PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	
Forenames	JASPREET SINGH
Address	84591833 - TRUCK DRIVER SLB
Home telephone number	94783681

Place of examination: MUSCAT	Date: 2/10/2022		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: 29/7/86	Nationality: INDIAN	Country of birth: INDIA	Religion: MUSLIM

[√] Male [ ] Female	[√] Married [ ] Single [ ] Separated /Divorced	Relationship to employee: [ ] Wife [1] Son [1] Daughter	Number of children: 2

Reason for examination: Pre-Employment [ ] Periodic medical check-up [✓] Pre-Overseas [ ]

Job: H.D.D

Area:

Name and address of family doctor	List your last 3 jobs
	(1)
	(2)
	(3)

Are you a Registered Disabled Person? (UK only) [ ]

Do you belong to any Medical Insurance Scheme? [ ]

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? ( )

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: 02/10/2022

Signature of Applicant:

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. 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
179	76	23.7	132/80	70 mins.	L R N	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, RBS	✓		9. Chest X-Ray
✓		4. Drug Screen	✓		10. ECG
	✓	5. Lipids (40 years +) TG			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.)

1, c 3MERR (Exercise & diet)

ASSESSMENT:

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

Dr. Shima Seyedabdollahi Jalal Cardiology Specialist MOH Lic. No. 21962

Date: 3/10/22 Name (Block Capitals): Dr. / Nurse Signature:

PEACE LAND MEDICAL CENTER

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

JASPREET SINGH
30 Y(M) <Blank>
02/10/22 10:16
0035578
71695
PEACELAND
0041300

Employee Data	
Name:	Date: 02/10/2022
I. D No.	Department/Company: TRUCK OMAN SLB
	Occupation: H.O.D

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

Signature: _____ Date: 02/10/2022

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:	JASPREET SINGH	**Doc No:**	0025241
Age:	36 Y **Nationality:** INDIAN	**File No:**	0035578
Gender:	M	**Bill No:**	0041300
Ref. By:	DR.SHIMA	**Date:**	02/10/2022
GSM No.:	94783681	**Time:**	15:33

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
COMPLITE BLOOD COUNT		
RBC	5.3 10"12/l	Male 4.38 -5.78 10"12/l Female 4.0- 5.0 10"12/l
HAEMOGLOBIN	14.4 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	42.1 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.1 pg	27 - 33 pg
MCHC	34.3 g/dl	29.6 - 35.6 %
WBC COUNT	8.3 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	52 %	40-75 %
LYMPHOCYTE	44 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	02 %	2-8%
BASOPHIL	00 %	0-1%
ESR	07	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**235 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	97 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.70 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**34.4 U/L**	0 - 35.0 U/L
S.G.P.T.	**43.8 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: JASPREET SINGH
Age: 36 Y **Nationality:** INDIAN
Gender: M
Ref. By: DR.SHIMA
GSM No.: 94783681

Doc No: 0025241
File No: 0035578
Bill No: 0041300
Date: 02/10/2022
Time: 15:33

Test	Result	Normal Range
GGT	**41.8 U/L**	0 - 55.0 U/L
ALBUMIN	**4.4 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.4 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.15 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**21.0 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.96 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**6.9 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**208 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**185.7 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**50.1 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**120.8 mg/dl**	< 100 mg/dl
VLDL	**37.1 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	89.5 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Pale yellow	
Sp. Gravity	1.015	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	

Medical Technologist

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LAB RESULT

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Age:	36 Y **Nationality:** INDIAN	**File No:**	0035578
Gender:	M	**Bill No:**	0041300
Ref. By:	DR.SHIMA	**Date:**	02/10/2022
GSM No.:	94783681	**Time:**	15:33

Test	Result	Normal Range
Urobilinogen	Normal	
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	
STOOL ROUTINE ANALYSIS		
PHYSICAL		
Colour	Yellowish	
Consistency	Soft	
Reaction	Alkaline	
Mucus	NIL	
MICROSCOPIC		
Ova:	NIL	
Cyst:	NIL	
Pus Cells:	0-1 Cells/hpf	
RBCs	0-1 Cells/hpf	
Others	NIL	
Bacteria	NIL	
DRUG TESTING		
AMPHETAMINES(AMP)	NEGATIVE	
MORPHINE(MOP)	NEGATIVE	
COCAINE(COC)	NEGATIVE	

Medical Technologist

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LAB RESULT

Name:	JASPREET SINGH	**Doc No:**	0025241
Age:	36 Y **Nationality:** INDIAN	**File No:**	0035578
Gender:	M	**Bill No:**	0041300
Ref. By:	DR.SHIMA	**Date:**	02/10/2022
GSM No.:	94763681	**Time:**	15:33

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

Medical Technologist

2022-10-02 10:18:07

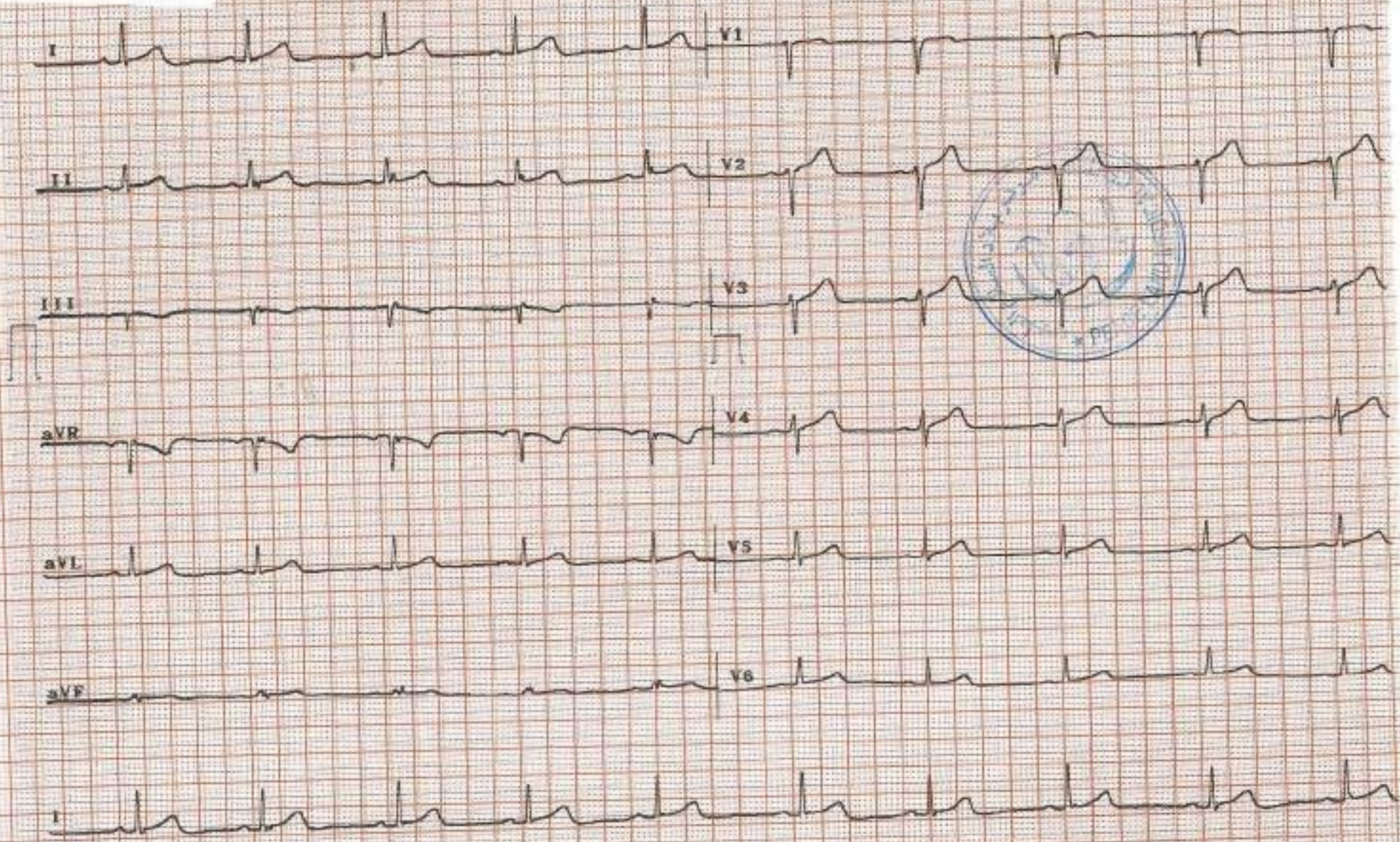
6Channel+1 Rhythm Report

Hospital:PLMS
Confirmed by:

JASPREET SINGH
35 Y(M) «Blank» 02/10/22 10:18
0038578
71885 Bill # 0041320
PENDING

Heart Rate : 60 BPM
PR Int.: 164 ms
QRS Dur.: 80 ms
QT/QTc: 396/398 ms
P-R-T axes: 10 9 13

** Analysis Result ** (Unconfirmed Report)
NORMAL SINUS RHYTHM
NORMAL AXIS
[NORMAL ECG]



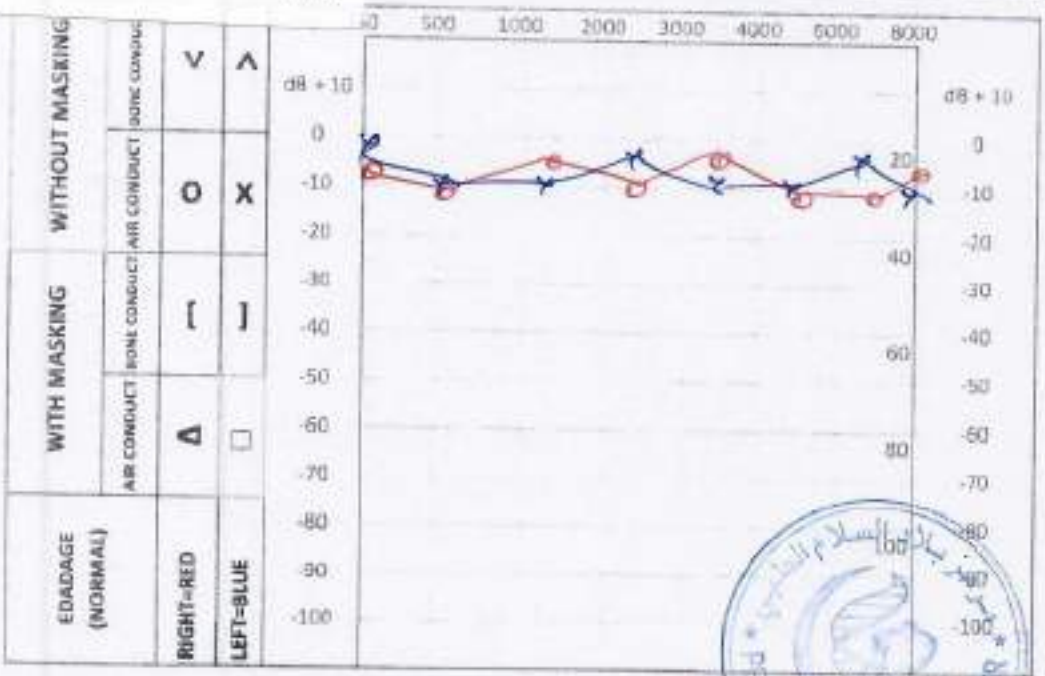
0.1Hz- 40Hz,AC50Hz,PM,Qik. 10.0/5.0mm/mV. 25.0mm/sec. CARDIO-M PLUS 1.13.30 Medical Econet Gm

مركز بلاد السلام الطبي
Peace Land Medical Center

JASPREET SINGH
38 Y(M) «Blank»
02/10/22 10:16
0035578
71665
Bill # 0041300

AUDIOMETRY TEST REPORT

COMPANY	Truekonan
OCCUPATION	H.S.D
DATE	21/10/22



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

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

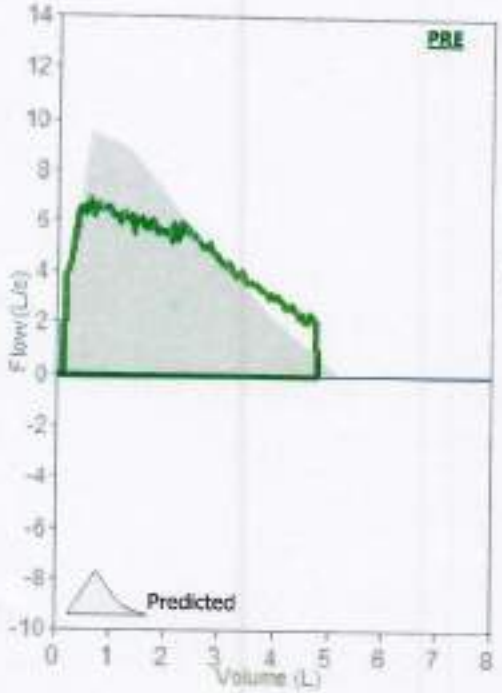
ص.ب ١٤٠٣، الرمز البريدي ١٣٣، دوار العذيبة مبنى ابراج الصحوة مبنى أ، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف: ٢٤٦١٧١١٧/ ٢٤٦١٧١٤٨/ ٢٤٦١٧١٤٩

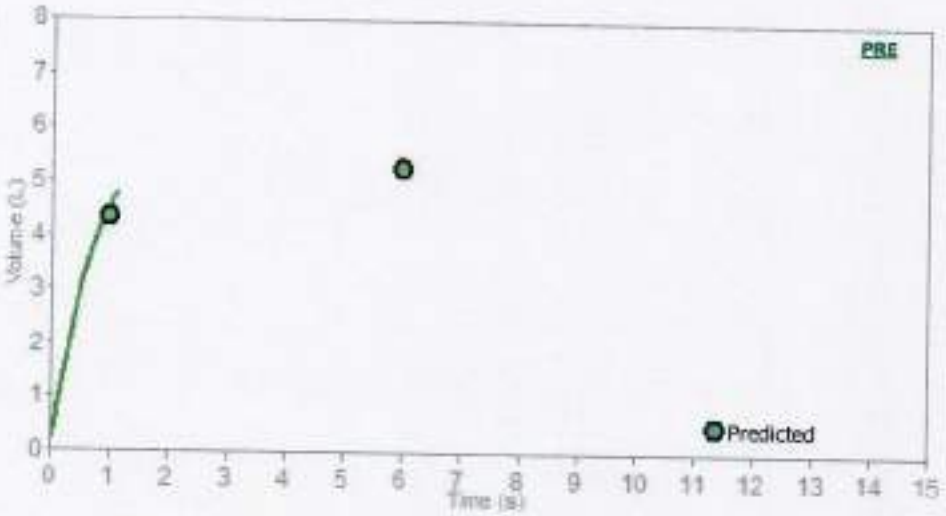
Pulmonary Function Test Results

Visit date 02/10/2022

Patient code	84591833	Age	36
Surname	SINGH	Gender	Male
Name	JASPREET	Height, cm	179
Date of birth	29/07/1986	Weight, kg	76
Ethnic group	Not defined	BMI	23.72
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 02/10/2022 11:43:23

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	4.20	5.25	4.80*	91	-0.71	4.80			*		
FEV1	L	3.47	4.34	4.58*	106	0.46	4.58			*		
FEV1/FVC	%	72.6	82.8	95.4*	115	2.04	95.4			*		
PEF	L/s	6.15	9.57	6.94*	72	-1.27	6.94			*		
ELA	Years		36	36	100		36					
FEF2575	L/s	2.76	4.54	5.01	110	0.44	5.01					
FET	s		6.00	1.12	19		1.12					
FIVC	L	4.20	5.25									
FEV1/VC	%	72.6	82.8									

*Best values from all loops - BTPS 1.092 25 °C (77 °F) - Predicted Knudson

Conclusion / Medical report

Signature

Instrument used
Minispir S S/N C11507
Last calibration check 01/11/2021 09:35:10

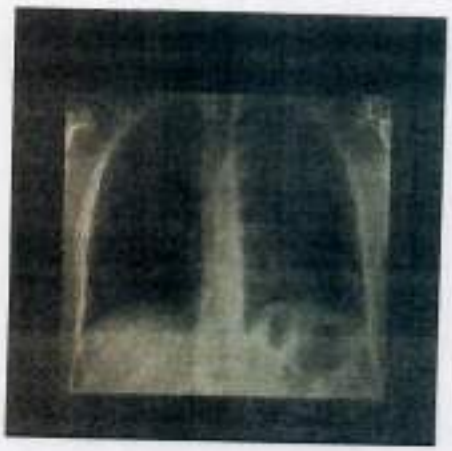
INTERNATIONAL SPECIALIZED CENTER
FOR HEART AND VASCULAR DISEASES

المركز الدولي التخصصي
لأمراض القلب و الأوعية الدموية

NAME: JASPREET SINGH

File No: 10688

2-0CT-202



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

العذيبة الشمالية- شارع ١٨ توفير البناية رقم ٣٢٥ ، ص.ب :٢٧ ، الرمز البريدي : ١١٨ ، مسقط ، سلطنة عمان هاتف ٢٤١٣٨٠٩٣ (٩٦٨) ٩٢٢٦٩١٨٩ (٩٦٨) ص.ب ١٣٢٩-٢٨٨
Ariba North 18 Nov St Bldg No:325 P.O Box: 27 Postal Code: 118

مركز بلاد السلام الطبي

Peace Land Medical Center

Peace Land

Fitness for work certificate

Employee Data			Date	3/10/22
Name	JASPREET SINGH		Department/Company	Truck Oman
I.D No.	84591833		Occupation	HDD

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*	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 3/10/22
Name of health advisor Signature			

PEACE LAND MEDICAL CENTER

NOH Lic. No. 21/82

P.O. Box 303 Postal Code 133 Al Azaiba Roundabout al Salhiya Tower Sultanate of Oman
Tel: 24617117 / 24617141 / 24617149