



PEACE LAND MEDICAL CENTER



MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

JYOTHI LAL SUDHAKARAN
35 Y (M) «Blank» 24/11/21 11:52



0024819

Bill #

0029645

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname

Forenames

Address

Home telephone number

79736586

9813 5413

PAUL KODAN EQUIPMENT

Place of examination

MUSCAT

Date 24/11/21

If a dependant enter employee's name here:

Surname

Birth date: 15/5/86

Nationality

INDIAN

Forenames

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 ☒

Job: H.D.D

Pre-Overseas ☐

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

How much tobacco each day? No

Average daily alcohol consumption No

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: 24/11/2021

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)

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.
☒		14. Breast

HEIGHT cm	WEIGHT kg	BMI	B.P. (MMHG)	PULSE /mins.	HEARING L R	VISION DISTANT R L NEAR R L Uncorrected Corrected	Colour Vision	Blood Group
166	61	22.1	138 86	77	N	Uncorrected 6/6 Corrected 6/6	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 +)				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.)

ASSESSMENT:

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

Date: 24/11/2024 Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION

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

Signature:





مرکز بلاد السلام الطبي Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

Employee Data	JYOTHA SUDHAKARAN 35 Y(M) *Blank* 24/11/21 11:52 0024819 0028945	Date: 24/11/2021
Name:		Department/Company: TRUCKMAN EQUIPMENT
I.D No.		Occupation: H. D. D.

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

☐ sitting and reading

☐ watching TV

☐ sitting inactive in a public place (e.g. theatre or meeting)

☐ as a passenger in the car for an hour without a break

☐ Lying down to rest in the afternoon when circumstances permit

☐ Sitting & talking with someone

☐ Sitting quietly after lunch without alcohol

☐ In a car, while stopped for a few minutes in traffic

Total

If you score a total of 16 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

Declaration: I, Jyotha (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: x Jyotha Date: 24/11/2021



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: JYOTHILAL SUDHAKARAN
Age: 35 Y **Nationality:** INDIAN
Gender: M
Ref. By: DR. EMAD OMER
GSM No.: 98135413

Doc No: 0014181
File No: 0024819
Bill No: 0029645
Date: 24/11/2021
Time: 16:04

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.0 $10^9/l$	Male 4.38 - 4.98 $10^{12}/l$ Female 4.5 - 5.5 $10^{12}/l$
HAEMOGLOBIN	16.3 gm %	Male 13 - 16 gm % Female 11 - 14 gm %
HCT	47.4 %	Male 39.30 - 44.10 % Female 37 - 47 %
MCV	85 fl	84-94 fl
MCH	29.2 pg	27 - 33 pg
MCHC	34.4 g/dl	29.6 - 35.6 %
WBC COUNT	6.9 $10^9 d/l$	5.0 - 11.0 $10^9/l$
DIFFERENTIAL COUNT		
NEUTROPHIL	55 %	40-75 %
LYMPHOCYTE	40 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	283 $10^9/l$	156 - 342 $10^9/l$
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	64 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	2.0 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	34.8 U/L	0 - 35.0 U/L
S.G.P.T.	44.0 U/L	10 - 45 U/L



Medical Technologist



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Test	Result	Normal Range
GGT	42.0 mg/dl	0 - 55.0 mg/dl
ALBUMIN	4.4 mg/dl	3.50 - 5.20 mg/dl
TOTAL PROTEIN	6.8 mgd/l	6 - 8 mgd/l
S. BILIRUBIN DIRECT	0.20 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	20.7 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.93 mg/dl	0.70 - 1.30 mg/dl
S.URIC ACID	6.8 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	190 mg/dl	0.0 - 200 mg/dl
Triglyceride	95.8 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	55.0 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	115.9 mg/dl	< 100 mg/dl
VLDL	19.1 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	87.1 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	5 ml	
Colour	Yellow	
Sp. Gravity	1.010	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	



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Test	Result	Normal Range
Urobilinogen	Normal	
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	



Medical Technologist



Peace Land Medical Center



AUDIOMETRY TEST REPORT			
Name:	JYOTHILAL SUDHAKARAN		
Gender:	M	35 Y(M)	«Blank»
Ref By:	Dr. Emad Ormer	24/11/21 11:55	0024819
		64159	0029845
		Company	TRUCK DRIVING EQUIPMENT
		Occupation	H.O.D.
		Date:	24/11/21



Pulmonary Function Test Results

Visit date 24/11/2021

Patient code 79736586

Surname SUDHAKARAN

Name JYOTHILAL

Date of birth 15/05/1986

Ethnic group Not defined

Smoke

Patient group

Age 35

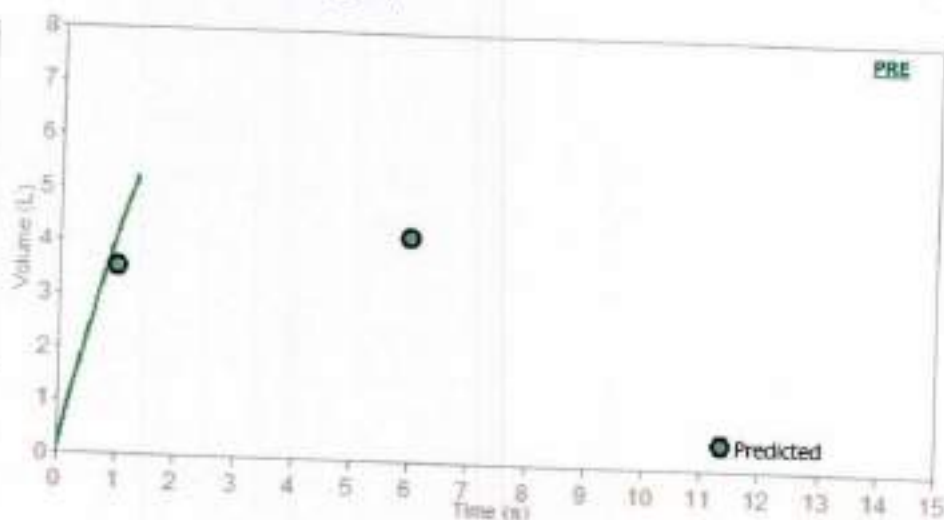
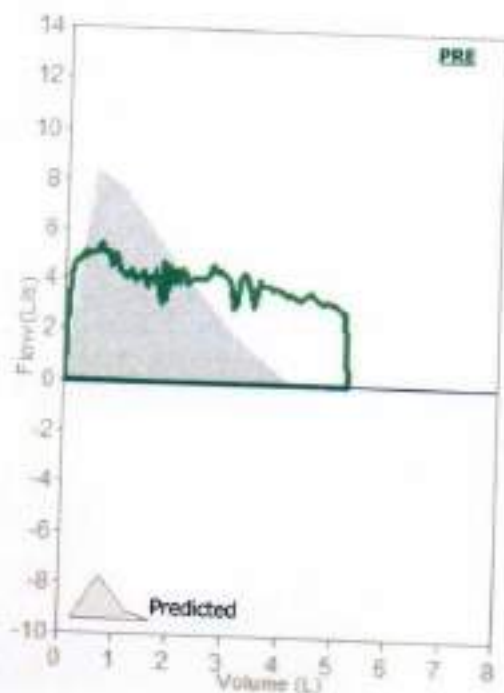
Gender Male

Height, cm 166

Weight, kg 61

BMI 22.14

Pack-Year



Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 24/11/2021 12:11:13

Parameters	LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC L	3.13	4.19	5.22*	125	1.62	5.22					
FEV1 L	2.64	3.50	4.19*	120	1.31	4.19					
FEV1/FVC %	74.3	84.5	80.3*	95	-0.68	80.3					
PEF L/s	4.97	8.39	5.46*	65	-1.41	5.46					
ELA Years		35	35	100		35					
FEF2575 L/s	2.04	3.82	3.96	104	0.13	3.96					
FET s		6.00	1.31	22		1.31					
FIVC L	3.13	4.19									
FEV1/VC %	74.3	84.5									

*Best values from all loops - BTPS 1.073 29 °C (84.2 °F) - Predicted Knudson

Conclusion / Medical report

Signature



Instrument used
Minispir 5 S/N C11507
Last calibration check 01/11/2021 09:35:10



مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	
Name <u>JYOTHRAL SUDHAKARAN</u>		24/11/2021	
I.D No. <u>79736586</u>		Department/Company <u>TO</u>	
Type of Medical Evaluation Mark those applying ✓		Occupation <u>H.D.D.</u>	
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			FIT
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		Date	
Permanently Unfit		24/11/2021	
Name of health advisor Signature			