TON

PEACE LAND MEDICAL CENTER MUKHAIZNA

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

tient 16783 Reg.Dt 18/09/2022

me LINGAMPALLI RAMESH NADIPI

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	RAMESH NADIPI
Forenames	LINGAMPALLI
Address	86498809
Home telephone number	98197368 (EMP # 1349)

Place of examination: MUKHAIZNA	Date: 18-9-22		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: 18-6-74	Nationality: INDIAN	Country of birth: INDIA	Religion: HINDU
☑ Male ☐ Female	☑ Married ☐ Single ☐ Separated /Divorced	Relationship to employee: ☐ Wife ☐ Son ☐ Daughter	Number of children: 2
Reason for examination: Pre-Employment ☐ Periodic medical check-up ☑ Pre-Oversees ☐		Job: OPERATOR Area:	

Name and address of family doctor	List your last 3 jobs
	(1)
	(2)
	(3)
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			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					
4. Any ear discharge			24. Abnormal heartbeat			42. Awarded benefits for industrial injury/illness		
5. Asthma/bronchitis			25. High blood pressure					
6. Hayfever /other significant allergy			26. Stroke			43. Treated for a mental condition, e.g. depression		
7. Any skin trouble			27. Serious chest pain					
8. Tuberculosis			28. Any blood disease			44. Treated for problem drinking or drug abuse		
9. Shortness of breath			29. Kidney disease					
10. Coughed/vomited blood			30. Blood in urine			45. Exposed to toxic substance or noise		
11. Severe abdominal pain			31. Painful passage of urine					
12. Stomach ulcer			32. Diabetes	✓		FOR WOMEN ONLY		
13. Recurrent indigestion			33. Headaches/migraine			Have you ever had:-		
14. Jaundice or hepatitis			34. Dizziness/fainting			46. An abnormal smear		
15. Gall Bladder disease			35. Epilepsy			47. Any gynaecological treatment		
16. Marked change in bowel habits			36. Joints/spinal trouble					
17. Blood in stools (motions)			37. Surgical operation			48. Are you pregnant?		
18. Marked change in weight			38. Serious accident/fracture			49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
19. Varicose veins			39. Tropical disease					
20. Lump in breast/armpit			40. Fear of heights					

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

Have you ever taken elicited 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 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: 18-9-22 Signature of Applicant: L. Ramesh

Peace Land Clinic Mukhaizna

PEACE LAND MEDICAL CENTER MUKHAIZNA

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

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
✓		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 R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
161.5	68.5	26.3	120/80	76/ mins.	L N R N	Uncorrected 6/6	6/6			N	
						Corrected					

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 3.30
✓		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: Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Dr. Amr Mohamed

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

Peace Land Clinic Mukhaizna

TDN

مركز بلاد السلام الطبي
Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

NAME	LINGAMPALLI RAMOJU		COMPANY	TRUCK OMAN NORTH	
ID No	86498809	GENDER M	OCCUPATION	OPERATOR	
Mob.No	98197368		DATE	18/9/23	

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-Hight chance of dozing

0 Sitting and reading

0 Watching TV

0 Sitting inactive in a public place(e.g.Teatere 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 a 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 _____ (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: L. Ramoju Date: 18/09/2022

Peace Land Clinic Mukhaizna

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

PATIENTDETAILS :

Patient ID	: 15783	Doc No	: 2313
Name	: LINGAMPALLI RAMESH NADIPI	Doc Date	: 2022-09-18T10:38:00
Age	: 48Y	Bill No	: 20509
Gender	: Male	Date	: 18/09/2022 10:38 AM
Nationality	: INDIAN	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 98197368	Ref.by	: AMR MOHAMED AHMED

TEST RESULT : PDOM PDO MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
PDO MEDICAL CHECKUP			
URINE ROUTINE ANALYSIS			
Colour	Pale yellow		
Sp. Gravity	1.020		
pH	Acidic		
Appearance	Clear		
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
PUS CELLS	1-2		
EPITHELIAL CELLS	1-2		
RBC'S	1-2		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NIL		
OTHERS	NIL		

orted By:
MED ALHAG

Lab Technologist

ted at: 18/09/2022 10:41:04

Peace Land Clinic Mukhaizna

Verified By:

Sr. Lab Technologist

Signed at: 18/09/2022 10:41:02

Specialist Pathologist:

Sr. Lab Technologist

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

Test	Result	Normal Range	Detailed Description
COMPLITE BLOOD COUNT			
RBC	4.9 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	14.1 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	41 %	Male 42 -52 % Female 37 -47 %	
MCV	83 fl	76 - 96 fl	
MCH	29 pg	27 - 33 pg	
MCHC	34 %	32 36 %	
WBC COUNT	6400 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	54 %	40-75 %	
LYMPHOCYTE	33 %	20-45 %	
EOSINOPHIL	6 %	1-6 %	
MONOCYTE	7 %	2-8%	
BASOPHIL	0 %	0-1%	
PLATALATE	2.75 lakhs/cumm	1.5 - 3.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIPID PROFILE			
Total Cholesterol	130 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	46 mg/dl	Normal < 200 mg/dl Border line 200 - 250 mg/dl High > 250 mg /dl	
HDL - CHOL	64 mg/dl	Low Risk > 50 mg/dl Normal Risk 35 - 50 mg/dl High Risk < 35 mg/dl	

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Test	Result	Normal Range	Detailed Description
LDL - CHOL	57 mg/dl	65 - 130 mg/dl	
VLDL	12 mg/dl	5-40 mg/dl Male 2-30 mg/dl Female	
FASTING BLOOD SUGAR	109 mg/dl	70 - 110 mg/dl	
LIVER FUCTION TEST			
ALKALINE PHOSPHATASE	47 u/l	44-147 U/ L	
T. BILIRUBIN	0.7 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.3 mg / dl	up to 0.4 mg /dl	
IINDIRECT BILIRUBIN	0.4 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	48 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	45 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	7.7 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	4.2 g / dl	3.6 - 5.5 g/dl	
GGT	48 u / L	4 - 48 U/L	
RENAL FUNCTION TEST			
UREA	12 mg / dl	10-50 mg /dl	
S.CREATININE	0.8 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	5.5 mg / dl	3.4 - 7.2 mg /dl	

emarks:

orted By:
MED ALHAG

Lab Technologist

ted at: 18/09/2022 10:41:04

Peace Land Clinic Mukhaizna

Verified By:

Sr. Lab Technologist

Signed at: 18/09/2022 10:41:02

Specialist Pathologist:

Sr. Lab Technologist

12 Channel + 1 Rhythm Report

Hosp:

Prescribed by:

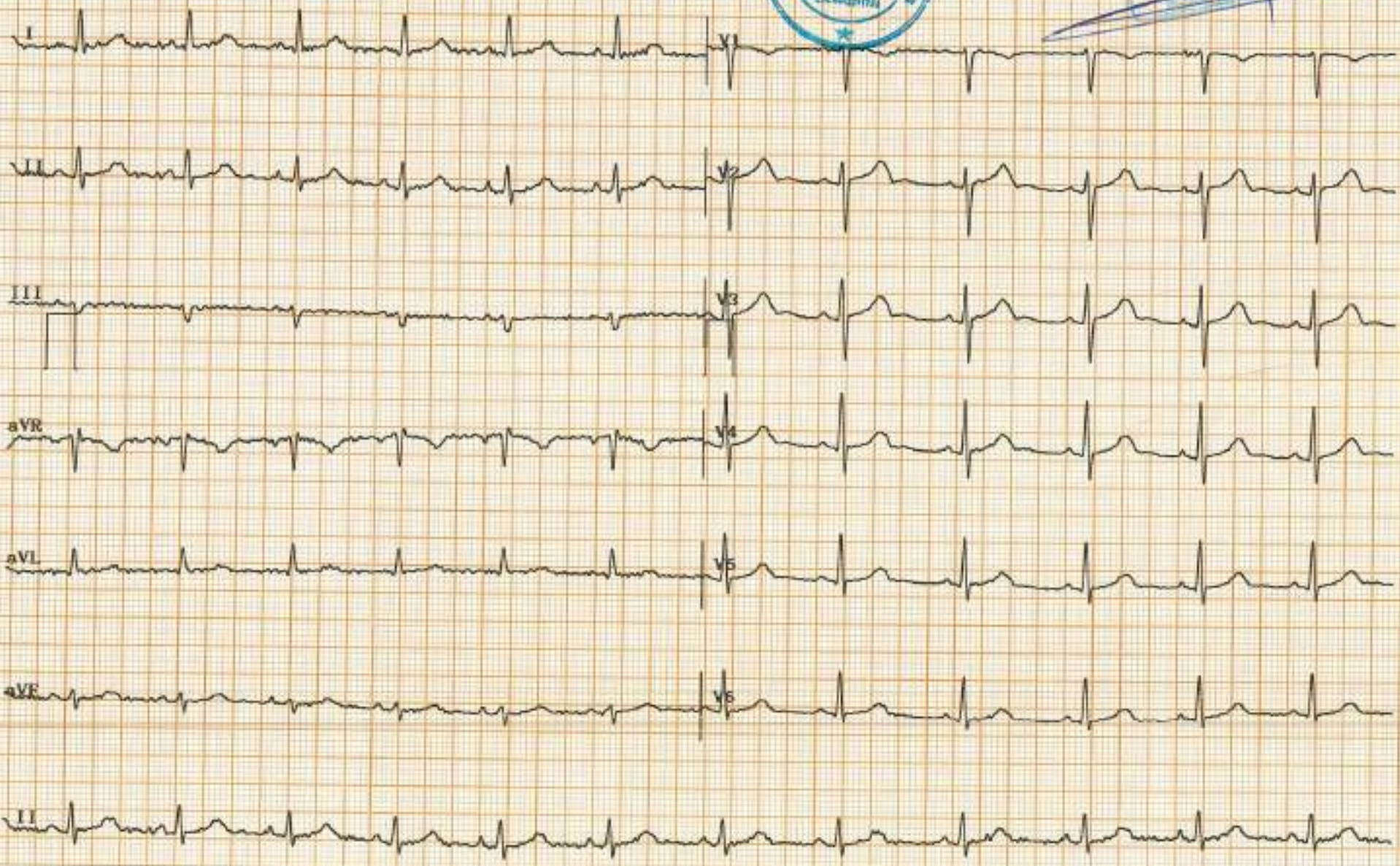
Heart Rate: 74 bpm
PR/RR Int.:144/811 ms
QRS Dur: 106 ms
QT/QTc: 428/478 ms
P-R-T axes: 58 7 37
SV1/RV5/R+S:0.70/0.88/1.58mV

** Analysis Result ** (To be finally confirmed by physician)
Normal Sinus Rhythm
[Normal ECG]

Peace Land Clinic Mukhaizna

Dr. Amr mohamed
GENERAL PRACTITIONER

Sent 18783 Reg.Dt 18/09/2022
me LINGAVPALLI RANGESH NADIPI



Base:0Hz LPF:150Hz AC:50Hz EMG:Off 10.0mm/mV 25.0mm/sec EKG2000 6.00/3.24 Bionet Co., Ltd.

42120

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

PATIENT ID: 15783

Estimated 10-year Global CVD Risk

3.30%

Risk Category

Low Risk

Estimated Vascular Age

38 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

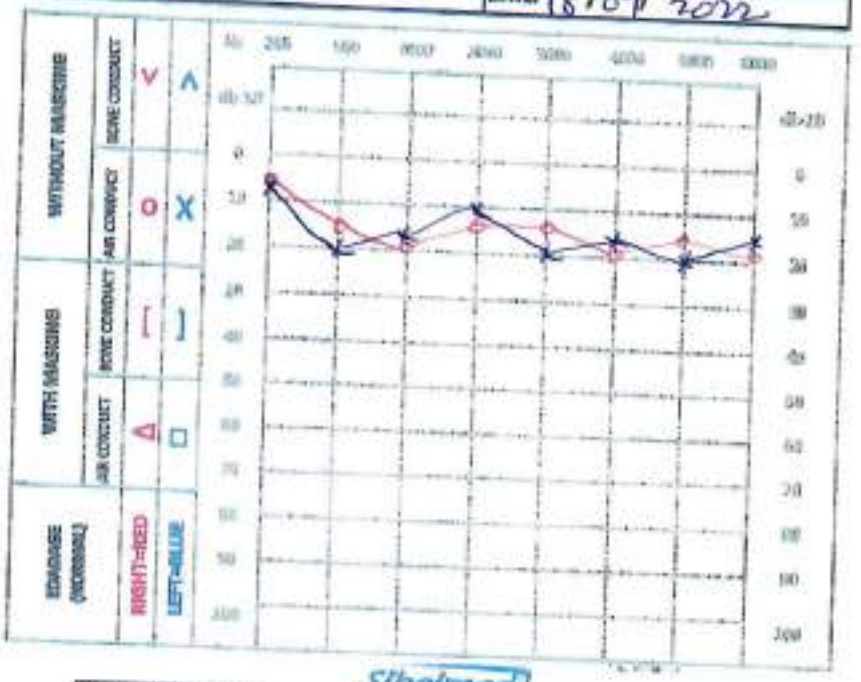
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

Peace Land Clinic Mukheizna

مركز بلاد السلام الطبي
Peace Land Medical Center

AUDIOMETRY TEST REPORT

NAME: RAMESH NADIA LINGAM PALLI	COMPANY: TON
AGE: 18/6/1974 GENDER: M/F	OCCUPATION: Operators
REF. BY:	DATE: 18/09/2022



INTERPRETATION
O RIGHT EAR
X LEFT EAR

RESULT
☑ NORMAL
HEARING LOSS
☐ RIGHT
☐ LEFT

Dr. Amr mohamed

Peace Land Clinic Multiservice

مركز بلاد السلام الطبي
Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	15 / 09 / 2022
Name	RAMESH NADIPI LINGAMPALLI	Department/Company	TON
I.D No.	86498809	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 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			
Name of health advisor Signature	Dr. Ammu Mohan	Date	18/9/22

Peace Land Clinic Muscat

P.O. Box 1462 Postal Code 133 Al Ansab Roundabout al Sahwa Tower Sultanate of Oman
Tel: 24617137 24617148 24617134