R-25

PEACE LAND MEDICAL CENTER

TMT

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

6520.

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname: THANKAPPAN

Forenames: SHAJI MOOTHANTUZHATHIL

Address: 9/689701 Company Name: Truckman

Home telephone number: 92019419

Place of examination: Muscat Date: 21/5/23

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

Birth date: 17/4/68 Nationality: Indian 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 ☐ Pre-Overseas ☐

Job: Crane 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		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: NO

Have you ever taken elicited drugs? (X)

FAMILY HISTORY: Diabetes (X) Tuberculosis (X) Epilepsy (X) Asthma (X) Eczema (X)
Heart disease (X) High blood pressure (X) Stroke (X) Blood Disease (X) Cancer (X)

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: 21/5/23.

Signature of Applicant:

On T metformin 500mg.

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
175	72	24	119/74	69 /mins.	L N R	Uncorrected 6/6	6/6			N	
						Corrected					

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS
✓		1. Urinalysis
✓		2. Hb, Bloodcount, ESR
✓		3. LFT, RFT, RBS
		4. Drug Screen
✓		5. Lipids (40 years +)
✓		6. Sickle Cell test

N	A	
✓		7. Audiogram
		8. Lung Function
		9. Chest X-Ray
✓		10. ECG
15.01		11. CVS risk for 40 yrs. & above
		12. HIV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.) Known Hx of DM on Rx
4 L SM D RFR (Diet & Exercise)
2/ MFU 3m later by an internist (DM)

ASSESSMENT:

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

Date: 22/5/23 Name (Block Capitals): Dr. / Nurse Dr. Shima Seyedabdollahi Jafar Cardiologist Specialist MOH Lic. No. 21962 Signature:

PEACE LAND MEDICAL CENTER C.R. 1118819

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

SHAJI MOOTHANTUZHATHIL THANKAPPAN

Date: 21/5/23.

Department/Company: Drukoman.

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 a talking with someone
0	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic

Total .

If you score a total of 10 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

PEACE LAND MEDICAL CENTER

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

Signature: _____ Date: 21/5/23.

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:	SHAJI MOOTHANTUZHATHIL THANKAPPAN	**Doc No:**	0033526
Age:	55 Y **Nationality:** INDIAN	**File No:**	0042458
Gender:	M	**Bill No:**	0050204
Ref. By:	DR.SHIMA	**Date:**	21/05/2023
GSM No.:	92019419	**Time:**	15:53

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 50 YRS		
COMPLITE BLOOD COUNT		
RBC	**4.2 x10^12/L**	Male 4.36 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	13.0 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	39.9 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	86 fl	84-94 fl
MCH	28.6 pg	27 - 33 pg
MCHC	33.0 g/dl	29.6 - 35.6 %
WBC COUNT	8.0 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	66 %	40-75 %
LYMPHOCYTE	26 %	20-45 %
EOSINOPHIL	03 %	1-6 %
MONOCYTE	05 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**205 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	57 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.68 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**17.3 U/L**	0 - 35.0 U/L
S.G.P.T.	**27.0 U/L**	10 - 45 U/L

PEACE LAND MEDICAL CENTER

Medical Technologist

Peace Land Medical Center
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Tel: 24617117/24617148/24617149

LAB RESULT

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Gender:	M	**Bill No:**	0050204
Ref. By:	DR.SHIMA	**Date:**	21/05/2023
GSM No.:	92019419	**Time:**	15:53

Test	Result	Normal Range
ALBUMIN	**4.1 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.3 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.19 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**22.2 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.70 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**4.9 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**158 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**75.2 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**45.3 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**97.7 mg/dl**	< 100 mg/dl
VLDL	**15.0 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	100.0 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	
Ketones	Negative	
Urobilinogen	Normal	

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Medical Technologist

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Gender:	M	**Bill No:**	0050204
Ref. By:	DR.SHIMA	**Date:**	21/05/2023
GSM No.:	92019419	**Time:**	15:53

Test	Result	Normal Range
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-3	
EPITHELIAL CELLS	1-2	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	

PEACE LAND MEDICAL CENTER

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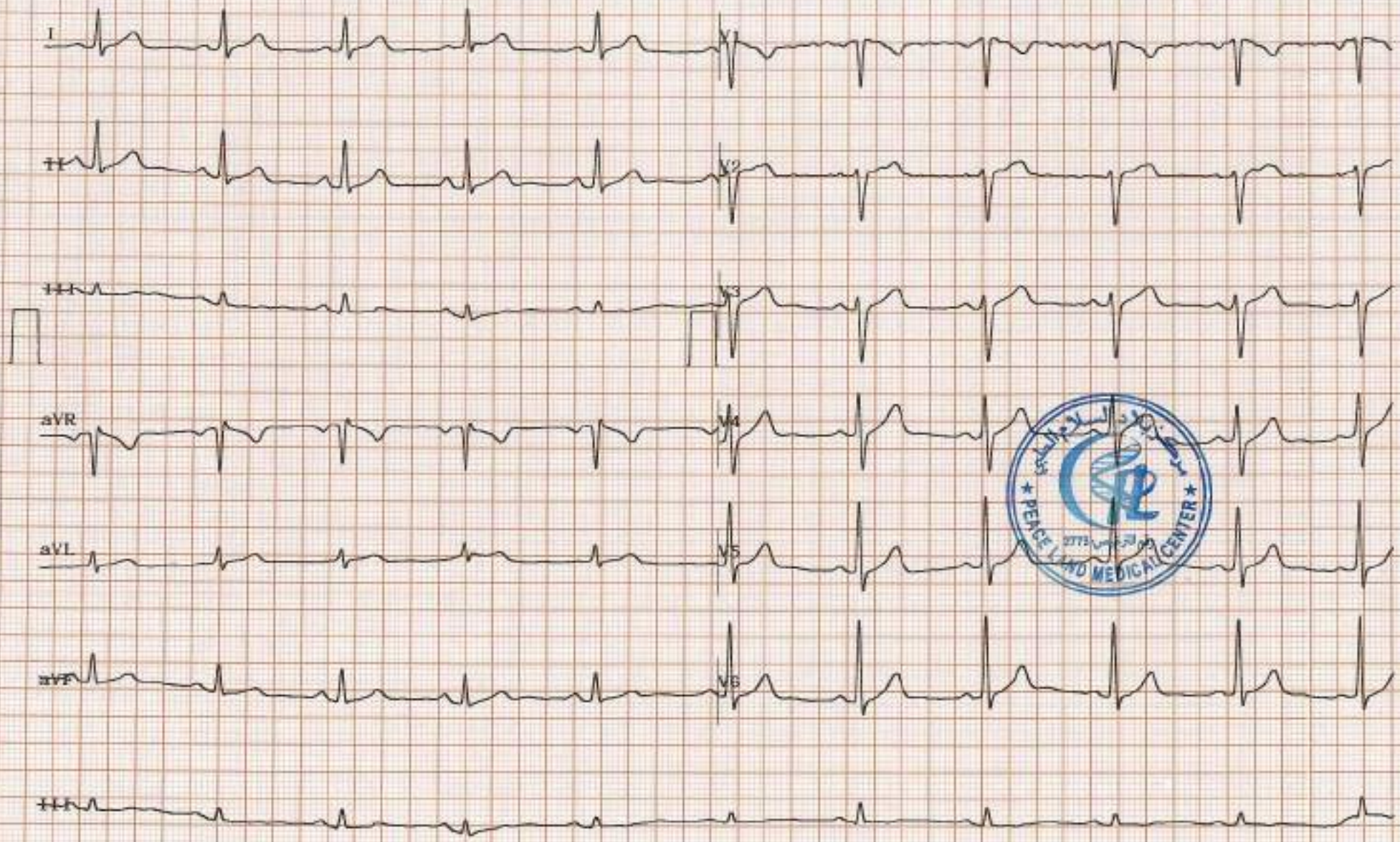
Medical Technologist

2023-05-21 08:58:52 6 Channel + 1 Rhythm Report Hospital:
Prescribed by:

SHAJI MOOTHANTUZHATHIL THANKAPPAN
00502
77755 21/05/23 09:40

Heart Rate: 64bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 162 ms Normal Sinus Rhythm
QRS Dur.: 94 ms Normal Axis
QT/QTc: 402/416 ms [Normal ECG]
P-R-T axes:
59 45 25



0.1Hz- 150Hz,AC50Hz. All Channels:10.0mm/mV,25.0mm/sec. EKG2000 Ver5.05M.30 Bionet Co., Ltd.

Estimated 10-year Global CVD Risk

15.6%*

Risk Category

High Risk*

Estimated Vascular Age

64 Years*

*Due to this patient being diabetic, they are placed in the High Risk Category and should be treated based on the following guidelines.

Treatment Guidelines

ATP-III (2004)
Treatment Targets
LDL <100 mg/dL (<2.59 mmol/L)
Non-HDL <130 mg/dL (<3.37 mmol/L)

CCS (2009)
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 <2-2.5 mmol/L (<80-100 mg/dL)
TChol <4-4.5 mmol/L (<155-175 mg/dL)

STS Summary Report

PEACELAND MEDICAL CENTER

Name: **SHAJI MOOTHANTUZHATHIL** 24617149
Details: 56years(Male), 72Kg,175cm
ID: 03210523
Doctor: **Dr. SHIMA**
Tested On: 21/05/2023,09:54 AM

Test Summary Report

Target HR = 164
Protocol = BRUCE
HR achieved = 164 (100%)
Total time = 15:13
Peak Ex = Exercise 4
Excercise time = 10:02
Max ST deviation = 3.97(Lead V4)
Recovery time = 04:07

Object of test	: A 56 YEAR OLD MALE OCCUPATIONAL HEALTH	Ex tolerance	:
Risk factor	: DM	Ex Arrhythmia	: NONE
Activity	:	Hemo Response	: NL
Other Investigation	:	Chrono response	: NL

Reason for Termination : FATIGUE

Stagewise Summary

Stage Name	Duration (mm:ss)	HR at the end of stage	Max ST (mm)	Min ST (mm)	Speed km/hr	Slope (%)	METS	sys/dia(map) (mmHg)	RPP	Comments
Supine	00:36	88	3.97(V4)	-1.86(AVR)	0.0	0.0	0.00	---/---(---)		
Waiting for Exercise	00:28	83	2.15(V4)	-0.91(AVR)	0.0	0.0	0.00	---/---(---)		
Exercise 1	03:00	107	2.73(V4)	-1.20(AVR)	2.7	10.0	5.10	120/70(86)	13200	
Exercise 2	03:00	126	2.88(V4)	-1.59(AVR)	4.0	12.0	7.10	130/80(96)	16510	
Exercise 3	03:00	146	2.37(V4)	-1.22(AVL)	5.5	14.0	10.00	140/80(100)	20440	
Peak Exercise 4	01:02	164	2.91(V4)	-1.49(V6)	6.8	16.0	13.00	150/80(103)	24600	
Recovery 1	01:00	129	3.35(V4)	-1.70(AVR)	6.8	16.0	0.00	150/80(103)	24600	
Recovery 2	01:00	106	3.97(V4)	-1.86(AVR)	6.8	16.0	0.00	140/80(100)	17780	
Recovery 3	01:00	102	2.47(V4)	-1.48(AVR)	6.8	16.0	0.00	130/80(96)	13910	
Recovery 4	01:00	93	1.77(V4)	-1.15(AVR)	6.8	16.0	0.00	130/80(96)	13260	
Recovery 5	00:07	93	1.25(V4)	-0.46(AVR)	6.8	16.0	0.00	---/---(---)		

Medication: METFORMIN TAB 500 MG BID
History: DM 11 YR AGO

BPL DYNATRAC ULTRA Technician: MR SUDHISH Done By: Confirmed by:

STS Summary Report

PEACELAND MEDICAL CENTER

24617149

Name: **SHAJI MOOTHANTUZHATHIL** *ID:* 03210523 *Tested On:* 21/05/2023,09:54 AM

Details: 56years(Male), 72Kg,175cm *Doctor:* **Dr. SHIMA**

Observations: A 51 YEAR OLD MALE UNDERWENT EXERCISE TOLERANCE TEST; UTILIZING BRUCE PROTOCOL.
THE PATIENT DID NOT COMPLAIN OF CHEST PAIN, SOB OR DIZZINESS.
COMPLETED 09:30 MINUTES OF EXERCISE (STAGE 4). ACHIEVED 10.5 METS. AVERAGE FUNCTIONAL CLASS.
RESTING HEART RATE 75 BPM AND INCREASED TO 157 BPM WHICH IS 92% OF THE MAXIMUM AGE-PREDICTED HEART RATE.
RESTING BLOOD PRESSURE: 130/80 MMHG AND INCREASED TO 160/80 MMHG. NEITHER HYPERTENSIVE BLOOD PRESSURE RESPONSE NOR HYPOTENSION.
RESTING ECG SHOWED NORMAL SINUS RHYTHM.
EXERCISE ECG SHOWED NO SIGNIFICANT ST-T WAVE CHANGES.
REASON FOR TERMINATION WAS FATIGUE.

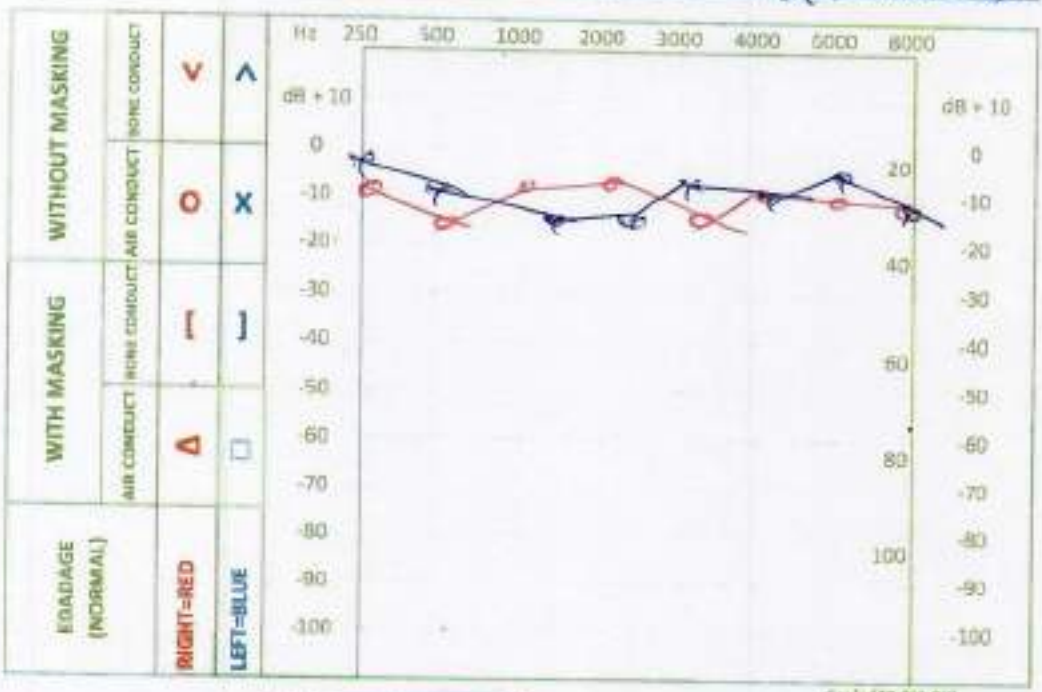
Final Impression: THE TEST IS NEGATIVE FOR EXERCISE-INDUCIBLE ISCHEMIA.
HE IS CONSIDERED FIT FROM CARDIAC POINT OF VIEW AT PRESENT TO WORK.

BPL DYNATRAC ULTRA *Technician:* MR SUDHISH *Done By:* *Confirmed by:*

SHAJI MOOTHANTUZHATHIL THANKAPPAN 00502
17755 21/05/23 08:40

IOMETRY TEST REPORT

COMPANY	T-O
OCCUPATION	
DATE	21/5/23



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
NORMAL
HEARING LOSS
RIGHT
LEFT

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

Fitness for work certificate

Employee Data			Date	22, 5, 23
Name	SHAJI MOOTHANTUZHATHIL		Department/Company	truck Oman
I.D No.	91689701		Occupation	Crane 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			
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 22/5/23
Name of health advisor Signature			Dr. Shima Seyedabdollah Jafar, Cardiologist Specialist, MOH Lic. No. 21962

ص.ب ١٤٠٣، الرمز البريدي ١٣٣، مواز الغصينة ممشى ابراج الصحوة مبنى ٢، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout # Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149