PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname

Forenames BALDEV SINGH

Address M/3673465 – Tarik Oman

Home telephone number 96593137

Place of examination: MMI Date: 26/11/22

If a dependant enter employee's name here:

Surname: Forenames:

Birth date: 30/12/61 Nationality: Indian Country of birth: India Religion: Sikh.

[X] Male [ ] Female [X] Married [ ] Single [ ] Separated /Divorced

Relationship to employee: [ ] Wife [ ] Son [ ] Daughter Number of children:

Reason for examination: Pre-Employment [X] Periodic medical check-up [ ] Pre-Overseas [ ] Job: Driver 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 Occasionally

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: 26/11/22 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
170	63	21.8	138/89	92/mins	L R N	Uncorrected 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: 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

BALDEV SINGH
40 Y(M) «Client»
28/04/22 09:25
0030285
67808 Bill # 0030550
PEACELAND

Employ	Date: 28/4/22.
Name:	Department/Company: Touch Oman.
I. D No	Occupation: Driver.

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

Signature: Balveel Date: 28/4/2022

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:	BALDEV SINGH	**Doc No:**	0019766
Age:	40 Y **Nationality:** INDIAN	**File No:**	0030255
Gender:	M	**Bill No:**	0035550
Ref. By:	ABDULRAHMAN ABDULLATEIF ABDULRAHMAN ZEINELDEEN	**Date:**	28/04/2022
GSM No.:	96593037	**Time:**	10:36

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	4.5 10"12/l	Male 4.38 -5.78 10"12/l Female 4.0- 5.0 10"12/l
HAEMOGLOBIN	14.9 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	42.1 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	90 fl	84-94 fl
MCH	32.6 pg	27 - 33 pg
MCHC	35.3 g/dl	29.6 - 35.6 %
WBC COUNT	7.5 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	70 %	40-75 %
LYMPHOCYTE	27 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	02 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**261 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	54 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**1.65 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**33.0 U/L**	0 - 35.0 U/L

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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:	BALDEV SINGH	**Doc No:**	0019766
Age:	40 Y **Nationality:** INDIAN	**File No:**	0030255
Gender:	M	**Bill No:**	0035550
Ref. By:	ABDULRAHMAN ABDULLATEIF ABDULRAHMAN ZEINELDEEN	**Date:**	28/04/2022
GSM No.:	96593037	**Time:**	10:36

Test	Result	Normal Range
S.G.P.T.	**16.0 U/L**	10 - 45 U/L
GGT	**46.9 U/L**	0 - 55.0 U/L
ALBUMIN	**4.1 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.6 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.20 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**30.7 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.78 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**4.2 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**145 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**115.3 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**62.5 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**59.5 mg/dl**	< 100 mg/dl
VLDL	**23.0 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	**107.5 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	

Medical Technologist

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Ref. By:	ABDULRAHMAN ABDULLATEIF ABDULRAHMAN ZEINELDEEN	**Date:**	28/04/2022
GSM No.:	96593037	**Time:**	10:36

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	

PEACE LAND MEDICAL CENTER

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Medical Technologist

2022-04-22 0[illegible]:49

BALDEV SINGH
43 Y(M) [illegible] 28/04/22 09:25
0030255
67608 Bill # 0039550
PEACELAND

6Channel+1 Rhythm Report

Hospital:PLMS
Confirmed by:

Heart Rate :	92 BPM		
PR	Int.: 146 ms		
QRS	Dur.: 84 ms		
QT/QTc:	332/411 ms		
P-R-T axes:	59	88	56

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

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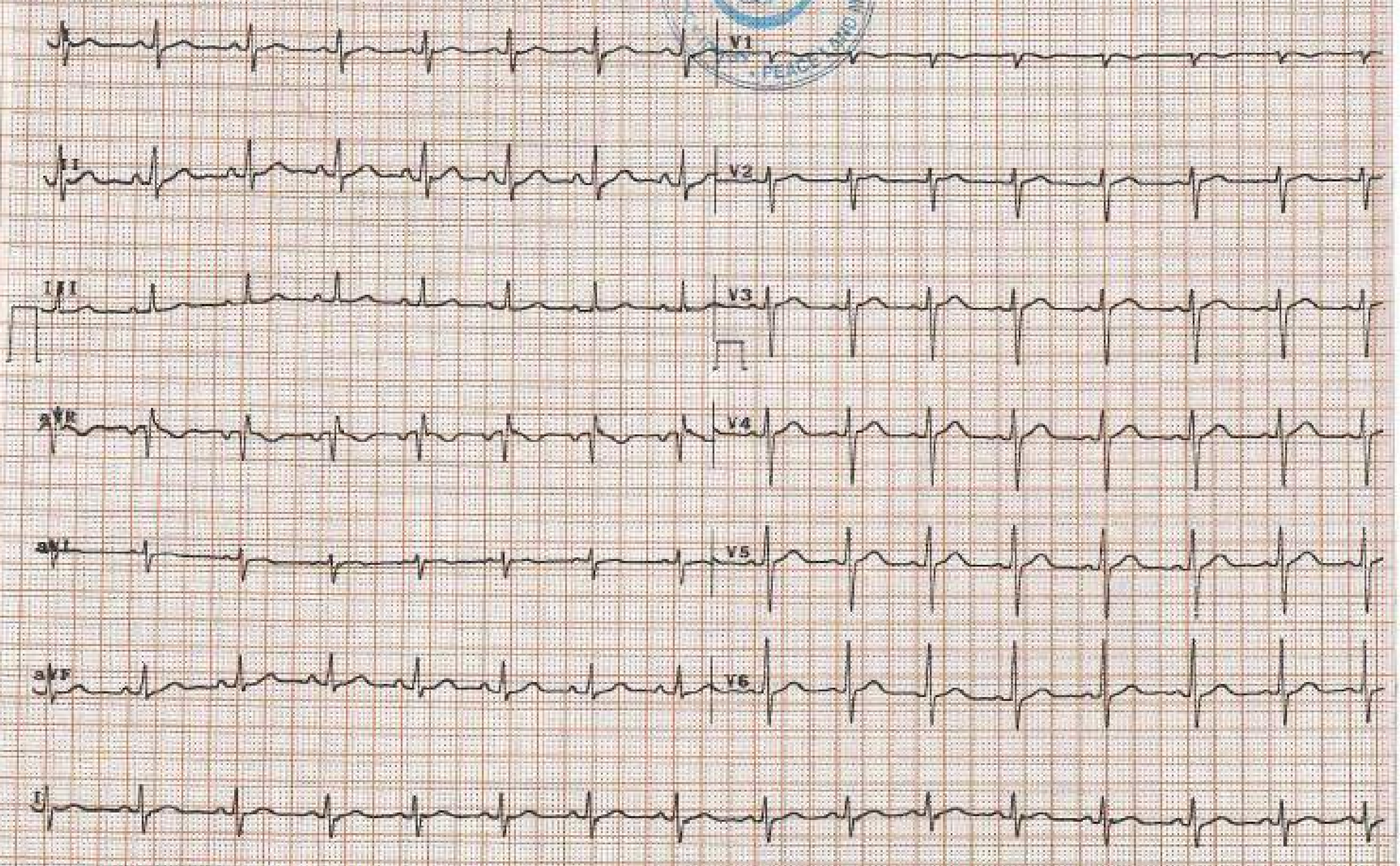

0.1Hz- 40Hz.AC50Hz.PM.Qik. 10.0/5.0mm/mV 25.0mm/sec. CARDIO-M PLUS 1.13.30 Medical Econet Gm

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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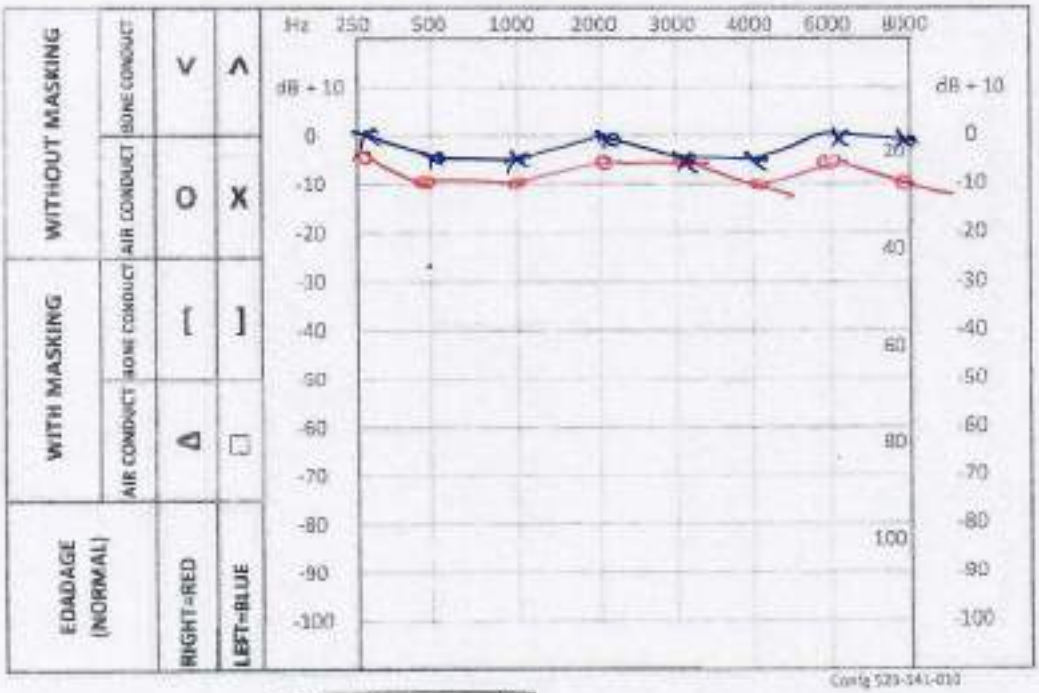
Peace Land Medical Center
Peace Land

AUDIOMETRY TEST REPORT

NAME	Baldev Singh			COMPANY	
AGE		GENDER		OCCUPATION	Driver
REF. BY				DATE	28/4/22



Sibelmed

INTERPRETATION
- X LEFT EAR
- O RIGHT EAR

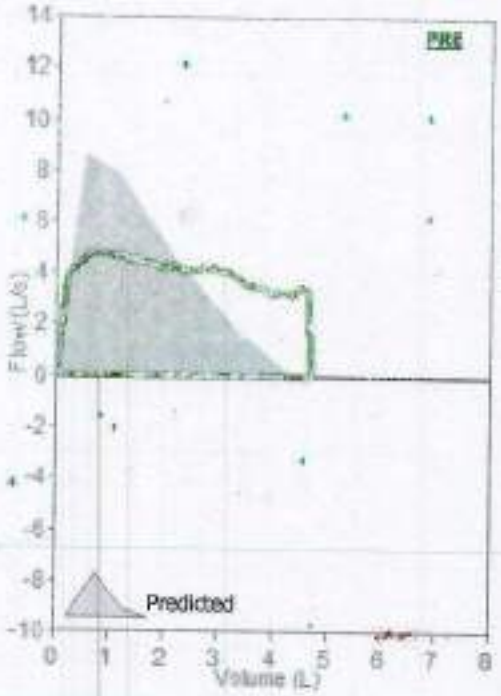
RESULT
- ☑ NORMAL
- ☐ HEARING LOSS
- ☐ RIGHT
- ☐ LEFT

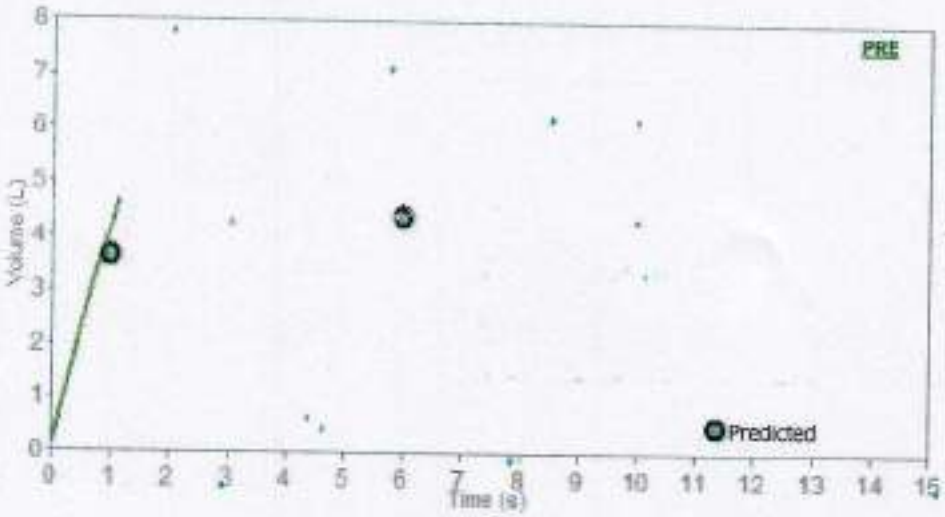
مركز بلاد السلام الطبي PEACE LAND MEDICAL CENTER
ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العذيبة مبنى ابراج الصحوة مبنى ١ سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف

Pulmonary Function Test Results

Visit date 28/04/2022

Patient code	113673465	Age *	40
Surname	SINGH	Gender	Male
Name	BALDEV	Height, cm	170
Date of birth	30/12/1981	Weight, kg	63
Ethnic group	Not defined	BMI	21.80
Smoke		Pack-Year	
Patient group			





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 28/04/2022 09:35:41

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.32	4.37	4.69*	107	0.49	4.69			*		
FEV1	L	2.76	3.62	4.21*	116	1.12	4.21			*		
FEV1/FVC	%	73.2	83.4	89.8*	108	1.04	89.8			*		
PEF	L/s	5.17	8.59	4.94*	58	-1.76	4.94			*		
ELA	Years		40	40	100		40					
FEF2575	L/s	2.09	3.87	4.22	109	0.32	4.22					
FET	s		6.00	1.13	19		1.13					
FIVC	L	3.32	4.37									
FEV1/VC	%	73.2	83.4									

*Best values from all loops - BTPS 1.078 28 °C (82.4 °F) - Predicted Knudson

Conclusion / Medical report

Signature

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

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Peace Land Medical Center
Peace Land
بلاد وسلام

Fitness for work certificate

Employee Data		Date	28/4/2022
Name	BALDEV SINGH	Department/Company	T.O.
I.D No.	113673465	Occupation	Dri

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 Evalustion 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	28/4/2022
Name of health advisor Signature			

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