PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32. EX1 Form (Initial Examination Report)

TMT

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname

Forenames MANOJ KUMAR.

Address 78137137 Company Name: T. O.

Home telephone number 95609958.

Place of examination: mct Date: 19/3/2023

If a dependant enters employee's name here:

Surname:

Forenames:

Birth date: 4/9/71 Nationality: Indian Country of birth: Indian 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-Oversees ☐

Job: Crane operater.

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
1. Sinus trouble		√
2. Neck swelling/glands		√
3. Difficulty in vision		√
4. Any ear discharge		√
5. Asthma/bronchitis		√
6. Hayfever /other significant allergy		√
7. Any skin trouble		√
8. Tuberculosis		√
9. Shortness of breath		√
10. Coughed/vomited blood		√
11. Severe abdominal pain		√
12. Stomach ulcer		√
13. Recurrent indigestion		√
14. Jaundice or hepatitis		√
15. Gall Bladder disease		√
16. Marked change in bowel habits		√
17. Blood in stools (motions)		√
18. Marked change in weight		√
19. Varicose veins		√
20. Lump in breast/armpit		√
21. Cancer		√
22. Heart Disease		√
23. Rheumatic fever		√
24. Abnormal heartbeat		√
25. High blood pressure		√
26. Stroke		√
27. Serious chest pain		√
28. Any blood disease		√
29. Kidney disease		√
30. Blood in urine		√
31. Painful passage of urine		√
32. Diabetes		√
33. Headaches/migraine		√
34. Dizziness/fainting		√
35. Epilepsy		√
36. Joints/spinal trouble		√
37. Surgical operation		√
38. Serious accident/fracture		√
39. Tropical disease		√
40. Fear of heights		√

HAVE YOU EVER BEEN: -	Y	N
41. Rejected for employment or insurance for medical reasons		√
42. Awarded benefits for industrial injury/illness		√
43. Treated for a mental condition, e.g. depression		√
44. Treated for problem drinking or drug abuse		√
45. Exposed to toxic substance or noise		√

FOR WOMEN ONLY Have you ever had:-	Y	N
46. An abnormal smear		
47. Any gynaecological treatment		
48. Are you pregnant?		
49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		

How much tobacco each day? NIL

Average daily alcohol consumption NIL

Have you ever taken elicited drugs? (✱)

FAMILY HISTORY: Nil 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: 19/3/2023 Signature of Applicant:

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
164	94	34	132/84	63/mins.	L N R	Uncorrected 6/6	6/6			N	
						Corrected					

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 +)	9.9/		11. CVS risk for 40 yrs. & above
✓		6. Sickle Cell test			12. HIV, Hepatitis screening

PFBS

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

Internist consultation → Dm DM (metformin 1000 x 1)

1, LSM b RFR (Diet, Exercise b Wt)

2, MFU 3m later by internist (DM)

3, Take the medication properly

ASSESSMENT:

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

Dr. Shima Seyedabdollah Jalal
Cardiovascular Specialist
MOH Lic. No. 21962

PEACE LAND MEDICAL CENTER C.R. 1118619

Date: 23/3/23 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

MANOJ KUMAR
0 0013840 0 51 Y(M) BR 00479
78527 <blank> 19/03/23 08:12

Empl	Date: 19/3/2023
Name	Department/Company: T.O
I. D N	Occupation: Operators

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 Manoj Kumar (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: MANOJ Date: 19/3/2023

P.O. Box 1403, Wadi Cayla 133, Al Azaiba, Muscat, Sultanate of Oman
Tel: 24617117 24611148 24611149

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:	MANOJ KUMAR	**Doc No:**	0031537
Age:	51 Y **Nationality:** INDIAN	**File No:**	0013640
Gender:	M	**Bill No:**	0047999
Ref. By:	DR.SHIMA	**Date:**	19/03/2023
GSM No.:	95609958	**Time:**	15:31

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 50 YRS		
COMPLITE BLOOD COUNT		
RBC	4.7 x10^12/L	Male 4.38 -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	84 fl	84-94 fl
MCH	27.5 pg	27 - 33 pg
MCHC	33.4 g/dl	29.6 - 35.6 %
WBC COUNT	5.0 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	57 %	40-75 %
LYMPHOCYTE	34 %	20-45 %
EOSINOPHIL	03 %	1-6 %
MONOCYTE	06 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**280 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	56 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.41 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**29.6 U/L**	0 - 35.0 U/L
S.G.P.T.	**34.6 U/L**	10 - 45 U/L

PEACE LAND MEDICAL CENTER

Medical Technologist

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:	MANOJ KUMAR	**Doc No:**	0031537
Age:	51 Y **Nationality:** INDIAN	**File No:**	0013640
Gender:	M	**Bill No:**	0047999
Ref. By:	DR.SHIMA	**Date:**	19/03/2023
GSM No.:	95609958	**Time:**	15:31

Test	Result	Normal Range
ALBUMIN	**4.3 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.4 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.19 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**31.5 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**1.0 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**6.6 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**162 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**170.8 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**47.2 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**80.7 mg/dl**	< 100 mg/dl
VLDL	**34.1 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	**131.6 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	

Medical Technologist

Peace Land Medical Center
P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout Al Sahwa Tower
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LAB RESULT

Name:	MANOJ KUMAR	**Doc No:**	0031537
Age:	51 Y **Nationality:** INDIAN	**File No:**	0013640
Gender:	M	**Bill No:**	0047999
Ref. By:	DR.SHIMA	**Date:**	19/03/2023
GSM No.:	95609958	**Time:**	15:31

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	

PEACE LAND MEDICAL CENTER

Medical Technologist

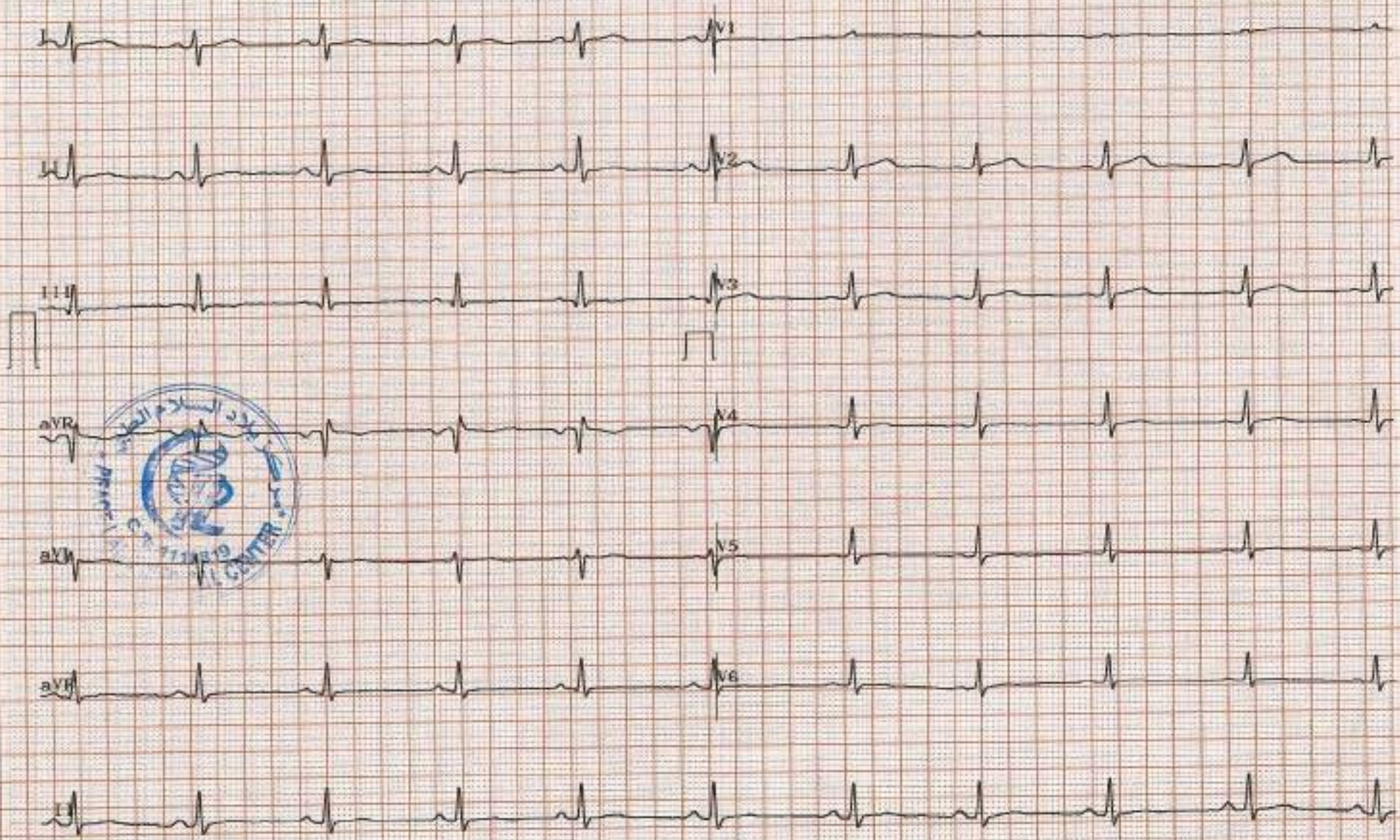
2023-03-19 13:17:52

6 Channel + 1 Rhythm Report

Hospital:
Prescribed by:

MANOJ KUMAR
00479
19/03/23 09:12

Heart Rate: 63bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 156 ms Normal Sinus Rhythm
QRS Dur.: 102 ms Normal Axis
QT/QTc: 414/422 ms [Normal ECG]
P-R-T axes:
54 74 16



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)

STS Summary Report

PEACELAND MEDICAL CENTER

24617149

Name: **MANUJ KUMAR**
Details: 51years(Male), 94Kg,164cm

ID: 01230323
Doctor: **Dr. SHIMA**

Tested On: 23/03/2023,08:30 AM

Test Summary Report

Target HR = 169
Protocol = MODIFIED BRUCE

HR achieved = 179 (105%)
Total time = 20:50

Peak Ex = Exercise 6
Excercise time = 15:49

Max ST deviation = 4.20(Lead V2)
Recovery time = 04:07

Object of test	: A 51 YEAR OLD MALE; OCCUPATIONAL HEALTH	Ex tolerance	:
Risk factor	: DM AND OBESITY	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	00:25	90	4.20(V2)	-4.09(II)	0.0	0.0	0.00	---/---(---)		
Waiting for Exercise	00:29	93	1.96(I)	-1.52(V5)	0.0	0.0	0.00	---/---(---)		
Exercise 1	03:00	98	2.91(V2)	-1.80(V2)	2.7	0.0	2.29	140/90(106)	14000	
Exercise 2	03:00	105	4.20(V2)	-3.64(II)	2.7	5.0	3.44	140/90(106)	15260	
Exercise 3	03:00	118	3.57(V5)	-4.09(II)	2.7	10.0	4.60	140/90(106)	18340	
Exercise 4	03:00	141	2.90(II)	-2.14(III)	4.0	12.0	7.02	150/90(110)	21150	
Exercise 5	03:00	162	2.15(V3)	-2.44(III)	5.5	14.0	10.22	160/90(113)	26560	
Peak Exercise 6	00:49	176	2.31(V6)	-1.69(V1)	6.8	16.0	13.56	170/90(116)	30430	
Recovery 1	01:00	142	2.95(II)	-2.48(AVR)	6.8	16.0	0.00	160/90(113)	28640	
Recovery 2	01:00	117	2.93(II)	-2.11(AVR)	6.8	16.0	0.00	180/80(113)	25560	
Recovery 3	01:00	111	3.36(II)	-2.69(AVR)	6.8	16.0	0.00	---/---(---)		
Recovery 4	01:00	106	1.54(II)	-1.03(AVR)	6.8	16.0	0.00	160/80(106)	18240	
Recovery 5	00:07	106	0.94(II)	-0.62(AVR)	6.8	16.0	0.00	---/---(---)		

Medication: METFORMIN TAB 1000 MG QD

History: DM

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

STS Summary Report

PEACELAND MEDICAL CENTER

24617149

ID: 01230323

Tested On: 23/03/2023,08:30 AM

Name: **MANUJ KUMAR**

Details: 51years(Male), 94Kg,164cm

Doctor: **Dr. SHIMA**

Observations: A 51 YEAR OLD MALE UNDERWENT EXERCISE TOLERANCE TEST; UTILIZING MODIFIED BRUCE PROTOCOL.
THE PATIENT DID NOT COMPLAIN OF CHEST PAIN, SOB OR DIZZINESS.
COMPLETED 15:46 MINUTES OF EXERCISE (STAGE 6). ACHIEVED 13.56 METS. GOOD FUNCTIONAL CLASS.
RESTING HEART RATE 75 BPM AND INCREASED TO 179 BPM WHICH IS 105% OF THE MAXIMUM AGE-PREDICTED HEART RATE.
RESTING BLOOD PRESSURE: 140/90 MMHG AND INCREASED TO 170/90 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.

Dr. Shima Sayed Abdullah Jaffar
Cardiology Specialist
MOH Lic. No. 71962

PEACE LAND MEDICAL CENTER
C.R. 1118619

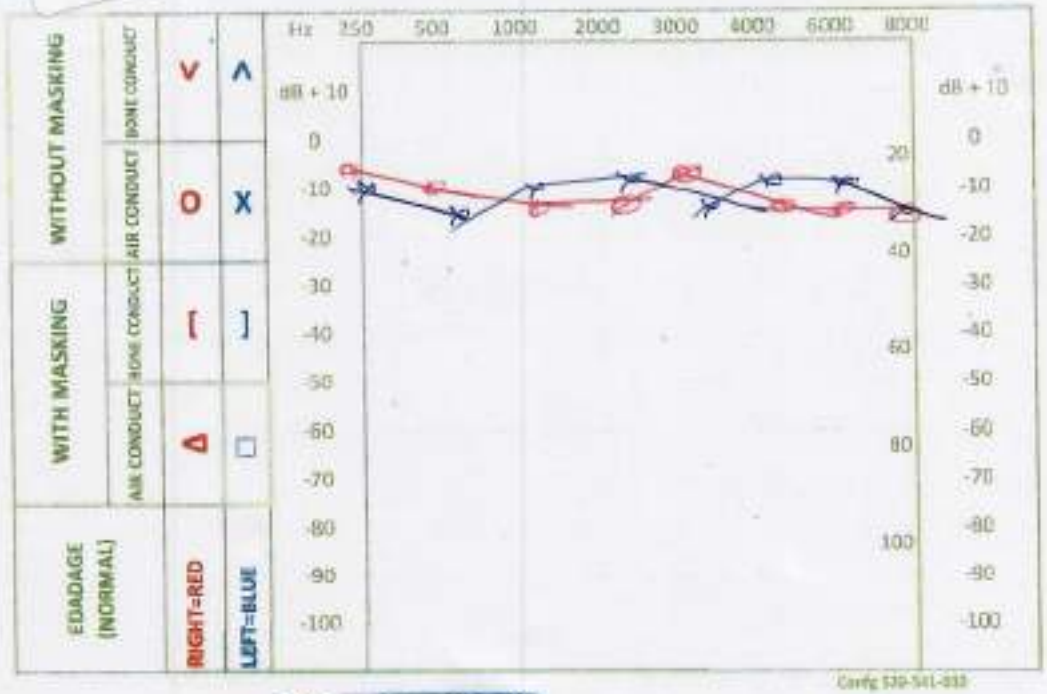
BPL DYNATRAC ULTRA Technician: MR SHAN Done By: Confirmed by:

مركز بلاد السلام الطبي
Peace Land Medical Center

MANOJ KUMAR 0479 19/03/23 08:12 78587

IOMETRY TEST REPORT

COMPANY	TO Construction
OCCUPATION	Operator
DATE	19/3/23



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

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

ص.ب ١٤٠٣، الرمز البريدي ١٣٣، دوار القدسية شمس ابراج الصحوة مبنى ٢، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف: ٢٤٦١٧١١٧/٢٤٦١٧١٤٨/٢٤٦١٧١٤٩

nmc

nmc specialty hospital,al-hail

P.O BOX : 613, Postal Code : 133
al-hail
24269222

Medical Report

RefNo: 0000200/MED/NMC/2023

NAME: *MANOJ KUMAR*			
AGE : *51 Y*	**DOB :** *06/26/1971*	**GENDER :** *M*	**NATIONALITY :** *INDIAN*
FILE NO : *10079295*	**ResidentCardNo :** *78137137*	**Emp No :**	

To Whom it may Concern

This is to inform that Mr MANOJ KUMAR was found to have FBS 131 during his PDO medical check up done at Peace Land Medical Center. HE is apparently asymptomatic and not on any regular medicines. His clinical examination is also with in normal limits except for obesity. His HbA1c is 6.7 %. Now he is being prescribed Metformin 1000 mg once daily along with advice regarding diet modification and weight reduction. Need to monitor blood sugar to optimize treatment. NO ABSOLUTE CONTRAINDICATION FOR CONTINUING HIS WORK.

ON EXAMINATION:

INVESTIGATION:

DIAGNOSIS:
Diabetes Mellitus

TREATMENT GIVEN:

FURTHER PLAN:

DR NISANTH KALLINKEEL
GENERAL MEDICINE
(Name with seal)

NISANTH KALLINKEEL
Specialist - Internal Medicine
MOH Lic. No: 18847
nmc specialty hospital, Al-Hail

Place : nmc specialty hospital,al-hail

nmc specialty hospital, Al Hail
RECEPTION

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land

Fitness for work certificate

Employee Data			Date	23, 3, 23
Name	MANOJ KUMAR		Department/Company	
I.D No.	78137137		Occupation	Crane operator

Type of Medical Evaluation Mark those applying √

A1 Aircraft refuelling		A5 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	
A6 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*	FIT
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 23,3,23
Name of health advisor Signature			Dr. Shima ... Specialist ... 21952

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العذيبة مبنى اراح الصحوة مبنى ٢ سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149