TRUCKMAN - NORTH

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

OUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

atient 23506 Reg.ID 18/8/2024

ame LINGAMPALLI RAMESH NADIDI

n Development Oman
DICAL DEPARTMENT

Surname/ Forenames	LINGAMPALLI RAMESH NADIDI
Nationality	INDIAN
D.O.B :	18/06/1974
Company Number:	Reference Indicator:

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Mobile No. 71328170 Address: 86498809

Personal Details

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

Home/Leave Address: Relationship to employee ☐ Wife ☑ Son ☐ 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: FORKLIFT OPERATOR

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, another 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 druga?		√		
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: 18-08-2024 Signature of Applicant: Ramesh

Peace Land Clinic Mukhaizna

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

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N = Normal	A = Anormal (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.

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Color Vision
162	73	27.8	120/80 mmhg	69/mins.	L – N1 R – N1	Uncorrected 6	6	6	6	1. Normal √ 2. Abnormal
						Corrected				

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
√		1. Urinalysis	√		7. Audiogram
√		2. Hb, Blood count, 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
		6. Sickle Cell test			12. HIV, Hepatitis screening

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

Fit to work as per medical report

FIT

ASSESSMENT AND RECOMMENDATIONS:

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

Date: 19/04/2024 Name (Block Capitals): Dr. / Nurse Signature:

Peace Land Clinic Mukhaizna

DR. HASHIM ABDALLAH

REVIEW/CONSULTATION

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

TON -

مركز بلاد السلام الطبي
Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea		
NAME: LINGAMPALLI	COMPANY: TRULEMAN	
ID No: 86498809	OCCUPATION: FORKLIFT OPERATOR	
Mob.No: 71328170	GENDER: M / F	DATE: 18/8/2024

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 LINGAMPALLI (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Ramesh Date: 18/8/2024

Peace Land Clinic Mukhaizna

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العذبة مبنى برج الصحوة السيب ٢ سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba Roundabout al Sahwa Tower Sultanate of Oman
Tel: 24817117 | 24817148 | 24817149

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	: 23506	**Doc No**	: 10157
Name	: LINGAMP ALLI RAMESH NADIPI	**Doc Date**	: 2024-08-18T11:06:00
Age	: 50Y	**Bill No**	: 30722
Gender	: Male	**Date**	: 18/08/2024 11:06 AM
Nationality	: OMANI	**Customer**	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 71328170	**Ref.by**	: DR.HAMMAD ISMAIL

TEST RESULT : PDOM PDO MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
PDO MEDICAL CHECKUP			
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	53 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.	42 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	44 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 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	17 mg / dl	10-50 mg /dl	
S.CREATININE	0.9 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	6.7 mg / dl	3.4 - 7.2 mg /dl	
FASTING BLOOD SUGAR	79 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.010		
pH	Acidic		
Appearance	Clear		
CHEMICAL	0		
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC.			

Reported By:
AHMED ALHAG

Sr. Lab Technologist

Printed at: 18/08/2024 11:08:19

Verified By:
AHMED ALHAG

Sr. Lab Technologist

Signed at: 18/08/2024 11:08:19

Specialist Pathologist:
AHMED ALHAG

Sr. Lab Technologist

Peace Land Clinic Muk

Test	Result	Normal Range	Detailed Description
PUS_CELLS	1-2		
EPITHELIAL CELLS.	1-2		
RBCS	1-2		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA.	NIL		
OTHERS.	NIL		
COMPLETE BLOOD COUNT			
RBC	5.5 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	15.1 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	45 %	Male 42 -52 % Female 37 -47 %	
MCV	80 fl	76 - 96 fl	
MCH	27 pg	27 - 33 pg	
MCHC	34 %	32 36 %	
WBC COUNT	6500 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	51 %	40-75 %	
LYMPHOCYTE	35 %	20-45 %	
EOSINOPHIL	6 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
PLATELET	2.8 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
LIPID PROFILE			
Total Cholesterol	126 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	75 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	49 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	77 mg/dl	< 130 mg/dl	
VLDL	15 mg/dl	2-30 mg/dl	

Remarks:

Peace Land Clinic Muhalzna

2024-08-18 09:35:02

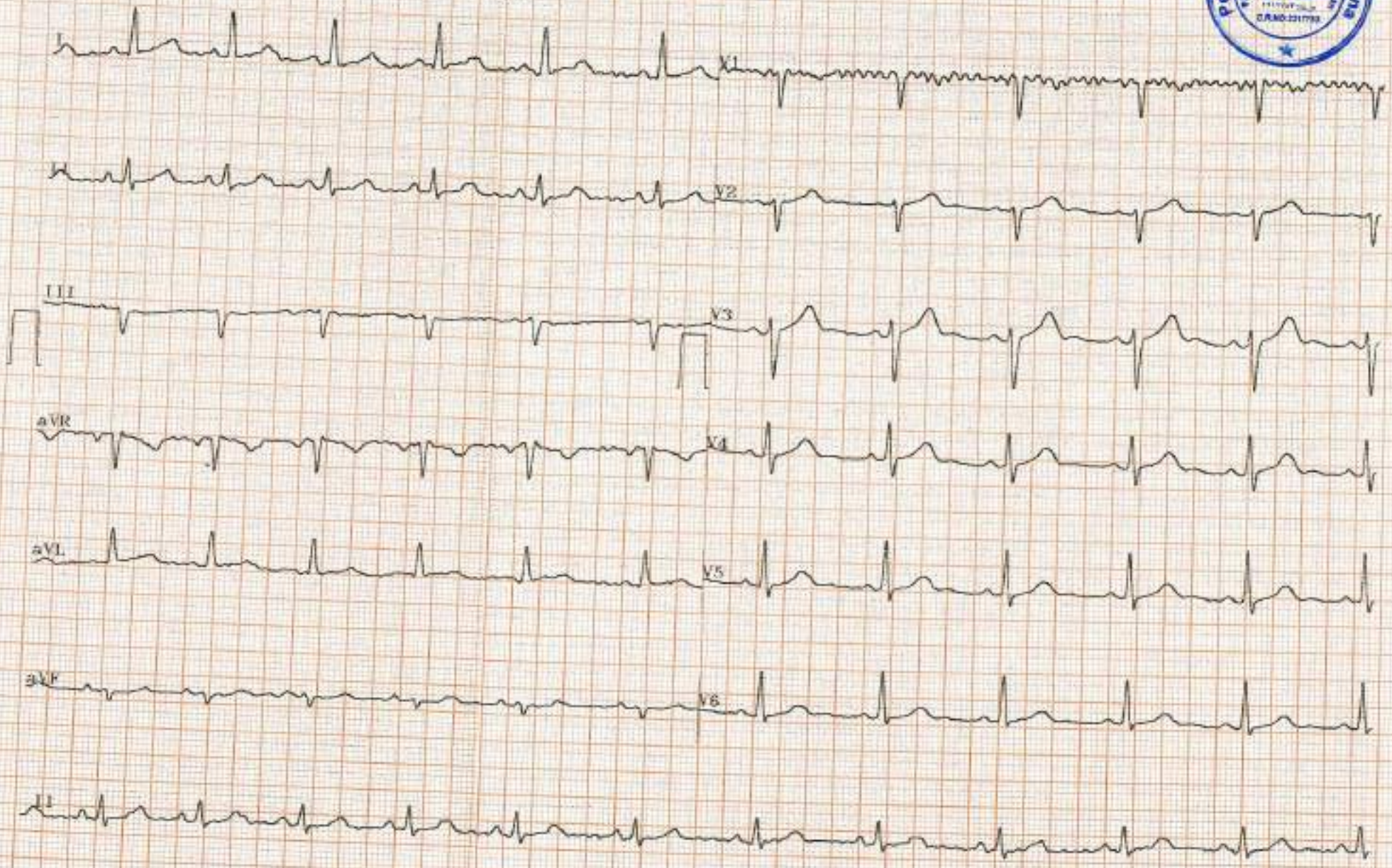
6 Channel + 1 Rhythm Report

Hospital:
Prescribed by:

Patient 23506 Reg.Dt 18/8/2024
Name LAL AMPALLI RAMESH NAIDU

Heart Rate: 72bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 154 ms Normal Sinus Rhythm
QRS Dur.: 90 ms Normal Axis
QT/QTc: 428/457 ms [Normal ECG]
P-R-T axes:
42 -4 22

Peace Land Clinic Mukhaizna
P.O.Box: 1402, P.C: 132, Sultanate of Oman
C.R.NO:2311793



0.1Hz-1.PFoff, AC60Hz, EMG.

All Channels:10.0mm/mV,25.0mm/sec.

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

PATIENT ID: 23505

Estimated 10-year Global CVD Risk

6.70%

Risk Category

Low Risk

Estimated Vascular Age

48 Years

Treatment Guidelines

ATP-III (2004)

LDL <160 mg/dL (<4.14 mmol/L)
Non-HDL <190 mg/dL (<4.93 mmol/L)

CCS (2009)

LDL >5 mmol/L (>193 mg/dL)
TChol/HDL-C >6 mmol/L (>231 mg/dL)

≥50 % decrease in LDL-C

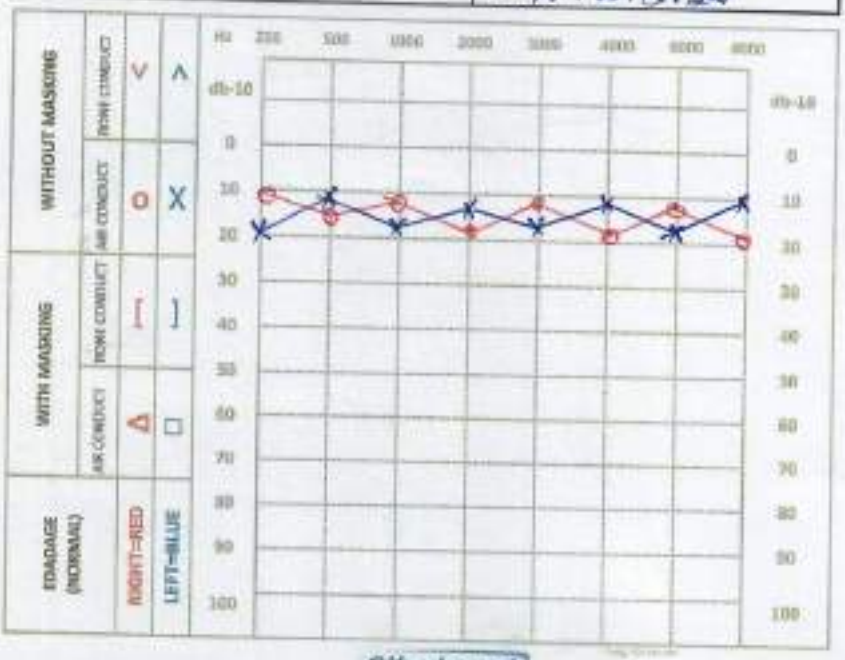
ESC (2007, see Info for more)

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

مركز بلاد السلام الطبي
Peace Land Medical Center

AUDIOMETRY TEST REPORT

NAME: UNNAMPALLI RAMESH NADIDI	COMPANY: TRUCKOMAN
AGE: 19/06/1974 GENDER: M / F	OCCUPATION: FORK LIFT OPERTOR
REF. BY:	DATE: 19/08/2024



INTERPRETATION	
O	RIGHT EAR
X	LEFT EAR

RESULT	
☑	NORMAL
	HEARING LOSS
☐	RIGHT
☐	LEFT

Sibelmed

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

Peace Land Medical Center Nukhaizma

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العذيبة مبنى برج السحوة مبنى ٢ سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف ٢٤٦١٧١١٧/٢٤٦١٧١٤٨/٢٤٦١٧١٤٩

مركز بلاد السلام الطبي
Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	18/08/2024
Name	LINGAMPALLI RAMESH NADIDI	Department/Company	TRUCKONIAN - NORTH
I.D No.	86498809	Occupation	FORKLIFT 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			FIT
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		Date	19/08/2024

Peace Land Clinic Muhaizna
C.R NO. [illegible]

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

P.O. Box 1400 Postal Code [illegible] Al Azaiba [illegible] Salwa Tower, Sultanate of Oman
Tel. 24617147, 24617148, 24617149 [illegible]

nmc

nmc specialty hospital, al ghoubra

P.O BOX : 613, Postal Code : 133
AL-GHOUBRA
24504000

Fitness Certificate

Empno:

Date of issue : *18/09/2024*

Ref No : *0000232/FIT/NMC/2024*

This is to certify that Mr. / Mrs. *LINGAMPALLI RAMESH NADIPI* with file no *14456696* and Resident card no. *86498809* was *Treated* at *nmc specialty hospital, al ghoubra* on *18/09/2024* and will be *Fit for work.* from the medical point of view starting from *18/09/2024*

DIAGNOSIS

For cardiac evaluation.

Remarks

DR SHAJU PADMAN

Place: *nmc specialty hospital, al ghoubra*

Signature

(Hospital Seal)

DR. SHAJU PADMAN PANATTIL
Consultant - Gynecology
MOH Lic. No. 3828
nmc specialty hospital, Al Ghoubra

nmc specialty hospital, AlGhoubra

LINGAMPALLI RAMESH NADIPI, 14456696

Patient Information

9/18/2024 10:08:15 AM
Bruce

ID: 14456696 | Second ID: 4119370 | Admission ID:

Date of Birth:
Age: 50 Years
Height:
Weight:
Gender: Male
Race: Unknown

Indications
PDO FITNES

Medications
NIL

Referring Physician: DR.SHAJU PADMAN | Location: | Procedure Type: TMT

Attending Phy: DR.SHAJU PADMAN
Technician: ANANDU
Target HR: 145 bpm (85%)
Max HR(%MPHR): 170 bpm (100%)
Reasons for end: ACHEVED THR
Symptoms: NIL

Diagnosis

Notes

Conclusions

The patient was tested using the Bruce protocol for a duration of 11:09 mm:ss and achieved 12.1 METs. A maximum heart rate of 170 bpm with a predicted heart rate of 100% was obtained at 10:50. A maximum blood pressure of 160/90 was obtained . The patient reached target heart rate with appropriate heart rate and blood pressure response to exercise. No significant ST changes during exercise or recovery. No evidence of ischemia. Normal exercise stress test.

Reviewed by:

UNCONFIRMED REPORT

DR. SHAJU PADMAN PANATTIL
Consultant Cardiology
MOH Lic. No: 3326
Signed by:
Date: