Ex-2

MEDICAL – CONFIDENTIAL

ROUTINE/PERIODIC EXAMINATION REPORT

Aster HOSPITAL

Petroleum Development Oman
MEDICAL DEPARTMENT
PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname / Forenames	Santhosh Sadanandan
Nationality	Indian
Company Number	TUCK - Oman
Reference Indicator	(71033259) TUCK. Oman

Mobile No 71033259	Home/Leave Address: Sala.

Personal Details

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

Home / Leave Address: Sala.

Relationship to employee ☐ Wife ☐ Son ☐ Daughter

No of Children:

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☑ Final / Retirement ☐ Other Reason: ☐

Employee only

Present Job and Location: Sala. Next Job and Location: Sala (Riggar)

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, other 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	✓		
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 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 the concerned medical institute 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 reviews.

Date: 27/4/2025 Signature of Applicant:

FOR COMPLETION BY EXAMINING DOCTOR
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.	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE /mins.	HEARING	VISION	DISTANT R	DISTANT L	NEAR R	NEAR L
157	62	25.2	120/90	76	L (N) R (N)	Uncorrected	6/6	6/6	6/6	6/6
						Corrected				

Colour Vision – Normal

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis		✓		7. Audiogram
✓		2. Hb, Blood count, ESR				8. Lung Function / Spirometry
✓		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. Sickling test		✓		12. HIV, Hepatitis screening

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

ASSESSMENT AND RECOMMENDATIONS:

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

Date: 27/4/2025 Name (Block Capitals): Dr. NANDANA PANIDI Signature:

د. ناندانا باميد
DR. NANDANA PANIDI
رقم الترخيص: ١٢٥٧٢
LICENSE NO: 12572
طبيب عام
GENERAL PRACTITIONER

REVIEW/CONSULTATION

Date: Name (Block Capitals): Signature:

Oman Al Ain Hospital LLC. Muscat Branch Administration

Appendix 20: (Form SQ5): Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 27/4/2025
Name: Santhosh . S.		Department/Company: Mex oil
I. D No. 7824723	Tel # 7103259	Occupation : Rigger

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 High chance of dozing

0	sitting and reading
0	watching TV
0	sitting inactive in a public place (e.g. theatre or meeting)
0	as a passenger in the car for an hour without a break
1	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	1

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

Signature: Date: 27/4/2025

OMAN AL HIKMA HOSPITAL L.L.C. ADMINISTRATION CR No: 791000 Wilayat Ibri Sultanate of Oman

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Appendix 15: Fitness to Work Certificate

Employee Data		Date	27/4/2025
Name Santhosh		Department/Company	Truck Oman
I.D No. 7824273	Age 47	Occupation	Rigger

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			
Pulling, 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 27/4/2025

DR. NANDANA PANIKKI
LICENSE NO: 13877
GENERAL PRACTITIONER

OMAN AL KHAIR HOSPITAL L.L.C.
CR No: 1013000
Muscat Oman
ADMINISTRATION

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Framingham Risk Assessment form

Framingham Risk Assessment (For all professional drivers, crane operators, forklift operator or other employees who are above 40 years of age):

Employee Name: Santhosh
Emp #: 7824 7273
Date of Assessment: 27/4/2023

1	Age	Years 47	
2	Gender	Female/Male	
3	Total Cholesterol	mmol/L 6.67	
4	HDL Cholesterol	mmol/L 1.37	
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	mm Hg 120	
8	Is the patient being treated for High blood pressure?	Yes/No	

Framingham Risk score: 6.7 %

Framingham Risk Rating (Circle the appropriate score):

✓ **Low** **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by:

Dr. Nandana Pamidi
License No. 12872
General Practitioner

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : + 968 2568 8075
F : + 968 2568 8025
M : +968 7155 9977
D : +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M : +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥ +٩٦٨
فاكس: ٢٥٦٨٨٢٥ +٩٦٨
نقال: ٧١٥٥٩٩٧٧ +٩٦٨
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عبري سلطنة عمان

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Laboratory Investigation Report

Patient Name	SANTHOSH SADANANDAN S	Requesting Date/Time	27/04/2025 8:50AM
DOB/Gender	10/11/1977 (47 Yrs/Male)		
MRN / Nationality	700302828 / India	Collection Date/Time	27/04/2025 9:00AM
Requesting Physician	Dr. OP SELF	Reception Date/Time	27/04/2025 9:16AM
Lab Number	7086733	Reporting Date/Time	27/04/2025 9:46AM
Test Priority	Routine	Reporting Stage	Final
Passport No			

Test	Result	Flag	Units	Reference Range	Sample Type	Methodology
BIOCHEMISTRY						
Random Blood Sugar (RBS)	5.35		mmol/L	3.7 - 7.8		Hexokinase
LIPID PROFILE						
LIPID PROFILE						
Cholesterol - Total	6.69		mmol/L	Desirable : <5.17 Borderline High : 5.17 - 6.18 High : >6.21	Serum	Enz. Colorimetric
Triglyceride	1.97	H	mmol/L	0.73 - 1.8	Serum	Enz. Colorimetric
HDL Cholesterol	1.37		mmol/L	No Risk : >1.68 Moderate Risk : 1.15 - 1.68 High Risk : <1.15	Serum	
LDL Cholesterol	4.43		mmol/L	Desirable: < 3.34 Borderline High : 3.37 - 4.12 High : >4.14	Serum	CALCULATED
VLDL	0.89	H	mmol/L	0.128 - 0.645		
Cholesterol / HDL Ratio	4.88		mmol/L	3.5 - 5		Calculation
LIVER FUNCTION TEST						
LIVER FUNCTION TEST						

Ms. ASHWINI RATHEESAN Panikar
Technologist

ASHWINI RATHEESAN
LEGAL LIMITED LIABILITY
CORP. REC. No. 1 1 8 6

Dr. Shayfa Palliyalil
Specialist Pathologist

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Oman Al Khair Hospital LLC
P.O. Box 200, Postal Code 311
Ibri, Sultanate of Oman
T : +968 2568 6025
F : +968 2568 6025
M : +968 7155 9977
O : +968 7155 9977
M : +968 9830 3232
E : oakh.ibri@asterhospital.com
هاتف: ٢٥٦٨٨٠٧٥ +٩٦٨
فاكس: ٢٥٦٨٨٠٢٥ +٩٦٨
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Bilirubin-Total	0.54		mg/dl	0.1 - 1.2		
Direct Bilirubin	0.135		mg/dl	< 0.2	Serum	Diazo
SGOT (AST)	24.70		IU/L	0 - 40	Serum	
SGPT (ALT)	24.80		IU/L	10 - 60	Serum	IFCC ;Tris buffer without P5P ; Kinsearch
Alkaline Phosphatase	117.00		IU/L	Adult: 37-116 1- 5 days : <245 6 days - 1 yr : 104-462 1 - 12 yrs ; 42-300 13 - 17 yrs female : 47-187 13 -17 yrs male : 52-390	Serum	Colorimetric assay ; AMP buffer IFCC ; kinetic
Gamma GT	61.00	H	U/L	5 - 40	Serum	Enzymatic colorimetric assay : IFCC; Kinetic
Total Protein	7.8		g/dl	6.6 - 8.7		Colorimetric assay (Biuret reaction, endpoint)
Albumin	4.59		g/dl	3.2 - 5.4	Serum	Homogeneous enzymatic colorimetric assay:End point
Globulin	3.21	H	g/dl	2.3 - 3.2	Serum	Calculation
A/G Ratio	1.4		Ratio			

RENAL FUNCTION TEST

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P.O Box 100, Postal Code 151
Ibri Sultanate of Oman
T : +968 2568 8025
F : +968 2568 8025
M : +968 9830 3232
O : +968 7155 9977
E : oalh.ibri@asterhospital.com
هاتف: ٢٥٦٨٨٠٧٥ +٩٦٨
فاكس: ٢٥٦٨٨٠٢٥ +٩٦٨
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Test Priority	Routine	**Reporting Stage**	Final
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DIFFERENTIAL COUNT (%)

Neutrophils	51.7	%	45 - 75	EDTA WB	Impedance and Absorbance
Lymphocytes	34.5	%	20 - 45	EDTA WB	Optical
Eosinophils	5.2	%	1 - 6	EDTA WB	
Monocytes	8.1	%	2 - 10	EDTA WB	Impedance and Absorbance
Basophils	0.5	%	0 - 1	EDTA WB	Impedance and Absorbance
Hb/Hemoglobin	13.9	g/dl	13 - 17	EDTA WB	Photometry
RBC Count	4.65	10^6 / uL		EDTA WB	Impedance
Platelet Count	273	10^3/uL		EDTA WB	
HCT (Hematocrit)	41.9	%	37 - 51	EDTA WB	Calculation
MCV	90.0	fl	83 - 101	EDTA WB	Measurement
MCH	29.8	pg	27 - 32	W. B. EDTA	Calculation
MCHC	33.2	g/dl	31 - 37	W. B. EDTA	Calculation

End Of Report

SEROLOGY & IMMUNOLOGY

HIV(HUMAN IMMUNODEFICIENCY VIRUS)

HIV (Human Immunodeficiency Viruses)	0.239	COI	Non Reactive: <1.0 Reactive: =>1.0	Serum	ECLIA
HIV - Remarks	Non-reactive		Non-Reactive		

METHOD: ELECTROCHEMILUMINESCENCE ASSAY (ECLIA)
Specimen: SERUM

Ms. ASHWINI RATHEESAN Panikar
Technologist

Dr. Shayfa Palliyalil
Specialist Pathologist

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Oman Al Khair Hospital LLC
P.O. Box 1001, Postal Code: 311
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8023
M : +968 7155 9977
D : +968 7155 9977
E : oakh.ibn@asterhospital.com
M : +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
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HBSAG / HEPATITIS B SURFACE ANTIGEN

HBsAg (Hepatitis B surface Antigen)	0.495	COI	Non-Reactive (0 - 1.0) Reactive (>1.0)	Serum	ECLIA
HBsAg (Hepatitis B surface Antigen) -	Non-reactive		Non-Reactive		

METHOD: Electrochemiluminescence immunoassay(ECLIA)
Specimen: SERUM

HCV / HEPATITIS C VIRUS ANTIBODY

HEPATITIS C VIRUS ANTIBODY	0.068	COI	Non-Reactive (0 - 1.0) Reactive (>1.0)
HEPATITIS C VIRUS ANTIBODY-	Non-reactive		

METHOD: ELECTROCHEMILUMINESCENCE ASSAY (ECLIA)
Specimen: SERUM

End Of Report

CLINICAL PATHOLOGY

URINE ROUTINE

URINE ANALYSIS

CHEMICAL EXAMINATION

Glucose	Negative	Negative	GOD-POD
Protein	Negative	Negative	Protein error of pH indicator
Ketone	Negative	Negative	legal's test
Bilirubin	Negative	Negative	
pH	6.0		Litmus paper
Urobilinogen	Negative	Trace	Diazo

MICROSCOPIC EXAMINATION

Ms. ASHWINI RATHEESAN Panikar
Technologist

Dr. Shayfa Palliyalil
Specialist Pathologist

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P.O. Box 466, Postal Code: 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
M : +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥ +٩٦٨
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RENAL FUNCTION TEST

Urea	3.00	mmol/L	2 - 9	Serum	Kinetic test, urease and glutamate dehydrogenase
Creatinine	65.00	umol/L	Male: 62 - 106 Female: 44 - 80 Neonates: 21 - 91 Children (2 To 12 Month) : 15 - 37 Children (1 To 9 Years) : 21 - 53 Children (9 To 15 Years) : 34 -77	Serum	Kinetic colorimetric assay based on Jaffe method

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HAEMATOLOGY

ESR / ERYTHROCYTE SEDIMENTATION RATE

Erythrocyte Sedimentation Rate	05	mm/hr	1 - 15	W. B. EDTA	Modified Westergren
Sickle Cell Screening	Negative		Negative		

CBC (COMPLETE BLOOD COUNT)

COMPLETE BLOOD COUNT

WBC Count	6.53	10^3/uL	4 - 11	EDTA WB	Impedance

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Dr. Shayfa Palliyalil
Specialist Pathologist

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P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 7155 9977
M : +968 9830 3232
E : oakh.ibri@asterhospital.com
هاتف: ٢٥٦٨٨٠٧٥
فاكس: ٢٥٦٨٨٠٢٥
نقال: ٧١٥٥٩٩٧٧
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RBCs	1-2	/hpf	0 - 2	Urine	
Pus Cells	0-2	/hpf	0 - 3	Urine	Microscopy
Epithelial Cells	NIL				

Bacteria	Present	Absent	Microscopy
Calcium -oxalate	NIL		
Triple-phosphate	NIL		
Uric acid crystal	NIL		
Amorphous urate	NIL		
Amorphous Phosphate	NIL		
Hyaline casts	NIL		
Granular Casts	NIL		
Yeast cells	NIL		

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P.O. Box 1400, Postal Code 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8625
M : +968 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
M : +969 9830 3232
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٦٢٥+٩٦٨
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AUDIOMETRY REPORT

PATIENT'S NAME –SANTHOSH SADANAN

AGE/SEX – 47YRS/M

ASTER HOSPITAL ID –700302828

DATE OF EXAMINATION – 26/04/2025

TYPE OF EXAMINATION-Pure Tone Audiometry

AUDIOMETRY USED- SIBEL SOUND 400

PTA RESULTS

DIAGNOSTIC FINDINGS:

BOTH EARS: NORMAL HEARING SENSITIVITY

OMAN AL KHAIR HOSPITAL L.L.C
ADMINISTRATION
C.R. No. : 7915008
Wilayat Bari
Sultanate of Oman

Audiologist

26011

Department of Audiology - Al Raffah Hospital
Test done by- Audiologist

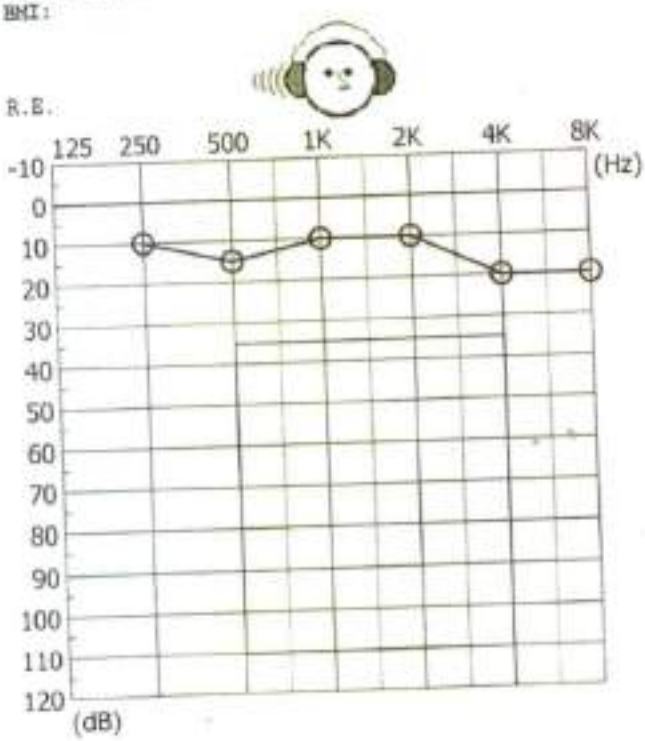
AUDIOMETRY REPORT

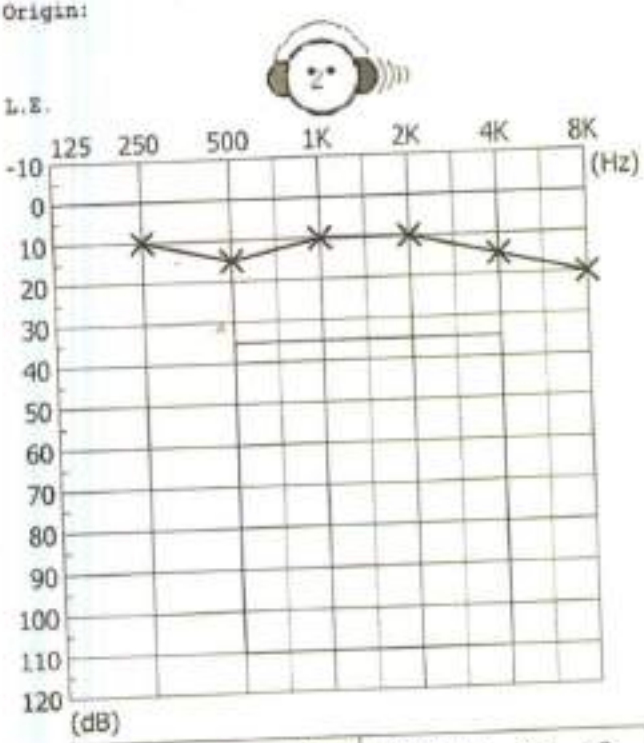
Name: , SANTHOSH SADANAN
Age(a): 47
Sex: Man
Height (cm): 0
Weight(Kg): 0
BMI:

SIBELMED W50

Test Date: 21/04/2025
Reference: 700302828
Technician:
Reason:

Origin:





No Masking	R.E.	L.E.	With Masking	R.E.	L.E.
Air	O	X	Air	△	□
Bone	<	>	Bone	⊂	⊃
F.Field	⊘	⊗			

COMMENTS:

SISI TEST

Hz	500	1000	2000	4000
R.E. %	---	---	---	---
L.E. %	---	---	---	---

LÜSCHER TEST

Hz	500	1000	2000	4000	8000
R.E. dB	---	---	---	---	---
L.E. dB	---	---	---	---	---

OMAN AL KHAIR HOSPITAL L.L.C.
ADMINISTRATION
C.R No.: 7013200
Wilayat Bidi
Sultanate of Oman

7003022828
47 Years

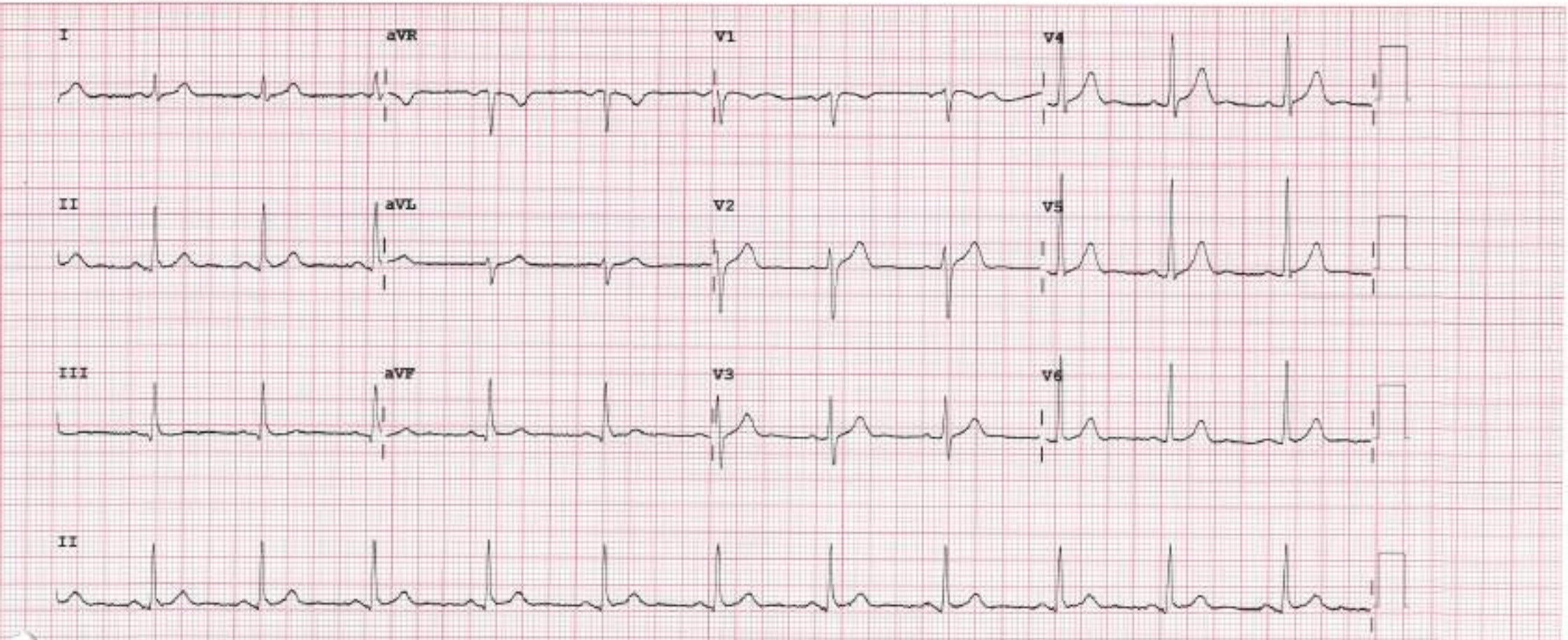
SADANANDAN , SANTHOSH SADANANDAN
Male

4/27/2025 9:08:32 AM
(WARD)
ASTER HOSPITAL

- NORMAL ECG -

DR. NANDANA PATELD
LICENSED NO: 12372
GENERAL PRACTITIONER

12 Lead; Standard Placement



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV 50~ 0.50~ 40 Hz W PH100B CL P?

22130