



PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL) Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname	
Forenames	RAVI KUMAR
Address	105010946
Home telephone number	98998735
Company Name	Touekman

Place of examination:	Ant	Date	12/12/22
If a dependant enters employee's name here: Surname:			
Birth date:	31/12/85	Nationality:	Indian
☒ Male ☐ Female	☒ Married ☐ Single ☐ Separated /Divorced	Country of birth:	India
Reason for examination		Relationship to employee	Number of children:
Pre-Employment ☒ Periodic medical check-up		☐ Wife ☐ Son ☐ Daughter	
Pre-Overseas ☐		Job:	Operator
Name and address of family doctor		Area:	

(1)	(2)	(2)	(3)
List your last 3 jobs			

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? Occasionally Average daily alcohol consumption 16

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: 12/12/2022 Signature of Applicant: Ravi Kumar

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. Hemial 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 L R	VISION DISTANT R L NEAR R L Uncorrected Corrected	Colour Vision	Blood Group
171	82	28	138 88	78/min.	N	6/6 5/6	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.)

Lsm - Diet, exercise advised

FIT

ASSESSMENT:

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

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature:





مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

Employee	RAVI KUMAR	12/12/2022 09:45	Date:	12/12/2022
Name:	38 Y(M) «Blank»	0012020	Department/Company:	Truck owner.
I. D No.	74142	0044487	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
- ☐ 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 15 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

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

Signature: Ravi Kumar Date: 12.12.22



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: RAVI KUMAR
Age: 36 Y **Nationality:** INDIAN
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 98998735

Doc No: 0028281
File No: 0012020
Bill No: 0044497
Date: 12/12/2022
Time: 15:45

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.4 $10^{12}/l$	Male 4.38 - 5.78 $10^{12}/l$ Female 4.0 - 5.0 $10^{12}/l$
HAEMOGLOBIN	14.6 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	44.3 %	Male 39.30 - 50.00 % Female 37 - 47 %
MCV	84 fl	84-94 fl
MCH	27.0 pg	27 - 33 pg
MCHC	33.0 g/dl	29.6 - 35.6 %
WBC COUNT	9.4 10^9 d/l	5.0 - 11.0 $10^9/l$
DIFFERENTIAL COUNT		
NEUTROPHIL	65 %	40-75 %
LYMPHOCYTE	33 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	01 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	215 $10^9/l$	156 - 342 $10^9/l$
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	58 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	1.0 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	24.3 U/L	0 - 35.0 U/L
S.G.P.T.	38.7 U/L	10 - 45 U/L





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Test	Result	Normal Range
GGT	34.6 U/L	0 - 55.0 U/L
ALBUMIN	4.7 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	6.8 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.19 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	25.0 mg/dl	18.0 - 55.0 mg/dl
S. CREATININE	1.1 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	210 mg/dl	0.0 - 200 mg/dl
Triglyceride	160.5 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	65.4 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	112.5 mg/dl	< 100 mg/dl
VLDL	32.1 mg/dl	2.0 - 30 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	
Urobilinogen	Normal	





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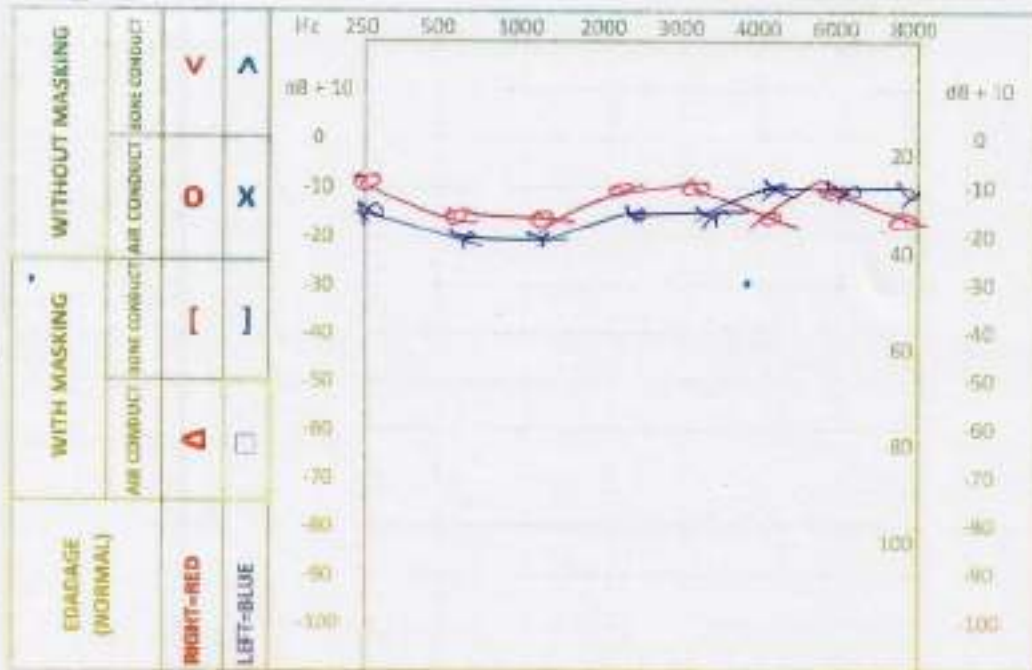
Test	Result	Normal Range
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-3	
EPITHELIAL CELLS	1-2	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
RANDOM BLOOD SUGAR	115.8 mg/dl	80 - 120 mg/dl





مركز بلاد السلام الطبي Peace Land Medical Center

RAVI KUMAR 38 Y (M) «Blenb»		12/12/22 09:46	METRY TEST REPORT	
NAM	0012020	COMPANY	Buckura	
AGE	74142	OCCUPATION	Operator	
REF.	004481	DATE	12/17/22	



INTERPRETATION

H LEFT EAR
O RIGHT EAR



RESULT

☒ NORMAL
☐ HEARING LOSS
☐ RIGHT
☐ LEFT



مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date <u>12/12/22</u>	
Name <u>Ravi Kumar</u>		Department/Company <u>Truck Driver</u>	
I.D No. <u>105010946</u>		Occupation <u>operation</u>	
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			
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		Date <u>12/12/22</u>	
Name of health advisor Signature			

