NARAYANKUTTY
463 @gm
.com

PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname: KANJIRADU
Forenames: VASU SURESH
Address: 10566554 - Tamilnadu
Home telephone number: 19058112

Place of examination: Mnl. Date: 15/3/22

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

Birth date: 20/3/77 Nationality: Indian Country of birth: India Religion: Muslim

[x] Male [ ] Female [x] Married [ ] Single [ ] Separated /Divorced
Relationship to employee: [ ] Wife [2] Son [ ] Daughter Number of children: 2

Reason for examination: Pre-Employment [x] Periodic medical check-up [ ] Pre-Overseas [ ] Job: Auto Electrician 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					
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: Occationally.

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: 15/3/22 Signature of Applicant:

PEACE LAND MEDICAL CENTER

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (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.	
		14. Breast	

HEIGHT cm	WEIGHT kg	BMI	B.P	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
176	92	29.7	138/80	60/mins.	L N R	Uncorrected 6/6	6/6			N	
						Corrected					

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 +)		11-27		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: 15/3/22 Name (Block Capitals): Dr. / Nurse 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:	VASU SURESH KANJIRADU	**Doc No:**	0018349
Age:	45 Y **Nationality:** INDIAN	**File No:**	0028917
Gender:	M	**Bill No:**	0034100
Ref. By:	DR. EMAD OMER	**Date:**	15/03/2022
GSM No.:	79058112	**Time:**	15:21

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.5 10"12/l	Male 4.38 -5.78 10"12/l Female 4.0- 5.0 10"12/l
HAEMOGLOBIN	15.2 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	44.7 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	**80 fl**	84-94 fl
MCH	27.2 pg	27 - 33 pg
MCHC	34.0 g/dl	29.6 - 35.6 %
WBC COUNT	7.2 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	50 %	40-75 %
LYMPHOCYTE	45 %	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	**174 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	61 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.73 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**20.1 U/L**	0 - 35.0 U/L
S.G.P.T.	**15.8 U/L**	10 - 45 U/L

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Medical Technologist

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Tel: 24617117/24617148/24617149

LAB RESULT

Name:	VASU SURESH KANJIRADU	**Doc No:**	0018349
Age:	45 Y **Nationality:** INDIAN	**File No:**	0028917
Gender:	M	**Bill No:**	0034100
Ref. By:	DR. EMAD OMER	**Date:**	15/03/2022
GSM No.:	79058112	**Time:**	15:21

Test	Result	Normal Range
GGT	**18.1 U/L**	0 - 55.0 U/L
ALBUMIN	**4.2 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.7 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.30 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**25.6 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**1.23 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**7.1 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**196 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**71.7 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**52.7 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**129 mg/dl**	< 100 mg/dl
VLDL	**14.3 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	95.2 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.000	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	

Medical Technologist

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LAB RESULT

Name:	VASU SURESH KANJIRADU	**Doc No:**	0018349
Age:	45 Y **Nationality:** INDIAN	**File No:**	0028917
Gender:	M	**Bill No:**	0034100
Ref. By:	DR. EMAD OMER	**Date:**	15/03/2022
GSM No.:	79058112	**Time:**	15:21

Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-3	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	

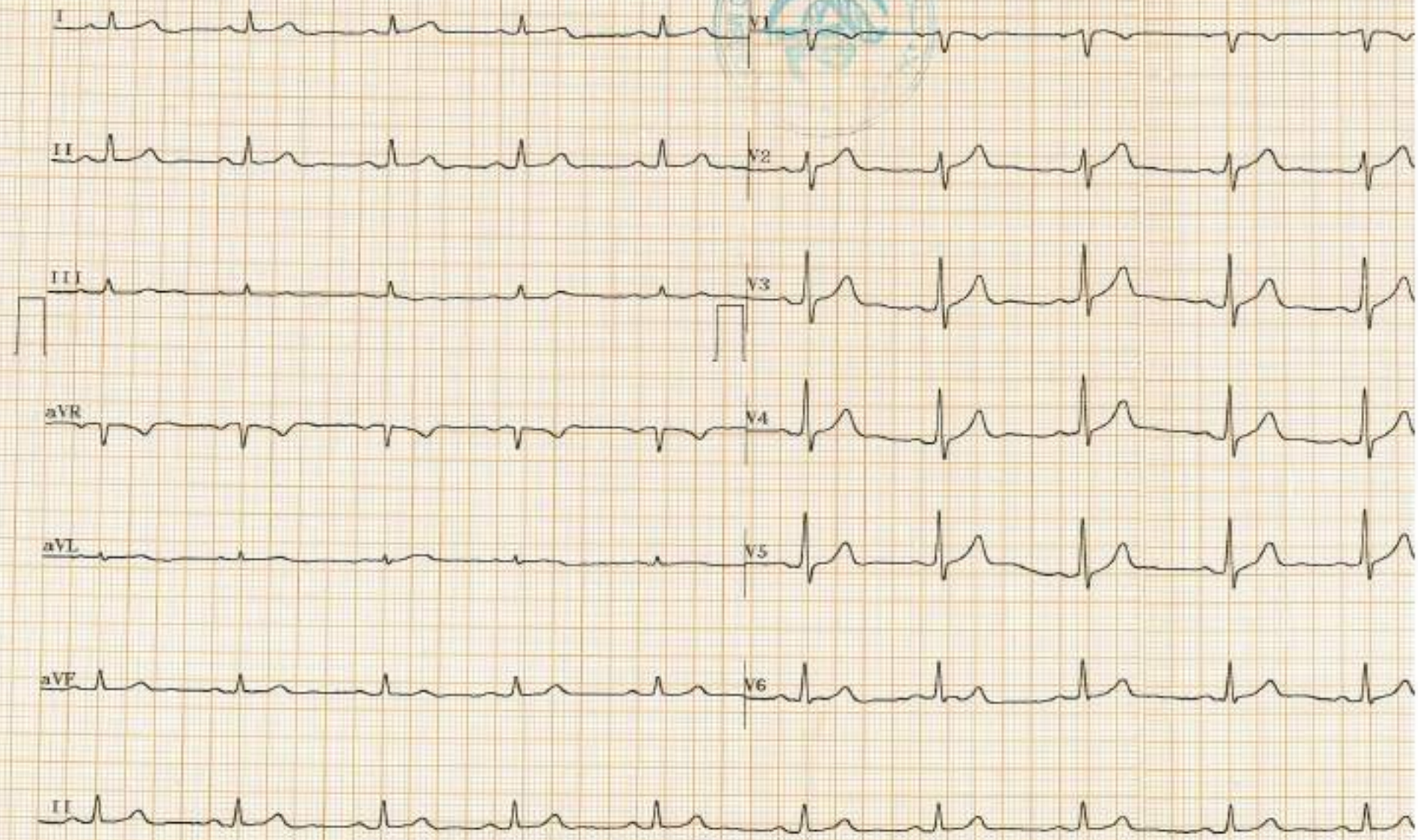
PEACE LAND MEDICAL CENTER

Medical Technologist

2022-03-15 15:34:41 6 Channel + 1 Rhythm Report Hospital:
Prescribed by:

VASU SURESH KANJIRADU
45 Y(M) <Blank> 15/03/22 10:05
0028917
68610 0034100

Heart Rate: 60bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 182 ms Normal Sinus Rhythm
QRS Dur.: 86 ms Normal Axis
QT/QTc: 420/418 ms [Normal ECG]
P-R-T axes:
40 54 40



0.1Hz~100Hz,AC50Hz,EMG. All Channels:10.0mm/mV,25.0mm/sec. CARDIO-M Ver5.10M.30 Medical Ecor

Estimated 10-year Global CVD Risk

11.2%

Risk Category

Moderate Risk

Estimated Vascular Age

57 Years

Treatment Guidelines

ATP-III (2004)
Treatment Targets
LDL <130 mg/dL (<3.37 mmol/L)
Non-HDL <160 mg/dL (<4.14 mmol/L)

CCS (2009)
Initiate Pharmacotherapy if
LDL >3.5 mmol/L (>135 mg/dL)
TChol/HDL-C >5 mmol/L (>193 mg/dL)
hsCRP >2 mg/L in men >50 years and women >60 years
FHx and moderate risk hsCRP

Treatment Targets
LDL <2 mmol/L (<77 mg/dL) or ≥50 % decrease in LDL-C
apoB <0.8 g/L (80 mg/dL)

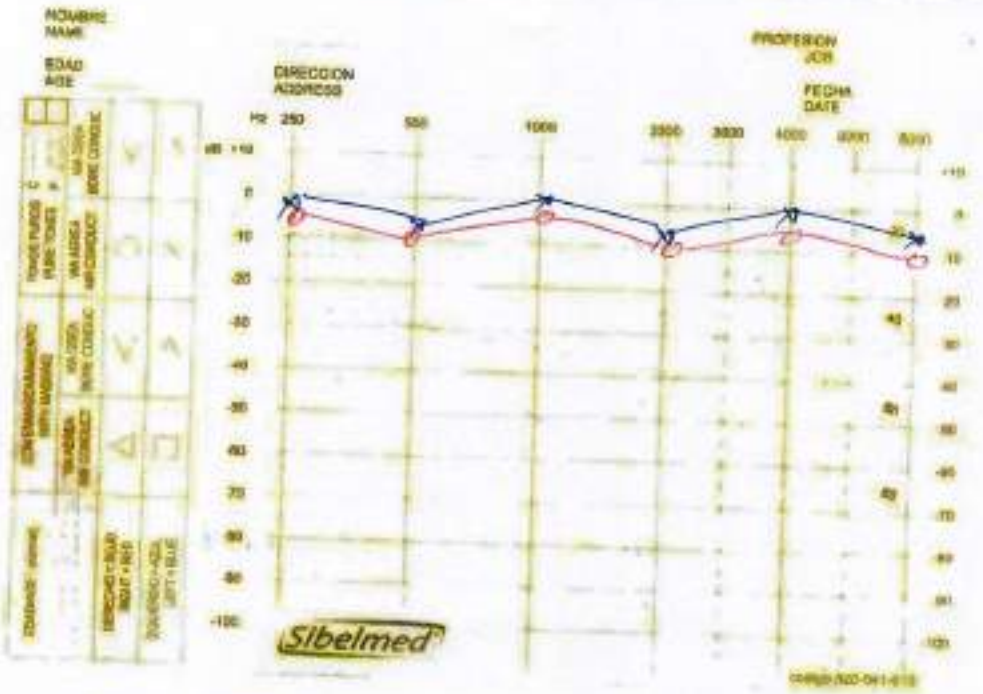
ESC (2007, see Info for more)
Treatment Targets
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

Peace Land Medical Center

Name:	VASU SURESH KANJIRADU
Gender	45 Y(M) «Blank»
Ref By:	15/03/22 10:06
	66810
	Bill # 0028917
	PEACELAND 0034100

AUDIOMETRY TEST REPORT

Company	Travelopro
Occupation	Autoelectrician
Date:	15/3/2022



INTERPRETATION
× LEFT EAR
O RIGHT EAR

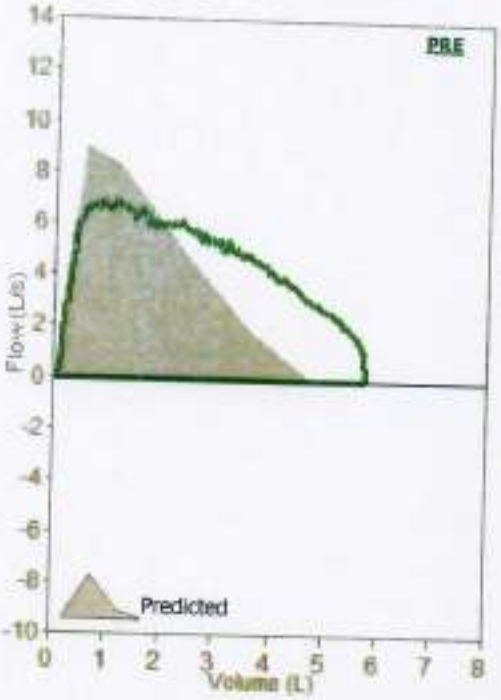
RESULT ☑ Normal
☐ Hearing Loss
☐ Left ☐ Right

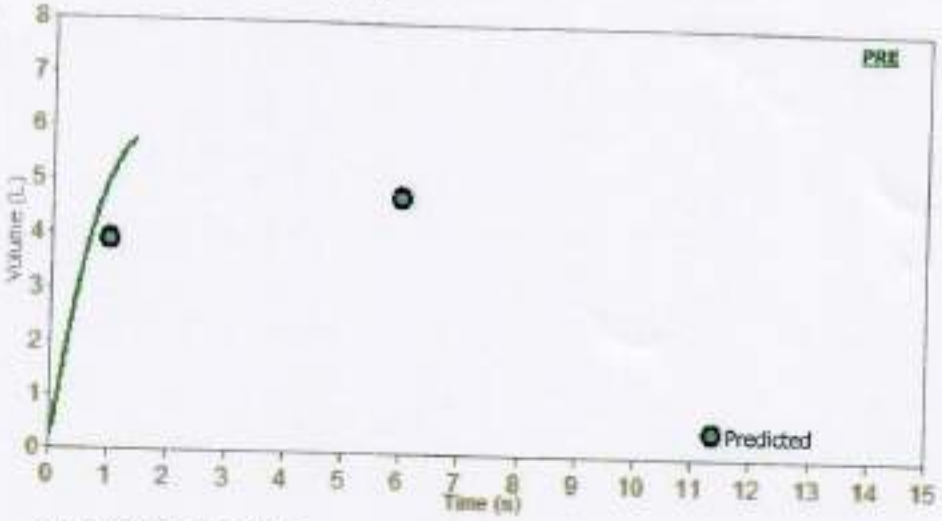
Pulmonary Function Test Results

Visit date 15/03/2022

Patient code	108668584	Age	44
Surname	SURESH	Gender	Male
Name	VASU	Height, cm	176
Date of birth	20/03/1977	Weight, kg	92
Ethnic group	Not defined	BMI	29.70
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation
Normal Spirometry

PRE Trial date 15/03/2022 10:42:19

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.71	4.76	5.75*	121	1.55	5.75			*		
FEV1	L	3.04	3.90	5.05*	129	2.19	5.05			*		
FEV1/FVC	%	72.0	82.2	87.8*	107	0.91	87.8			*		
PEF	L/s	5.59	9.01	6.96*	77	-0.99	6.96			*		
ELA	Years		44	44	100		44					
FEF2575	L/s	2.29	4.08	5.21	128	1.05	5.21					
FET	s		6.00	1.39	23		1.39					
FIVC	L	3.71	4.76									
FEV1/VC	%	72.0	82.2									

*Best values from all loops - BTPS 1.087 26 °C (78.8 °F) - Predicted Knudson

Conclusion / Medical report

Signature

Instrument used
Minispir S 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 15/3/2017
Name	VASU SURESH		Department/Company P.O.
I.D No.	108665584		Occupation Auto Elect.

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			
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
Name of health advisor Signature			15/3/2017