PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	SINGH
Forenames	JASVIR SINGH CHARAN
Address	83345061 – Truck owner SCB
Home telephone number	90929478

Place of examination: Muscat Date: 16/10/22

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

Birth date: 23/5/80 Nationality: Indian Country of birth: India Religion: SIKH

☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated /Divorced

Relationship to employee: ☐ Wife ☐ Son ☐ Daughter Number of children: 1

Reason for examination: Pre-Employment ☑ Periodic medical check-up ☐ Pre-Overseas ☐ Job: HDD

Name and address of family doctor

Area:

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			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/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: 16/10/22 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 cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
161	66	25.5	140/90	70 /mins.	L R N	Uncorrected 6/6 Corrected	6/6			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 +)	TG, TC	7.9%		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.) @ve HTN

1. MFU 1m later by internist or cardiologist (HTN+DLP)
2. LSM & RFR (Diet, Exercise & diet)
3. Take the medication properly

ASSESSMENT:

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

Dr. Shima Seyedsalehi Jahromi
Cardiology Specialist
MOH Lic. No. 91962

Date: 7/10/22 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

Peace Land
بلاد السلام

Epworth Screening Questionnaire for Sleep Apnoea

JASVIR SINGH CHARAN SINGH 42 Y(M) <Blank> 16/10/22 08:33 0038123 72382 Bill # 0041804 PEACELAND	Date: 16/10/22
	Department/Company: Toukoman
	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: 16/10/22

PEACE LAND MEDICAL CENTER
مركز بلاد السلام الطبي

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:	JASVIR SINGH CHARAN SINGH	**Doc No:**	0025800
Age:	42 Y **Nationality:** INDIAN	**File No:**	0036133
Gender:	M	**Bill No:**	0041904
Ref. By:	DR.SHIMA	**Date:**	16/10/2022
GSM No.:	90929478	**Time:**	14:45

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
COMPLITE BLOOD COUNT		
RBC	5.0 10^12/l	Male 4.38 -5.78 10^12/l Female 4.0- 5.0 10^12/l
HAEMOGLOBIN	14.0 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	41.1 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.9 pg	27 - 33 pg
MCHC	34.0 g/dl	29.6 - 35.6 %
WBC COUNT	8.6 10^9 d/l	5.0 - 11.0 10^9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	61 %	40-75 %
LYMPHOCYTE	31 %	20-45 %
EOSINOPHIL	03 %	1-6 %
MONOCYTE	05 %	2-8%
BASOPHIL	00 %	0-1%
ESR	08	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**243 10^9/l**	156 - 342 10^9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	58 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**1.0 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**32.4 U/L**	0 - 35.0 U/L
S.G.P.T.	**43.6 U/L**	10 - 45 U/L

PEACE LAND MEDICAL CENTER

Medical Technologist

Peace Land Medical Center
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Gender:	M	**Bill No:**	0041904
Ref. By:	DR.SHIMA	**Date:**	16/10/2022
GSM No.:	90929478	**Time:**	14:45

Test	Result	Normal Range
GGT	**45.1 U/L**	0 - 55.0 U/L
ALBUMIN	**4.7 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.6 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.19 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**23.6 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.87 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**6.6 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**271 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**380.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**53.2 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**141.8 mg/dl**	< 100 mg/dl
VLDL	**76.0 mg/dl**	2.0 - 30 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.015	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	
Urobilinogen	Normal	

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Gender:	M	**Bill No:**	0041904
Ref. By:	DR.SHIMA	**Date:**	16/10/2022
GSM No.:	90929478	**Time:**	14:45

Test	Result	Normal Range
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	1-2	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
STOOL ROUTINE ANALYSIS		
PHYSICAL		
Colour	Brownnish	
Consistency	Soft	
Reaction	Alkaline	
Mucus	NIL	
MICROSCOPIC		
Ova:	NIL	
Cyst:	NIL	
Pus Cells:	1-2 Cells/hpf	
RBCs	0-1 Cells/hpf	
Others	NIL	
Bacteria	NIL	
DRUG TESTING		
AMPHETAMINES(AMP)	NEGATIVE	
MORPHINE(MOP)	NEGATIVE	
COCAINE(COC)	NEGATIVE	
PHENCYCLIDINE(PCP)	NEGATIVE	

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Gender:	M	**Bill No:**	0041904
Ref. By:	DR.SHIMA	**Date:**	16/10/2022
GSM No.:	90929478	**Time:**	14:45

Test	Result	Normal Range
METHAMPHETAMINE(MET)	NEGATIVE	
TRAMADOL(TRA)	NEGATIVE	
BARBITURATES(BAR)	NEGATIVE	
BENZODIAZEPINES(BZO)	NEGATIVE	
MEDTHODONE(MED)	NEGATIVE	
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE	
MARIJUANA(THC)	NEGATIVE	
RANDOM BLOOD SUGAR	**86.7 mg/dl**	80 - 120 mg/dl

PEACE LAND MEDICAL CENTER

Medical Technologist

2022-10-16 08:38:39

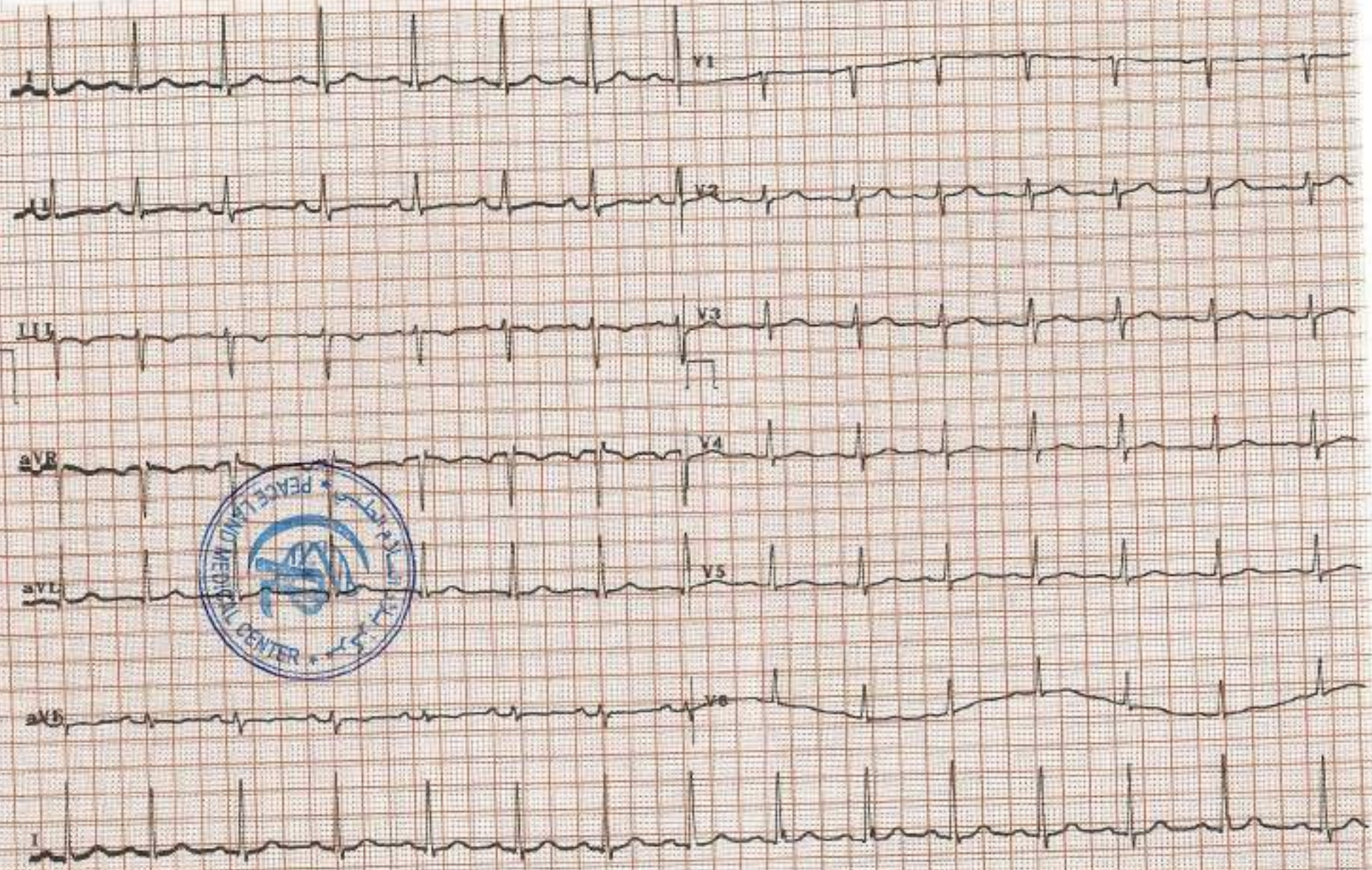
6Channel+1 Rhythm Report

Hospital:PLMS
Confirmed by:

JASVIR SINGH CHARAN SINGH
42 Y(M) «Blank» 16/10/22 09:39
0030133
Bill # 0041864
PEARCELAND

Heart Rate : 90 BPM
PR Int.: 180 ms
QRS Dur.: 84 ms
QT/QTc: 360/444 ms
P-R-T axes: 51 1 -7

** 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

35.837

Estimated 10-year Global CVD Risk

7.9%

Risk Category

Low Risk

Estimated Vascular Age

51 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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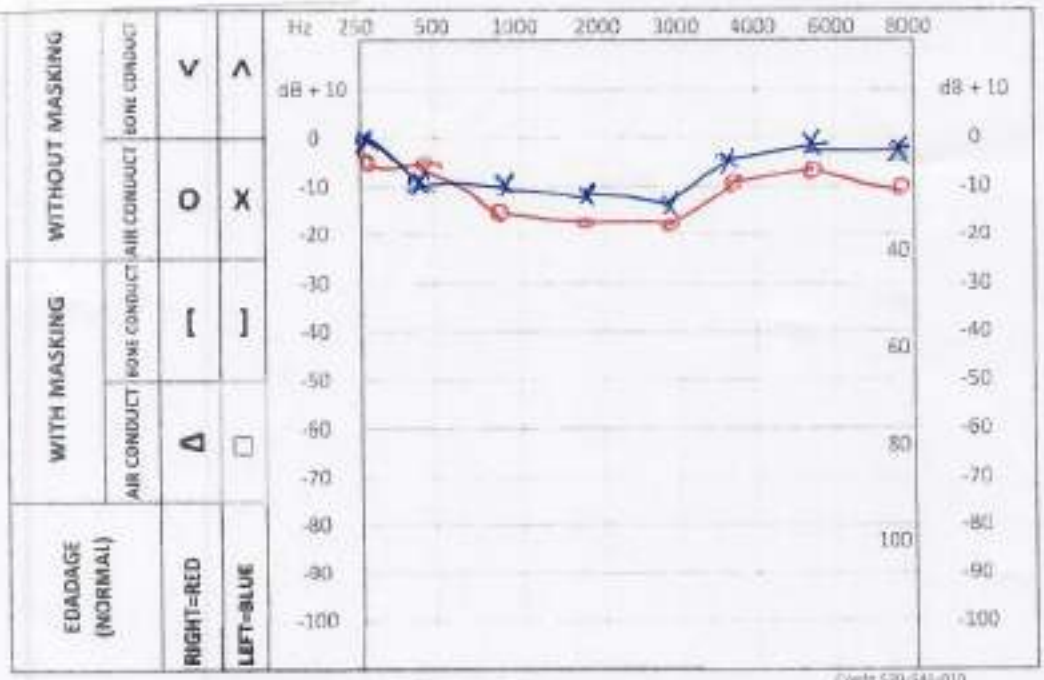
Peace Land Medical Center

JASVIR SINGH CHARAN SINGH
42 Y(M) «Blank» 15/10/22 08:33
72382 BILL# 0041904
PEACELAND 0038133

AUDIOMETRY TEST REPORT

		COMPANY	Telecom
	ER	OCCUPATION	H.D.D
		DATE	16/10/22



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

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

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

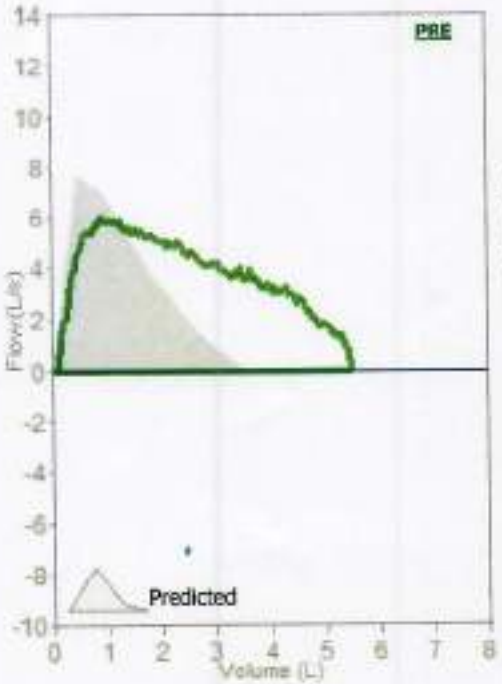
ص.ب ١٤٠٣، الرمز البريدي ١٣٣، دوار العذيبة مبنى أبراج الصحوة مبنى ٢، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف: ٢٤٦١٧١١٧/٢٤٦١٧١٤٨/٢٤٦١٧١٤٩

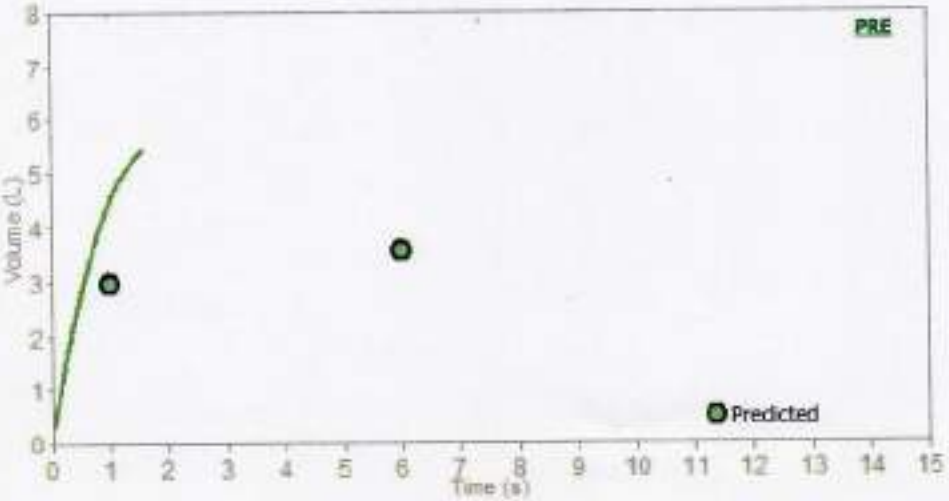
Pulmonary Function Test Results

Visit date 16/10/2022

Patient code	83345061	Age	42
Surname	SINGH	Gender	Male
Name	JASVIR	Height, cm	161
Date of birth	23/05/1980	Weight, kg	66
Ethnic group	Not defined	BMI	25.46
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 16/10/2022 14:48:55

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	2.50	3.56	5.46*	154	2.98	5.46			*		
FEV1	L	2.10	2.97	4.51*	152	2.95	4.51			*		
FEV1/FVC	%	74.0	84.2	82.6*	98	-0.26	82.6			*		
PEF	L/s	4.25	7.67	6.08*	79	-0.77	6.08			*		
ELA	Years		42	42	100		42					
FEF2575	L/s	1.50	3.28	4.29	131	0.93	4.29					
FET	s		6.00	1.58	26		1.58					
FIVC	L	2.50	3.56									
FEV1/VC	%	74.0	84.2									

*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: Jasvir Singh Charan Singh

Date: 16-Oct-2022

File No: 10770

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 appear normal.

Comment: Normal PA chest x-ray.

DR IRAJ EMAMYAR RAMEZANI GENERAL PRACTITIONER

العذيبة الشمالية- شارع ١٨ نوفمبر البناية رقم ٣٢٥ ، ص.ب :٢٧ ، الرمز البريدي : ١١٨ ، مسقط ، سلطنة عمان هاتف :٢٤١٣٨٠٩٣ (٩٦٨) ٩٤٢٦٩١٨٩ (٩٦٨) ص.ب ١٢٣٠٠٢٨٨
Azaiba North- 18 Nov St.Bldg No:325,P.O.Box: 27 ,Postal Code: 117, Muscat, Sultanate of Oman tels(968)24138093,(968)94269189,C.R.No.1290488

مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		**Date**	17/10/22
Name	JASVR SINGH CHARAN	**Department/Company**	truck Oman SLB
I.D No.	83341061	**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***	
Work near moving machinery or sharp edges			
Working at height			
Puting, 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** 17/10/22
Permanently Unfit			
Name of health advisor Signature			

FIT

Dr. Salma Sayed Abdelhamid
Consultant Specialist
MOH Lic. No. [illegible]

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