PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

#6598.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	SRINIVASAN
Forenames	KISHORKUMAR
Address	78749271 - Premier
Home telephone number	

Place of examination: mll. Date: 18/10/2020

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

Birth date: 4/5/86 Nationality: Indian Country of birth: India Religion: Hindu

☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated /Divorced

Relationship to employee: ☐ Wife ☐ Son ☐ Daughter — Number of children: 1

Reason for examination: Pre-Employment ☑ Periodic medical check-up ☐ Pre-Overseas ☐

Job: Mechanic.

Name and address of family doctor:

Area:

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 [illegible]		✓	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 Glucophage XX	✓		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/armpit		✓	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: 18/10/2020 **Signature of Applicant:** S. Prit.

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 (MMHG)	PULSE	HEARING	VISION	Colour Vision	Blood Group
171	80	138/78	130/84	86 /mins.	L R N	DISTANT R L, NEAR R L; Uncorrected 6/6 6/6; Corrected	N	

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
	✓	1. Urinalysis	Glycosuria	✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR	High Blood Sugar	✓		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.)

Diabetes & Hypertension on medications.

ASSESSMENT:

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

Date: 18/10/2020 Name (Block Capitals): Dr. / Nurse [stamp: PEACE LAND MEDICAL CENTER] Signature: [stamp: Dr. IMAD OMER AL ... General Practitioner]

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:	KISHORE KUMAR SRINIVASAN	**Doc No:**	0003586
Age:	34 Y **Nationality:** INDIAN	**File No:**	0009204
Gender:	M	**Bill No:**	0012972
Ref. By:	DR. EMAD OMER	**Date:**	18/10/2020
GSM No.:	90000000	**Time:**	13:10

Test	Result	Normal Range
PREMIER LOGISTICS-PRE EMPLOYMENT MEDICAL BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	**4.9 10"9/l**	Male 4.38 -4.98 10"2/l Female 4.5- 5.5 10"12/l
HAEMOGLOBIN	**14.9 gm %**	Male 13 - 16 gm % Female 11 - 14 gm %
HCT	**43.3 %**	Male 39.30 -44.10 % Female 37 -47 %
MCV	**88 fl**	84-94 fl
MCH	30.1 pg	27 - 33 pg
MCHC	**34.3 g/dl**	29.6 - 35.6 %
WBC COUNT	**5.84 10"9 d/l**	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	50 %	40-75 %
LYMPHOCYTE	47 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	01 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**160 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	**60 U/L**	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.90 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**36.0 U/L**	0 - 35.0 U/L
S.G.P.T.	**48.0 U/L**	10 - 46 U/L

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Medical Technologist

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Test	Result	Normal Range
GGT	**60.0 mg/dl**	0 - 55.0 mg/dl
ALBUMIN	**4.5 mg/dl**	3.50 - 5.20 mg/dl
TOTAL PROTEIN	**7.7 mgd/l**	6 - 8 mgd/l
S. BILIRUBIN DIRECT	**0.20 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**22.1 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.86 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**4.6 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**186 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**135.2 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**60.1 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**98.9 mg/dl**	< 100 mg/dl
VLDL	**27.0 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	**150.7 mg/dl**	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.025	
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	3-4	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	Nil	
CRYSTALS	Nil	
BACTERIA	Nil	
OTHERS	Nil	

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Medical Technologist

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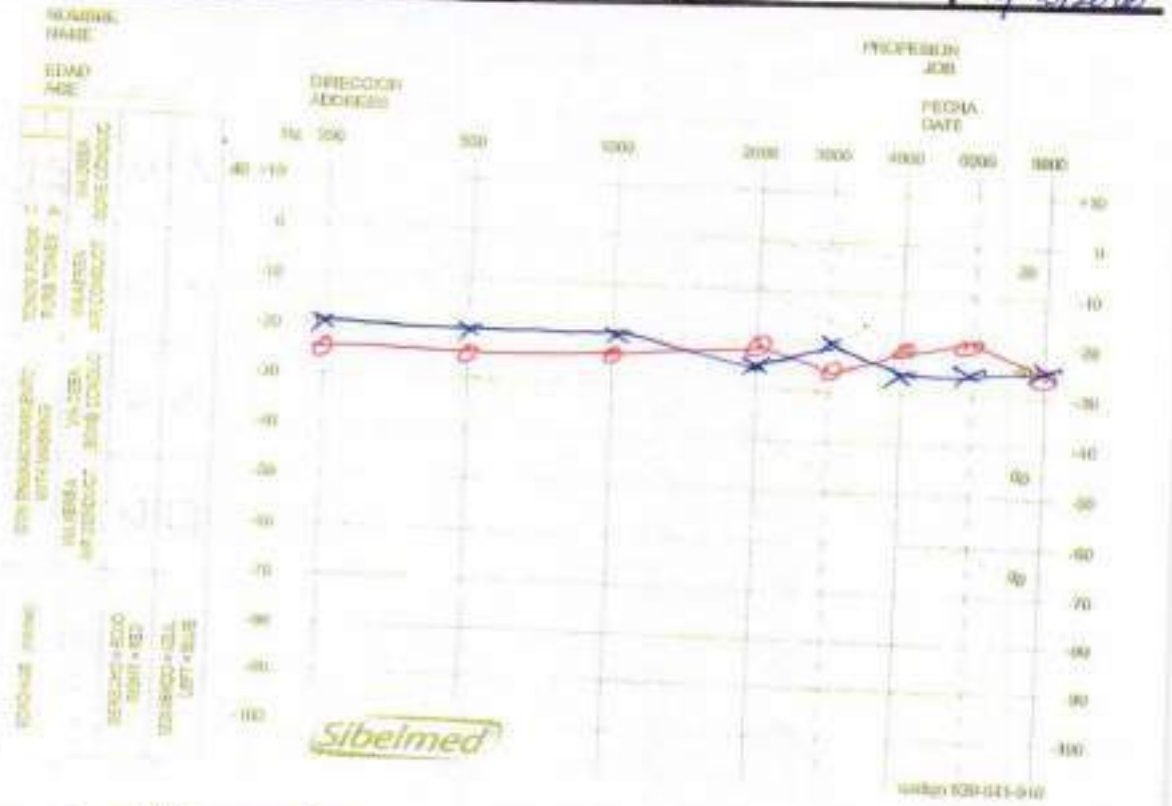
AUDIOMETRY TEST REPORT			
NAME:	KISHORE KUMAR	COMPANY:	Premier Tours
GENDER		OCCUPATION:	Mechanic
REF BY:	DR. EMAD OMER	DATE:	18/6/2020



X - LEFT EAR

O - RIGHT EAR

PEACE LAND MEDICAL CENTER

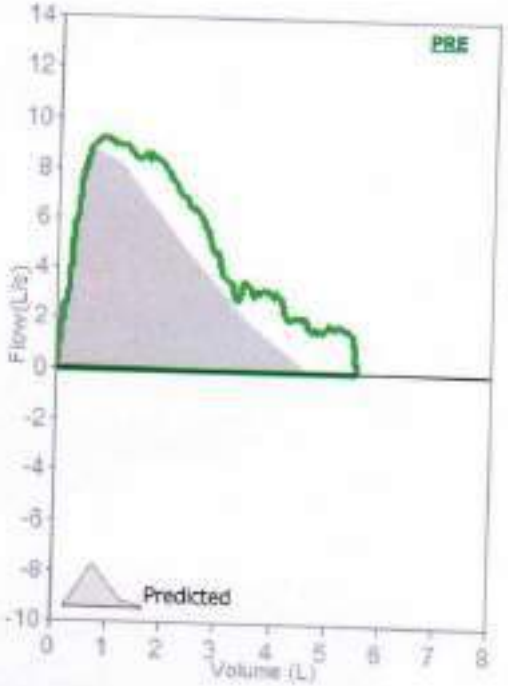
Mahmoud.

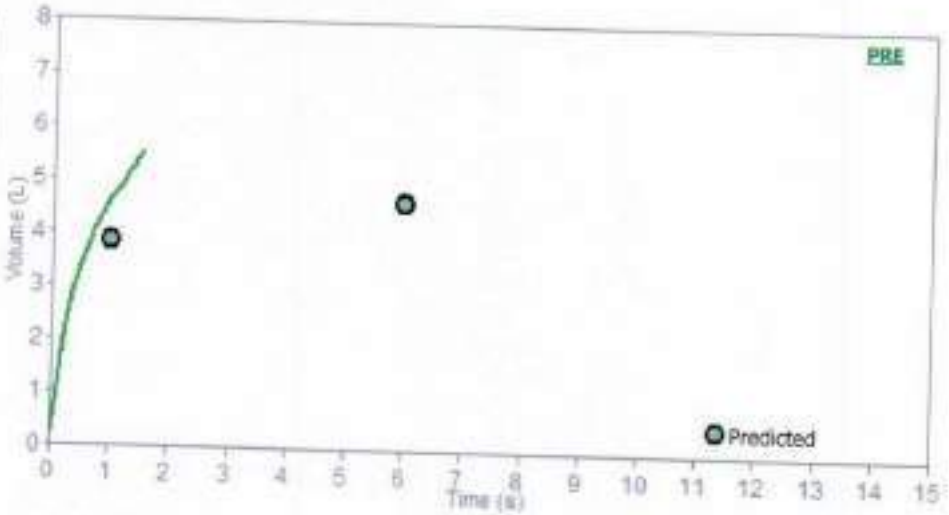
Pulmonary Function Test Results

Visit date 18/10/2020

Patient code	78749271	Age	34
Surname	SRINIVASAN	Gender	Male
Name	KISHORKUMAR	Height, cm	171
Date of birth	17/05/1986	Weight, kg	80
		BMI	27.36
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 18/10/2020 9:59:58 AM

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.59	4.64	5.52*	119	1.38	5.52			*		
FEV1	L	3.00	3.86	4.67*	121	1.54	4.67			*		
FEV1/FVC	%	73.8	84.0	84.6*	101	0.10	84.6			*		
PEF	L/s	5.47	8.89	9.34*	105	0.22	9.34			*		
ELA	Years		34	34	100		34					
FEF2575	L/s	2.37	4.15	4.66	112	0.47	4.66					
FET	s		6.00	1.49	25		1.49					
FIVC	L	3.59	4.64									
FEV1/VC	%	73.8	84.0									

*Best values from all loops - BTPS 1.092 25 °C (77 °F) - Predicted Knudson

Conclusion / Medical report

Signature

PEACE LAND MEDICAL CENTER

Instrument used
Minispir S S/N C11507

MIR

مركز بلاد السلام الطبي
Peace Land Medical Center

Fitness for work certificate

Employee Data					
Name : KISHOR KUMAR SRINIVASAN			Date: 18/10/2020		
I.D No.	78749271		Department/Company	Premier Mechanic	
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 HVD-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)			*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					
Name of health advisor Signature				Date	18/10/2020

PEACE LAND MEDICAL CENTER

DR. WAFA OMER AL-AMAFI
General Practitioner

ص.ب ١٤٠٣ ، الرمز البريدي ١٣٣ ، دوار العذيبة مبنى براج الصحوة صحار ، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
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