PEACE LAND MEDICAL CENTER

TMT

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

#6671

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname

Forenames SURESH SUDHAKARAN

Address 705000E Company Name: T.O

Home telephone number 92727959

Place of examination: Mint Date: 6/01/23

If a dependant enters employee's name here:

Surname:

Forenames:

Birth date: 30/5/71 Nationality: Indian Country of birth: Tamilnadu Religion: Hindu

Relationship to employee: ☐ Wife ☐ Son ☐ Daughter

Number of children: 2

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

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

Job: Crane operator

Area:

Name and address of family doctor

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		√	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 Have you ever had:-		
8. Tuberculosis		√	28. Any blood disease		√	46. An abnormal smear		
9. Shortness of breath		√	29. Kidney disease		√	47. Any gynaecological treatment		
10. Coughed/vomited blood		√	30. Blood in urine		√	48. Are you pregnant?		
11. Severe abdominal pain		√	31. Painful passage of urine		√	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
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		√			

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.

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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. 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
173	75	25.4	140/90	88 /mins.	L R N	DISTANT R L: Uncorrected 6/6 6/6; Corrected. NEAR R L	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 +)		9.4/		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.) * Known HTN

1, MFU 3m later by internist (HTN)
2, LSM & RFR (Inc Exercise & diet)
3, Take the medications properly

ASSESSMENT:

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

Dr. Shima Seyedabdollahzadeh
Cardiologist Specialist
MOH Lic. No. 21982

Date: 9, 4, 23 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي
Peace Land Medical Center

Peace Land
بلاد السلام

Epworth Screening Questionnaire for Sleep Apnoea

SURESH SUDHAKARAN
[illegible] 00406
[illegible] 06/04/23 10:25

Employee		Date:	6/4/2023
Name:		Department/Company:	T. O.
I. D No.		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	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, Suresh (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: [signature] Date: 6/4/2023

PEACE LAND MEDICAL CENTER

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:	SURESH SUDHAKARAN	**Doc No:**	0032296
Age:	51 Y **Nationality:** INDIAN	**File No:**	0041625
Gender:	M	**Bill No:**	0048875
Ref. By:	DR.SHIMA	**Date:**	06/04/2023
GSM No.:	92727989	**Time:**	13:51

Test	Result	Normal Range
ALBUMIN	4.6 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	6.6 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.20 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	37.9 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	1.0 mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	5.7 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	195 mg/dl	0.0 - 200 mg/dl
Triglyceride	104.4 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	52.9 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	121.3 mg/dl	< 100 mg/dl
VLDL	20.8 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	95.7 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	5 ml	
Colour	Yellow	
Sp. Gravity	1.010	
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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Ref. By:	DR.SHIMA	**Date:**	06/04/2023
GSM No.:	92727989	**Time:**	13:51

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.4 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	15.9 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	46.2 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	85 fl	84-94 fl
MCH	28.3 pg	27 - 33 pg
MCHC	33.4 g/dl	29.6 - 35.6 %
WBC COUNT	8.1 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	59 %	40-75 %
LYMPHOCYTE	33 %	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	236 x 10^9/L	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	69 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.94 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	26.4 U/L	0 - 35.0 U/L
S.G.P.T.	34.2 U/L	10 - 45 U/L

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GSM No.:	92727989	**Time:**	13:51

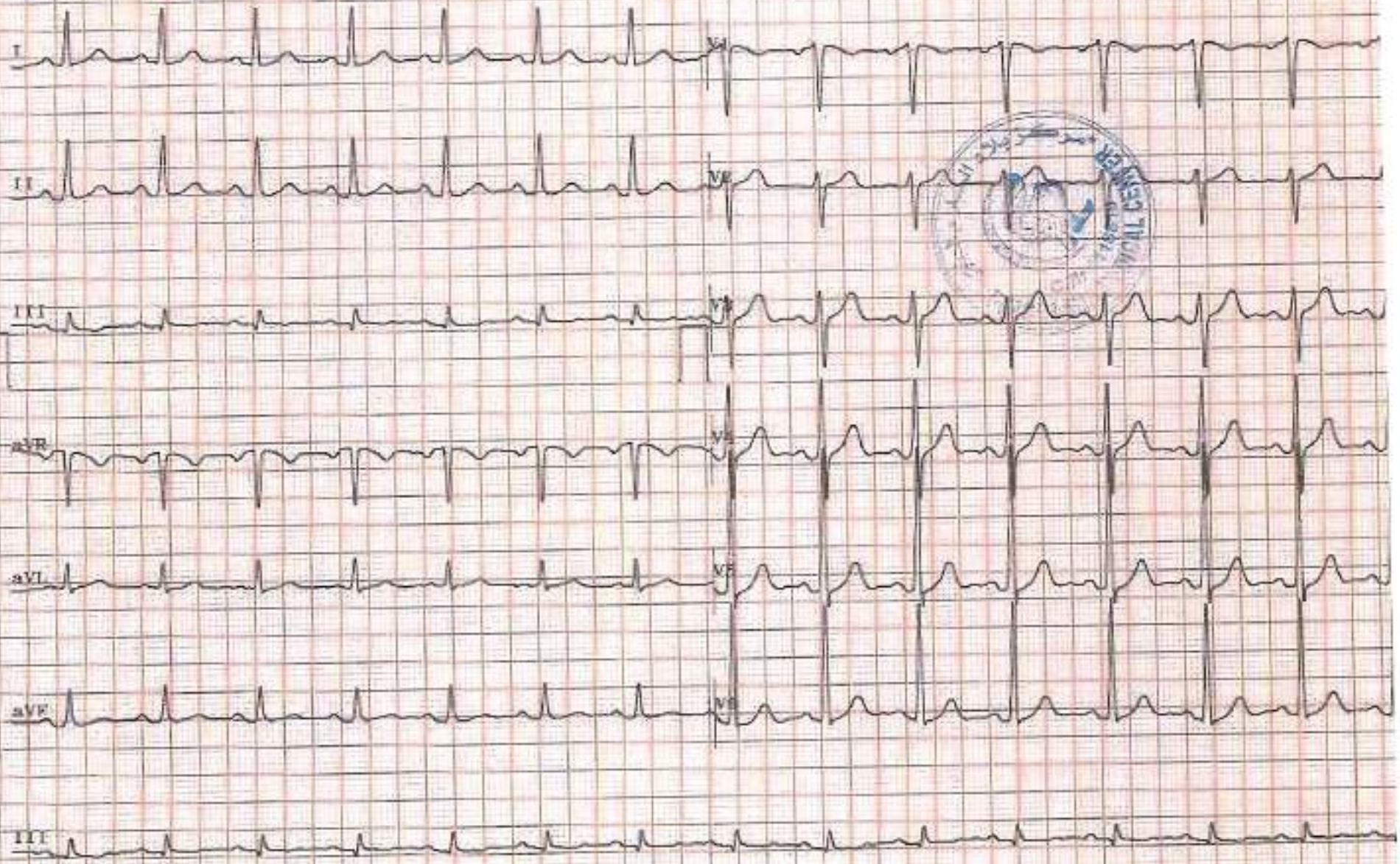
Test	Result	Normal Range
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	

Medical Technologist

SURESH SUDHAKARAN

Prescribed by:

Heart Rate: 88bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 168 ms Normal Sinus Rhythm
QRS Dur.: 84 ms Normal Axis
QT/QTc: 356/432 ms LVH(Left Ventricular Hypertrophy)
P-R-T axes: [Moderately Abnormal ECG]
51 37 17



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

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)

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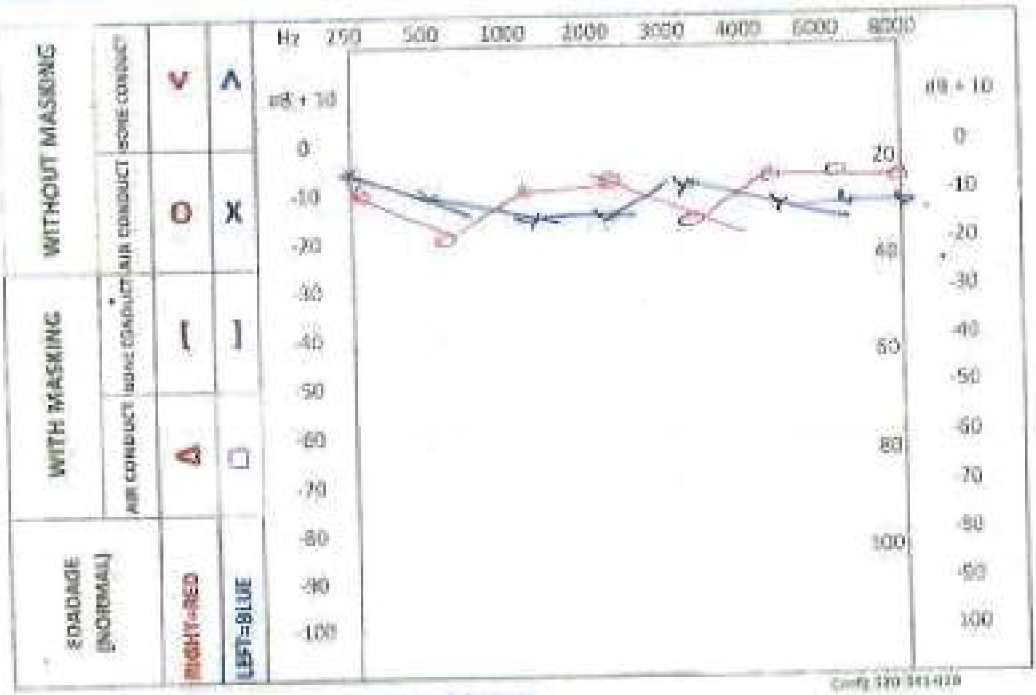
SURESH SUDHAKARAN 00459
08/04/23 10:26

AUDIOMETRY TEST REPORT

NAME		COMPANY	J.O.
AGE		OCCUPATION	Operator
REF. BY		DATE	6/11/23



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT

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

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Peace Land Medical Center

Fitness for work certificate

Employee Data		Date 6/04/2023	
Name SURESH SUDHAKARAN		Department/Company TO.	
I.D No.	70540005	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 √
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 9.4.23
Name of health advisor Signature			Dr. Salim Seyedabdul Jabbar ... MOH Lic. No. 21962