PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	RAJIAN
Forenames	JEYASINGH
Address	10391509 Company Name: T.O
Home telephone number	95328624

Place of examination: [illegible] Date: 26/04/23

If a dependant enters employee's name here:
Surname:
Forenames:

Birth date: 4/7/80 Nationality: Indian Country of birth: India Religion: Christian

[X] Male [ ] Female [X] Married [ ] Single [ ] Separated /Divorced

Relationship to employee: [ ] Wife [ ] Son [ ] Daughter Number of children: 2

Reason for examination: Pre-Employment [ ] Periodic medical check-up [X] Pre-Overseas [ ]

Job Area: Operation Manager

Name and address of family doctor (1) (2)

List your last 3 jobs (1) (2) (3)

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? No Average daily alcohol consumption No

Have you ever taken elicited drugs? (X)

FAMILY HISTORY: Diabetes (X) Tuberculosis (X) Epilepsy (X) Asthma (X) Eczema (X)
Heart disease (X) High blood pressure (X) Stroke (X) Blood Disease (X) Cancer (X)

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: 26/04/2023 Signature of Applicant:

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)

N	A		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	Colour Vision	Blood Group
164	69	25.4	137/86	90/mins.	L R N	DISTANT R L: Uncorrected 6/6 6/6; Corrected / NEAR R L	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 +)		7.9%		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.)

1, LSM & RFR (Diet, Exercise & ...)
2, check lipid profile 3m later

ASSESSMENT:

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

Date: 27,4,23 Name (Block Capitals): Dr. / Nurse Dr. Salma Sayedabdellah Jafar, Cardiologist Specialist, MOH Lic. No. 21962 Signature:

REVIEW/CONSULTATION

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

Peace Land Medical Center
P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout Al Sahwa Tower
Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name:	JEYASINGH RAJIAN	**Doc No:**	0032653
Age:	42 Y **Nationality:** INDIAN	**File No:**	0037572
Gender:	M	**Bill No:**	0049305
Ref. By:	DR.SHIMA	**Date:**	26/04/2023
GSM No.:	95328644	**Time:**	16:12

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.4 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	15.3 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	47.1 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	86 fl	84-94 fl
MCH	28.1 pg	27 - 33 pg
MCHC	32.5 g/dl	29.6 - 35.6 %
WBC COUNT	7.8 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	62 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	06 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**293 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	93 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.91 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**30.0 U/L**	0 - 35.0 U/L
S.G.P.T.	**44.3 U/L**	10 - 45 U/L

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

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Medical Technologist

Peace Land Medical Center
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LAB RESULT

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Age:	42 Y **Nationality:** INDIAN	**File No:**	0037572
Gender:	M	**Bill No:**	0049305
Ref. By:	DR.SHIMA	**Date:**	26/04/2023
GSM No.:	95328644	**Time:**	16:12

Test	Result	Normal Range
ALBUMIN	**5.1 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.3 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.20 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**39.8 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**1.0 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**6.2 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**269 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**179.3 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**47.6 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**185.6 mg/dl**	< 100 mg/dl
VLDL	**35.8 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	99.8 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	5 ml	
Colour	Yellow	
Sp. Gravity	1.020	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	
Urobilinogen	Normal	

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Medical Technologist

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LAB RESULT

Name: JEYASINGH RAJIAN
Age: 42 Y **Nationality:** INDIAN
Gender: M
Ref. By: DR.SHIMA
GSM No.: 95328644

Doc No: 0032653
File No: 0037572
Bill No: 0049305
Date: 26/04/2023
Time: 16:12

Test	Result	Normal Range
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	1-2	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	

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PEACE LAND MEDICAL CENTER

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Medical Technologist

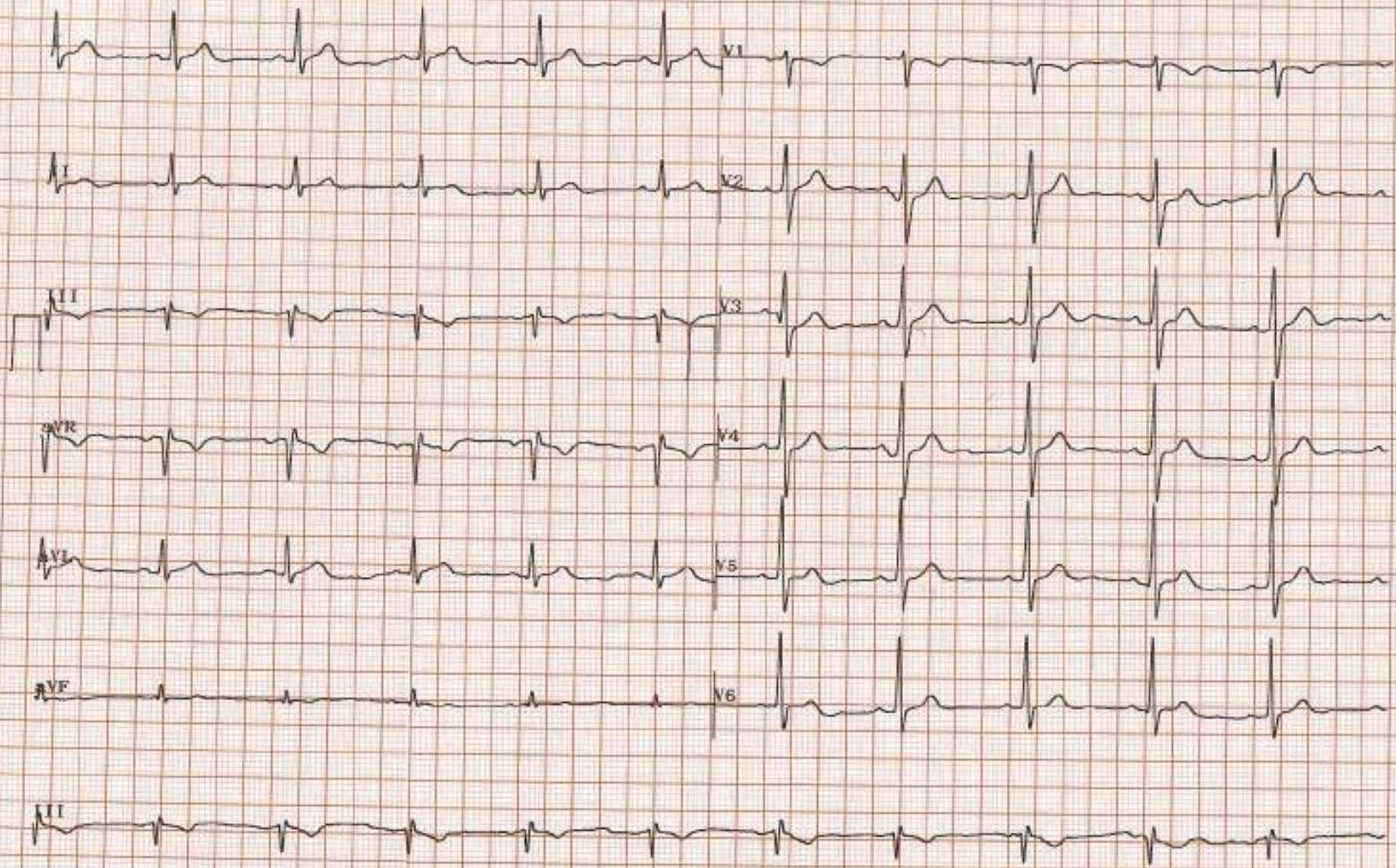
8 Channel + 1 Rhythm Report

Hospital:

Prescribed by:

JEYASINGH RAJAN

Heart Rate: 66bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 154 ms Normal Sinus Rhythm
QRS Dur.: 90 ms Normal Axis
QT/QTc: 370/384 ms [Normal ECG]
P-R-T axes:
8 5 -3



0.1Hz- 150Hz, AC50Hz. All Channels: 10.0mm/mV, 25.0mm/sec. EKG2000 Ver5.05M.30 Bionet Co., Ltd.

Estimated 10-year Global CVD Risk

7.9%

Risk Category

Low Risk

Estimated Vascular Age

51 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)

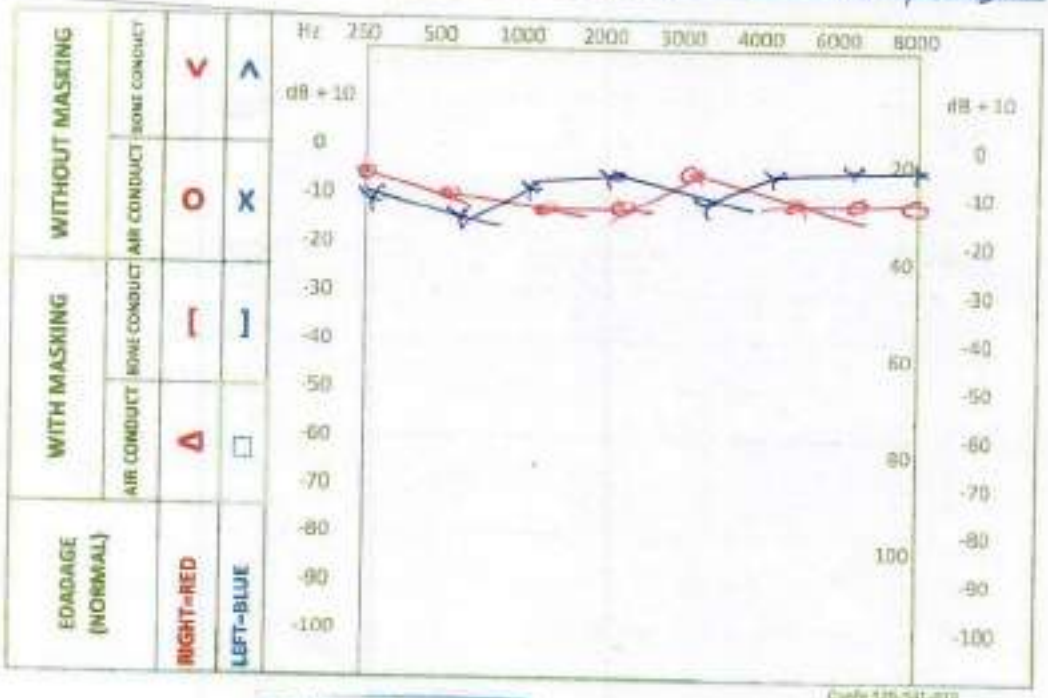
Treatment Targets
≥50 % decrease in LDL-C

ESC (2007, see Info for more)
Treatment Targets
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

JEYASINGH RAJAN
77178 26/04/23 08:52

AUDIOMETRY TEST REPORT

COMPANY	T.P.
OCCUPATION	Operation Manager
DATE	28/4/23



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
- ☑ NORMAL
- ☐ HEARING LOSS
- ☐ RIGHT
- ☐ LEFT

مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	27,4,23
Name JEYASINGH		Department/Company	TO
I.D No.	20391509	Occupation	operator manager

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 27,4,23
Name of health advisor Signature			Dr. Salim Sayed Abdullah Jafar Cardiologist Specialist MOH Lic. No. 21982

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Peace Land Medical Center
Peace Land
بلاد السلام

Date: 27/4/23

Mr. JEYASINGH RAJAN

Rx

1. Atorvastatin tab 40 mg × 60

×1 PO QD [0-0-1]

Dr. [illegible]
Cardiology Specialist
MOH Lic No. 21582

PEACE LAND MEDICAL CENTER
C.R. 1118819

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