



TRUCKERMAN

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

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

Client 19850 Reg. Dt 09/08/2023
Name GOPAL RAMAL INCIAM
Gender Male Nationality INDIAN

Ministry of Health
Medical Department

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/
Forenames

GOPAL RAMAL INCIAM

Nationality

INDIAN # D.O.B # 02-02-1973

Mobile No. 967147445

Address:

64731423

Company Number: 1405

Reference Indicator:

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:

ADMIN - HAKMA

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 you taken in the past?	✓		TATOCGR F 0-0-1
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: 09-08-2023

Signature of Applicant:

Gopal Ramal Inciam
9/8/23





Further details of medical history and recreational activities

N = Normal A = Anormal (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.						
HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION		Color Vision
169	67	23.5	110 70	74/min.	LN RN	DISTANT R L	NEAR R L	✓ Normal 2. Abnormal
			mmhg			Uncorrected 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. Sickie Cell test					12. HIV, Hepatitis screening	

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

1, Lsm (Diet & Exercise)

ASSESSMENT AND RECOMMENDATIONS:
☒ FIT ALL AREAS ☐ FIT WITH RESTRICTION

Date: 28, 8/23 Name (Block Capitals): Dr. / Nurse

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature:



Peace Land Medical Center

P.O.Box 1403, Postal Code: 133, Al Azaiba Al Sahwa Tower

Sultanate of Oman

Tel: 24617117/24617148/24617149

Name: GOPAL RAMALINGAM

File No: 19850

Age: 50 Y Nationality : INDIAN

Bill No: 25504

Gender: MALE

Date: 8/9/2023

Ref.By: DR : SHIMA

Time:

GSM No.: 79321673

Test	Result	Normal Range
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PDO MEDICAL CHECKUP :

URINE ROUTINE ANALYSIS

PHYSICAL

Quantity	5 ml	5 ml
Colour	Yellow	Yellow
Sp. Gravity	1.010	
pH	Acidic	
Appearance	Clear	

CHEMICAL

Nitrite	Negative	Negative
Protein	Negative	Negative
Glucose	Negative	Negative
Ketones	Negative	Negative
Urobilinogen	Normal	Normal
Bilirubin	NIL	Negative
Blood	Negative	Negative

MICROSCOPIC

PUS CELLS	1-2	2-4/ hpf
EPITHELIAL CELLS	1-2	2-4/ hpf
RBC'S	1-2	0-4/ hpf
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	

COMPLETE BLOOD COUNT

RBC	4.7	Male 4.38 - 4.98 10 ¹² /l Female 4.5 - 5.5 10 ¹² /l
HAEMOGLOBIN	13.2	Male 13 -16 gm % Female 11 - 14 gm %
HCT	39.00%	Male 39.30 -44.10 % Female 37-47 %
MCV	81	84-94 ft



MCH	27	26.3-31.9 pg
<hr/>		
Medical Technologist		
MCHC	33	29.6-35.6g/dl
WBC COUNT	6.7	(4.0-11.0) 10 ⁹ /l
DIFFERENTIAL COUNT		
NEUTROPHIL	41%	53-69.7 %
LYMPHOCYTE	42%	23.9-37.9 %
EOSINOPHIL	5%	1-6 %
MONOCYTE	12%	2-10 %
BASOPHIL	0%	0-1%
PLATELET	290	156-342 10 ⁹ /l
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FASTING BLOOD SUGAR	93 mg/dl	80-110 mg/dl
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LIVER FUNCTION TEST		
ALKALINE PHOSPHATE	77 U/L	44-147U/L
S. BILIRUBIN TOTAL	0.6 mg/dl	0.0-2.0 mg/dl
GGT	33 mg/dl	0.0-55.0 mg/dl
S.G.OT	20 U/L	0.0-45.0 U/L
S.G.P.T	19 U/L	10-45 U/L
ALBUMIN	4.4 mg/dl	3.50-5.20 mg/dl
TOTAL PROTEIN	8.0 mg/dl	6-8.0 mg/dl
SERUM BILIRUBIN DIRECT	0.2 mg/dl	0.0-0.40 mg/dl
RENAL FUNCTION TEST		
UREA	30 mg/dl	18.0-55.0 mg/dl
S. CREATININE	0.9 mg/dl	0.70-1.30mg/dl
URIC ACID	5.2 mg/dl	3.4-7.2 mg/dl
<hr/>		
LIPID PROFILE(CH, TG, HDL,LDL)		
Total Cholestrol	173 mg/dl	Normal < 200 mg/dl Borderline 200- 239 mg/dl High > 240 mg/dl
TG	118 mg/dl	Normal < 200 mg/dl Borderline 200- 250 mg/dl High > 250 mg/dl
HDL-CHOL	52 mg/dl	35.3-79 mg/dl Low Risk > 50 mg/dl Normal Risk 35-50 mg/dl High Risk < 35 mg/dl
LDL-CHOL	109 mg/dl	<130 mg/dl
VLDL	24 mg/dl	5-40 mg/dl



Medical Technologist



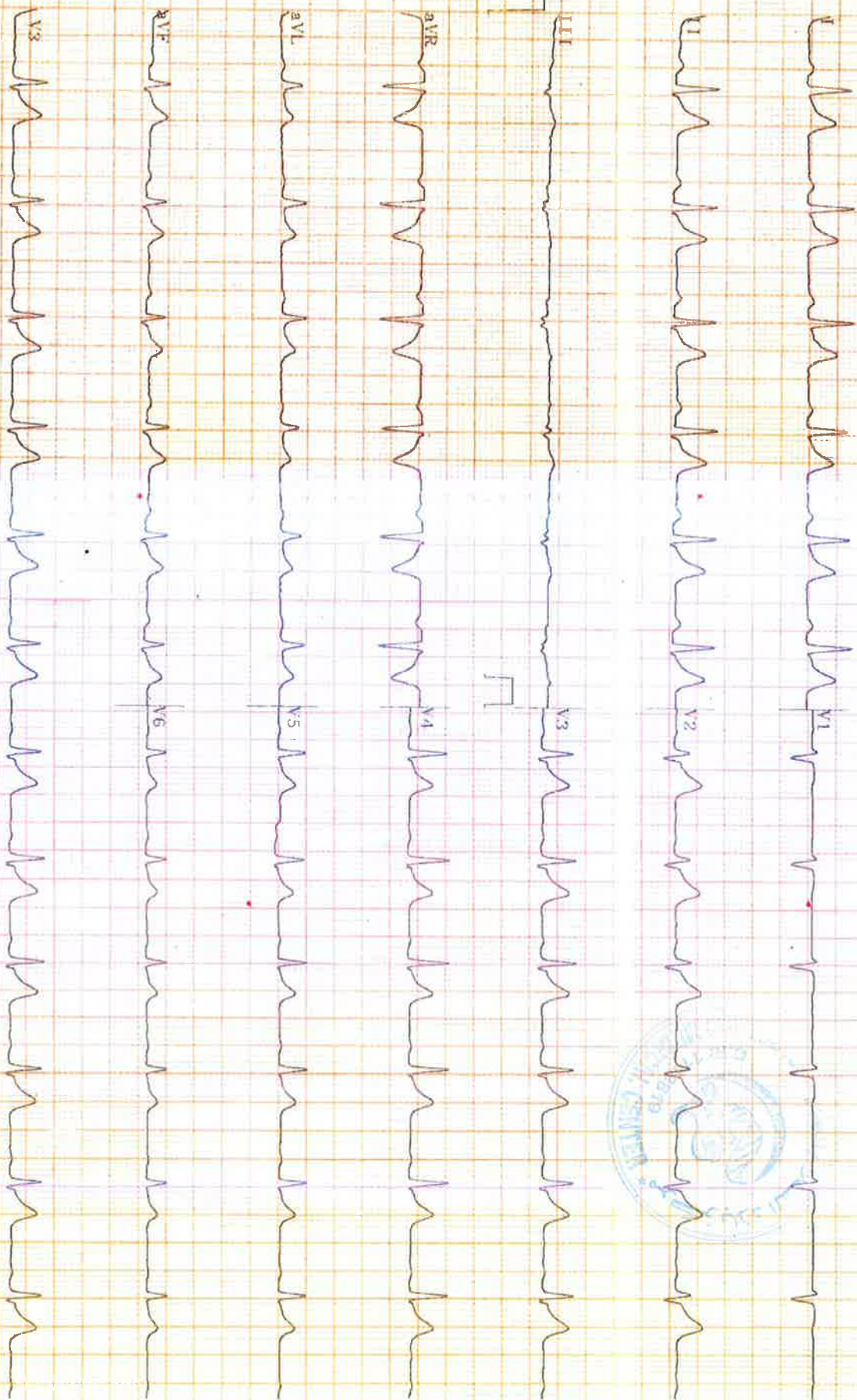
2023-08-09 09:28:30

6 Channel + 1 Rhythm Report

Hospital:
Prescribed by:

Patient 14850 Reg.Dr 09/08/2023
anc RYAL RAMAL INCIAM
nder /de Nationality INDIAN

Heart Rate: 75bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 182 ms Normal Sinus Rhythm
QRS Dur.: 92 ms Normal Axis
QT/QTc: 360/403 ms [Normal ECG]
P-R-T axes: 41 25 34





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

PATIENT ID: 19850

Estimated 10-year Global CVD Risk

4.70%

Risk Category

Low Risk

Estimated Vascular Age

42 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)

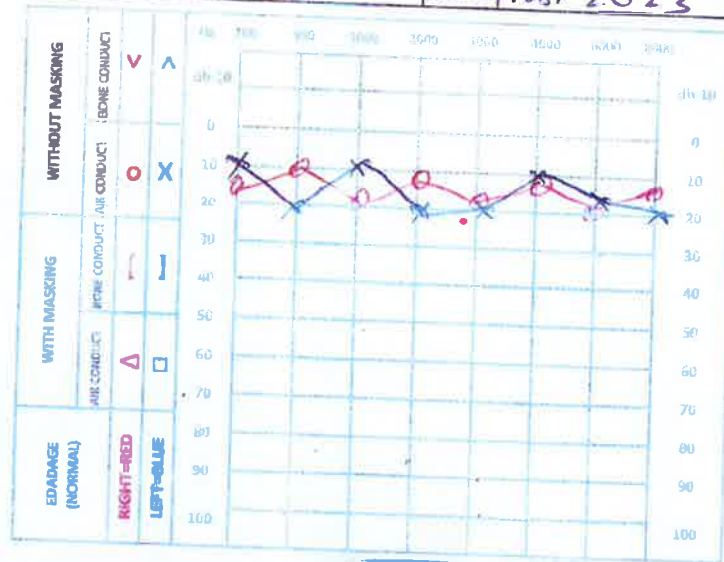
LDL <3 mmol/L (<120 mg/dL)

TChol <5 mmol/L (<194 mg/dL)





NAME: <u>GIOPAL RAMALINGAM</u>		COMPANY: <u>TRUCKOMAN</u>
AGE: <u>02/02/1973</u>	GENDER: <u>MALE</u>	OCCUPATION: <u>ADMIN</u>
REF. BY:		DATE: <u>09/08/2023</u>



INTERPRETATION
O RIGHT EAR
X LEFT EAR

RESULT
☒ **NORMAL**
☐ **HEARING LOSS**
☐ **RIGHT**
☐ **LEFT**



P.O. Box 1960, Postal Code: 11119, Al Khodh, Dhaka, Dhaka 1215, Bangladesh
Tel: +880 2 986 1111, Fax: +880 2 986 1112, E-mail: info@icdd.org, icdd@icdd.org



مركز بلاد السلام الطبي Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	09/08/2023
Name		Department/Company	TRUCK OMAN
I.D No.		Occupation	ADMIN
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			
Lifting, 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 28/8/23



Dr. Sinima Sayedabdollah Jafar
Cardiologist Specialist
MOH Lic No. 21962



nmc specialty hospital, al ghoubra

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

Fitness Certificate

Empno:

Ref No : 0000169/FIT/NMC/2023

Date of issue : 26/08/2023

This is to certify that Mr. / Mrs. *GOPAL RAMAL* with file no *14414674* was *Treated at nmc specialty hospital, al ghoubra* on *26/08/2023* and will be *FIT TO WORK* from the medical point of view starting from *26/08/2023*

DIAGNOSIS

TMT IS NEGATIVE FOR ISCHEMIA

Remarks

DR MUHAMMAD SIDDIQUI

Place: nmc specialty hospital, al ghoubra

(Hospital Seal)

Signature

