



PEACE LAND MEDICAL CENTER



MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

#6823

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname	KUMAR
Forenames	PARDEEP KUMAR PARDEEP
Address	113873027 - Tuck on 12
Home telephone number	79405385

Place of examination:	MUSCAT	Date	20/11/22
If a dependant enter employee's name here:			
Surname:			
Birth date:	25/10/89	Nationality:	Indian
Forenames:			
Country of birth:	India	Religion:	Hindu
☒ Male ☐ Female	☒ Married ☐ Single ☐ Separated /Divorced	Relationship to employee	Number of children: 2
Reason for examination		Pre-Employment ☐ Periodic medical check-up ☒	Job: Operator
Pre-Overseas ☐		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? ☐
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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/arm/pit			40. Fear of heights					

How much tobacco each day?	NO	Average daily alcohol consumption	NO
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Have you ever taken elicited drugs? ()	
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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:	20/11/2022	Signature of Applicant:	Pardeep
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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	VISION	Colour Vision	Blood Group
160	79	30.86	132 84	72 /mins.	L NP R NP	DISTANT Uncorrected 6/6 Corrected 6/6 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 +)				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.)

ASSESSMENT:

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

Date:

20/11/22

Name (Block Capitals):

Dr. MOHAMMED AKBAR KHAN
General Practitioner
MOHLIC No. 4404

Signature:

[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 ID: PARDEEP KUMAR PARDEEP KUMAR 36 Y(M) 20/11/22 08:44 Barcode: 73516 Biometric ID: 0037673 PEACE LAND	Date: 20/11/22 Department/Company: Tawke Oman Occupation: operator
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...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 and 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: *Pardeep*

Date: 20/11/22



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: PARDEEP KUMAR PARDEEP KUMAR
Age: 38 Y **Nationality:** PAKISTANI
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 79405385

Doc No: 0027443
File No: 0037673
Bill No: 0043618
Date: 20/11/2022
Time: 14:41

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.5 $10^{12}/l$	Male 4.38 -5.78 $10^{12}/l$ Female 4.0- 5.0 $10^{12}/l$
HAEMOGLOBIN	13.5 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	40.7 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	80 fl	84-94 fl
MCH	25.8 pg	27 - 33 pg
MCHC	33.0 g/dl	29.6 - 35.6 %
WBC COUNT	6.9 10^9 d/l	5.0 - 11.0 $10^9/l$
DIFFERENTIAL COUNT		
NEUTROPHIL	61 %	40-75 %
LYMPHOCYTE	31 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	06 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	183 $10^9/l$	156 - 342 $10^9/l$
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	121 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.37 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	19.8 U/L	0 - 35.0 U/L
S.G.P.T.	22.6 U/L	10 - 45 U/L





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Date: 20/11/2022
Time: 14:41

Test	Result	Normal Range
GGT	24.6 U/L	0 - 55.0 U/L
ALBUMIN	4.4 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	6.6 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.14 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	21.5 mg/dl	18.0 - 55.0 mg/dl
S. CREATININE	0.74 mg/dl	0.70 - 1.30 mg/dl
S. URIC ACID	5.9 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	210 mg/dl	0.0 - 200 mg/dl
Triglyceride	123.9 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	68.7 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	116.6 mg/dl	< 100 mg/dl
VLDL	24.7 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	95.1 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	





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Test	Result	Normal Range
Urobilinogen	Normal	
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

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مركز بلاد السلام الطبي

Peace Land Medical Center

PARDEEP KUMAR PARDEEP KUMAR
38 Y (M) «Blank» 20/11/22 08:44



0037973

Bill# 0013811

HEARING TEST REPORT

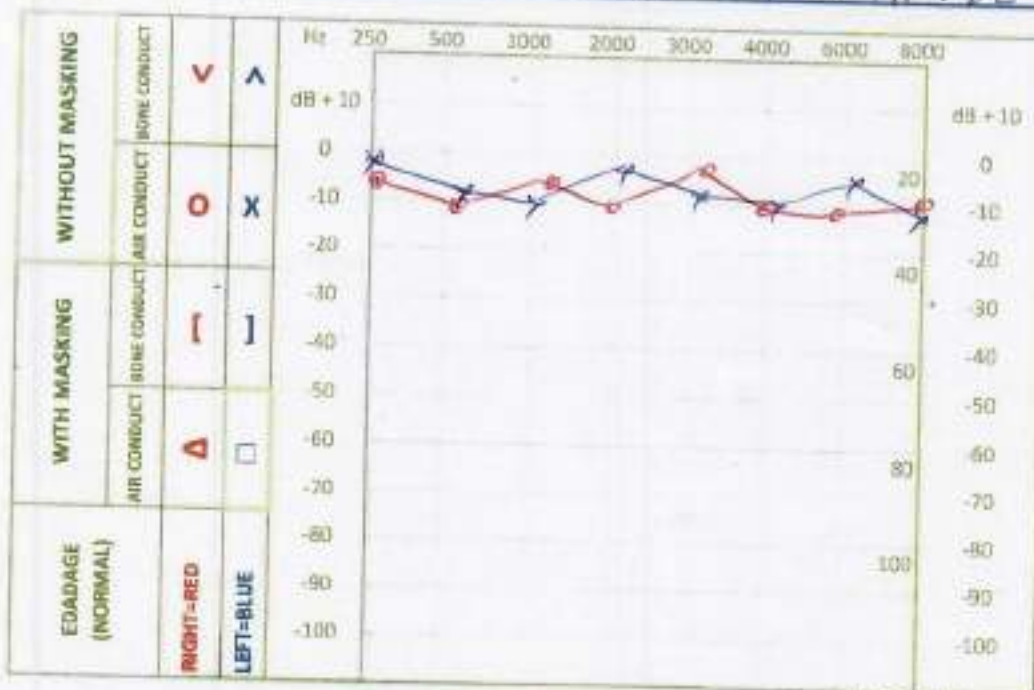
NAME
AGE
REF. BY

COMPANY

OCCUPATION

DATE

Touchepran
2 operators
20/11/22



Sibelmed

Conty 520-541-010

INTERPRETATION

X LEFT EAR

O RIGHT EAR

RESULT

☒ NORMAL

☐ HEARING LOSS

☐ RIGHT

☐ LEFT



Pulmonary Function Test Results

Visit date 20/11/2022

Patient code 113873027

Surname KUMAR

Name PARDEEP

Date of birth 25/10/1984

Ethnic group Not defined

Smoke

Patient group

Age 38

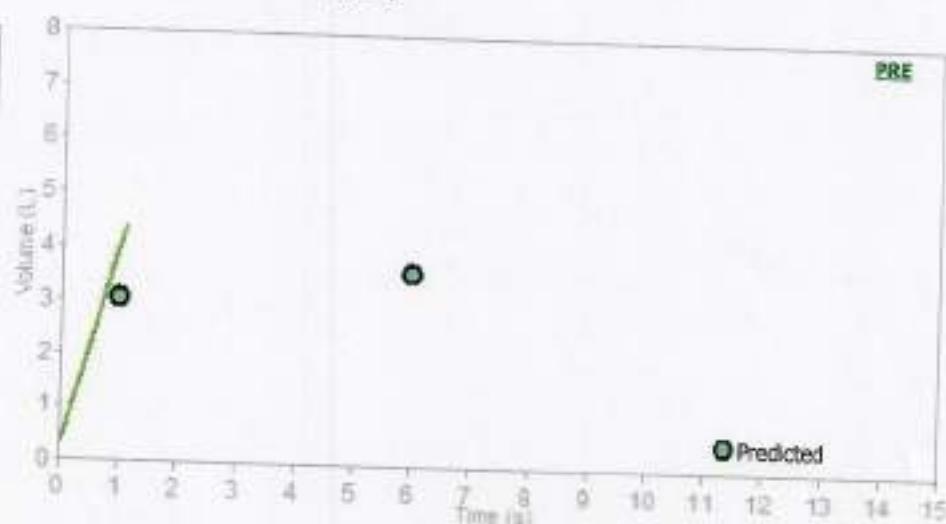
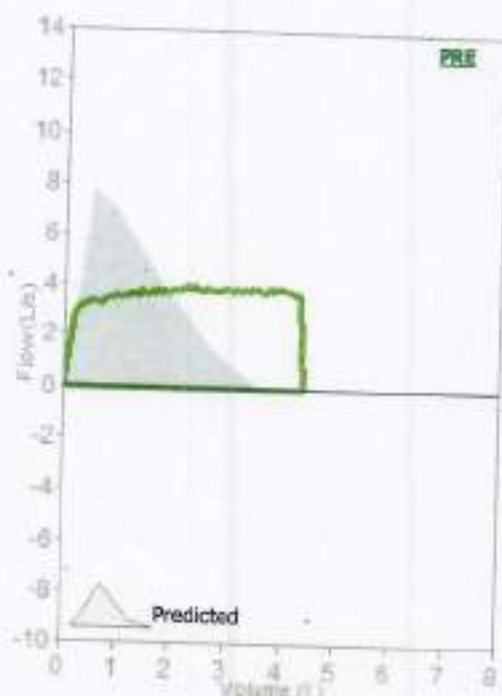
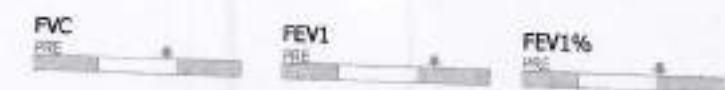
Gender Male

Height, cm 160

Weight, kg 79

BMI 30.86

Pack-Year



Quality Control Grade: F
0 Acceptable trials

Interpretation
Normal Spirometry

PRE Trial date 20/11/2022 11:37:52

Parameters	LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	2.54	3.59	4.37*	122	1.22	4.37				
FEV1	L	2.15	3.02	4.08*	135	2.03	4.08		*		
FEV1/FVC	%	74.7	84.8	93.4*	110	1.39	93.4		*		
PEF	L/s	4.30	7.72	4.13*	54	-1.73	4.13		*		
ELA	Years		38	38	100		38		*		
FEF2575	L/s	1.59	3.37	3.87	115	0.46	3.87				
FET	s		6.00	1.10	18		1.10				
FIVC	L	2.54	3.59								
FEV1/VC	%	74.7	84.8								

*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



مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date 20/11/22	
Name Pardeep Kumar pardeep Kumar		Department/Company Truck owner	
I.D No. 113879027		Occupation 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)		FIT	
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		Date 20/11/22	
Permanently Unfit			
Name of health advisor Signature			

