



Al Nile Medical Complex

مجمع النيل الطبي



Petroleum Development Oman
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname **SETHURAJ**
Forenames **KALIRAJ**
Address
Home telephone number **71092210**

Place of examination
Date **6/12/24**

If a dependant, enter employee's name here:

Surname: Forenames:

Birth date: Nationality: **INDIAN** Country of birth: **INDIA** Religion: **HINDU**

Male Female Married Single Separated / Divorced Relationship to employee
 Wife Son Daughter Number of children: **1**

Reason for examination Pre-Employment Job: **DRIVER**
Pre-Overseas Area: **ADAM**

Name and address of family doctor List your last 3 jobs
(1)
(2)

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		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	HAVE YOU EVER BEEN:	
2. Neck swelling/glands		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	40. Rejected for employment or insurance for medical reasons	<input checked="" type="checkbox"/>
3. Difficulty in vision		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	41. Awarded benefits for industrial injury/illness	<input checked="" type="checkbox"/>
4. Any ear discharge		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	42. Treated for a mental condition, e.g., depression	<input checked="" type="checkbox"/>
5. Asthma/bronchitis		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	43. Treated for problem drinking or drug abuse	<input checked="" type="checkbox"/>
6. Hay fever / other significant allergy		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	44. Exposed to toxic substance or noise	
7. Any skin trouble		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	FOR WOMEN ONLY	
8. Tuberculosis		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Have you ever had:	
9. Shortness of breath		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	45. An abnormal smear	
10. Coughed/vomited blood		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	46. Any gynaecological treatment	
11. Severe abdominal pain		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	47. Are you pregnant?	
12. Stomach ulcer		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	
13. Recurrent indigestion		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
14. Jaundice or hepatitis		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
15. Gall Bladder disease		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
16. Marked change in bowel habits		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
17. Blood in stools (motions)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
18. Marked change in weight		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
19. Varicose veins		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
20. Lump in breast/ampit		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		

How much tobacco each day? **NIL** Average daily alcohol consumption

Have you ever taken elicited drugs? () PDO test all new/potential employees for elicited/recreational 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 declare 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. I am also aware that company reserve the right to dismiss me if it was found that I have purposely withheld important medical information.

Date: **6/12/24** Signature of Applicant: **J. Kaliraj 7159**





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

N = Normal A = Abnormal (please describe)		PHYSICAL EXAMINATION
N	A	
N		1. Eyes & Pupils
N		2. E.N.T.
N		3. Teeth & Mouth
N		4. Lungs & Chest
N		5. Cardiovascular System
N		6. Abdo. Viscera
N		7. Hemial Orifices
N		8. Anus & Rectum
N		9. Genito-urinary
N		10. Extremities
N		11. Musculo-skeletal
N		12. Skin & Varicose Vns.
N		13. C.N.S.

HEIGHT Cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING L N R N	VISION Uncorrected Corrected	DISTANT R 20/20 L 20/20	NEAR R 20/20 L 20/20	Colour Vision N	Blood Group O Positive
168cm	75kg	26	120/80	60 / mins.						

N A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N A	
N		1. Urinalysis	N	7. Audiogram
N		2. Hb, Blood count, ESR		8. Lung Function
	A	3. LFT, RFT, RBS		9. Chest X-Ray
		4. Drug Screen	N	10. ECG
N		5. Lipids (40 years +)	N	11. CVS risk for 40 yrs. & above
N		6. Sickle Cell test		12. HIV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

Patient is diabetic - elevated LFTs, advised to adhere to medication, modify to healthy diet & follow up after 2 months

ASSESSMENT:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

Date: 6/12/24 Name (Block Capitals): Dr. BAREA AL HAKSM

Signature:



REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr

Signature:





Employee Data	DATE 6/12/24
NAME: KALIRAJ SETHURAJ	Company: TRUCKOMAN
ID No. 91579792	Occupation: DRIVER

The Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations? You should rate your chances of dozing off, not just feeling tired. Even if you have not done some of these things recently try to determine how they would have affected you. For each situation, decide whether or not you would have:

- No chance of dozing =0
- Slight chance of dozing =1
- Moderate chance of dozing =2
- High chance of dozing =3

Write down the number corresponding to your choice in the right-hand column. Total your score below.

Situation	Chance of Dozing
Sitting and reading	• 0
Watching TV	• 0
Sitting inactive in a public place (e.g., a theater or a meeting)	• 0
As a passenger in a car for an hour without a break	• 0
Lying down to rest in the afternoon when circumstances permit	• 0
Sitting and talking to someone	• 0
Sitting quietly after a lunch without alcohol	• 0
In a car, while stopped for a few minutes in traffic	• 0

Total Score =

0

Analyze Your Score

Interpretation:

0-7: It is unlikely that you are abnormally sleepy.

8-9: You have an average amount of daytime sleepiness.

10-15: You may be excessively sleepy depending on the situation. You may want to consider seeking medical attention.

16-24: You are excessively sleepy and should consider seeking medical attention.

Reference: Johns MW. A new method for measuring daytime sleepiness: The Epworth Sleepiness Scale.






Fitness to Work Certificate

Employee Data		Date	6/12/2024	
Last Name		BEYHURAJ	First Name	KALIRAJ
I.D No.	91579782	Age	40	
		Occupation	DRIVER	
Type of Medical Evaluation			Mark those applying	
A1 Aircraft refueling		A6 Emergency response team work		
A2 Breathing apparatus		A7 Professional driving		
A3 Business traveler		A8 Remote location work		
A4 Catering and food preparation		A9 Transfers- group A country		
A5 Crane or forklift driving		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 their fitness to work status for the above tasks is as follows

Fit with no restrictions	FIT ✓
Fit with following restrictions	
The employee is fit for above work but should avoid the following tasks	
Work near moving machinery or sharp edges	Operate motor vehicles, forklifts or heavy machinery
Working at height	Use a respirator
Pull push carry weight over Kg	Repetitive twisting of valves or wrenches
Ascend/descend ladders or stairs	Flying
Other(Specify)	
These restrictions are permanent	
These restrictions are temporary until (date)	
Temporary Unfit until (date)	
Permanently Unfit	
Date	6/12/2024
Signature	
Print Name	DR. DURRAT AL MARJAN

Dr. Durrat Al Marjan
General Practitioner
1970-1997





SID NO. : 01051071
Patient ID : 24019936
Name : Mr. KALIRAJ SETHURAJ
Age / Gender : 40 Y / Male
Referrer : TRUCK OMAN
Consultant : Dr.Barea Al Hakim



Page : 2 of 4

Collection Date & Time : 06/12/2024 09:19:36
Received Date & Time : 06/12/2024 09:31:25
Reported Date & Time : 06/12/2024 10:13:38

Nationality : INDIAN

Partial Test Report

Test Name (Method/Specimen)	Result	Biological Reference
LDL CHOLESTEROL (Calculated/ serum)	90.0 mg/dl	UP TO 150 mg/dl
BIOCHEMISTRY		
PDO FITNESS TO WORK (up to 40 yrs)		
URINE ANALYSIS <small>Microscopy/Urine</small>		
Physical		
Color	Yellow	
Transparency	Clear	
Chemical		
Specific Gravity	1.010	
PH	Alkaline	
Glucose	NIL	
Acetone	NIL	
Bilirubin	NIL	
Blood	NIL	
Urobilinogen	NIL	
Protein	NIL	
Nitrate	NIL	
Microscopic		
Leukocytes	NIL	
Pus Cells	1-3	
Erythrocytes	0-2 /hpf	0 - 2
Squamous Epithelial Cell	few /hpf	
Crystal	NIL	


Vivek Adattupurath
 Technician
 MOH License No 12409





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Test Name (Method/Specimen)	Result	Biological Reference
BIOCHEMISTRY		
PDO FITNESS TO WORK (up to 40 yrs)		
BLOOD SUGAR FASTING	8.6 mmol/l	3.3 - 6.1
LIVER PROFILE		
SGOT (IFCC without PDP/ serum)	45.1 U/L	Upto 40
SGPT (IFCC without PDP/ serum)	56.3 U/L	less than 41
TOTAL PROTEIN (Buret / End Point/ serum)	7.3 g/dL	6.6 - 8.7
BILIRUBIN TOTAL (OCA/ serum)	0.59 mg/dl	UP TO 1.1
ALKALINE PHOSPHATASE (IFCC (AMP)/ serum)	94.0 U/L	35 - 104
BILIRUBIN (DIRECT) (DIAZO/ serum)	0.27 mg/dl	less than 0.3
ALBUMIN (BCG/ serum)	4.4 g/dL	3.5 - 5
RENAL PROFILE		
UREA (urease-GLDH,kinetic/ serum)	13 mg/dl	15 - 45 <65 yrs: <50 >65 yrs: <71
CREATININE (ENZYMATIC METHOD/ serum)	1.10 mg/dl	Male: 0.7-1.4 mg/dl Female: 0.6-1.1mg/d
URIC ACID (Uricase-Trinder/ serum)	5.8 mg/dl	Male:3.4-7.0 Female: 2.4-5.7
SODIUM (NA+) (ISE Method Direct/ serum)	135.0 mmol/l	135 - 150
POTASSIUM (K+) (ISE Method Direct/ serum)	3.81 mmol/l	3.5 - 5.5
LIPID PANEL		
TRIGLYCERIDE (GPO- Bichromatic end Point/ serum)	100.1 mg/dl	male:40-160 mg/dl female: 35-135 mg/dl
CHOLESTEROL (CHOD-PAP/ serum)	187.4 mg/dl	<200 mg/dl
HDL CHOLESTEROL (Direct / Immune-precipitation/ serum)	76.91 mg/dl	40-60

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Technician
MOH License No 12409





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Age / Gender : 40 Y / Male
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Partial Test Report

Test Name (Method/Specimen)	Result	Biological Reference
Cast	NIL	
Bacteria	NIL	
Others	NIL	
BIOCHEMISTRY		
PDO FITNESS TO WORK (up to 40 yrs)		
Complete blood count (CBC)		
Haemoglobin (Electrical Impedance/ EDTA)	16.5 gm/dl	13 - 18
TOTAL LEUCOCYTES COUNT	5620 Cells / Cumm	4000 - 11000
DIFFERENTIAL COUNT EDTA		
Neutrophil	56 %	45 - 70
Lymphocytes	33 %	15 - 45
Eosinophils	4 %	1 - 6
Monocyte	7 %	2 - 8
Basophils	0.6 %	less than 1
PACKED CELL VOLUME (HCT)	48.10 %	less than 54
RBC COUNT (Electrical Impedance/ EDTA)	5.45 millions/mm	4.5 - 5.5
MCV	88.2 fl	81.8 - 95.5
MCH	30.2 pg	27 - 32.3
MCHC (Electrical Impedance/ EDTA)	34.3 g/dL	32.4 - 35
PLATELET COUNT (Electrical Impedance/ EDTA)	252000 cu.mm	150,000 - 450,000
RDW-CV	13 %	11 - 16
RDW-SD	41 fl	35 - 56
ESR(AUTOMATED) ((Automated)/ EDTA Blood)	3 mm/hr	< 15


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Partial Test Report

Test Name (Method/Specimen)	Result	Biological Reference
SICKLING TEST	NEGATIVE	NEGATIVE

Vivek Adattupurath
Technician
MOH License No 12409



Mr. KALIRAJ SETHURAJ (48)

Patient Id



Name

24019936 DOB: 01/06/1984

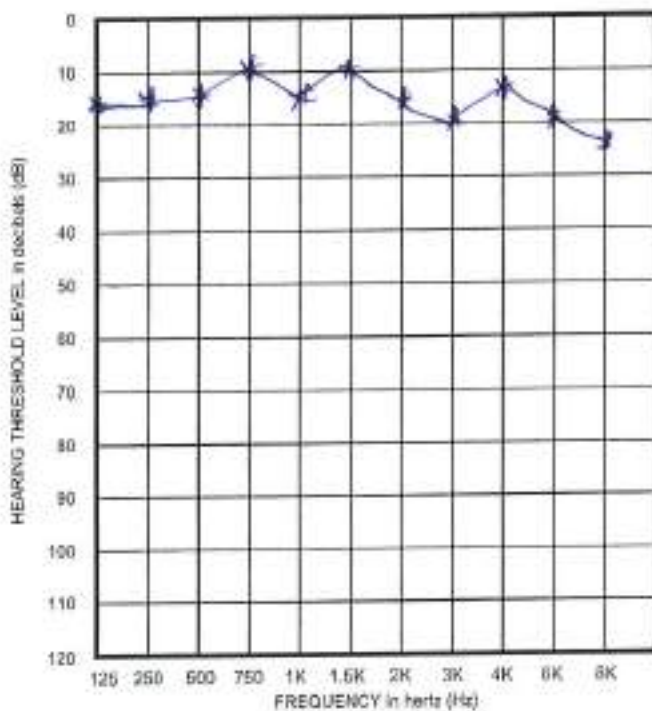
Consultant

Dr. BARAKA

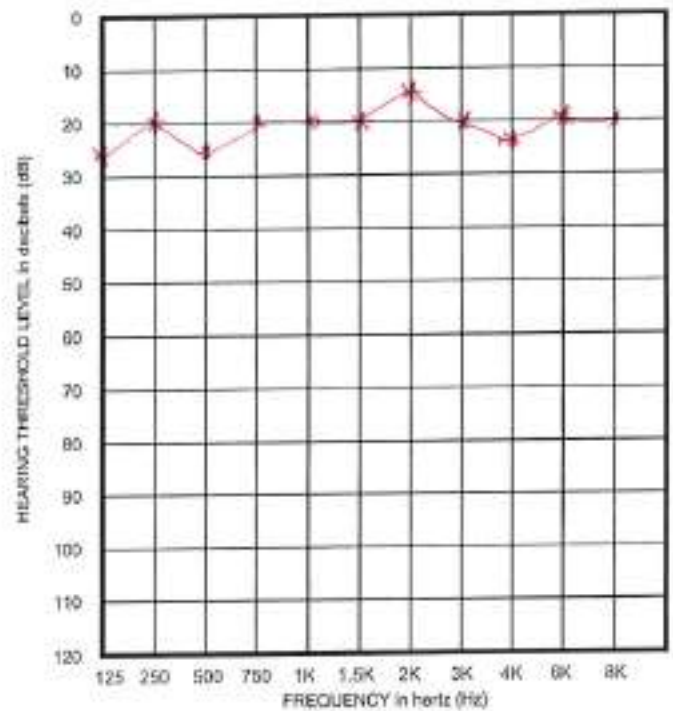
Age / Gender : 40Y / M

Report Date : 6/12/24

LEFT EAR



RIGHT EAR



PURE TONE AVERAGE (500-1000-2000 Hz)		
Ear	Air	Bone
RIGHT		
LEFT		

▲ → RIGHT EAR
★ → LEFT EAR

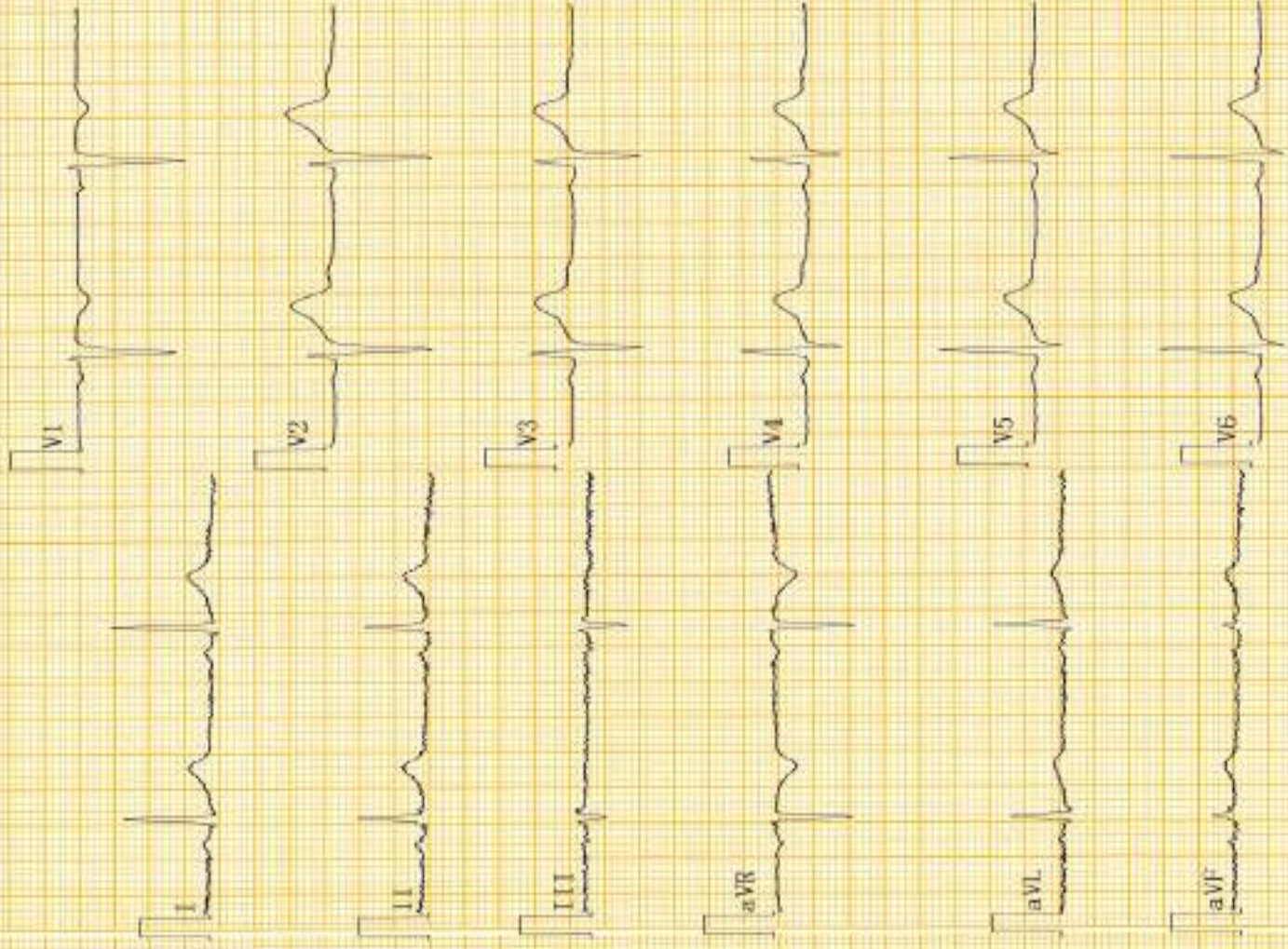
Provisional Diagnosis: Bilateral hearing sensitivity is within normal limits



Signature Audiologist

AUTO 10mm/mV

10mm/mV



AL NILE MEDICAL CENTER

2024-12-06 09:39:22

Name : KALIRAJ SETHURAJ

Sex : Male Age : 40

Section: DR BAREA

RoomID:

BedID:

ID:

Operator: ANU M

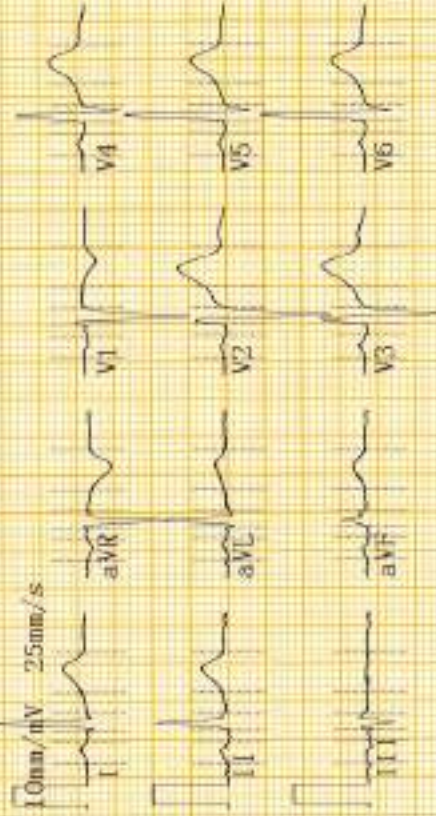
Custom2:

Mr. KALIRAJ SETHURAJ (40)



24019936 DOB: 01/06/1984

10mm/mV 25mm/s



<< Conclusions >>

Sinus node Bradycardia
Longitudinal Left axis deviation.

Report need physician confirm



Physician:

25mm/s AC50Hz

AL NILE MEDICAL CENTER