



# PEACE LAND MEDICAL CENTER

SHAJI KUTTAPPAN  
PID : 61860 Age 49Y Male B.No : 86775



Spec.ID : 104386 SERUM 27/01/26 08:48

## Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

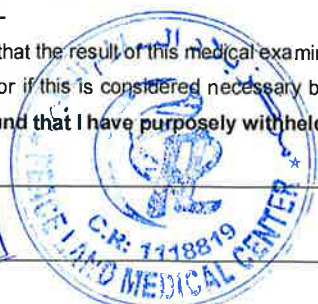


**Petroleum Development Oman  
MEDICAL FTW**

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Surname :
Forenames : SHAJI KUTTAPPAN
Address : 78055484 Company Name : TO
Home telephone number : 91634689

Place of examination: MUSCAT	Date 27/1/2026							
If a dependant enter employee's name here: Surname: Forenames:								
DOB: 23/5/1976	Nationality: INDIAN	Country of birth: INDIA	Religion: HINDU					
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced	Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input checked="" type="checkbox"/> Daughter						
Reason for examination Pre-Employment <input checked="" type="checkbox"/> Pre-Overseas <input type="checkbox"/>		Job: TYRE MAN						
Name and address of family doctor		List your last 3 jobs (1) (2)						
Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>						
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		✓	<b>HAVE YOU EVER BEEN:-</b> 40. Rejected for employment or insurance for medical reasons 41. Awarded benefits for industrial injury/illness 42. Treated for a mental condition, e.g. depression 43. Treated for problem drinking or drug abuse 44. Exposed to toxic substance or noise <b>FOR WOMEN ONLY</b> Have you ever had:- 45. An abnormal smear 46. Any gynaecological treatment 47. Are you pregnant? 48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
2. Neck swelling/glands		✓	22. Heart Disease		✓			
3. Difficulty in vision		✓	23. Rheumatic fever		✓			
4. Any ear discharge		✓	24. Abnormal heartbeat		✓			
5. Asthma/bronchitis		✓	25. High blood pressure	✓				
6. Hayfever /other significant allergy		✓	26. Stroke		✓			
7. Any skin trouble		✓	27. Serious chest pain		✓			
8. Tuberculosis		✓	28. Any blood disease		✓			
9. Shortness of breath		✓	29. Kidney disease		✓			
10. Coughed/vomited blood		✓	30. Blood in urine		✓			
11. Severe abdominal pain		✓	31. Diabetes		✓			
12. Stomach ulcer		✓	32. Headaches/migraine		✓			
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓			
14. Jaundice or hepatitis		✓	34. Epilepsy		✓			
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓			
16. Marked change in bowel habits		✓	36. Surgical operation		✓			
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓			
18. Marked change in weight		✓	38. Tropical disease		✓			
19. Varicose veins		✓	39. Fear of heights		✓			
20. Lump in breast/armpit		✓						
How much tobacco each day? NO		Average daily alcohol consumption NO.						
Have you ever taken elicited drugs? (X ) PDO test all new/potential employees for elicited/recreational drugs								
<b>FAMILY HISTORY:</b> Diabetes (X) Tuberculosis (X) Epilepsy (X) Asthma (X) Eczema (X) Heart disease (X) High blood pressure (X) Stroke (X) Blood Disease (X) Cancer (X)								
<b>PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-</b> 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. I am also aware that PDO reserve the right to dismiss me if it was found that I have purposely withheld important medical information.								
Date: 27/01/2026		Signature of Applicant:						





SHAJI KUTTAPPAN  
PID : 61860 Age 49Y Male B.No : 86775



Spec.ID : 104386 SERUM 27/01/26 08:45

## 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	HEARING	VISION	DISTANT	NEAR	Colour Vision	Blood Group
154	81	34.15	140 90	62 /mins.	L N R N	Uncorrected Corrected	R L 6/6 6/6	R L +	N	

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
✓		1. Urinalysis	✓	
✓		2. Hb, Blood count, ESR		
✓		3. LFT, RFT, RBS		
		4. Drug Screen		
✓		5. Lipids (40 years +)	✓	
✓		6. Sickle Cell test		

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

→ HTN was diagnosed during Conduction FTW  
 → Cardiacologist was started anti-HTN + LSM and DASH diet  
 → He should come back on May 2026 for TLU and TMT holdy Bp check

### ASSESSMENT:

FIT ALL AREAS  FIT WITH RESTRICTION  TEMPORARY UNFIT  UNFIT

Date: 19/02/2026  
 Name (Block Capitals): Dr. / Nurse

**FIT**



Signature:

**DR. HASHIM ABDALLAH**  
 GENERAL PRACTITIONER  
 MOH License No: 908

### REVIEW/CONSULTATION

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

Signature:

DEPARTMENT OF LABORATORY

<b>Patient ID</b> : 61860	<b>Doc No</b> : 69638
<b>Name</b> : SHAJI KUTTAPPAN	<b>Doc Date</b> : 27/01/2026 11:56
<b>Age, Gender</b> : 49Y, Male	<b>Bill No</b> : 86775
<b>Nationality</b> : INDIAN	<b>Bill Date</b> : 27/01/2026 08:25
<b>GSM No</b> : 91634689	<b>Approved Date</b> :
<b>Doctor's Name</b> : DR.SHIMA	<b>Collected Time</b> : 27/01/2026 08:49
<b>Customer</b> : TRUCK OMAN EQUIPMENT RENTEL LLC	<b>Recieved Time</b> : 27/01/2026 08:49

Test	Result	Unit	Normal Range
<b>TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS</b>			
COMPLITE BLOOD COUNT			
RBC	5.2		Male 4.38 - 6.0 x 10 <sup>12</sup> /L Female 4.0- 5.2x10 <sup>12</sup> /L
HAEMOGLOBIN	15.4	x10 <sup>12</sup> /L	
HCT	47.6	gm %	Male 13 - 17 gm % Female 11 - 14 gm %
MCV	92	%	Male 39.30 -50.00 % Female 37 -47 %
MCH	30.7	fl	84-94 fl
MCHC	33.6	pg	27 - 33 pg
WBC COUNT	6.4	g/dl	29.6 - 35.6 %
DIFFERENTIAL COUNT			
NEUTROPHIL	65	x 10 <sup>9</sup> /L	4.0 - 11.0 x 10 <sup>9</sup> /L
LYMPHOCYTE	33	%	40-70 %
EOSINOPHIL	01	%	20-45 %
MONOCYTE	01	%	1-6 %
BASOPHIL	00	%	2-8%
PLATELET	158	%	0-1%
SICKLE CELL TEST	Negative	x 10 <sup>9</sup> /L	150 - 450 x 10 <sup>9</sup> /L
LIVER FUCTION TEST			
ALKALINE PHOSPHATASE	96	U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.82	mg/dl	0 - 2.0 mg/dl
S.G.O.T.	30.6	U/L	0 - 35.0 U/L
S.G.P.T.	23.2	U/L	10 - 45 U/L
ALBUMIN.	4.43	g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN.	7.39	g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.13	mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST			
UREA	18.9	mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.78	mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	7.3	mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE.			
Total Cholesterol	210	mg/dl	0.0 - 200 mg/dl
Triglyceride	147.9	mg/dl	0.0 - 150 mg/dl

Remarks:

Reported By:  
Lab Tech

Sr. Lab Technologist

Verified By:  
Lab Tech



Sr. Lab Technologist





DEPARTMENT OF LABORATORY

<b>Patient ID</b> : 61860	<b>Doc No</b> : 69638
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Test	Result	Unit	Normal Range
HDL - CHOL	61.9		35.0 - 79.0 mg/dl
LDL - CHOL	118	mg/dl	< 100 mg/dl
VLDL	30	mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	99.1	mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5	ml	
Colour	Pale yellow		
Sp. Gravity	1.020		
pH	Acidic		
Appearance	Clear		
CHEMICAL			
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC			
PUS CELLS	1-2		
EPITHELIAL CELLS	0-1		
RBC	0-1		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NIL		
OTHERS	NIL		

Remarks:

Reported By:  
**Lab Tech**

Sr. Lab Technologist

Verified By:  
**Lab Tech**



Sr. Lab Technologist



2026-01-27 09:00:40

ID:61860

Name:

SHAI KUTTAPPAN  
PID : 61860 Age 45Y Male B.No : 86775



SpecID : 104386 SERUM 27/01/26 08:45

ECC.

3 Channel + 3 Rhythm Report

Hosp : PEACELAND MEDICAL CENTE...

Heart Rate: 61 bpm  
PR/RR Int.: 134/984 ms

QRS Dur.: 110 ms

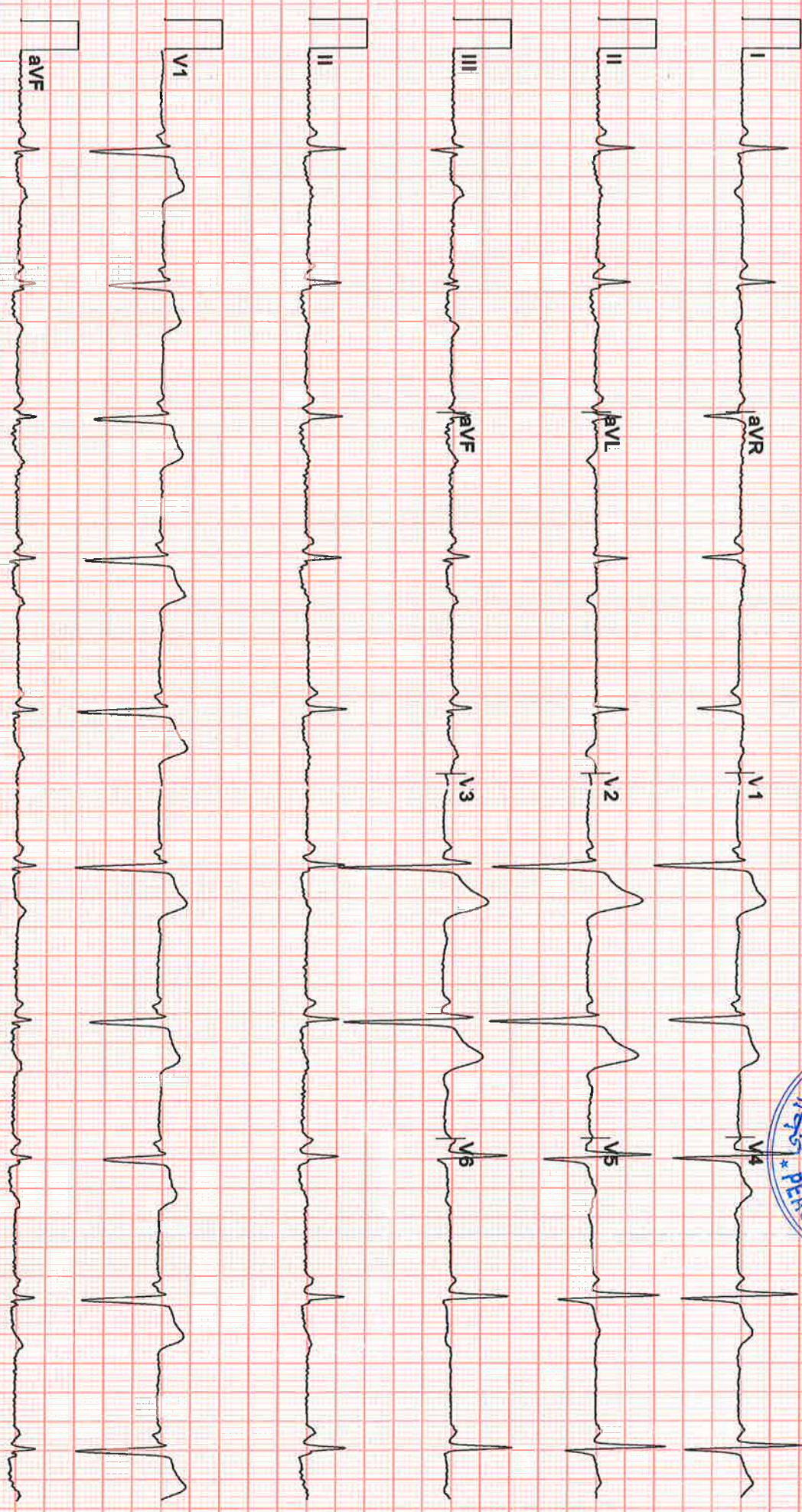
QT/QTc: 426/431 ms

P-R-T axes: 50 23 119

SV1/RV5/R+S: 1.30/1.15/2.45 mV

Prescribed by :  
\*\* Analysis Result \*\* (To be finally confirmed by cardiologist)

Normal Sinus Rhythm  
[ Normal ECG ]



Base:0.1 Hz LPF:100 Hz AC:50 Hz EMG:Off

25 mm/sec 10 mm/mV

CardioQ70 ver.1.16 (3.26) Bionet Co., Ltd



## Results

Estimated 10-year Global CVD Risk

**9.4%**

Risk Category

**Low Risk**

Estimated Vascular Age

**54 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)



**PEACELAND MEDICAL CENTER  
AZAIBA**

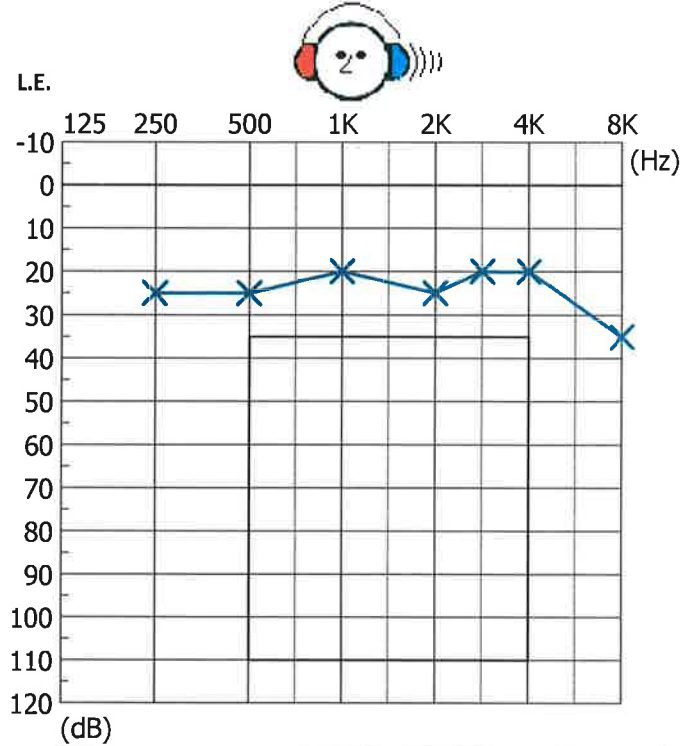
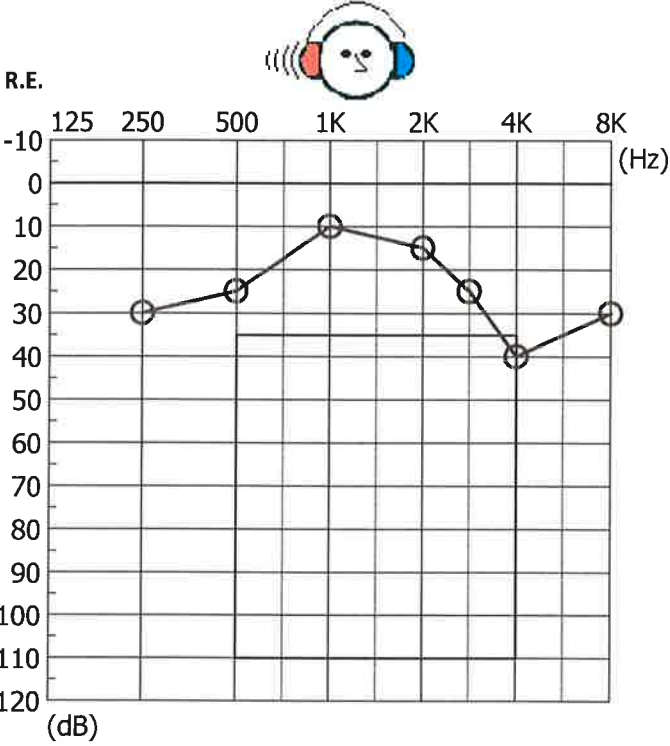
**AUDIOMETRY REPORT**

Name:  
Age(y):  
Sex:  
Height (cm):  
Weight(Kg):  
BMI:

SHAJI KUTTAPPAN  
PID : 61860 Age 49Y Male B.No : 86775  
SpecID : 104386 SERUM 27/01/26 08:45  
*Audio*

**SIBELMED W50**

Test date: 27/01/2026  
Reference: 61860  
Technician:  
Reason:  
Origin:  
Equipment:  
Device serial numb.:  
Flash Version:



**MINISTRY OF LABOUR AND SOCIAL AFFAIRS**

	R.E.	L.E.
Hearing Loss (%)	0.0	0.0
Average dBs	18.8	22.5
Bilateral Loss (%)	0.0	

Right ear Normal  
Left ear Normal

**COMMENTS:**

No Masking	R.E.	L.E.	With Masking	R.E.	L.E.
Air	○	×	Air	△	□
Bone	<	>	Bone	=	=
F.Field	∅	✳			
No response	♂	♀			





# مركز بلاد السلام الطبي

## Peace Land Medical Center

### Appendix 15: Fitness to Work Certificate

<b>Employee Data</b>	SHAJI KUTTAPPAN PID : 61860 Age 49Y Male B.No : 86775	<b>Date</b>	27/11/2026
<b>Name</b>		<b>Department/Company</b>	TO
<b>I.D No.</b>	Spec.ID : 104386 SERUM 27/01/26 08:49	<b>Occupation</b>	TYRE MAN
<b>Type of Medical Evaluation</b>	<b>Mark those applying ✓</b>		
<b>A1 Aircraft refuelling</b>	<input type="checkbox"/>	<b>A6 Fire / Emergency response team work</b>	<input type="checkbox"/>
<b>A2 Breathing apparatus</b>	<input type="checkbox"/>	<b>A7 Professional driving</b>	<input type="checkbox"/>
<b>A3 Business traveller</b>	<input type="checkbox"/>	<b>A8 Remote location work</b>	<input checked="" type="checkbox"/>
<b>A4 Catering and food preparation</b>	<input type="checkbox"/>	<b>A9 Transfers – group A country</b>	<input type="checkbox"/>
<b>A5 Crane or forklift driving &amp; all heavy vehicles</b>	<input type="checkbox"/>	<b>A10 Transfers – group B country</b>	<input type="checkbox"/>
<b>Health Advisor Statement :</b> 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.			
<b>Fit with no restrictions</b>	<input checked="" type="checkbox"/>		
<b>Fit with following restriction(s)</b>	<input type="checkbox"/>		
<b>The employee is fit for above work but should avoid the following task(s)</b>	<b>Temporary restriction</b>	<b>Permanent restriction</b>	
Work near moving machinery or sharp edges	<input type="checkbox"/>	<input type="checkbox"/>	
Working at height	<input type="checkbox"/>	<input type="checkbox"/>	
Pulling, pushing, or carrying weight over ____ Kg	<input type="checkbox"/>	<input type="checkbox"/>	
Ascend/descend ladders or stairs	<input type="checkbox"/>	<input type="checkbox"/>	
Operate motor vehicles, forklifts or heavy machinery	<input type="checkbox"/>	<input type="checkbox"/>	
Use of a respirator	<input type="checkbox"/>	<input type="checkbox"/>	
Repetitive twisting of valves or wrenches	<input type="checkbox"/>	<input type="checkbox"/>	
Flying	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Temporary Unfit until</b>	<input type="checkbox"/>		
<b>Permanently Unfit</b>	<input type="checkbox"/>		<b>Date</b>
<b>Name of health advisor</b>	<b>Signature</b>	<b>Date</b>	19/02/2026
			

**FIT**



**DR. HASHIM ABDALLAH**  
GENERAL PRACTITIONER  
No: 908



مركز بلاد السلام الطبي  
Peace Land Medical Center

Date: 27.1.26

Mr. SHAJI KUTTAPPAN

ny

valsartan / Amlodipine / ACT tab  
160/5/12.5mg  
+ 30

# 1 PO QD [1-0-0]

