



PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL) Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname	
Forenames	RITHIN ANAND
Address	105 092076
Home telephone number	97427531
Company Name:	T.O SCS

Place of examination: Muscat Date: 3/7/2023

If a dependant enters employee's name here:

Surname: Forenames: Country of birth: India Religion: Hindu

Birth date: 10/5/92 Nationality: Indian Relationship to employee: ☐ Wife ☐ Son ☐ Daughter Number of children: ☒ Male ☐ Female ☒ Married ☐ Single ☐ Separated /Divorced

Reason for examination: Pre-Employment ☒ Periodic medical check-up Job: operator Pre-Overseas ☐ Area:

Name and address of family doctor: 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		☒	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? NO Average daily alcohol consumption NO

Have you ever taken elicited drugs? (X)

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

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: 3/7/2023 Signature of Applicant: Rithin Anand

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 /mins.	HEARING L R	VISION DISTANT R L NEAR R L Uncorrected Corrected	Colour Vision	Blood Group
177	72	22	130 80	96	N	6/8 6/6	✓	

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 +)				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.)

ASSESSMENT:

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

Date: 11/27/23 Name (Block Capitals): Dr. / Nurse

REVIEW/CONSULTATION

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

Signature:





مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

RITHIN AVAND



00515

03/07/23 08:24

el #

Date:

3/7/2023.

Department/Company:

T.O.

Occupation:

Operator

This questionnaire will help identify if you have any health condition which may need a more detailed medical assessment as part of your fitness to work determination. If you have any queries please contact your local Health Services staff. All information provided on this form and during consultations remains strictly confidential. When further clinical evaluation is required following completion of a screening questionnaire, the details should be recorded on Q1 and E1 forms.

How likely are you to fall asleep in the following situations? (use 0 to 3 score as shown below)

0 Would never doze

1 Slight chance of dozing

2 Moderate chance of dozing

3 High chance of dozing

0 sitting and reading

0 watching TV

0 sitting inactive in a public place (e.g. theatre or meeting)

0 as a passenger in the car for an hour without a break

0 Lying down to rest in the afternoon when circumstances permit

0 Sitting & talking with someone

0 Sitting quietly after lunch without alcohol

0 in a car, while stopped for a few minutes in traffic

Total

0

If you score a total of 15 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

Declaration: I, Rithin (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature:

Rithin

Date:

3/7/23.



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: RITHIN ANAND
Age: 31 Y Nationality: INDIAN
Gender: M
Ref. By: DR.SHIMA
GSM No.: 97427531

Doc No: 0034723
File No: 0043383
Bill No: 0051594
Date: 04/07/2023
Time: 09:10

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
COMPLITE BLOOD COUNT		
RBC	5.1 x10 ¹² /L	Male 4.38 -6.0 x 10 ¹² /L Female 4.0- 5.2x10 ¹² /L
HAEMOGLOBIN	16.1 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	45.4 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	86 fl	84-94 fl
MCH	29.1 pg	27 - 33 pg
MCHC	33.4 g/dl	29.6 - 35.6 %
WBC COUNT	8.0 x 10 ⁹ /L	4.0 - 11.0 x 10 ⁹ /L
DIFFERENTIAL COUNT		
NEUTROPHIL	66 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	08	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	289 x 10 ⁹ /L	150 - 450 x 10 ⁹ /L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	126 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	1.3 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	31.4 U/L	0 - 35.0 U/L
S.G.P.T.	42.8 U/L	10 - 45 U/L



Medical Technologist



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Test	Result	Normal Range
ALBUMIN	4.7 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	23.0 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.88 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	189 mg/dl	0.0 - 200 mg/dl
Triglyceride	200.0 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	38.7 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	110.3 mg/dl	< 100 mg/dl
VLDL	40.0 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	88.8 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	
Urobilinogen	Normal	



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Date: 04/07/2023
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Test	Result	Normal Range
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	
STOOL ROUTINE ANALYSIS		
PHYSICAL		
Colour	Brownish	
Consistency	Soft	
Reaction	Alkaline	
Mucus	NIL	
MICROSCOPIC		
Ova:	NIL	
Cyst:	NIL	
Pus Cells:	1-2 Cells/hpf	
RBCs	0-1 Cells/hpf	
Others	NIL	
Bacteria	NIL	
DRUG TESTING		
AMPHETAMINES(AMP)	NEGATIVE	
MORPHINE(MOP)	NEGATIVE	
COCAINE(COC)	NEGATIVE	
PHENCYCLIDINE(PCP)	NEGATIVE	



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Test	Result	Normal Range
METHAMPHETAMINE(MET)	NEGATIVE	
TRAMADOL(TRA)	NEGATIVE	
BARBITURATES(BAR)	NEGATIVE	
BENZODIAZEPINES(BZO)	NEGATIVE	
MEDTHODONE(MED)	NEGATIVE	
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE	
MARIJUANA(THC)	NEGATIVE	

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Medical Technologist



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Peace Land Medical Center

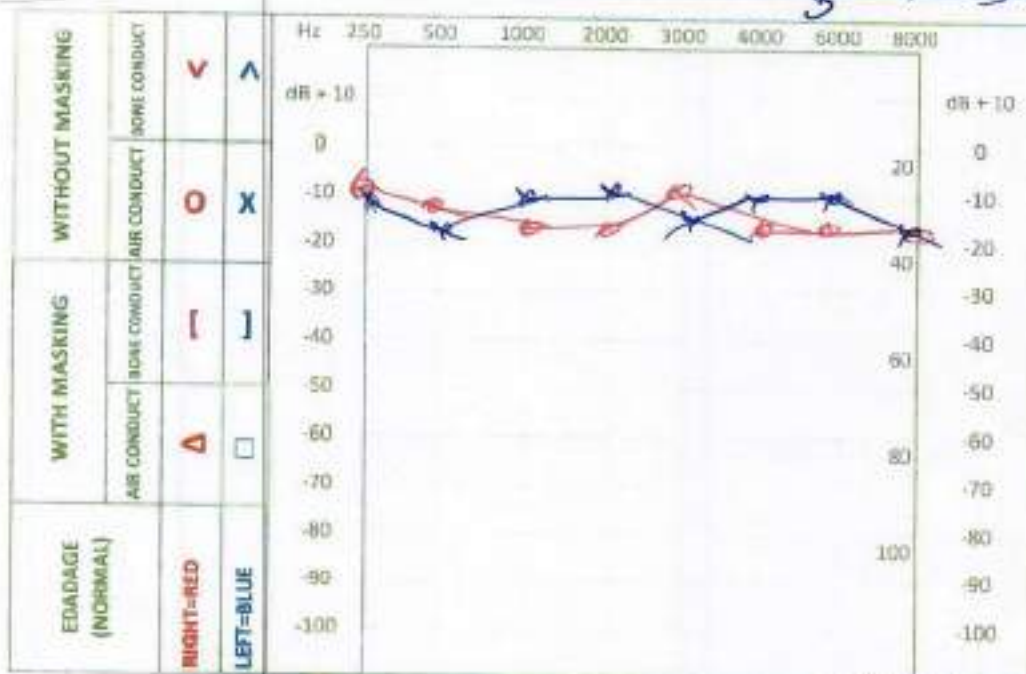
RITHIN ANAND
0043283 0 31 Y03
78888

00515

03/07/23 08:24

AUDIOMETRY TEST REPORT

COMPANY	
OCCUPATION	operator
DATE	31/7/23



Sibelmed

Only 520-541-010

INTERPRETATION
x LEFT EAR
o RIGHT EAR

RESULT
☒ NORMAL
☐ HEARING LOSS
☐ RIGHT
☐ LEFT

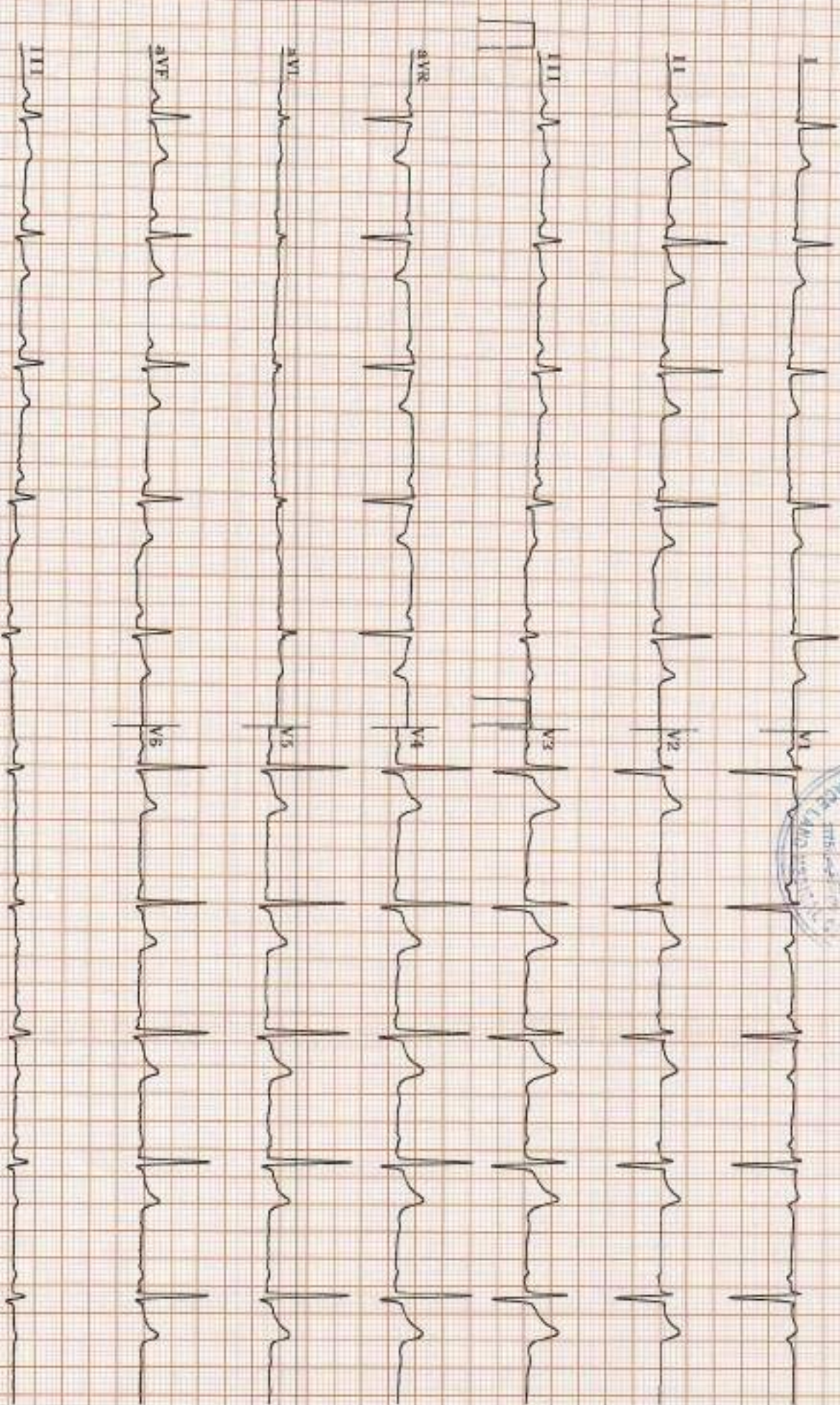




Heart Rate: 63bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR: Int.: 170 ms Normal Sinus Rhythm
QRS: Dur.: 86 ms Normal Axis
QT/QTc: 410/414 ms [Normal ECG]
P-R-T axes: 65 39 43



Prescribed by:



Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
105092076	RITHIN ANAND	031 Y/M	03-07-2023	

DIGITAL X-RAY CHEST PA VIEW**FINDINGS:**

Trachea and mediastinum in midline.

Both lung fields show normal bronchovascular markings.

Cardiothoracic ratio is within normal limits.

Both cardiophrenic and costophrenic angles are free.

Both domes of diaphragm are normally placed.

Bony ribcage and soft tissue structures appear normal.

IMPRESSION:

- NO ABNORMALITIES DETECTED



Dr. K. VIJAYAKUMAR
MBBS, DMRD
Radiologist
MOH Lic No.: 7560



Dr. Kumaresan Vijayakumar
MBBS, DMRD
Radiologist
MOH Lic No.: 7560



مرکز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date 4, 7, 23	
Name RITHIN ANAND		Department/Company TO SLB	
I.D No. 105092076		Occupation .. operator	
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 ✓	
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 4, 7, 23	
Permanently Unfit			
Name of health advisor Signature			