MEDICAL EVALUATION REPORT - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
91579782		KALIRAJ SETHURAJ	

Nationality	Age	Sex	Company	Location
INDIAN	40Y	M	TRUCK OMAN	

EXAMINATION TYPE

Examination [ ] Pre-employment [ ] Periodic [ ] Exit

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: ______ [✓] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crisis

BMI Category: ______ [ ] Underweight [✓] Normal [ ] Overweight [ ] Obese [ ] Morbid Obesity

Remarks:

VISUAL TEST

Visual Acuity Test RT ✓ LT ✓ Visual Field Test [✓] Normal [ ] Abnormal

Colour Vision Test [✓] Normal [ ] Abnormal [ ] Not Required Stereoscopic Vision Test [ ] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition: Nil

Remarks:

RESPIRATORY SYSTEM

Spirometry Test [✓] Normal [ ] Abnormal [ ] Not Required Chest X-Ray [✓] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition: Nil Physical Assessment [✓] Normal [ ] Abnormal

Remarks:

ENT SYSTEM

Audiometry Test [✓] Normal [ ] Abnormal [ ] Not Required Otoscopy [✓] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition: Nil Physical Assessment [✓] Normal [ ] Abnormal (Whisper, Weber & Rinne Tests)

Remarks:

CARDIOVASCULAR SYSTEM

ECG Test [✓] Normal [ ] Abnormal [ ] Not Required Physical Assessment [✓] Normal [ ] Abnormal

Pre-existing condition: Nil

Remarks:

NEUROLOGICAL SYSTEM

Physical Assessment [✓] Normal [ ] Abnormal

Pre-existing condition: Nil

Remarks:

MUSCULOSKELETAL SYSTEM

Physical Assess. [✓] Normal [ ] Abnormal Lumbar X-Ray [✓] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition: Nil

Remarks:

LABORATORY INVESTIGATIONS

Lab Tests: [ ] Normal [ ] Abnormal If abnormal, please specify below: Blood Grouping:

Pre-existing condition:

Remarks:

Glucose Level Category ______ [ ] Normal 80 – 100 mg/dl [ ] Pre diabetic 100 – 125 mg/dl [ ] Diabetic > 126 mg/dl

Cholesterol Risk Category ______ [ ] Low Risk LDL is less 130 mg/dl [ ] Moderate Risk LDL 130-159 mg/dl [ ] High Risk LDL >160 mg/dl

Routine Urine Analysis [ ] Normal [ ] Abnormal [ ] Not Required Stool Analysis [ ] Normal [ ] Abnormal [ ] Not Required

QUESTIONNAIRES

✓	Medical & Surgical History Questionnaire	Remarks
✓	Respiratory Protection Questionnaire	Remarks
✓	Hearing Conservation Questionnaire	Remarks
✓	Screening Questionnaire	Remarks

Fagerstrom Test - Smoking [ ] Non-smoker [ ] Low dependence [ ] Low to Mod dependence [ ] Moderate dependence [ ] High dependence

CAGE Questionnaire Alcohol Use [ ] No use of alcohol [ ] Screening negative [ ] Clinically significant

SRQ-20 Self-reported Questionnaire [ ] No positive answers [ ] Positive answers Factor I (1 to 6) [ ] Positive answers Factor II (7 to 12)

[ ] Positive answers Factor III (13 to 16) [ ] Positive answers Factor IV (17 to 20)

Clinic Doctor Name	License #	Hospital/Policlinic	Doctor Signature & Clinic Stamp	Issue Date

FITNESS TO WORK CERTIFICATE

EMPLOYEE IDENTIFICATION			
Civil ID / Passport #	Company ID #	Name	Position
91579782		KALIRAJ SETHURAJ	

Nationality	Age	Sex	Company	Location
INDIAN	40'	m	TRUCK OMAN	

EXAMINATION TYPE

- [ ] Pre-employment Examination (PRE)
- [ ] Periodic Medical Examination (PME)
- [ ] Post-absence Examination
- [ ] Change of Position Examination
- [ ] Exit Examination
- [ ] Critical Activities Examination
- [ ] Emergency Response Team
- [ ] Travelling Examination

Medical Suitability for Work

Medical Suitability for Work

[✓] Fit to work — FBS: 10.1 mmol/L → check HbA1c & Internist consult

[ ] Fit with following restrictions — Dyslipidemia + need medication

[ ] Pending Fitness

[ ] Not fit to work

DR. NISANTH KALLINKEEL Specialist - Internal Medicine MOH Lic. No: 16847 nmc specialty hospital Al Hail

DR. SADRA ALIREZA [illegible] General Practitioner MOH Lic. No: [illegible] nmc specialty hospital Al Hail

07/10/2024

Restrictions

FIT

- [ ] Working at height
- [ ] Working in confined space
- [ ] Working with electricity
- [ ] Working in extreme heat
- [ ] Working near rotating machinery
- [ ] Use of respirator
- [ ] Driving vehicle
- [ ] Flying
- [ ] Pulling, pushing or carrying weight
- [ ] Ascend/descend ladders and stairs
- [ ] Walking or standing for long distance/period
- [ ] Repetitive movements
- [ ] Operating cargo machinery
- [ ] Emergency response duty
- [ ] Handling chemical products

Other, specify

Temporary Unfit Until

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
	07/10/2024 — Reviewed — HbA1c 7.4%, USG — Fatty liver — Medications started — Diet modification — Fit to work

Medical Review Date	Employee Signature
	S. [signature]

Doctor Name	Medical License	Hospital	Medical Coordinator Signature

DR. NISANTH KALLINKEEL Specialist - Internal Medicine MOH Lic. No: 16847 nmc specialty hospital Al Hail

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
91579782		KALIRAJ SETHURAJ	

Nationality	Age	Sex	Company	Location
INDIAN	40	M	TRUCK OMAN	

PERSONAL HEALTH HISTORY

Have you ever, or do you currently suffer from any of the following?

Condition	Yes	No
Disorders of the heart or circulation i.e. chest pain, heart murmurs,		✓
High blood pressure		✓
Palpitations i.e. being aware of the heart beats		✓
Lung disease e.g. bronchitis, asthma, dyspnea, T. B		✓
Phlegm productions or tight chest		✓
Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope)		✓
Nervous disorder, or emotional breakdown, depression, anxiety		✓
Epilepsy / Seizures		✓
Recurrent headaches or migraine		✓
Any sleep problems		✓
Foot deformities or problems		✓
Muscle problems e.g. weakness of your limbs or twitchy muscles		✓
Joint problems, e.g. plantar warts, joint pain or swelling		✓
Problems with limb, neck or spine mobility		✓
Experienced back problem, arthritis, slipped disc		✓
Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gall stones		✓
Rectal bleeding, jaundice		✓
Diabetes or any other glandular diseases		✓
Cancer, growth or tumor of any kind		✓
Frequent headache		✓
Pain in neck or back or hands or legs		✓

Condition	Yes	No
Skin disorders e.g. severe acne, dermatitis, eczema or allergy		✓
Ear, nose or throat problems		✓
Allergies e.g. dust, medication, bee stings		✓
Kidney or bladder diseases e.g. recurrent infection, renal stones		✓
Sexually transmitted disease		✓
Is your eyesight satisfactory		✓
Is your hearing satisfactory		✓
Do you wear glasses or contact lenses		✓
Do you have color blindness		✓
Do you have any phobia from working at heights		✓
Do you have any phobia from working at confined spaces		✓
Experienced weight loss or gain > 5kg over the past year		✓
Informed about being overweight or obese		✓
Treated for malaria		✓
Treated for depression, stress		✓
Treated for substance abuse		✓
Received counseling or treatment for HIV/AIDS		✓
Received counseling or treatment for Hepatitis		✓
Anemia, especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia		✓
G6PD (Glucose		
Any other diseases not mentioned in the above list?		✓

Question	Yes	No
Have you visited a doctor in the last year?		✓
Are you taking any medication at present?		✓
Are you pregnant? N/A		

List any previous injuries or operations

Previous injuries or operations
Hemorrhoidectomy No current symptoms Recovered fully

Date: 3/10/24

Candidate/Employee Signature
S. Kaliraj

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
91579782		KALIRAJ SETHURAJ	

Nationality	Age	Sex	Company	Location
INDIAN	40Y	M	TRUCK OMAN.	

FAGERSTROM TEST

Do you smoke? [ ] Yes [✓] No — *If YES, Please answer the following:*

Question				
How soon after waking up do you smoke you first cigarette?	[ ] >60min	[ ] 31-60min	[ ] 6-30min	[ ] < 5 minutes
Do you find it difficult to avoid smoking where is forbidden, such as work places, cinemas, shopping etc.?			[ ] Yes	[ ] No
What's the most difficult cigarette to quit or not to smoke	[ ] Anyone	[ ] The first in the morning		
How many cigarettes do you smoke per day	[ ] <10	[ ] 11-20	[ ] 21-30	[ ] >31
Do you smoke more frequently the first hours of the day than the rest of the day		[ ] Yes	[ ] No	
Do you smoke even when you're sick and have to stay in the bed most part of the day		[ ] Yes	[ ] No	

CAGE QUESTIONNAIRE

Do you drink alcohol? [✓] Yes [ ] No — *If YES, Please answer the following:*

Question	Yes	No
Did you ever felt that you should decrease the amount of drinks or cut down (stop) drinking?	✓	
Do people bother you because they criticize the way you drink?	✓	
Do you feel guilty or upset with yourself with the way you use to drink		✓
Do you drink in the morning to feel less nervous or decrease the hang over		✓
Have you had any problems related to alcohol		✓
Did you drink in the last 24 hours		✓

FATIGUE QUESTIONNAIRE

Question	Yes	No
Have you noticed that you are feeling tired recently		✓
Have you been feeling a lack of energy		✓

If YES, Please answer the following:

Question				
For how many days did you feel tired or with lack of energy in the last week	[ ] 1 day	[ ] 2 days	[ ] 3 days	[ ] > 3 days
Did you feel tired or with lack of energy for more than 3 hs in some days last week?	[ ] 1 hour	[ ] 2 hours	[ ] 3 hours	[ ] > 3 hours
Did you feel so tired that you had to make some effort to do things last week	[ ] Yes	[ ] No		
Did you feel tired or with lack of energy doing things you like last week	[ ] Yes	[ ] No		

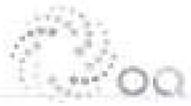
SELF-REPORTING QUESTIONNAIRE (SRQ-20)

Question	Yes	No	Question	Yes	No
1.Do you have trouble thinking clearly?		✓	11.Is your digestion not good?		✓
2.Do you find it hard to like your daily work?		✓	12.Do you have unpleasant sensations in your stomach		✓
3.Do you find difficult taking decisions?		✓	13.Do you get scared easily?		✓
4.Is your daily work a suffering?		✓	14.Do you feel nervous, tense or worried?		✓
5.Do you feel tired all the time?		✓	15.Do you feel unhappy?		✓
6.Are you easily tired?		✓	16.Do you cry more than usual?		✓
7.Do you have frequent headaches?		✓	17.Has the thought of ending your life been on your mind?		✓
8.Do you feel lack of hunger?		✓	18.Do you find it difficult to perform your work?		✓
9.Do you sleep badly?		✓	19.Have you lost interest in things?		✓
10.Do your hands tremble?		✓	20.Do you feel you're worthless?		✓

Date: 3/10/21

Candidate/Employee Signature: [signature]

HEARING CONSERVATION QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
9157978Z		KALIRAJ SETHURAJ	

Nationality	Age	Sex	Company	Location
INDIAN	40	M	TRUCK OMAN	

HEARING CONSERVATION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use hearing protection? [ ] YES [✓] NO What type: ☐ Earplugs ☐ Ear Muffs ☐ Double HP

1 - Have you been out of noise for the past 14-16 hours? [✓] YES [ ] NO
If NO, did you use hearing protection while in the noise? [ ] YES [ ] NO

2 - Check ALL of the following activities that you have done or do:
[X] Hunting [X] Car races [X] Skeet shooting [X] Woodwork [X] Target shooting
[X] Power tools [X] Mower [X] Concerts / Band [X] Welding [X] Air compressor
[X] Construction [X] Scuba diving [X] Tractor (open or closed cab)
Have you ALWAYS used hearing protection when participating in the above activities? [ ] YES [ ] NO

3 - Check ALL that you have experienced:
[X] Ear Fullness [X] Ear Infections [X] Ear Surgery [X] Head Injury [X] Chemotherapy
[X] Ringing in the ears [X] Ear Pain [X] Earwax buildup [X] Intravenous Antibiotics [X] Hole in the Eardrum
[X] Ear Drainage [X] Dizziness

4 - Check ALL that you have had/suffered from:
[X] Meningitis [X] Diabetes [X] Measles [X] Syphilis [X] Chickenpox [X] Mumps [X] Chronic ear infections
[X] Hypertension [X] Renal Failure [X] Tuberculosis [X] Previous surgery [X] Thyroid Problems [X] Trauma to head/ ear canal / tympanic membrane

5 - Check ALL that you are currently suffering from:
[X] Sinusitis [X] Cold/Flu [X] Ear infection [X] Allergic rhinitis

6 - Do you have documented Hearing Loss? [ ] YES [✓] NO
If Yes: Which Ear(s)? [ ] Right Ear [ ] Left Ear [ ] Both Ear Who performed your hearing test?

7 - Have you EVER worn Hearing Aids? [ ] YES [✓] NO
If Yes: Which Ear(s): [ ] Right Ear [ ] Left Ear [ ] Both Ear
What Size? [ ] Behind-the-ear [ ] In-the-ear [ ] In-the-canal [ ] Completely-in-the-canal
What Type? [ ] Analog [ ] Digital
Who fit your hearing aids? [ ] Licensed Audiologist [ ] Hearing Aid Dealer [ ] Don't Know
When did you receive your hearing aids?

8 - Have you ever served in the military? [ ] YES [✓] NO
If yes, check division [ ] Army [ ] Navy [ ] Air Force [ ] Marines [ ] National Guard Date / /
Do you have medical disability through the Veterans Administration (VA) for hearing loss or tinnitus? [ ] YES [ ] NO
If yes, how much? ______% What is your TOTAL VA disability? ______%

9 - Are you currently using any medication [ ] YES [✓] NO Which one?

10 - What kind of transport do you regularly use? [✓] Car [ ] Bus [ ] Motocycle [ ] Walking

Date: 3/10/24

Candidate/Employee Signature

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION			
Civil ID / Passport #	Company ID #	Name	Position
91579782		KALIRAJ SETHURAJ	

Nationality	Age	Sex	Company	Location
INDIAN	40	M	TRUCK OMAN	

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? [ ] YES [✓] NO What type: ☐ Disposible mask ☐ Cartidge Mask ☐ SCBA

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? [ ] YES [✓] NO

2. Have you ever had any of the following conditions?

[ ] YES [✓] NO a. Seizures
[ ] YES [✓] NO b. Diabetes (sugar disease)
[ ] YES [✓] NO c. Trouble smelling odors
[ ] YES [✓] NO d. Allergic reactions that interfere with your breathing
[ ] YES [✓] NO e. Claustrophobia (fear of closed in places)

3. Have you ever had any of the following pulmonary or lung problems?

[ ] YES [✓] NO a. Asbestosis
[ ] YES [✓] NO b. Asthma
[ ] YES [✓] NO c. Chronic bronchitis
[ ] YES [✓] NO d. Emphysema
[ ] YES [✓] NO e. Pneumonia
[ ] YES [✓] NO f. Tuberculosis
[ ] YES [✓] NO g. Silicosis
[ ] YES [✓] NO h. Lung cancer
[ ] YES [✓] NO i. Broken ribs
[ ] YES [✓] NO j. Pneumothorax (collapsed lung)
[ ] YES [✓] NO k. Any chest injuries or surgeries
[ ] YES [✓] NO l. Any other lung problem that you have been told about

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

[ ] YES [✓] NO a. Shortness of breath
[ ] YES [✓] NO b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline
[ ] YES [✓] NO c. Shortness of breath when walking with other people at an ordinary pace on level ground
[ ] YES [✓] NO d. Have to stop for breath when walking at your own pace on level ground
[ ] YES [✓] NO e. Shortness of breath when washing or dressing yourself
[ ] YES [✓] NO f. Shortness of breath that interferes with your job
[ ] YES [✓] NO g. Coughing that produces phlegm (thick sputum)
[ ] YES [✓] NO h. Coughing that wakes you early in the morning
[ ] YES [✓] NO i. Coughing that occurs mostly when you are lying down
[ ] YES [✓] NO j. Coughing up blood in the last month
[ ] YES [✓] NO k. Wheezing
[ ] YES [✓] NO l. Wheezing that interferes with your job
[ ] YES [✓] NO m. Chest pain when you breathe deeply
[ ] YES [✓] NO n. Any other symptoms that you think may be related to lung problems

5. Have you ever had any of the following cardiovascular or heart problems?

[ ] YES [✓] NO a. Heart attack
[ ] YES [✓] NO b. Stroke
[ ] YES [✓] NO c. Angina
[ ] YES [✓] NO d. Heart failure
[ ] YES [✓] NO e. Swelling in your legs or feet (not caused by walking)
[ ] YES [✓] NO f. Heart arrhythmia
[ ] YES [✓] NO g. High blood pressure
[ ] YES [✓] NO h. Any other heart problems that you've been told about

6. Have you ever had any of the following cardiovascular or heart symptoms?

[ ] YES [✓] NO a. Frequent pain or tightness in your chest
[ ] YES [✓] NO b. Pain or tightness in your chest during physical activity
[ ] YES [✓] NO c. Pain or tightness in your chest that interferes with your job
[ ] YES [✓] NO d. In the past two years, have you noticed your heart skipping or missing a beat
[ ] YES [✓] NO e. Heartburn or indigestion that is not related to eating
[ ] YES [✓] NO f. Any other symptoms that you think might be related to heart

7. Do you currently take medication for any of the following problems?

[ ] YES [✓] NO a. Breathing or lung problems
[ ] YES [✓] NO b. Heart trouble
[ ] YES [✓] NO c. Blood pressure
[ ] YES [✓] NO d. Seizures (fits)

8. If you've used a respirator, have you ever had any of the following problems? Not used

[ ] YES [ ] NO a. Eye irritation
[ ] YES [ ] NO b. Skin allergies or rashes
[ ] YES [ ] NO c. Anxiety
[ ] YES [ ] NO d. General weakness or fatigue
[ ] YES [ ] NO e. Any other problem that interfere with your use of a respirator

Date: 3/10/24

Candidate/Employee Signature

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
91579782		KALIRAJ SETHURAJ	

Nationality	Age	Sex	Company	Location
INDIAN	40Y	M	TRUCK OMAN	

VITAL SIGNS

Height: 170 cm Weight: 77 Kg BMI: 26.6 Blood Pressure: 138/82 mmHg

Pulse: 64 /min Medical Practitioner Name: Dr. Skandal Signature:

VISUAL SYSTEM

	Right Uncorrected	Left Uncorrected	Right Corrected	Left Corrected	Both Uncorrected	Both Corrected
Visual Acuity Test	6/6	6/6			6/6	

Colour Vision Test Ishihara: # of Plates passed: 13/19 | Inform the Plates # failed: | ☐ Normal ☐ Abnormal

Visual Field Test: ☑ Normal ☐ Abnormal

Stereoscopic Vision Test: ☑ Normal ☐ Abnormal

Date of Examination: 3/10/24 Medical Practitioner Name: Dr Skandal Signature:

RESPIRATORY SYSTEM

[1] Spirometry Test

Smoking Status: ☑ Never ☐ Ever Used ☐ Current Patient's Posture During Test: ☐ Standing ☑ Sitting Nose Clips Used: ☐ Yes ☐ No

Diagnosis: ☐ Asthma ☐ COPD ☐ Other ________

Acceptability Criteria (select all what is applicable): ☑ Free from artifacts ☐ Satisfactory exhalation ☑ Good start ☐ NOT satisfactory

Repeatability Criteria (select all what is applicable): ☑ 3 acceptable curves FEV1 values AND FVC values within 0.15L (150 ml) ☐ Total of THREE to EIGHT tests performed ☐ The patient CANNOT or SHOULD NOT continue

The Patient Demonstrated: ☑ Good Effort ☐ Difficulty following instructions ☐ Ability to obtain only one good effort ☐ Poor Effort ☐ Cooperation

Date of Examination: 3/10/24 Medical Practitioner Name: Dr. Skandal Signature:

[2] Chest Shape and Movement: ☑ Normal ☐ Abnormal ☐ Not Examined — If abnormal, describe below:

[3] Chest Percussion: ☑ Normal ☐ Abnormal ☐ Not Examined — If abnormal, describe below:

[3] Air Entry in Both Lungs: ☑ Normal ☐ Abnormal ☐ Not Examined — If abnormal, describe below:

[4] Breath sounds: ☑ Normal ☐ Abnormal ☐ Not Examined — If abnormal, describe below:

Date of Examination: 3/10/24 Physician Name: Signature:

ENT SYSTEM

[1] Otoscopy

Ear Canal Collapse — Right: ☐ Yes ☑ No ☐ Not Exam; Left: ☐ Yes ☐ No ☐ Not Exam

Drainage — Right: ☐ Yes ☑ No ☐ Not Exam; Left: ☐ Yes ☐ No ☐ Unknown

Perforation — Right: ☐ Yes ☑ No ☐ Not Exam; Left: ☐ Yes ☐ No ☐ Not Exam

Cerumen — Right: ☑ None ☐ Some ☐ A lot ☐ Impacted ☐ Not Exam; Left: ☑ None ☐ Some ☐ A lot ☐ Impacted ☐ Not Exam

Eardrum Position — Right: ☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam; Left: ☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam

Eardrum Vascularity — Right: ☑ Normal ☐ Considerable ☐ Mild ☐ Not Exam; Left: ☑ Normal ☐ Considerable ☐ Mild ☐ Not Exam

[2] Hearing Test

Whisper Test: ☑ Normal ☐ Abnormal ☐ Not Exam

Rinne Test: ☐ Normal ☐ Abnormal ☐ Not Exam

Weber Test: ☐ Normal ☐ Abnormal ☐ Not Exam

Audiometry Done: ☑ Yes ☐ No

Questionnaire Verified: ☐ Yes ☐ No

Audiologist Name:
Signature:

nmc specialty hospital
Al Hail

nmc specialty hospital,al-hail

P.O BOX : 613, Postal Code : 133 al-hail Sultanate of Oman

Sl No: 39187		**Bill Date:** 03/10/2024	**Report Date :** 03/10/2024 12:17:55
Patient Name: KALIRAJ SETHURAJ 7187		**Reg No:** 50126384	
Age: 40Y	**Gender:** Male	**Nationality:** INDIA	**Phone:**
Address:			
Company: TRUCKOMAN EQUIPMENT RENTAL LLC		**Policy No:**	
Certificate No:			
Region: LUMBAR SPINE AP & LAT			
Referred Doctor:		**Consultant Name:** DR SIKANDAR KHAN	

LUMBAR SPINE AP & LAT VIEWS

Vertebral bodies & disc spaces are normal.

Posterior elements appear normal.

Para vertebral soft tissue appears normal.

No obvious fracture seen.

Suggested clinical correlation

DR. ANAMIKA CHATURVEDI
Specialist - Radiology
MOH Lic. No: 7780
nmc specialty hospital, Al Hail

DR ANAMIKA CHATURVEDI

03/10/2024 12:29:38

Radiology

Disclaimer : This is an electronically generated report and does not require a doctor's signature

nmc specialty hospital
Al Hail

nmc specialty hospital,al-hail

P.O BOX : 613, Postal Code : 133 al-hail Sultanate of Oman

Sl No: 39187		**Bill Date:** 03/10/2024	**Report Date :**03/10/2024 12:18:46
Patient Name: KALIRAJ SETHURAJ 7187		**Reg No:** 50126384	
Age: 40Y	**Gender:** Male	**Nationality:** INDIA	**Phone:**
Address:			
Company: TRUCKOMAN EQUIPMENT RENTAL LLC		**Policy No:**	
Certificate No:			
Region: CHEST X RAY PA			
Referred Doctor:		**Consultant Name:** DR SIKANDAR KHAN	

CHEST X RAY PA

Both lung fields are clear.

Bilateral CP angles are clear

Cardiac silhoutte appears normal .

Both domes of diaphragm are normal.

Bony thorax appears normal

Impression:

- **No significant abnormality.**

Suggested clinical correlation

DR. ANAMIKA CHATURVEDI
Specialist - Radiology
MOH Lic. No: 3709
nmc specialty hospital, Al Hail

DR ANAMIKA CHATURVEDI

03/10/2024 12:18:10

Radiology

Disclaimer : This is an electronically generated report and does not require a doctor's signature

nmc

DEPARTMENT OF LABORATORY MEDICINE

File No:	50126384	**Report No:**	0133046		
Name:	KALIRAJ SETHURAJ 7187	**Sample Date:**	03/10/2024	**Time:**	9:16
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 40 Y **Nationality:** INDIAN	**Report Date:**	03/10/2024	**Time:**	13:45
GSM No.:	71092210 **ID Card No.:** 91579782	**Bill No:**	0328211	**Bill Date:**	03/10/2024
Ref. By:	DR SIKANDAR KHAN				

INVESTIGATION	RESULT	REFERENCE RANGE
OQ FTW PACKAGE-3 for Drivers and Operators (Below 49 yrs)		
COMPLETE BLOOD COUNT		
TOTAL WBC COUNT	5.22 x 10^3 / µL	4.00-11.00 x 10^3 / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	48.43 %	40-75%
LYMPHOCYTE (%)	37.37 %	20-45%
MONOCYTE (%)	8.73 %	2-8%
EOSINOPHIL (%)	4.34 %	1-6%
BASOPHIL (%)	1.13 %	0-1%
HAEMOGLOBIN	14.39 gm/dl	Male : 13 -18 gm/dl Female:11-15 gm /dl childrens upto 1year-11.0 - 13.0 gm /dl upto12years-11.5 - 14.5 gm /dl cord blood:13 -19.5 gm /dl
RBC COUNT	5.08 million/cu	Male :4.5-6.5 million/cu Female:3.9-5.5 million/cu
PLATELET COUNT	300.40 x 10^3 / µL	150 - 400 x 10^3 / µL
HEMATOCRIT	44.03 %	Male :42 - 52% Female:37- 47%
MCV	86.72 fl	76 - 96 fl
MCH	28.34 pg	27 - 33 pg
MCHC	32.68 gm/dl	32 - 36 gm/dl
URINE ROUTINE		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE

Verified By: *Approved By:*

10589

Lab Technologist

Specialist Pathologist

MOH License No: 17976
Electronically signed at: 10/3/2024 1:50:00

NMC Healthcare LLC
C.R.No : 1668137
Plot No: 294, Block: 336
Building No: 832, Al Hail North
Sultanate of Oman
T: (+968) 2426 9222
F: (+968) 2426 9288
www.nmcoman.com

nmc

DEPARTMENT OF LABORATORY MEDICINE

File No:	50126384	**Report No:**	0133046		
Name:	KALIRAJ SETHURAJ 7187	**Sample Date:**	03/10/2024	**Time:**	9:16
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 40 Y **Nationality:** INDIAN	**Report Date:**	03/10/2024	**Time:**	13:45
GSM No.:	71092210 **ID Card No.:** 91579782	**Bill No:**	0328211	**Bill Date:**	03/10/2024
Ref. By:	DR SIKANDAR KHAN				

INVESTIGATION	RESULT	REFERENCE RANGE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	6.0	4.6-8.0
SPECIFIC GRAVITY	1.015	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	PALE YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	0-1 /hpf	0-3
PUSCELLS	2-3 /hpf	0-5
EPITHELIAL CELLS	0-2 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	NIL	NIL
FASTING BLOOD SUGAR	10.17 mmol/L	4.11 - 6.05 mmol/L
BLOOD GROUP & RH TYPING	"O" Rh POSITIVE.	

Confirmation of the Newborn's blood group is indicated when the "A" and "B"antigen expression and the isoagglutinins are fully developed (2–4 years).

Verified By: Approved By:

10589

Lab Technologist Specialist Pathologist

MOH License No: 17976
Electronically signed at: 10/3/2024 1:50:00

C.R. No: 1568137 Sultanate of Oman RECEPTION nmc specialty hospital, Al Hail

مستشفى ان ام سي التخصصي
nmc specialty hospital

NMC Healthcare LLC
C.R.No : 1568137
Plot No: 294, Block: 316
Building No: 812, Al Hail North
Sultanate of Oman
T: (+968) 2426 9922
F: (+968) 2426 9290
www.nmcoman.com

nmc

DEPARTMENT OF LABORATORY MEDICINE

File No:	50126384	**Report No:**	0133046		
Name:	KALIRAJ SETHURAJ 7187	**Sample Date:**	03/10/2024	**Time:**	9:16
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 40 Y **Nationality:** INDIAN	**Report Date:**	03/10/2024	**Time:**	13:45
GSM No.:	71092210 **ID Card No.:** 91579782	**Bill No:**	0328211	**Bill Date:**	03/10/2024
Ref. By:	DR SIKANDAR KHAN				

INVESTIGATION	RESULT	REFERENCE RANGE
LIPID PROFILE		
TOTAL CHOLESTEROL	6.96 mmol/L	< 5.18 mmol/L
HDL	1.47 mmol/L	>1.5 mmol/L
TRIGLYCERIDES	1.42 mmol/L	Desirable : <2.083 mmol/L Boderline high : 2.83 - 5.67 mmol/L Hypertriglyceridemia >5.65 mmol/L
LDL	5.06 mmol/L	< 2.6 mmol/L
VLDL	0.65 mmol/L	0.128-0.645mmol/L
LIVER FUNCTION TEST		
TOTAL BILIRUBIN	8.70 µ mol/L	Adults:- up to 21 µ mol/L, Children >1 month - up to 17 µ mol/L, Neonates :- 1.7 - 180 µmol/L
DIRECT BILIRUBIN	2.90 µ mol/L	Adults ;- 0 - 5.0 µ mol/L, Neonates:- 0-10 µ mol/L,
TOTAL PROTIEN	75.70 g/L	Adults : 66 - 87 g/L
ALBUMIN	45.30 g/L	39.7 - 49.4 g/L
Globulin	30.4 g/L	23-35g/L
SGOT (AST)	54.40 U/L	MALE : up to 40 U/L, FEMALE : up to 32 U/L.
SGPT (ALT)	81.30 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
ALKPO4 (ALP)	105.00 U/L	Adults: MALES: 40 - 129 U/L, FEMALES: 35 - 104 U/L.
Gamma GT (GGT)	228.00 U/L	MALE- 8 - 61 U/L, FEMALE- 5 - 36 U/L

Verified By: Approved By:

10589

Lab Technologist — Specialist Pathologist

MOH License No: 17976
Electronically signed at: 10/3/2024 1:50:00

مستشفى ان ام سي التخصصي
nmc specialty hospital

NMC Healthcare LLC
C.R.No : 1068137
Plot No: 294, Block 311
Building No: 812, Al Hail North
Sultanate of Oman
T: (+968) 2426 922
F: (+968) 2426 928
www.nmcoman.com

nmc

DEPARTMENT OF LABORATORY MEDICINE

File No:	50126384	**Report No:**	0133046		
Name:	KALIRAJ SETHURAJ 7187	**Sample Date:**	03/10/2024	**Time:**	9:16
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 40 Y **Nationality:** INDIAN	**Report Date:**	03/10/2024	**Time:**	13:45
GSM No.:	71092210 **ID Card No.:** 91579782	**Bill No:**	0328211	**Bill Date:**	03/10/2024
Ref. By:	DR SIKANDAR KHAN				

INVESTIGATION	RESULT	REFERENCE RANGE
RENAL FUNCTION TEST		
URIC ACID	338.00 µ mol/L	MALE: 202.3 - 416.5 µ mol/L, FEMALE: 142.8 - 339.2 µ mol/L
CREATININE	71.00 µ mol/L	Adults: MALE: 62 – 106 µ mol/L FEMALE: 44 - 80 µ mol/L
UREA	2.70 mmol/L	2.76 - 8.07 mmol/L
SICKLE CELL Method : Solubility test (If Positive , Hb Electrophoresis / HPLC to be done to confirm Sickle cell anaemia / Trait).	NEGATIVE.	

GGT RECHECKED.

Verified By:

10589

Lab Technologist

MOH License No: 17976

Electronically signed at: 10/3/2024 1:50:00

Approved By:

Specialist Pathologist

مستشفى ان ام سي التخصصي
nmc specialty hospital

NMC Healthcare LLC
C.R.No. 1668137
Plot No: 254, Block: 316
Building No: 812, Al Hail North
Sultanate of Oman
T: (+968) 2426 9221
F: (+968) 2426 9291
www.nmcoman.com

nmc specialty hospital,al-hail

P.O BOX : 613, Postal Code : 133
al-hail
24269222

Medical Report

Ref.No: 0000073/MED/NMC/2024

NAME: *KALIRAJ SETHURAJ 7187*			
AGE : *40 Y*	DOB : *06/01/1984*	GENDER : *M*	NATIONALITY : *INDIAN*
FILE NO : *50126384*	ResidentCardNo : *91579782*	Emp No :	

To Whom it may Concern

This is yo inform that Mr KALIRAJ SETHURAJ was found to have elevated blood sugar, lipids and liver enzymes during his work related health checkup. He is apparently asymptomatic and his clinical examination is with in normal limits. His HbA1c is 7.4% and USG shows fatty liver. Now medicines are started for DM, Hyperlipidemia a and Fatty liver along with advice regarding diet modification. Need to be under regular follow up. No absolute contraindication for continuing his work.

ON EXAMINATION:

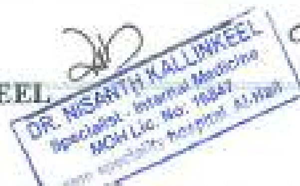
INVESTIGATION:

DIAGNOSIS:

DM, Hyperlipidemia, Fatty liver

TREATMENT GIVEN:

FURTHER PLAN:



07/10/2024

DR NISANTH KALLINKEEL
GENERAL MEDICINE
(Name with seal)

Place : nmc specialty hospital,al-hail

nmc specialty hospital
Al Hail

nmc specialty hospital,al-hail

REPORT

P.O BOX : 613, Postal Code : 133 al-hail Sultanate of Oman

Sl No: 39321		**Bill Date:** 07/10/2024	**Report Date** :07/10/2024 17:34:27
Patient Name: KALIRAJ SETHURAJ 7187		**Reg No:** 50126384	
Age: 40Y	**Gender:** Male	**Nationality:** INDIA	**Phone:**
Address:			
Company: TRUCKOMAN EQUIPMENT RENTAL LLC		**Policy No:**	
Certificate No:			
Region: ULTRA SOUND ABDOMEN & PELVIS			
Referred Doctor:		**Consultant Name:** DR NISANTH KALLINKEEL	

U/S ABDOMEN PELVIS

The liver is normal in size, shape & shows Grade I fatty echotexture. Intrahepatic biliary and portal venous radicals are normal. No focal or diffuse lesion is seen in the liver.

Gall bladder is collapsed. Common bile duct and portal vein are normal in course and caliber.

Pancreas is normal morphologically. No mass lesion or calcification is seen.

Spleen is unremarkable. There is no focal splenic lesion noted.

Right kidney:- are normal in size, shape, and position. Cortico-medullary differentiation is well maintained.. No obvious mass lesion, calculus or hydronephrosis is seen in either kidney.

Left kidney:- are normal in size, shape, and position. Cortico-medullary differentiation is well maintained. No obvious calculus, mass lesion, or hydronephrosis is seen in either kidney.

Aorta and para-aortic region are normal. No lymphadenopathy is seen. No free fluid is seen in the abdomen.

Urinary bladder is minimally distended. No calculus or mass lesion is seen.

Prostate is normal in size and echotexture.

Gaseous abdomen.

IMPRESSION:

- ***Grade I fatty liver.***

Kindly correlate clinically and follow-up if necessary.

DrAnamikaChaturvedi

Specialist Radiologist

7709

AUDIOMETRY REPORT

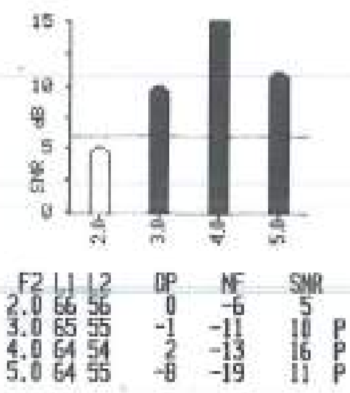
Name of the Patient Kalixaj Sethuraj

Age 40y Sex M MRN 50126384 Date of Test 03/10/24

V107.05
03-OCT-24 10:09
DP 2s 2 sec avg
SN: GI1005649 GI2014595

NAME:

Left: Pass

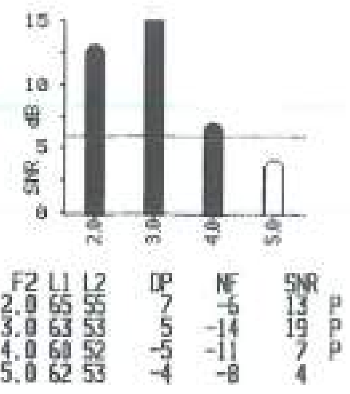


F2	L1	L2	DP	NF	SNR	
2.0	66	56	0	-6	5	
3.0	65	55	-1	-11	10	P
4.0	64	54	2	-13	16	P
5.0	64	55	-8	-19	11	P

V107.05
03-OCT-24 10:08
DP 2s 2 sec avg
SN: GI1005649 GI2014595

NAME:

Right: Pass



F2	L1	L2	DP	NF	SNR	
2.0	65	55	7	-6	13	P
3.0	63	53	5	-14	19	P
4.0	60	52	-5	-11	7	P
5.0	62	53	-4	-8	4	

Signature of the Technician

NMCOMAN/DOC/NSG/75

Vitalograph

Pulmonary Function Report

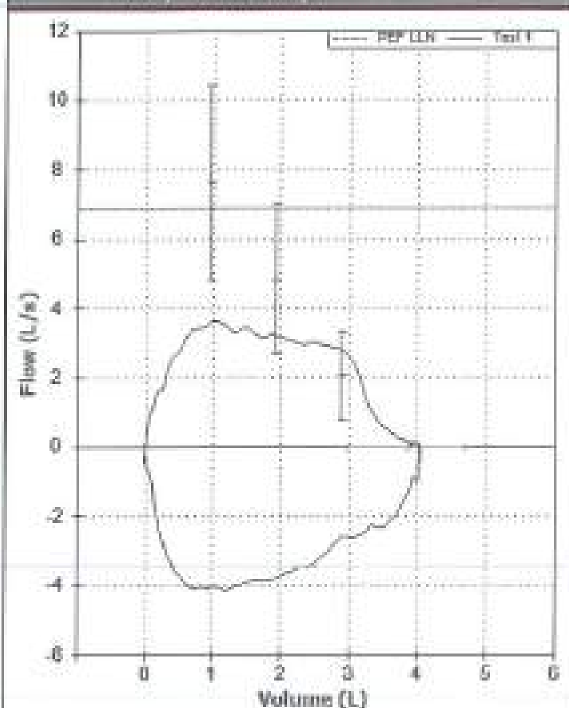
Subject Information

ID:	2024277_094615148	Alternate ID:	50126384		
Last Name:	Sethuraj	First Name:	Kalraj	Middle Name:	
Population:	African/S.Indian	Gender:	Male	Date of Birth:	01/06/1984
Age:	40	Height:	170 cm	Weight:	77.0 kg
BMI:	26.6	Smoking:	Non Smoker		

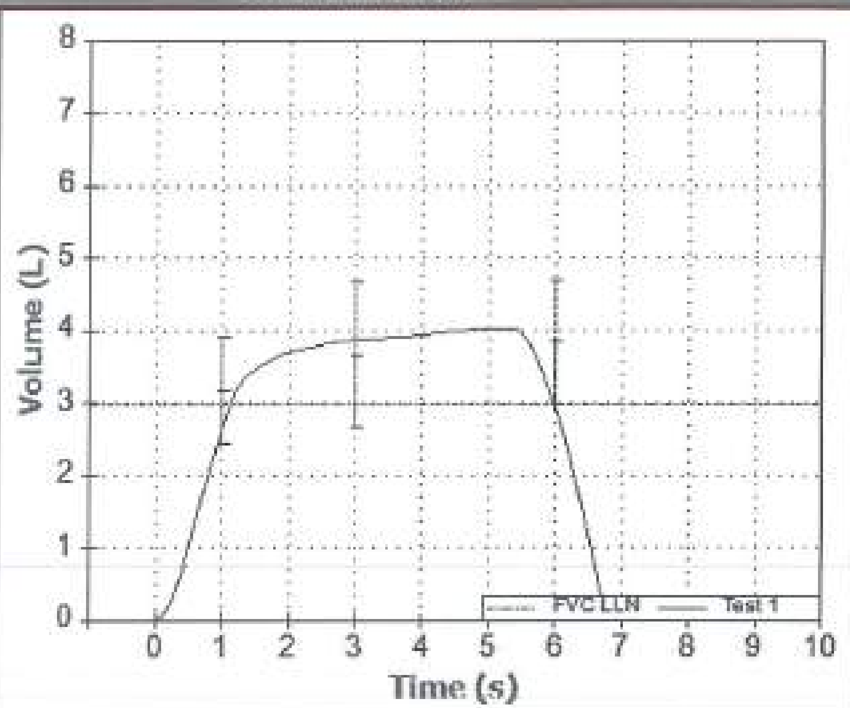
Test Session Information

Test Date:	03/10/2024 09:52	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	3	Accuracy Chk:	30/05/2019 15:42	User:	Administrator
Pred. Values:	ERS 93	Pred. Factor:	87%	Posture:	Sitting

Flow/Volume Graph



Volume/Time Graph



Results

Parameter	Pred	LLN	Best	% Pred.	Z-Score
FVC (L)	**3.84**	2.97	**4.05**	**105**	0.40
FEV1 (L)	**3.18**	2.45	**3.39**	**107**	0.47
FEV1 Ratio	**0.80**	0.68	**0.82**	**103**	0.27
FEV6 (L)	**3.84**	2.97	**4.03**	**105**	0.36
PEF (L/min)	**532**	413	**461**	**87**	-0.98
FEF25-75 (L/s)	**4.28**	2.57	**3.12**	**73**	-1.11

Values at BTPS ,*Below lower limit of normality (LLN)

Session Quality and Repeatability Information

FVC Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
C	0.02 L (0.5%)	0.20 L (5.9%)	1 blow(s)	2 blow(s)	0 blow(s)

Computer Suggested Interpretation

Computer interpretations cannot be relied upon for diagnosis. Normal ventilatory function.

Reference Pictogram

FVC
FEV1
FEV1 Ratio
LLN Reference ULN

RECEPTION

ID: 50126384
DOB:
40yr, Male

Vent rate:	52 BPM
PR int:	158 ms
QRS dur:	98 ms
QT/QTc:	432/413 ms
P-R-T axes:	24 17 26

SINUS BRADYCARDIA
MINIMAL VOLTAGE CRITERIA FOR LVH, CONSIDER NORMAL VARIANT (MEETS CRITERIA IN ONE OF:
R(aVL), S(V1), R(V5), R(V5/V6)+S(V1))
BORDERLINE ECG

UNCONFIRMED REPORT

I   aVR   V1   V4
II   aVL   V2   V5
III   aVF   V3   V6
II

M9210000837   No Site Name   Site # 0 Cart # 0 Version 2.10.5 Sequence #12609 25mm/s 10mm/mV 0.05-40 Hz W

Drugs & Diseases > Calculators

Calculator | About | References

Default Units

Framingham Risk Score (2008)

Questions

1. Gender? — Male
2. Age? — 40-44
3. Total Cholesterol? — 6.20-7.24 mmol/L
4. HDL? — 1.30-1.55 mmol/L
5. Systolic Blood Pressure? — 130-139 mm Hg
6. On Medication for Hypertension? — No
7. Smoker? — No
8. Diabetic? — No
9. Known Vascular Disease (CAD, PVD, S — No

Results

Copy Results

Estimated 10 year Global CVD Risk

6.7%

Risk Category

Low Risk

Estimated Vascular Age

48 Years

Treatment Guidelines

ATP-III (2004)
Treatment Targets
LDL < 160 mg/dL (<4.14 mmol/L)
Non-HDL <190 mg/dL (<4.93 mmol/L)

CCS (2009)
Initiate Pharmacotherapy if
LDL >5 mmol/L (>193 mg/dL)
TChol/HDL-C >6 mmol/L (>231 mg/dL)

Treatment Targets
≥50 % decrease in LDL-C

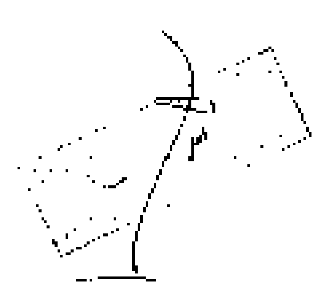
ESC (2007, see info for more)
Treatment Targets
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

Created by QxMD

About

The FRS estimates the 10 year risk of manifesting clinical CVD (CAD, Stroke, PVD, CHF, cardiac death). Although not examined in the 2008 model, it is common practice to double the FRS if there is a FHx of premature CAD in a 1st degree relative (men <55y, women <65y).

*The risk stratification tool for the ESC is the SCORE system which estimates 10y risk of CVD death. Patients with a 10y risk of CVD death ≥5% are considered high risk. The lipid guidelines recognize risk equivalents as a distinct category that warrant immediate treatment. For patients with an ESC SCORE ≥ 5% a 3 month trial of lifestyle measures is a reasonable starting point. If after 3 months the lipids remain above moderate risk targets and the SCORE remains ≥ 5% then intensive therapy to reach high risk targets is recommended.



References

Ralph B. D’Agostino, Sr, Ramachandran S. Vasan, Michael J. Pencina, Philip A. Wolf, Mark Cobain, Joseph M. Massaro and William B. Kannel.
General cardiovascular risk profile for use in primary care: the Framingham Heart Study.
Circulation 2008 February 12, 117 (6): 743-53

McPherson R et al
Canadian Cardiovascular Society position statement—recommendations for the diagnosis and treatment of dyslipidemia and prevention of cardiovascular disease.
Canadian Journal of Cardiology 2006, 22 (11): 913-27

Management of Blood Cholesterol in Adults: Systematic Evidence Review from the Cholesterol Expert Panel.

Ian Graham et al
European guidelines on cardiovascular disease prevention in clinical practice: executive summary: Fourth Joint Task Force of the European Society of Cardiology and Other Societies on Cardiovascular Disease Prevention in Clinical Practice (Constituted by representatives of nine societies and by invited experts).
European Heart Journal, Volume 28, Issue 19, October 2007, Pages 2375-2414

The Framingham Risk Score (2008) calculator is created by QxMD.

SULTANATE OF OMAN

RESIDENT CARD

ID NUMBER: 91579782

EXPIRY DATE: 27/08/2026

DATE OF BIRTH: 01/06/1984

NAME: KALIRAJ SETHURAJ

NATIONALITY: INDIAN

IDOMN91579782<6<<<<<<<<<<<<<<<

8406011M2608271IND<<<<<<<<<<<2

KALIRAJ<SETHURAJ<<<<<<<<<<<<<<

RECEPTION