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

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Client 19999 Reg.Dt 22/08/2023
 Name ABHILASH CHIRMAL
 Gender Male Nationality INDIAN

Ministry of Health
 Medical Department

Surname/Forenames ABHILASH CHIRMAL
 Nationality INDIA DOB 27/08/1993

PLEASE COMPLETE YOUR PERSONAL
 DETAILS IN BLOCK CAPITALS

Mobile No. 90942281 Address: 126870528 Company Number: 2038 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: DISPATCHER - HAIMA 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 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:

[Signature]

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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 = 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		Color Vision
171	90	30.8	$\frac{110}{70}$ mmhg	64/mins.	L N R N	DISTANT R L	NEAR R L	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.)								
L, LSM & RFR (Ints Exercise chest)								
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 Seyedabdollah Jafar Cardiologist Specialist MOH Lic. No. 21962		Signature:		
REVIEW/CONSULTATION								
Date:	Name (Block Capitals): Dr. / Nurse			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
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 %

Medical Technologist

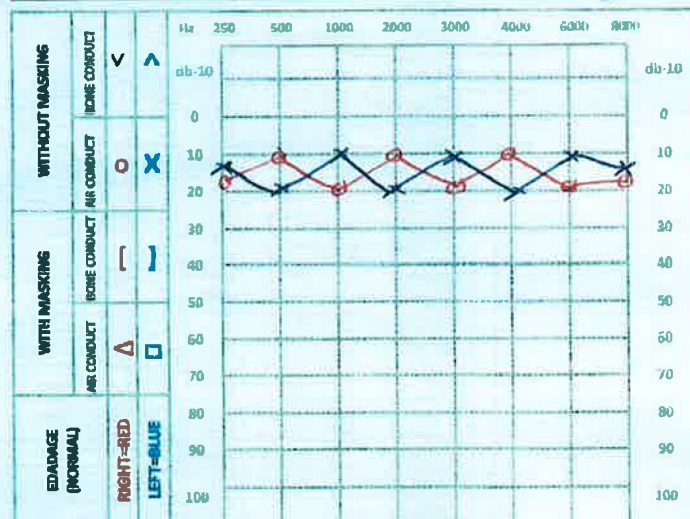
BASOPHIL	0%	0-1%
PLATELET	282	156-342 10 ⁹ /l
FASTING BLOOD SUGAR	100 mg/dl	80-110 mg/dl
LIVER FUNCTION TEST		
ALKALINE PHOSPHATE	101 U/L	44-147U/L
S. BILIRUBIN TOTAL	0.9 mg/dl	0.0-2.0 mg/dl
GGT	42 mg/dl	0.0-55.0 mg/dl
S.G.OT	22 U/L	0.0-45.0 U/L
S.G.P.T	28 U/L	10-45 U/L
ALBUMIN	4.3 mg/dl	3.50-5.20 mg/dl
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 Cholestrol	193 mg/dl	Normal < 200 mg/dl Borderline200- 239 mg/dl High > 240 mg/dl
TG	108 mg/dl	Normal < 200 mg/dl Borderline200- 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

Medical Technologist



مرکز بلاد السلام Peace Land Medical Center

AUDIOMETRY TEST REPORT			
NAME: ABHILASH CHARMAL		COMPANY: TON	
AGE: 27.10.1997	GENDER: M/F	OCCUPATION: DISPATCHER	
REF. BY:		DATE: 22/08/2003	



Sibelmed

INTERPRETATION
 O RIGHT EAR
 X LEFT EAR

RESULT
☒ NORMAL
☐ HEARING LOSS
☐ RIGHT
☐ LEFT



Employee Data		Date 22/08/2023	
Name ABHILASH CHIRMAL		Department/Company TRUCK OMAN	
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		A6 Transfers – group A country	
A5 Crane or forklift driving & all heavy vehicles		A10 Transfers – group B country	
<p>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.</p>			
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			
Lifting, 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 22/8/23	
Permanently Unfit			
Name of health advisor Signature		Dr. Shima Goyenabadi	

Dr. Shima Beyezabddollah Jafar
Cardiologist Specialist
MOH Lic. No. 21962