PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	RAMAKRISHNAN
Forenames	DILIP PILLAI
Address	9012602 – Tuticorin
Home telephone number:	78532259.

Place of examination: mnt Date 22/9/22

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

Birth date: 23/10/86 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: Mechanic. 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			42. Awarded benefits for industrial injury/illness		
4. Any ear discharge			24. Abnormal heartbeat			43. Treated for a mental condition, e.g. depression		
5. Asthma/bronchitis			25. High blood pressure			44. Treated for problem drinking or drug abuse		
6. Hayfever /other significant allergy			26. Stroke			45. Exposed to toxic substance or noise		
7. Any skin trouble			27. Serious chest pain			FOR WOMEN ONLY		
8. Tuberculosis			28. Any blood disease			Have you ever had:-		
9. Shortness of breath			29. Kidney disease			46. An abnormal smear		
10. Coughed/vomited blood			30. Blood in urine			47. Any gynaecological treatment		
11. Severe abdominal pain			31. Painful passage of urine			48. Are you pregnant?		
12. Stomach ulcer			32. Diabetes			49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
13. Recurrent indigestion			33. Headaches/migraine					
14. Jaundice or hepatitis			34. Dizziness/fainting					
15. Gall Bladder disease			35. Epilepsy					
16. Marked change in bowel habits			36. Joints/spinal trouble					
17. Blood in stools (motions)			37. Surgical operation					
18. Marked change in weight			38. Serious accident/fracture					
19. Varicose veins			39. Tropical disease					
20. Lump in breast/armpit			40. Fear of heights					

How much tobacco each day? 8-10 day Average daily alcohol consumption Occationaly.

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: 22/9/2022 **Signature of Applicant:** Dilli

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)	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.
		14. Breast

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
166	72	26.1	125/76	70/mins.	L N R	Uncorrected 6/6	6/6			N	
						Corrected					

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis		✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR		✓		8. Lung Function
✓		3. LFT, RFT, RBS				9. Chest X-Ray
		4. Drug Screen				10. ECG
	✓	5. Lipids (40 years +)	TTc, TTc			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.)

Wt loss Counsel diet & exercise

ASSESSMENT:

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

Date: 22/9/22 Name (Block Capitals): Dr. / Nurse Signature:

Dr. Shuaa Sayed Abdullah Jaffar
Cardiology Specialist
MOH Lic. No. [illegible]

PEACE LAND MEDICAL CENTER

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:	DILIL PILLAI RAMAKRISHNAN	**Doc No:**	0024981
Age:	35 Y **Nationality:** INDIAN	**File No:**	0035318
Gender:	M	**Bill No:**	0041006
Ref. By:	DR.SHIMA	**Date:**	22/09/2022
GSM No.:	78532259	**Time:**	10:20

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.6 10"12/l	Male 4.38 -5.78 10"12/l Female 4.0- 5.0 10"12/l
HAEMOGLOBIN	16.3 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	49.2 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.9 pg	27 - 33 pg
MCHC	33.1 g/dl	29.6 - 35.6 %
WBC COUNT	7.8 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	58 %	40-75 %
LYMPHOCYTE	35 %	20-45 %
EOSINOPHIL	03 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**235 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	60 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.48 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**23.3 U/L**	0 - 35.0 U/L
S.G.P.T.	**38.0 U/L**	10 - 45 U/L

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Medical Technologist

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Gender:	M	**Bill No:**	0041006
Ref. By:	DR.SHIMA	**Date:**	22/09/2022
GSM No.:	78532259	**Time:**	10:20

Test	Result	Normal Range
GGT	**46.6 U/L**	0 - 55.0 U/L
ALBUMIN	**5.0 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.4 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.16 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**28.8 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**1.1 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**7.1 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**255 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**261.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**61.8 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**141.0 mg/dl**	< 100 mg/dl
VLDL	**52.2 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	99.7 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	Negative	
Ketones	Negative	

مركز بلاد السلام الطبي
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GSM No.:	78532259	**Time:**	10:20

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

PEACE LAND MEDICAL CENTER

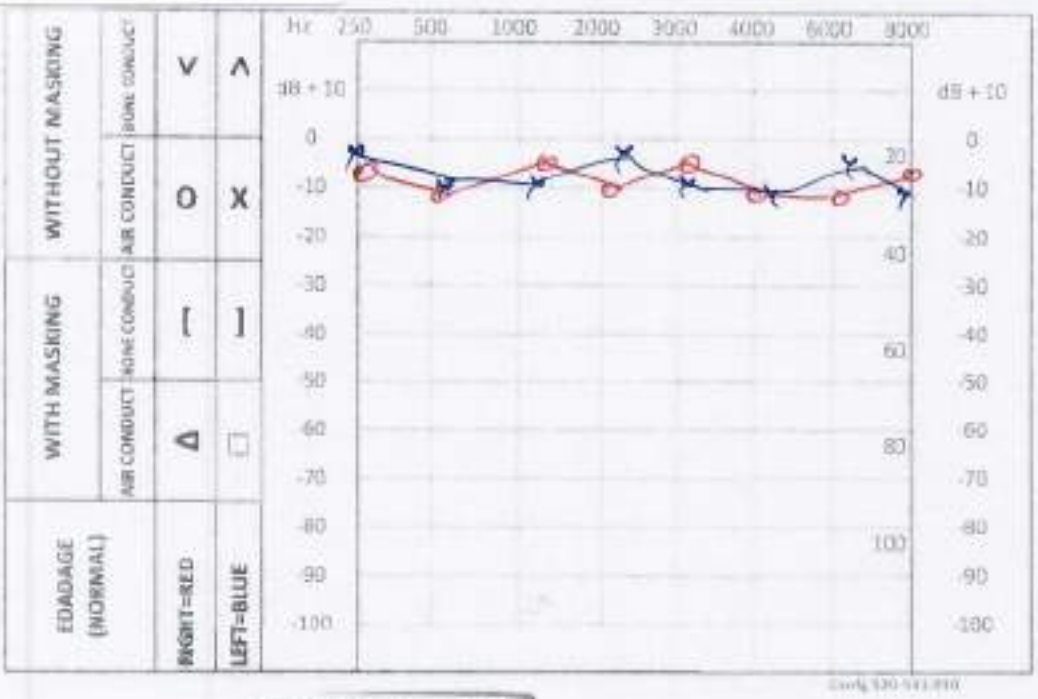
Medical Technologist

مركز بلاد السلام الطبي
Peace Land Medical Center

DILIL PILLAI RAMAKRISHNAN
35 Y(M) «Blank» 22/09/22 08:20
0035318
71627 Bill # 0041009

UDIOMETRY TEST REPORT

		COMPANY	Truckman
DER		OCCUPATION	Mechanic
		DATE	22/9/22



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
- [/] NORMAL
- [ ] HEARING LOSS
- [ ] RIGHT
- [ ] LEFT

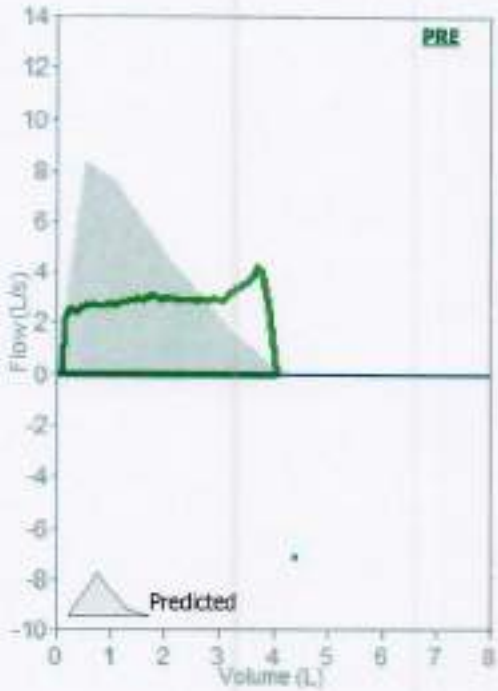
ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العذيبة مبنى أبراج الصحوة مبنى ٢ سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف: ٢٤٦١٧١١٧ / ٢٤٦١٧١٤٨ / ٢٤٦١٧١٤٩

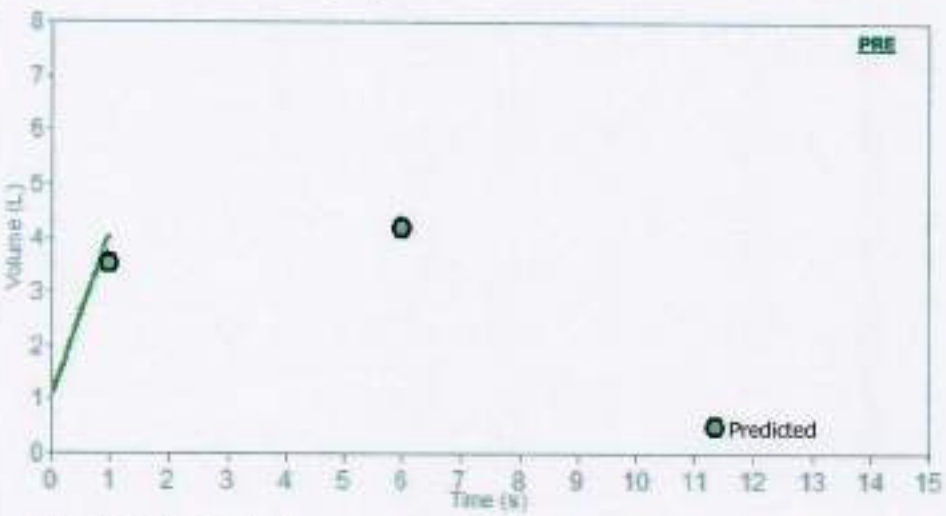
Pulmonary Function Test Results

Visit date 22/09/2022

Patient code	90120602	Age	35
Surname	PILLAI	Gender	Male
Name	DILIL	Height, cm	166
Date of birth	23/10/1986	Weight, kg	72
Ethnic group	Not defined	BMI	26.13
Smoke		Pack-Year	
Patient group			

FVC PRE | FEV1 PRE | FEV1% PRE





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 22/09/2022 10:28:51

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.13	4.19	4.04*	97	-0.23	4.04			*		
FEV1	L	2.64	3.50	4.03*	115	1.01	4.03			*		
FEV1/FVC	%	74.3	84.5	99.8*	118	2.48	99.8			*		
PEF	L/s	4.97	8.39	4.35*	52	-1.94	4.35			*		
ELA	Years		35	35	100		35					
FEF2575	L/s	2.04	3.82	2.95	77	-0.81	2.95					
FET	s		6.00	1.00	17		1.00					
FIVC	L	3.13	4.19									
FEV1/VC	%	74.3	84.5									

*Best values from all loops - BTPS 1.087 26 °C (78.8 °F) - Predicted Knudson

Conclusion / Medical report

Signature

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

مركز بيس لاند الطبي

Peace Land Medical Center

Peace Land
بيس لاند

Fitness for work certificate

Employee Data		Date	22/9/22
Name	DILIP PILLAI	Department/Company	Truck Oman
I.D No.	90170602	Occupation	Mechanic

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	22/9/22
Name of health advisor Signature			Dr. Shima Seyedabdollahi Medical Lic. No. 21962