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

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

Client No. 19959	Reg.Dt 22/08/2023	Department Oman	Surname/Forenames ABHILASH CHIRMAL	
Name ABHILASH CHIRMAL	Gender Male	Nationality INDIAN	Nationality INDIA DOB 27/10/1993	
PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS				
Mobile No. 90942281	Address: 126870528	Company Number: 2038	Reference Indicator:	
Personal Details A <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced /Widow(er) Home/Leave Address: <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter No of Children:				
Reason for Examination (tick as appropriate) Periodic Medical Examination <input checked="" type="checkbox"/> Final / Retirement <input type="checkbox"/> Other Reason: <input type="checkbox"/>				
Employee only B Present Job and Location: DISPATCHER - HAIMA Next Job and Location: Are you a registered person with special needs? <input type="checkbox"/> Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>				
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 you 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: 22/08/2023		Signature of Applicant:		



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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
171	90	30.8	110/70
mmhg	PULSE 64/mins.	HEARING L N R N	VISION DISTANT R L R L Uncorrected 6/6 Corrected 6/6
N	A	Color Vision ✓ 1. Normal 2. Abnormal	
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	
✓	1. Urinalysis		
✓	2. Hb, Blood count, ESR		
✓	3. LFT, RFT, RBS		
✓	4. Drug Screen		
✓	5. Lipids (40 years +)		
✓	6. Sickle Cell test		
✓	7. Audiogram		
✓	8. Lung Function		
✓	9. Chest X-Ray		
✓	10. ECG		
✓	11. CVS risk for 40 yrs. & above		
✓	12. HIV, Hepatitis screening		
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)			
1. LSM & RFL (with Exercise sheet)			
ASSESSMENT AND RECOMMENDATIONS:			
<input checked="" type="checkbox"/> FIT ALL AREAS <input type="checkbox"/> FIT WITH RESTRICTION		<input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT	
Date: 22/8/23 Name (Block Capitals): Dr. / Nurse		Dr. Shima Saeed Abdollah Jafar Cardiologist Specialist MOH Lic. No. 21962	
REVIEW/CONSULTATION			
Date: _____ Name (Block Capitals): Dr. / Nurse		Signature: _____	
Signature: _____			





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

Name: ABHILASH CHIRMAL File No: 19959
Age: 25 Y Nationality : INDIAN Bill No: 25651
Gender: MALE Date: 22/08/2023
Ref.By: DR : SHIMA Time:
GSM No.: 90442281

Test	Result	Normal Range
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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	

COMPLETE BLOOD COUNT

RBC	4.5	Male 4.38 - 4.98 10 12/l Female 4.5 - 5.5 10 12/l
HAEMOGLOBIN	13.2	Male 13 -16 gm % Female 11 - 14 gm %
HCT	40.00%	Male 39.30 -44.10 % Female 37-47 %
MCV	88	84-94 ft
MCH	29	26.3-31.9 pg

Medical Technologist

MCHC	33	29.6-35.6g/dl
WBC COUNT	8.4	(4.0-11.0) 10 9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	59%	53-69.7 %
LYMPHOCYTE	37%	23.9-37.9 %
EOSINOPHIL	1%	1-6 %
MONOCYTE	3%	2-10 %

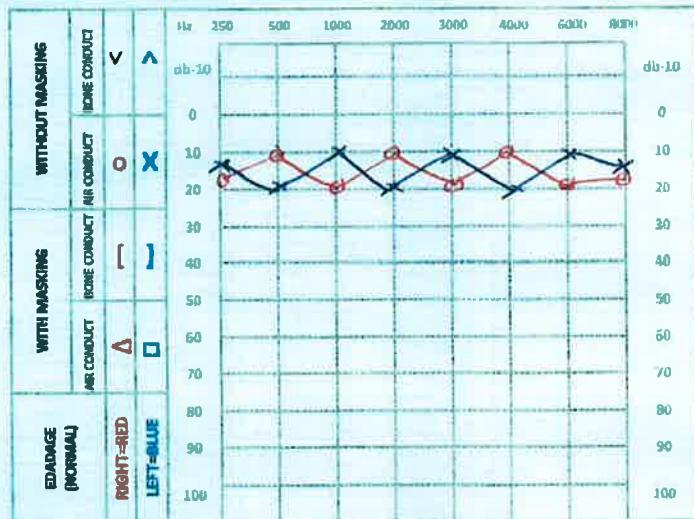
BASOPHIL	0%	0-1%
PLATELET	282	156-342 10 9/l
FASTING BLOOD SUGAR	100 mg/dl	80-110 mg/dl
LIVER FUNCTION TEST		
ALKALINE PHOSPHATE	101 U/L	44-147U/L
S. BILIRUBIN TOTAL	0.9 mg/dl	0.0-2.0 mg/dl
GGT	42 mg/dl	0.0-55.0 mg/dl
S.G.O.T	22 U/L	0.0-45.0 U/L
S.G.P.T	28 U/L	10-45 U/L
ALBUMIN	4.3 mg/dl	3.50-5.20 mg/dl
TOTAL PROTEIN	7.5 mg/dl	6-8.0 mg/dl
SERUM BILIRUBIN DIRECT	0.3 mg/dl	0.0-0.40 mg/dl
RENAL FUNCTION TEST		
UREA	30 mg/dl	18.0-55.0 mg/dl
S. CREATININE	1 mg/dl	0.70-1.30mg/dl
URIC ACID	7.1 mg/dl	3.4-7.2 mg/dl
LIPID PROFILE(CH, TG, HDL,LDL)		
Total Cholesterol	193 mg/dl	Normal < 200 mg/dl Borderline 200- 239 mg/dl High > 240 mg/dl
TG	108 mg/dl	Normal < 200 mg/dl Borderline 200- 250 mg/dl High > 250 mg/dl
HDL-CHOL	62 mg/dl	35.3-79 mg/dl Low Risk > 50 mg/dl Nomal Risk 35-50 mg/dl High Risk < 35 mg/dl
LDL-CHOL	111 mg/dl	<130 mg/dl
VLDL	22 mg/dl	5-40 mg/dl

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Medical Technologist



AUDIOLOGY TEST REPORT

NAME: ABHILASH CHIRMAL		COMPANY: TON	
AGE: 27	REF. BY: 108197	GENDER: M/F	OCCUPATION: DISPATCHER
REF. BY: 221082023		DATE: 22/10/2023	



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INTERPRETATION

RESULT
 NORMAL
HEARING LOSS
 RIGHT
 LEFT



مركز بلاد السلام

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date 22/08/2023
Name ABHILASH CHIRMAL	Department/Company TRUCKMAN	
I.D No. 126870528	Occupation DISPATCHER	
Type of Medical Evaluation Mark those applying		
A1 Aircraft refuelling		A8 Fire / Emergency response team work
A2 Breathing apparatus		A7 Professional driving
A3 Business traveller		A9 Remote location work
A4 Catering and food preparation		A10 Transfers - group A country
A5 Crane or forklift driving & all heavy vehicles		A11 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		
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		Date 22/08/23
Permanently Unfit		
Name of health advisor Signature		Dr. Shima Saeed Abdulla Jafar Cardiologist Specialist MOH Lic. No. 21962

