PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname: GOPALAKRISHNAN NAIR.
Forenames: ASOKKUMAR MANJOOR.
Address: 94513552. Company name: T.O SLM.
Home telephone number: 944 9179.

Place of examination: Mvt Date: 14/3/23.
If a dependant enters employee's name here:
Surname:
Forenames:
Birth date: 2/4/79 Nationality: Indian Country of birth: India Religi: Hindu
☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated /Divorced
Relationship to empl: ☐ Wife ☐ Son ☐ Da ghter Number of children: 3
Reason for examination: Pre-Employment ☑ Periodic medical check-up ☐ Pre-Overseas ☐ Job: Operator Area:
Name and address of family doctor (1) (2)
List your last 3 jobs (1) (2) (3)

DO YOU HAVE OR HAVE YOU HAD: - (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments'

	Y	N		Y	N
1. Sinus trouble		√	21. Cancer		√
2. Neck swelling/glands		√	22. Heart Disease		√
3. Difficulty in vision		√	23. Rheumatic fever		√
4. Any ear discharge		√	24. Abnormal heartbeat		√
5. Asthma/bronchitis		√	25. High blood pressure		√
6. Hayfever /other significant allergy		√	26. Stroke		√
7. Any skin trouble		√	27. Serious chest pain		√
8. Tuberculosis		√	28. Any blood disease		√
9. Shortness of breath		√	29. Kidney disease		√
10. Coughed/vomited blood		√	30. Blood in urine		√
11. Severe abdominal pain		√	31. Painful passage of urine		√
12. Stomach ulcer		√	32. Diabetes		√
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		√

	Y	N
HAVE YOU EVER B EN: -		
41. Rejected for emp yment or insurance for me ical reasons		√
42. Awarded benefits or industrial injury/illness		√
43. Treated for a me al condition, e.g. depression		√
44. Treated for probl n drinking or drug abuse		√
45. Exposed to toxic substance or noi		√
FOR WOMEN ONLY Have you ever had:-		
46. An abnormal sme r		
47. Any gynaecologic l treatment		
48. Are you pregnant		
49. HAVE YOU HAD N ILLNESS NOT MENTIONE ABOVE		

How much tobacco each day? Nil
Average daily alcohol consumption Occasionally
Have you ever taken elicited drugs? N

FAMILY HISTORY: Diabetes (Y) Tuberculosis (No) Epilepsy (No) Asthma (No) Eczema (No)
Heart disease (No) High blood pressure (Y) Stroke (No) Blood Disease (No) Cancer (No)

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 med al examination in general terms may be revealed to the Company if required, and the details sent to my own doctor if this is considere necessary by the examining medical officer.

Date: 14/3/2023 Signature of Applicant:

T. Losar 50mg
T. Amlopress 5mg.

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	Colour Vision	Blood Group
176	77	24.9	140/90	64 /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		✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR				8. Lung Function
✓		3. LFT, RFT, FBS		✓		9. Chest X-Ray
✓		4. Drug Screen		✓		10. ECG
✓		5. Lipids (40 years +)	9.4	✓		11. CVD risk for 40 yrs. & above
✓		6. Sickle Cell test				12. HIV Hepatitis screening

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

- LSM - Diet, exercise, [illegible] advised
- HTN on Rx; [illegible]

FIT

PEACE LAND MEDICAL CENTER (stamp)

ASSESSMENT:

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

Date: 14/3/23 Name (Block Capitals): Dr. / Nurse Signature: [signature] (stamp: Dr. ... General Practitioner MOH L. No. 4404)

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

Employee Data		Date:	14/3/2023.
Name: Ashok Kumar		Department/Company:	T.O.
I. D No. 945438552	Tel #	Occupation:	Operator

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
0	Lying down to rest in the afternoon when circumstances permit
0	Sitting & talking with someone
0	Sitting quietly after lunch without alcohol
0	In a car while stopped for a few minutes in traffic
Total 0	

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

Signature: _____ Date: 14/3/2023

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:	ASOK KUMAR MANJOOR GOPALAKRISHNAN NAIR	**Doc No:**	0031271
Age:	43 Y **Nationality:** INDIAN	**File No:**	0040411
Gender:	M	**Bill No:**	0047787
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	14/03/2023
GSM No.:	94419179	**Time:**	15:29

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
COMPLITE BLOOD COUNT		
RBC	5.5 x10^12/L	Male 4.38 -6.0 x 0^12/L Female 4.0- 5.2: 10^12/L
HAEMOGLOBIN	17.0 gm %	Male 13 - 17 gm % Female 11 - 14 ; m %
HCT	49.4 %	Male 39.30 -50.( ) % Female 37 -47 %
MCV	86 fl	84-94 fl
MCH	28.5 pg	27 - 33 pg
MCHC	32.4 g/dl	29.6 - 35.6 %
WBC COUNT	6.9 x 10^9/L	4.0 - 11.0 x 10^ L
DIFFERENTIAL COUNT		
NEUTROPHIL	66 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	09	Male 0 - 15 mm / 1st hour Female 0 - 20 m m / 1st hour
PLATELET	**251 x 10^9/L**	150 - 450 x 10^ /L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	58 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.68 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**34.0 U/L**	0 - 35.0 U/L

PEACE LAND MEDICAL CENTER

Medical Technologist

Peace Land Medical Center
P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout Al Sahwa To er
Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name:	ASOK KUMAR MANJOOR GOPALAKRISHNAN NAIR	**Doc No:**	0031271
Age:	43 Y **Nationality:** INDIAN	**File No:**	0040411
Gender:	M	**Bill No:**	0047787
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	14/03/2023
GSM No.:	94419179	**Time:**	15:29

Test	Result	Normal Range
S.G.P.T.	43.8 U/L	10 - 45 U/L
GGT	54.0 U/L	0 - 55.0 U/L
ALBUMIN	5.0 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	6.8 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.13 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	18.5 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.70 mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	6.7 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	209 mg/dl	0.0 - 200 mg/dl
Triglyceride	170.0 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	50.6 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	124.4 mg/dl	< 100 mg/dl
VLDL	34.0 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	98.4 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	5 ml	
Colour	Yellow	
Sp. Gravity	1.020	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	

PEACE LAND MEDICAL CENTER

Medical Technologist

Peace Land Medical Center
P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout Al Sahwa To er
Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name:	ASOK KUMAR MANJOOR GOPALAKRISHNAN NAIR	**Doc No:**	0031271
Age:	43 Y **Nationality:** INDIAN	**File No:**	0040411
Gender:	M	**Bill No:**	0047787
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	14/03/2023
GSM No.:	94419179	**Time:**	15:29

Test	Result	Normal Range
Ketones	Negative	
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
STOOL ROUTINE ANALYSIS		
PHYSICAL		
Colour	Brownnish	
Consistency	Soft	
Reaction	Alkaline	
Mucus	NIL	
MICROSCOPIC		
Ova:	NIL	
Cyst:	NIL	
Pus Cells:	1-3 Cells/hpf	
RBCs	0-1 Cells/hpf	
Others	NIL	
Bacteria	NIL	
DRUG TESTING		
AMPHETAMINES(AMP)	NEGATIVE	

PEACE LAND MEDICAL CENTER

Medical Technologist

Peace Land Medical Center
P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout Al Sahwa To. er
Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name:	ASOK KUMAR MANJOOR GOPALAKRISHNAN NAIR	**Doc No:**	0031271
Age:	43 Y **Nationality:** INDIAN	**File No:**	0040411
Gender:	M	**Bill No:**	0047787
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	14/03/2023
GSM No.:	94419179	**Time:**	15:29

Test	Result	Normal Range
MORPHINE(MOP)	NEGATIVE	
COCAINE(COC)	NEGATIVE	
PHENCYCLIDINE(PCP)	NEGATIVE	
METHAMPHETAMINE(MET)	NEGATIVE	
TRAMADOL(TRA)	NEGATIVE	
BARBITURATES(BAR)	NEGATIVE	
BENZODIAZEPINES(BZO)	NEGATIVE	
MEDTHODONE(MED)	NEGATIVE	
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE	
MARIJUANA(THC)	NEGATIVE	

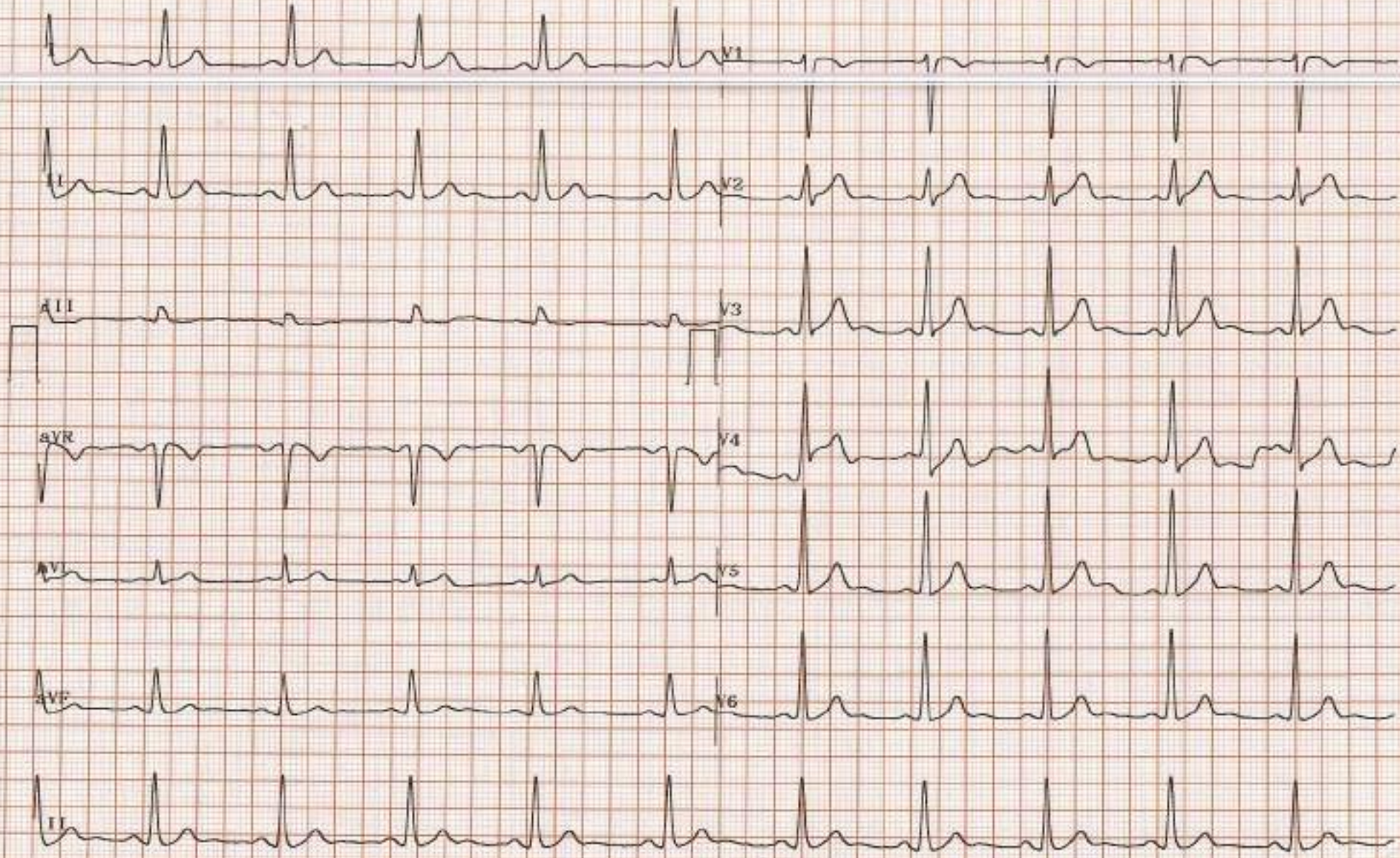
مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

Medical Technologist

2023-03-14 15:00:49 6 Channel + 1 Rhythm Report Hospital:
Prescribed by:

ID :
Name: Asok
yrs. /
cm / kg

Heart Rate: 64bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 148 ms Normal Sinus Rhythm
QRS Dur.: 100 ms Normal Axis
QT/QTc: 384/397 ms [Normal ECG]
P-R-T axes:
43 42 21



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

Copy Results

Results

Estimated 10-year Global CVD Risk

9.4%

Risk Category

Low Risk

Estimated Vascular Age

54 Years

Treatment Guidelines

ATP-III (2004)
Treatment Targets
LDL <160 mg/dL (<4.14 mmol/L)
Non-HDL <190 mg/dL (<4.93 mmol/L)

CCS (2009)
Initiate Pharmacotherapy if
LDL >5 mmol/L (>193 mg/dL)
TChol/HDL-C >6 mmol/L (>231 mg/dL)

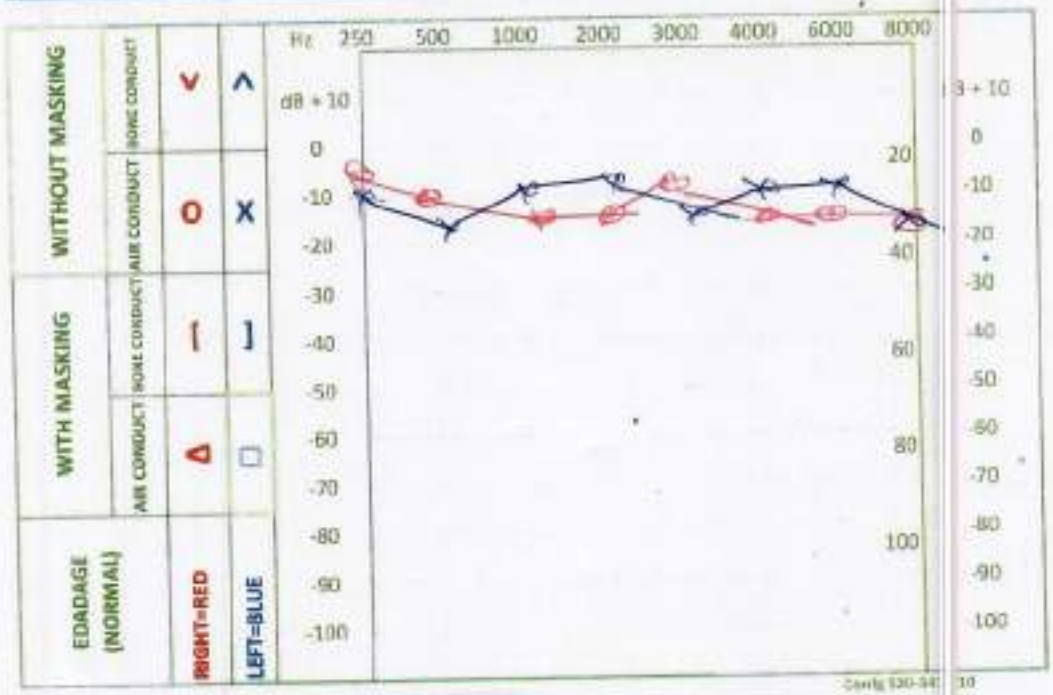
Treatment Targets
≥50 % decrease in LDL-C

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

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land
بلاد السلام

AUDIOMETRY TEST REPORT

NAME	Asok Kumar			COMPANY	T-Pipe
AGE	43y	GENDER	M	OCCUPATION	Fitters
REF. BY				DATE	Feb 13/2023



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
- [x] NORMAL
- [ ] HEARING LOSS
- [ ] RIGHT
- [ ] LEFT

ص.ب ٣٠٠٣ ، الرمز البريدي ١٣٣ ، دوار القدبية-مبنى براج الصحوة مبنى ٢ ، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
هاتف ٢٤٦١٧١٤٧/٢٤٦١٧١٤٨/٢٤٦١٧١٤٩ Tel.: 24617147 / 24617148 / 24617149

INTERNATIONAL SPECIALIZED CENTER
FOR HEART AND VASCULAR DISEASES

المركز الدولي التخصصي
لأمراض القلب والأوعية الدموية

NAME: Asokkumar Manjoor Gopalakrishnan Nair **15-Mar-2**

File No: 11312

Chest x-ray Report: PA chest x-ray.

- Lung fields appear normal.
- Hila appear normal.
- Both CP angles are clear.
- Cardiac silhouette is within normal limits.
- Bony thorax appears normal.

- **Comment: Normal PA chest x-ray**

Dr. Iraj Emamyar Ramezani
General Practitioner
MOH Lic No:21832
HEART VASCULAR CENTER (HVC)

DR IRAJ EMAMYAR RAMEZANI, GENERAL PRACTITIONER

العذيبة الشمالية- شارع ١٨ نوفمبر- مبنى رقم ٣٢٥ ، ص.ب: ٢٧ ، الرمز البريدي: ١١٨ ، مسقط ، سلطنة عمان.هاتف: ٢٤١٣٨٠٩٣ (٩٦٨) ٩٢٢٦٩١٨٩ (٩٦٨) ص.ت ١٢٩٠٩٨٨
Azaiba North- 18 Nov St.Bldg No:325,P.O.Box: 27 ,Postal Code: 117, Muscat, Sultanate of Oman tel:(968)24138093, 58/94269189,C.R.No.1290488

مركز بلاد السلام الطبي

Peace Land Medical Center

Peace Land

Fitness for work certificate

Employee Data		Date	14/3/23
Name	Ashok kumar	Department/Company	T.O.
I.D No.	94548852	Occupation	Operator

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			FIT
Working at height			
Puling, pushing, or carrying weight over ___ Kg			
Ascendidescend 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	14/3/23
Name of health advisor Signature			

DR. MOHAMMED AKBAR KHAN
General Practitioner
MOH Lic. No. 4404

P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Salwa Tower, Sultanate of Oman
Tel: 24617147 / 24617148 / 24617149