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PEACE LAND MEDICAL CENTER

Patient: 28239 Reg.Dt: 06/01/2026
Name: JOBY SAMUEL PUTHIYATHU MATH...
Gender: Mal Nationality: INDIAN
Age: 46 Mar. Status: Married
Address:

Appendix 33: EX2 Form (Routine/Periodic Medical Examination)

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Petroleum Development Oman
MEDICAL FTW

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames: JOBI SAMUEL PUTHIYATHU MATHAI

Nationality: INDIAN DOB: 31/05/1979

Mobile No. 94362589 Home/Leave Address: 65265184

Company Number: Reference Indicator:

Personal Details

A ☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated /Divorced /Widow(er)

Home/Leave Address: Relationship to employee ☐ Wife ☑ 1 Son ☐ 1 Daughter No of Children: 2

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☑ Final / Retirement ☐ Other Reason: ☐

Employee only

B Present Job and Location: Operations Supervisor Next Job and Location:

Are you a registered person with special needs? ☐ Do you belong to any Medical Insurance Scheme? ☐

Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.

Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' please describe

		N	Y	Description
Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?		√		
1	Ear, nose, eye or throat problems	√		
2	Chest problems like asthma, bronchitis, other bad cough	√		
3	Heart abnormality, chest pains	√		
4	Abdominal pains, abnormal bowel motions	√		
5	Urogenital problems (kidney disease, menstrual disorder)	√		
6	Skin trouble or allergies	√		
7	Epileptic fits, dizzy spells or migraine	√		
8	History of mental illness, depression anxiety	√		
9	Diabetes, thyroid disease, history of hypertension	√		
10	Blood disorder e.g. anaemia, blood cancer e.g. leukaemia	√		
11	Any history of accidents or fractures	√		
12	**Have you had any serious allergies**	√		
13	Do any dependants have a significant ongoing illness?	√		
14	Any family history of cancers	√		
Do you take any regular medicines, or have your taken in the past?		√		
Do you smoke? If yes, what and how much each day?		√		
Do you drink alcohol? If yes, what is your average weekly intake?		√		
Have you ever taken elicited/recreational drugs?		√		
Are you doing regular sports or physical activities?		√		

STATEMENT: I have read the above questions and the above answers are correct and no information concerning my present or past state of health has been withheld. . I understand and agree that this form will be held as a confidential record by PDO Medical Department, and may be copied (by paper or secure electronic transmission) to the Occupational Health Services for the purpose of Health Surveillance and other Occupational Health review.

Date: 06/01/2026 Signature of Applicant:

P.T.O

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	VISION	DISTANT R	DISTANT L	NEAR R	NEAR L	Colour Vision	Blood Group
161 cm	82 Kg	31.6	135/85		L N R N	Uncorrected / Corrected	6/6	6/6			N	

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 +)		4.77		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.)

LSM

ASSESSMENT:

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

FIT

06/01/2026

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

REVIEW/CONSULTATION

Peace Land Medical Center Mukhaizna

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9027

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

Peaceland Medical Service LLC, **Mukhaizna**
CR No.:2/13627/9, P.O.Box: 1403,
Postal Code: 133,
Occidental Camp Mukhaizna, Sultanate of Oman

PATIENTDETAILS :

Patient ID	: 28239	Doc No	: 16782
Name	: JOBY SAMUEL PUTHIYATHU MATHAI	Doc Date	: 2026-01-06T11:17:00
Age	: 46Y	Bill No	: 39800
Gender	: Male	Date	: 06/01/2026 11:17 AM
Nationality	: INDIAN	Customer	: TRUCKOMAN EQUIPMENT RENTAL LLC
GSM No	: 94362589	Ref by	: DR.HASHIM ABDALLAH

TEST RESULT : PDOM PDO MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
PDO MEDICAL CHECKUP			
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	45 u/l	44-147 U/ L	
T. BILIRUBIN	0.9 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN.	0.4 mg / dl	up to 0.4 mg /dl	
iINDIRECT BILIRUBIN	0.5 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	14 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	33 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	7 g /dl	New born 5.2 - 9.1 g /dl Children 5.4 - 8.7 g /dl Adult 6.7 - 8.7 g /dl	
ALBUMIN.	4.5 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	24 mg / dl	10-50 mg /dl	
S.CREATININE	0.9 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	4.2 mg / dl	3.4 - 7.2 mg /dl	
FASTING BLOOD SUGAR	105 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.020		
pH	Acidic		
Appearance	Clear		
CHEMICAL	0		
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		

Reported By:
Lab Technician

Sr. Lab Technologist

Printed at: 06/01/2026 11:19:08

Verified By:
Lab Technician

Sr. Lab Technologist

Signed at: 06/01/2026 11:19:08

Approved By:
Lab Technician

Sr. Lab Technologist

Test	Result	Normal Range	Detailed Description
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC.			
PUS_CELLS	1-2		
EPITHELIAL CELLS.	1-2		
RBCS	1-2		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA.	NIL		
OTHERS.	NIL		
COMPLETE BLOOD COUNT			
RBC	5.3 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	16.2 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	47 %	Male 42 -52 % Female 37 -47 %	
MCV	89 fl	76 - 96 fl	
MCH	30 pg	27 - 33 pg	
MCHC	34 %	32 36 %	
WBC COUNT	6100 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	60 %	40-75 %	
LYMPHOCYTE	26 %	20-45 %	
EOSINOPHIL	6 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
PLATELET	2.6 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
LIPID PROFILE			
Total Cholesterol	195 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	145 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	79 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	120 mg/dl	< 130 mg/dl	
VLDL	29 mg/dl	2-30 mg/dl	

Remarks:

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Patient:28239 Reg.Dt: 06/01/2026
Name: JOBY SAMUEL PUTHIYATHIL MATH...
Gender: Male Nationality: INDIAN
Age: 48Y Mar. Status: Married
Address:

Heart Rate: 89 bpm
PR/RR Int.: 164/674 ms
QRS Dur: 98 ms
QT/QTc: 410/500 ms
P-R-T axes: 59 24 6
SV1/RV5/R+S: 0.85/1.34/2.19mV [Moderately Abnormal ECG]

Prescribed by:

** Analysis Result ** (To be finally confirmed by physician)
Normal Sinus Rhythm
Normal Axis
Prolonged QT

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

Base:0.2Hz LPF:150Hz AC:50Hz EMG:On 10.0/5.0mm/mV 25.0mm/sec Cardio7(NPO169FC) 2.33/3.26 Bionet Co., Ltd.

بلاد السلام للخدمات الطبية ش.م.م
Peace Land Medical Services L.L.C

PATIENT ID: 2 28239

Estimated 10-year Global CVD Risk

4.70%

Risk Category

Low Risk

Estimated Vascular Age

42 Years

Treatment Guidelines

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

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ESC (2007, see Info for more)

Treatment Targets

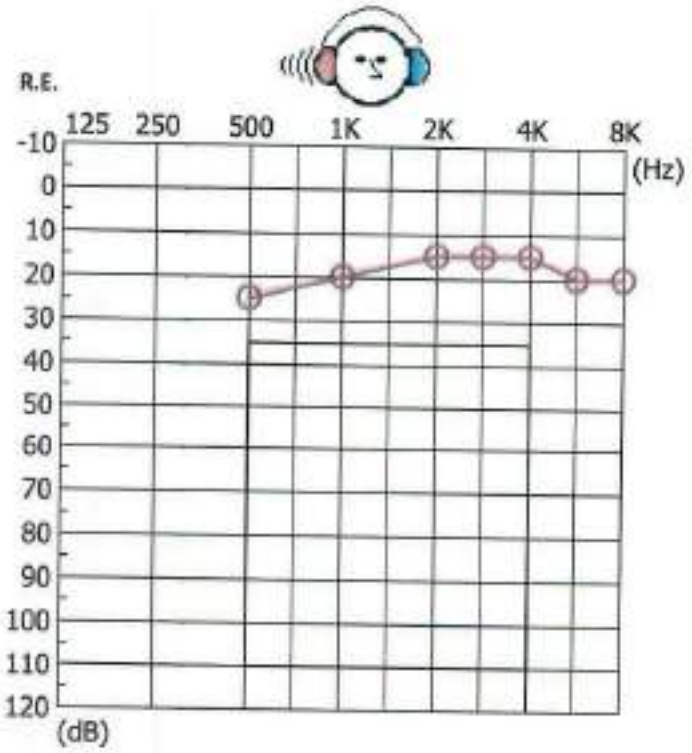
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

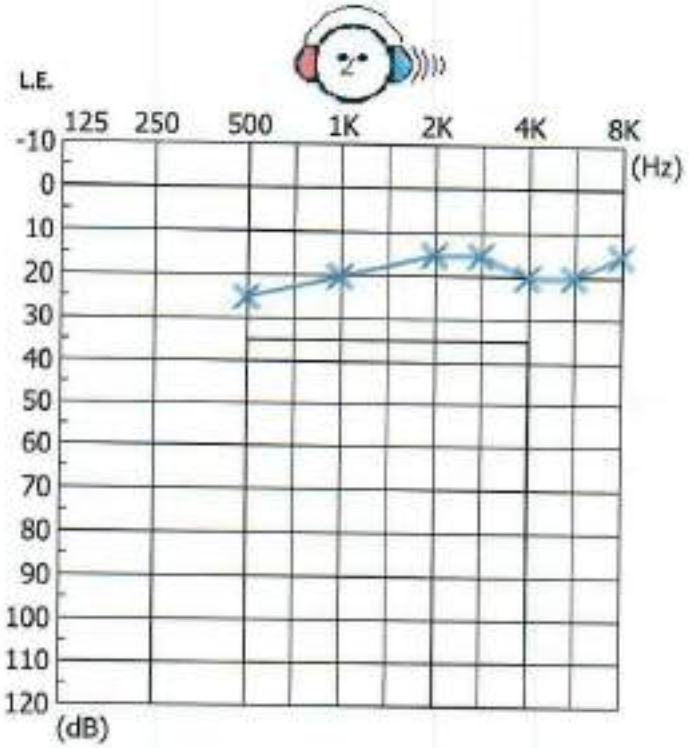
AUDIOMETRY REPORT

Name: JOBI SAMUEL PUTHIYATHU , MATHAI
Age(y): 46
Sex: Man
Height (cm): 0
Weight(Kg): 0
BMI:

SIBELMED W50

Test date: 06/01/2026
Reference: 65265184
Technician:
Reason:
Origin:
Equipment: Sibelsound DUO
Device serial numb.: 910
Flash Version: 1.0





No Masking	R.E.	L.E.	With Masking	R.E.	L.E.
Air	O	X	Air	△	□
Bone	<	>	Bone	⊏	⊐
F.Field	⊘	⊗			
No response	↺	↘			

MINISTRY OF LABOUR AND SOCIAL AFFAIRS

	R.E.	L.E.
Hearing Loss (%)	0.0	0.0
Average dBs	18.8	18.8
Bilateral Loss (%)	0.0	

Right ear Normal
Left ear Normal

COMMENTS:

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 908

Peace Land Clinic Mukhaizna

Sibelmed

مركز بلاد السلام الطبي

Peace Land Medical Center

Appendix 15: Fitness to Work Certificate

Employee Data		Date 06-01-2026
Name TOBI SAMUEL PUTHHATHU.		Department/Company TER
I.D No. 65265184	Age 46yr	Occupation OPERATION SUPERVISOR

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			
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
Name of health advisor	Signature	Date	06/01/2026

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

Peace Land Clinic Mukhaizna

P.O. Box [illegible], Postal Code [illegible], [illegible] Sultanate of Oman
Tel: [illegible]