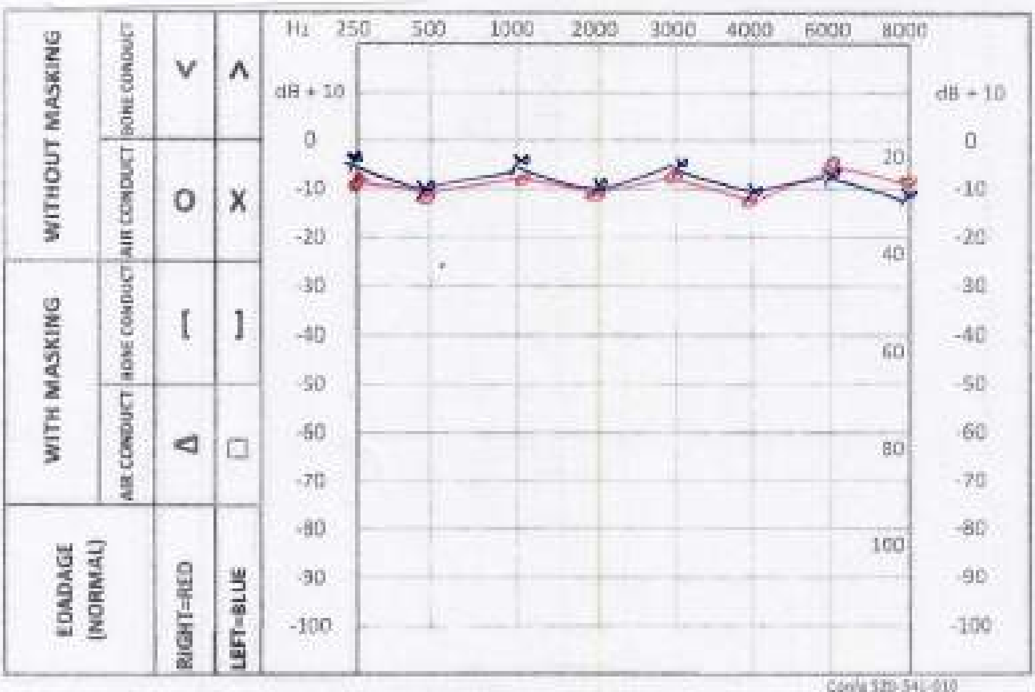
Peace Land Medical Center

RENJITH RAVI
34 Y(M) «Blank» 27/04/22 09:10
0030240
67691 Bill # 0036830
PEACELAND

[AUDIO]METRY TEST REPORT

NA[ME]		COMPANY	Towf Oman
AGE		OCCUPATION	Auto Electr
REF		DATE	27/4/22



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT	
☑	NORMAL
☐	HEARING LOSS
☐	RIGHT
☐	LEFT

مركز بلاد السلام الطبي
AL MEDICAL CENTER

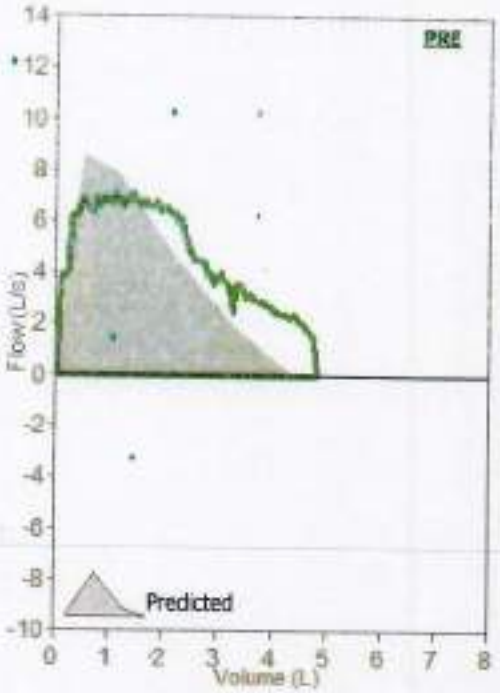
ص.ب : ١٤٠٣ الرمز البريدي : ١٣٣، دوار العذيبة قرب ابراج الصحوة مبنى ١ ، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف: ٢٤٦١٧١٤٩ / ٢٤٦١٧١٤٨ / ٢٤٦١٧١١٧

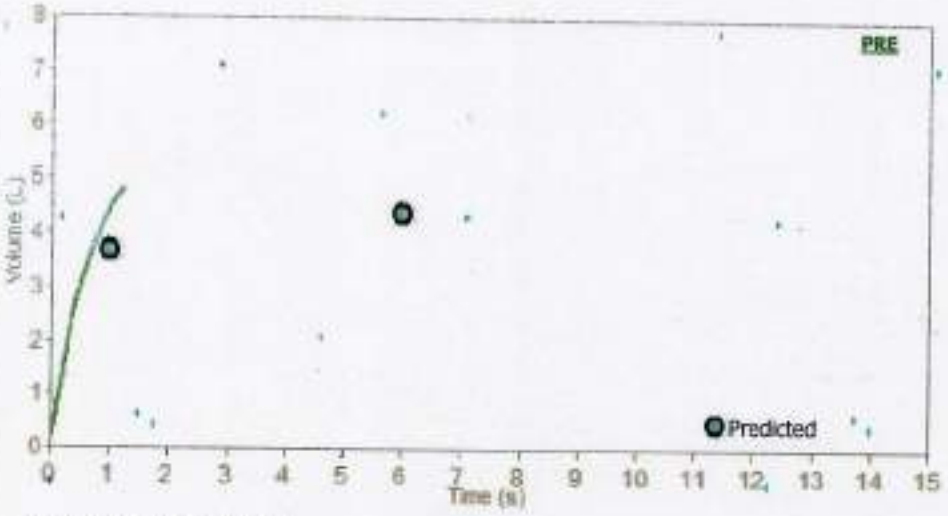
Pulmonary Function Test Results

Visit date 27/04/2022

Patient code	92921721	Age	34
Surname	RAVI	Gender	Male
Name	RENJITH	Height, cm	158
Date of birth	24/03/1988	Weight, kg	71
Ethnic group	Not defined	BMI	25.16
Smoke		Pack-Year	
Patient group			

FVC PRE | FEV1 PRE | FEV1% PRE





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 27/04/2022 09:27:55

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.33	4.38	4.82*	110	0.68	4.82			*		
FEV1	L	2.80	3.66	4.43*	121	1.46	4.43			*		
FEV1/FVC	%	74.2	84.4	91.9*	109	1.22	91.9			*		
PEF	L/s	5.19	8.61	7.20*	84	-0.68	7.20			*		
ELA	Years		34	34	100		34					
FEF2575	L/s	2.19	3.98	4.73	119	0.70	4.73					
FET	s		6.00	1.24	21		1.24					
FIVC	L	3.33	4.38									
FEV1/VC	%	74.2	84.4									

*Best values from all loops - BTPS 1.073 29 °C (84.2 °F) - Predicted Knudson

Conclusion / Medical report

Signature

Instrument used
Minispir S S/N C11507
Last calibration check 01/11/2021 09:35:10

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Peace Land
بلاد السلام

Fitness for work certificate

Employee Data		Date	27/4/2021
Name	RENJITH RAVI	Department/Company	T-O.
I.D No.	92921721	Occupation	Auto Electrician

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 27/4/2021
Name of health advisor Signature			Dr. [illegible] General Practitioner Med. Licence No. [illegible]

مركز بلاد السلام الطبي PEACE LAND MEDICAL CENTER

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