PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32. EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	ELAMPLAVIL AUGUSTIN
Forenames	ANTONY TOLSTAN
Address	U76491559 Company Name: T.O.
Home telephone number	98084137

Place of examination: mmd. Date: 7/12/22

If a dependant enters employee's name here.
Surname:
Forenames:

Birth date: 26/11/91 Nationality: Indian Country of birth: India Religion: Christian

☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated/Divorced Relationship to employee ☐ Wife ☐ Son ☐ Daughter Number of children:

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

Name and address of family doctor (1) (2)

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

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 Have you ever had:-		
13. Recurrent indigestion		√	33. Headaches/migraine		√			
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. Joint/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? N/A Average daily alcohol consumption: Occasionally.

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: 7/12/2022 Signature of Applicant: Antony

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

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 DISTANT R L / NEAR R L	Colour Vision	Blood Group
168	80	28.3	138/88	76 /mins	L N R	Uncorrected 6/6 6/6 Corrected	N	

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1 Urinalysis		✓		7 Audiogram
✓		2 Hb, Bloodcount ESR				8 Lung Function
✓		3 LFT, RFT, HBS				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.)

— 4.3 m - Diff, eosinophil normal

FIT

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ASSESSMENT:

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

Date: 8/11/22 Name (Block Capitals): Dr. / Nurse [illegible] Signature

MOH Lic. No. 4404

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:	ANTONY TOLSTIN	**Doc No:**	0028128
Age:	33 Y **Nationality:** INDIAN	**File No:**	0038248
Gender:	M	**Bill No:**	0044310
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	07/12/2022
GSM No.:	98084137	**Time:**	13:57

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 6 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	49.1 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	87 fl	84-94 fl
MCH	29 4 pg	27 - 33 pg
MCHC	32.9 g/dl	29.6 - 35.6 %
WBC COUNT	6.6 10^9 d/l	5.0 - 11.0 10^9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	63 %	40-75 %
LYMPHOCYTE	31 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	04 %	2-6%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	257 10^9/l	156 - 342 10^9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	58 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.92 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	34.1 U/L	0 - 35 0 U/L
S.G.P.T.	45.0 U/L	10 - 45 U/L

PEACELAND MEDICAL CENTER

Medical Technologist

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Gender:	M	**Bill No:**	0044310
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	07/12/2022
GSM No.:	98084137	**Time:**	13.57

Test	Result	Normal Range
GGT	**54.8** U/L	0 - 55 0 U/L
ALBUMIN	**4.5 g/dl**	3 50 - 5.20 g/dl
TOTAL PROTEIN	**7.6 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.19** mg/dl	0 0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**25.2 mg/dl**	18 0 - 55.0 mg/dl
S.CREATININE	**1.0 mg/dl**	0.70 - 1.30 mg/dl
S.URIC ACID	**7.8 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**210** mg/dl	0 0 - 200 mg/dl
Triglycende	**110.4 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**64.1 mg/dl**	35 0 - 79.0 mg/dl
LDL - CHOL	**123.9 mg/dl**	< 100 mg/dl
VLDL	**22.0 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	94.0 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.015	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	

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Gender:	M	**Bill No:**	0044310
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GSM No.:	98084137	**Time:**	13:57

Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-3	
EPITHELIAL CELLS	1-2	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	

PEACE LAND MEDICAL CENTER

Medical Technologist

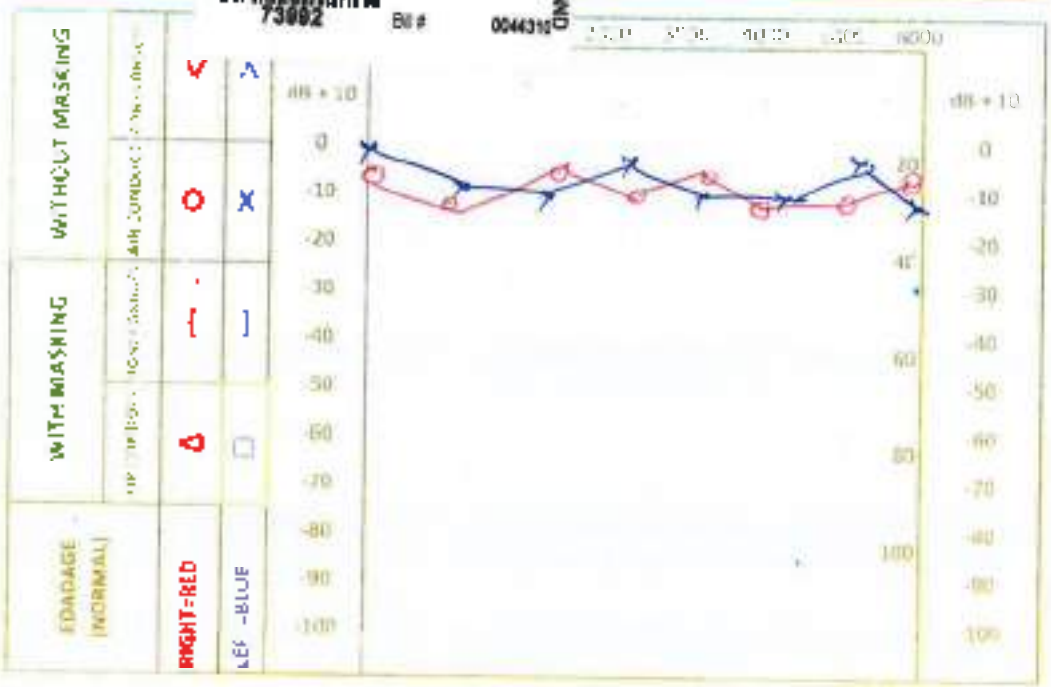
مركز بلاد السلام الطبي
Peace Land Medical Center

AUDIOMETRY TEST REPORT

NAME	ANTONY TOLSTIN 37 Y(M)
AGE	
REF. BY	

07/12/22 09:57
0038248
Bill # 0044310
PEACELAND

COMPANY	Tirupur Dyeing
OCCUPATION	Auto Electrician
DATE	7/12/22



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
✓ NORMAL
HEARING LOSS
RIGHT
LEFT

PEACE LAND MEDICAL CENTER

ص.ب ١٤٠٣، الرمز البريدي ١٣٣، بوار الغدير مبنى براج الصحوة مبنى ١، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel: 24617197 / 24617148 / 24617149

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land
بلاد السلام

Fitness for work certificate

Employee Date		Date	8/12/22
Name	Antony Tekkin	Department/Company	T.O
I.D No.	U7691559	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 restrictions:			
The employee is fit for above work but should avoid the following tasks:	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 8/12/22
Name of health advisor Signature			

FIT

Dr. MOHAMMED ANAS KHAN
General Practitioner
MOH Lic. No. 4434

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ ديار العذيبة حي الواح الصحوة مبنى ٢ سلطنة عمان
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