PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname

Forenames MALKIT SINGH.

Address 91375226 7 – Touch Oman

Home telephone number 79104946

Place of examination: Mct Date 10/3/22

If a dependant enter employee's name here:
Surname: Forenames:

Birth date: 3/10/87 Nationality: Indian Country of birth: India Religion: Sikh.

☑ 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-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 Occationally

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: 10/3/2022 Signature of Applicant: MS

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)

N	A		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
179	78	24.3	127/83	77/mins.	L ✓ R	Uncorrected 6/6	6/6			N	
						Corrected					

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
	✓	1. Urinalysis	Glycosia	✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR	High Sugar	✓		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.)
DM on medications.

ASSESSMENT:

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

Date: 10/8/2022 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

MALKIT SINGH
34 Y(M) «Blank»
10/03/22 09:05
0028710
66466 Bill # 0003853
PEACELAND

Employ		Date:	10/3/2022
Name:		Department/Company:	Tower Cranes H.D.D.
I. D No.		Occupation :	

This questionnaire will help identify if you have any health condition which may need a more detailed medical assessement 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 chances 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

PEACE LAND MEDICAL CENTER

Malkit

10/3/2022

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:	MALKIT SINGH	**Doc No:**	0018039
Age:	34 Y **Nationality:** INDIAN	**File No:**	0028710
Gender:	M	**Bill No:**	0033853
Ref. By:	DR. EMAD OMER	**Date:**	10/03/2022
GSM No.:	79104946	**Time:**	15:28

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.4 10"12/l	Male 4.36 -5.78 10"12/l Female 4.0- 5.0 10"12/l
HAEMOGLOBIN	15.6 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	46.6 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	85 fl	84-94 fl
MCH	28.6 pg	27 - 33 pg
MCHC	33.5 g/dl	29.6 - 35.6 %
WBC COUNT	5.4 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	59 %	40-75 %
LYMPHOCYTE	36 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**232 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	127 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.68 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**20.1 U/L**	0 - 35.0 U/L
S.G.P.T.	**36.7 U/L**	10 - 45 U/L

PEACE LAND MEDICAL CENTER

Medical Technologist

Peace Land Medical Center
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Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name:	MALKIT SINGH	**Doc No:**	0018039
Age:	34 Y **Nationality:** INDIAN	**File No:**	0028710
Gender:	M	**Bill No:**	0033853
Ref. By:	DR. EMAD OMER	**Date:**	10/03/2022
GSM No.:	79104946	**Time:**	15:28

Test	Result	Normal Range
GGT	**54.8 U/L**	0 - 55.0 U/L
ALBUMIN	**5.0 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.6 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.17 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**27.5 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.98 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**4.5 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**184 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**67.9 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**51.4 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**119.1 mg/dl**	< 100 mg/dl
VLDL	**13.5 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	**233.6 mg/dl**	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.000	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	(+++)	
Ketones	Negative	

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Ref. By:	DR. EMAD OMER	**Date:**	10/03/2022
GSM No.:	79104946	**Time:**	15:28

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

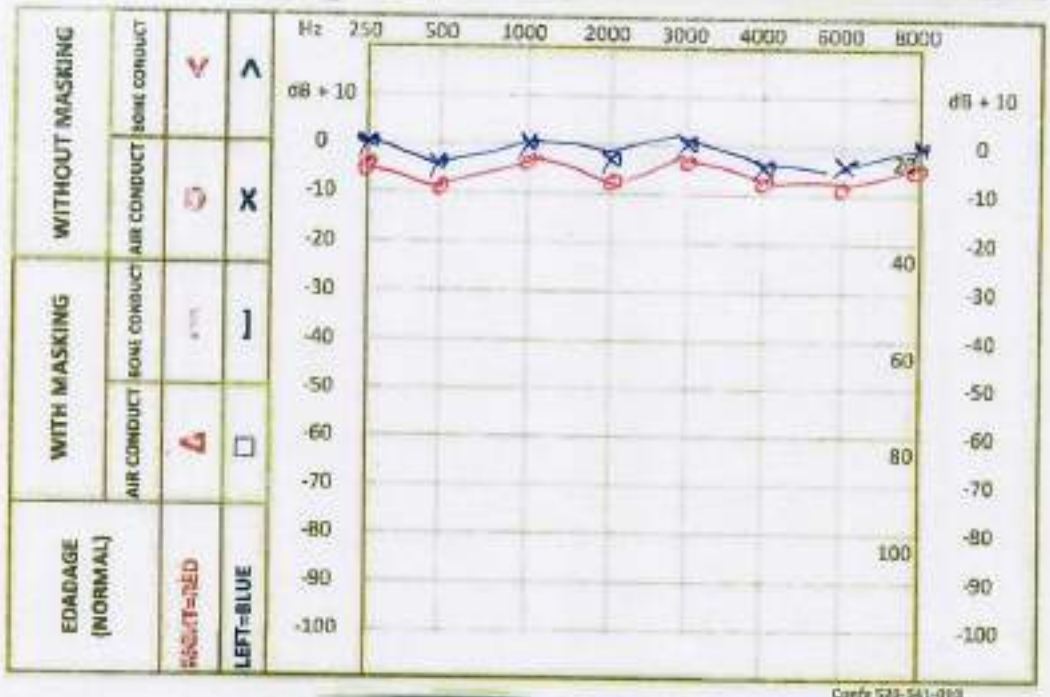
مركز بلاد السلام الطبي

Peace Land Medical Center

MALKIT SINGH
34 Y(M) «Blank»
10/03/22 08:05
0028710
66488
Bill #
0028853
PEACELAND

AUDIOMETRY TEST REPORT

COMPANY	Tayyab Group
OCCUPATION	H. DP
DATE	10/3/22



Config 520-541-010

Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

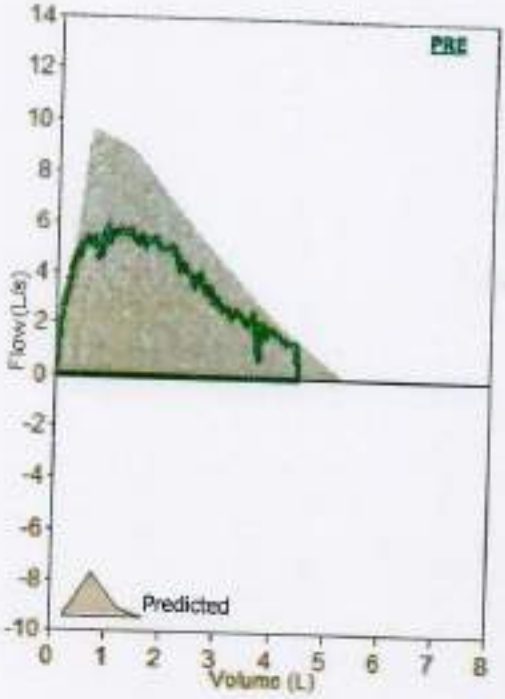
RESULT
- [x] NORMAL
- [ ] HEARING LOSS
- [ ] RIGHT
- [ ] LEFT

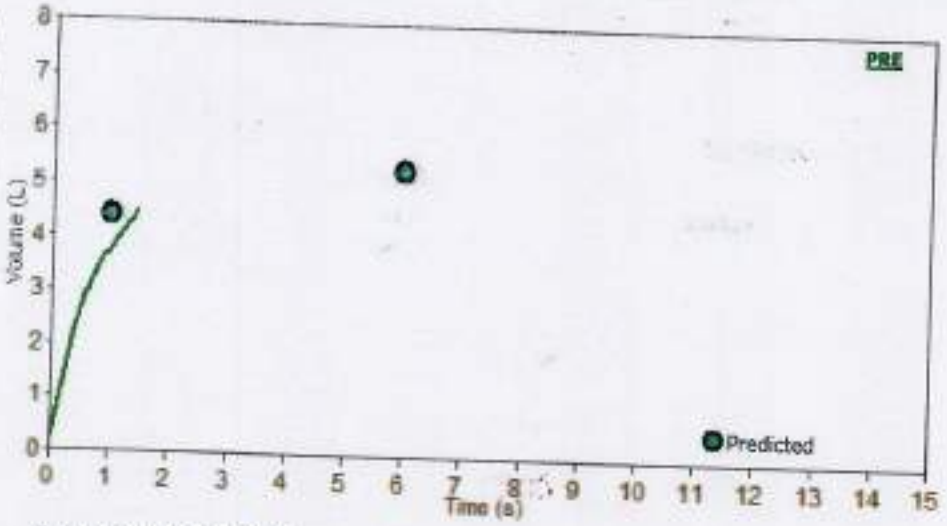
Pulmonary Function Test Results

Visit date 10/03/2022

Patient code	113752267	Age	34
Surname	SINGH	Gender	Male
Name	MALKIT	Height, cm	179
Date of birth	03/10/1987	Weight, kg	78
Ethnic group	Not defined	BMI	24.34
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 10/03/2022 08:17:56

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	4.26	5.31	4.47*	84	-1.32	4.47		-	*		
FEV1	L	3.53	4.40	3.81*	87	-1.12	3.81		-	*		
FEV1/FVC	%	72.9	83.0	85.2*	103	0.35	85.2			*		
PEF	L/s	6.22	9.64	5.94*	62	-1.78	5.94			*		
ELA	Years		34	54	159		54					
FEF2575	L/s	2.83	4.61	3.98	86	-0.58	3.98					
FET	s		6.00	1.44	24		1.44					
FIVC	L	4.26	5.31									
FEV1/VC	%	72.9	83.0									

*Best values from all loops - BTPS 1.087 26 °C (78.8 °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			
Name	MALKIT SINGH	Date	10/3/2022
I.D No.	118752267	Department/Company	T.O.
		Occupation	H.D.D.

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			
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			
Name of health advisor Signature			Date 10/3/2022