PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	
Forenames	ONKAR SINGH
Address	74556219 - TRUCK DRIVER
Home telephone number	72039901

Place of examination: MUSCAT	Date: 6/8/2022		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: 20/4/73	Nationality: INDIAN	Country of birth: INDIA	Religion: HINDU

[√] 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: CRANE OPERATOR

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? ND

Average daily alcohol consumption ND

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: 6/8/2022 **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	WEIGHT	BMI	B.P.	PULSE	HEARING	VISION				Colour Vision	Blood Group
						DISTANT		NEAR			
cm	kg			/mins.		R	L	R	L		
161	62	32.9	114/74	63	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, RBS				9. Chest X-Ray
		4. Drug Screen		✓		10. ECG
✓		5. Lipids (40 years +)		3.3%		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: 7/8/2022 Name (Block Capitals): Dr. / Nurse Signature:

Dr. Abdulrahman Abdullateef
General Practitioner
MOH License No.: 19486

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PEACE LAND MEDICAL CENTER
C.R: 1118819

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land

Epworth Screening Questionnaire for Sleep Apnoea

ONKAR SINGH
49 Y(M) «Blank» 06-08-22 11:14
0033582
70272 Bill # 0039079
PEACELAND

Employee Data	
Name:	
I. D No.	
Date:	6/8/2022
Department/Company:	TRUCK OMAN
Occupation :	CRAINE 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, Onkar *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: _____ **Date:** 6/8/2022

P.O. Box 1483, Postal Code 133, Al Azaiba, Roundabout Al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24647149

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:	ONKAR SINGH	**Doc No:**	0023132
Age:	49 Y **Nationality:** INDIAN	**File No:**	0033582
Gender:	M	**Bill No:**	0039079
Ref. By:	ABDULRAHMAN ABDULLATEIF ABDULRAHMAN ZEINELDEEN	**Date:**	07/08/2022
GSM No.:	72039901	**Time:**	12:15

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS		
COMPLITE BLOOD COUNT		
RBC	4.8 10"12/l	Male 4.38 -5.78 10"12/l Female 4.0- 5.0 10"12/l
HAEMOGLOBIN	13.8 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	40.0 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	**83 fl**	84-94 fl
MCH	28.5 pg	27 - 33 pg
MCHC	34.5 g/dl	29.6 - 35.6 %
WBC COUNT	6.3 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	59 %	40-75 %
LYMPHOCYTE	34 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	06 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**245 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	80 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.40 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**34.4 U/L**	0 - 35.0 U/L

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:	ONKAR SINGH	**Doc No:**	0023132
Age:	49 Y **Nationality:** INDIAN	**File No:**	0033582
Gender:	M	**Bill No:**	0039079
Ref. By:	ABDULRAHMAN ABDULLATEIF ABDULRAHMAN ZEINELDEEN	**Date:**	07/08/2022
GSM No.:	72039901	**Time:**	12:15

Test	Result	Normal Range
S.G.P.T.	**42.8 U/L**	10 - 45 U/L
GGT	**21.7 U/L**	0 - 55.0 U/L
ALBUMIN	**4.0 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.0 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.12 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**20.3 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.75 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**5.8 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**180 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**131.5 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**53.5 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**100.2 mg/dl**	< 100 mg/dl
VLDL	**26.3 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	87.5 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	

Medical Technologist

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LAB RESULT

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Age:	49 Y **Nationality:** INDIAN	**File No:**	0033582
Gender:	M	**Bill No:**	0039079
Ref. By:	ABDULRAHMAN ABDULLATEIF ABDULRAHMAN ZEINELDEEN	**Date:**	07/08/2022
GSM No.:	72039901	**Time:**	12:15

Test	Result	Normal Range
Ketones	Negative	
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

PEACE LAND MEDICAL CENTRE

2022-08-06 11:20:14

6Channel+1 Rhythm Report

Hospital:PLMS

Confirmed by:

ONKAR SINGH
40 Y(M) <Blank>
06-08-22 11:14
0033582
70272
Bill #
0039079
PEACELAND

Heart Rate : 63 BPM
PR Int.: 156 ms
QRS Dur.: 92 ms
QT/QTc: 386/392 ms
P-R-T axes: 70 60 51

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

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I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6

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

Estimated 10-year Global CVD Risk

3.3%

Risk Category

Low Risk

Estimated Vascular Age

38 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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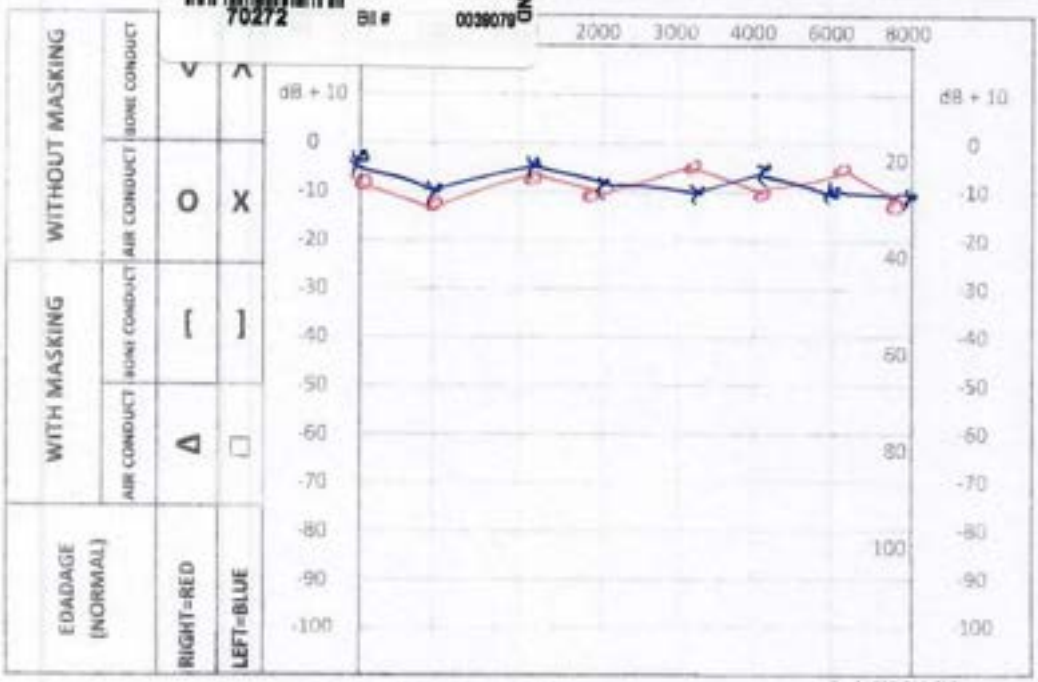
Peace Land Medical Center
Peace Land
بلاد السلام

AUDIOMETRY TEST REPORT

NAME	ONKAR SINGH	COMPANY	TRUCK OMAN
AGE	49 Y(M) «Blank»	OCCUPATION	OPERATOR
REF. BY		DATE	6/8/2022

06-08-22 11:14
0033582
70272
Bill # 0039079
PEACELAND



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

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

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
C.R: 1118819

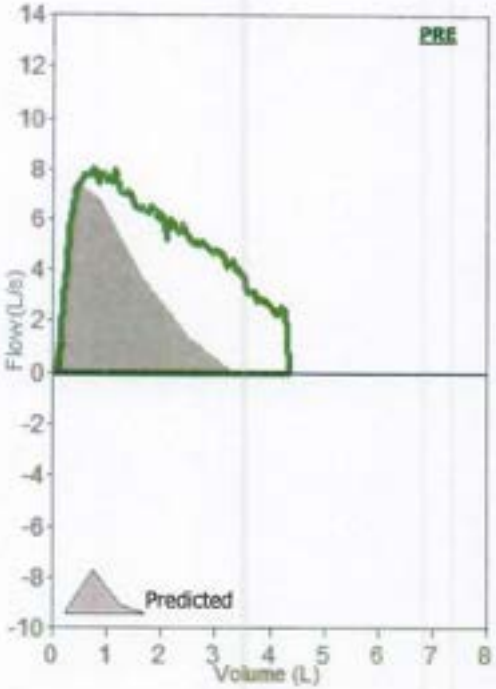
ص.ب ١٤٠٣، الرمز البريدي ١٣٣، دوار العذيبة مبنى اباح الصحوة مبنى ٢، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف: ٢٤٦١٧١١٧/٢٤٦١٧١٤٨/٢٤٦١٧١٤٩

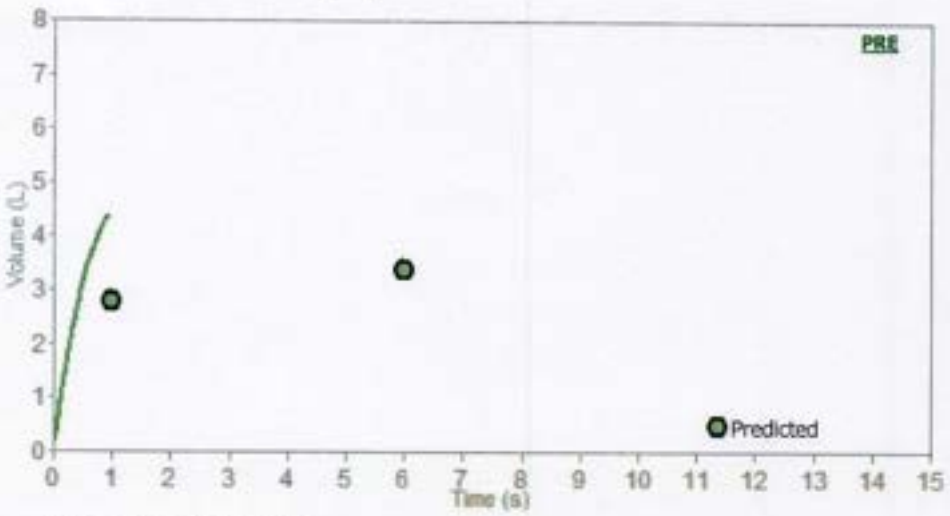
Pulmonary Function Test Results

Visit date 06/08/2022

Patient code	74556219	Age	49
Surname	SINGH	Gender	Male
Name	ONKAR	Height, cm	161
Date of birth	20/04/1973	Weight, kg	62
Ethnic group	Not defined	BMI	23.92
Smoke		Pack-Year	
Patient group			

FVC PRE FEV1 PRE FEV1% PRE





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 06/08/2022 11:25:42

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	2.30	3.35	4.36*	130	1.59	4.36			*		
FEV1	L	1.90	2.76	4.36*	158	3.05	4.36			*		
FEV1/FVC	%	73.2	83.3	100.0*	120	2.70	100.0			*		
PEF	L/s	4.01	7.43	8.10*	109	0.32	8.10			*		
ELA	Years		49	49	100		49					
FEF2575	L/s	1.24	3.03	5.65	187	2.42	5.65					
FET	s		6.00	0.93	16		0.93					
FIVC	L	2.30	3.35									
FEV1/VC	%	73.2	83.3									

*Best values from all loops - BTPS 1.087 26 °C (78.8 °F) - Predicted Knudson

Conclusion / Medical report

Signature

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PEACE LAND MEDICAL CENTER

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

MIR

مركز بلاد السلام الطبي
Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	7/8/2021
Name	ONKAR SINGH	Department/Company	T.O.
I.D No.	74556219	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)			
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			FIT
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	7/8/2021
Name of health advisor Signature			

PEACE LAND MEDICAL CENTER

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العذيبة مبنى اراج الصحوة مبنى ٢ سلطنة عمان
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