

Medical Fitness Certificate

Name of the Examined employee: JASBIR SINGH

Age: 48

ID NUMBER:

Job Title:

Date of Medical Examination: 06.05.2024

Examining Physician:

Medical Centre: APOLLO HOSPITAL MUSCAT

Company:

Assessment Result:

Fit to work without restrictions

This Certificate is valid for 2 years from the date of medical examination

Fitness Classifications:

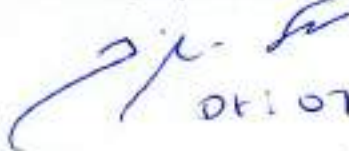
- Fit to work without restrictions
- Fit to work with restriction
- Unfit to work Temporarily or Definitely

Restrictions List:

- R1: Unfit to work offshore, on marine vessels and in remote locations.
R2: Unfit for Lifting and strenuous efforts.
R3: Unfit to work in certain countries, check with geomarkethealth advisor.
R4: Unfit to work in jobs requiring precise color vision.
R5: Unfit to work in job with high level of noise.
R6: Unfit to work in high risk of malaria countries.
R7: Unfit to work in extreme heat.
R8: Unfit to work in extreme cold.
R9: Contact Geomarket health advisor/international medical coordinator – there exist specific restriction.
R10: Unfit to work for a temporarily of time until further notice.
R11: Unfit to work in jobs requiring good visual acuity (eg: driving company vehicle).
R12: Fit only for defined period of time (1, 3 or 6 months) and must be reassessed and fitness redefined.
R13: Unfit to drive company vehicle.
R14: Unfit to fly long haul flights.
R15: Unfit to work in heights and confined spaces.

Examining Physician Stamp and signature

Hospital/Clinic Seal


Dt: 07/05/24

Dr. T.M. SATISH BABU
MBBS, MD (Int. Medicine)
SPECIALIST - INTERNAL MEDICINE
MOH Licence No.: 8573
Apollo Hospital Muscat



CONFIDENTIAL MEDICAL TO BE COMPLETED BY THE EMPLOYEE

Med-check History Form		Name:	VDPBIR PINAH		
		GIN #			
Place of examination	Date	Mobile #			
Age: 48	Nationality: INDIAN	Blood Group			
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated / Divorced	Number of children: 2			
DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)					
	Y	N		Y	N
1. Sinus trouble		<input checked="" type="checkbox"/>	21. Cancer		<input checked="" type="checkbox"/>
2. Neck swelling/glands		<input checked="" type="checkbox"/>	22. Heart Disease		<input checked="" type="checkbox"/>
3. Difficulty in vision		<input checked="" type="checkbox"/>	23. Rheumatic fever		<input checked="" type="checkbox"/>
4. Any ear discharge		<input checked="" type="checkbox"/>	24. Abnormal heartbeat		<input checked="" type="checkbox"/>
5. Asthma/bronchitis		<input checked="" type="checkbox"/>	25. High blood pressure		<input checked="" type="checkbox"/>
6. Hayfever /other significant allergy		<input checked="" type="checkbox"/>	26. Stroke		<input checked="" type="checkbox"/>
7. Any skin trouble		<input checked="" type="checkbox"/>	27. Serious chest pain		<input checked="" type="checkbox"/>
8. Tuberculosis		<input checked="" type="checkbox"/>	28. Any blood disease		<input checked="" type="checkbox"/>
9. Shortness of breath		<input checked="" type="checkbox"/>	29. Kidney disease		<input checked="" type="checkbox"/>
10. Coughed/vomited blood		<input checked="" type="checkbox"/>	30. Blood in urine		<input checked="" type="checkbox"/>
11. Severe abdominal pain		<input checked="" type="checkbox"/>	31. Diabetes		<input checked="" type="checkbox"/>
12. Stomach ulcer		<input checked="" type="checkbox"/>	32. Headaches/migraine		<input checked="" type="checkbox"/>
13. Recurrent indigestion		<input checked="" type="checkbox"/>	33. Dizziness/fainting		<input checked="" type="checkbox"/>
14. Jaundice or hepatitis		<input checked="" type="checkbox"/>	34. Epilepsy		<input checked="" type="checkbox"/>
15. Gall Bladder disease		<input checked="" type="checkbox"/>	35. Joints/spinal trouble		<input checked="" type="checkbox"/>
16. Marked change in bowel habits		<input checked="" type="checkbox"/>	36. Surgical operation		<input checked="" type="checkbox"/>
17. Blood in stools (motions)		<input checked="" type="checkbox"/>	37. Serious accident/fracture		<input checked="" type="checkbox"/>
18. Marked change in weight		<input checked="" type="checkbox"/>	38. Tropical disease		<input checked="" type="checkbox"/>
19. Varicose veins		<input checked="" type="checkbox"/>	39. Fear of heights		<input checked="" type="checkbox"/>
20. Lump in breast/armpit		<input checked="" type="checkbox"/>			
How much tobacco each day?			Average daily alcohol consumption		
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's Doctors, and the details sent to them by the examining Doctor.					
Date: 6/5/2024 Signature of Applicant: <i>[Signature]</i>					

Schlumberger

CONFIDENTIAL MEDICAL

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

PHYSICAL EXAMINATION IF ABNORMAL, PLEASE DETAIL

Visual Fields:		Color Vision:	
Speech:		Whisper test:	
Near Vision Right eye:	N/B	Near Vision Left eye:	N/B
Distant Vision Left eye:	6/6	Distant Vision Right eye:	6/6
Height:	170	Weight:	109
		BMI:	37.7
		BP:	140/90
		Pulse:	78/m
Body System/Organ	N	A	Abnormality if any
Eyes and pupils	/		
Ear/nose/throat	/		
Teeth and mouth	/		
Lungs and chest	/		
Cardiovascular	/		
Abdomen	/		
Hernial orifices	/		
Anus and rectum	/		
Genito-urinary	/		
Extremities	/		
Musculoskeletal	/		
Skin/varicose viens	/		
Neurological	/		
Mental fitness	/		
Breast			

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

Name: <u>Jasbir Singh</u>	Age: <u>48</u>	Sex: <u>M</u>	Company:	GIN:
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Past Medical History:	Blood Group:
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Allergies:		
Vaccination	Date of Initial Injection	Booster Due Date
Hepatitis A:		
Hepatitis B:		
Typhoid Fever		
Influenza		

Tests Results	
Audiogram:	<u>Normal</u>
DSU 5 Panel	<u>Negative</u>

ECG:	<u>WNL</u>
Chest X-Ray	<u>WNL</u>

Blood Investigations:					
RBCs	<u>5.56</u>	4.20-5.30 X10 ⁶ /μL	SGOT	<u>38.07</u>	Male: 10-60 Female: 10-35 U/L
WBCs	<u>9.10</u>	4.0-11.0X10 ³ /μL	SGPT	<u>41.66</u>	Male: Up to 41 Female: 10-35 U/L
NEUTRO	<u>48.90</u>	37-72%	GGT	<u>92.23</u>	0-50 U/L
EOSINO	<u>4.00</u>	0-5%	FBS:	<u>89.48</u>	60-110 mg/dl
BASO	<u>0.70</u>	0-1%	CHOLESTEROL:	<u>266.54</u>	Up to 200 mg/dl
LYMPHO	<u>39.60</u>	10-58%	HDL	<u>57.97</u>	20-60 mg/dl
MONO	<u>6.80</u>	0-14%	LDL	<u>174.91</u>	Upto 130 mg/dl
HEMATOCRIT	<u>48.30</u>	37-51%	TRIGLYCERIDES	<u>168.28</u>	35-175 mg/dl
HEMOGLOBIN	<u>16.20</u>	Male: 13.5-18.0 Female: 11.5-16.0 g/dl	CREATININE	<u>0.74</u>	Male: 0.7-1.2 mg/dl Female: 0.5-0.9 mg/dl
ESR	<u>02</u>	Male: 0-10 mm/hr Female: 0-20 mm/hr	URIC ACID	<u>Sickle Nephritis</u>	Male: 3.6-7.7 mg/dl Female: 2.5-6.8 mg/dl

Urine Analysis			
Blood	<u>Negative</u>	Sugar	<u>Negative</u>
Albumin	<u>Negative</u>	Others	<u>Normal</u>

Stool Analysis			
Parasites	<u>Nil</u>	Blood:	<u>Nil</u>

Framingham Score → 6.5%

Comments	<u>1) Combined HCL on R 2) Raised GGT / Mild Fatty Liver</u>
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Examining Physician:

Hospital/Clinic Seal

As per LSM / Medicine / every 3 Month

HCL work-up

Dr: 07/05/24

Schlumberger-Private



DEPARTMENT OF LABORATORY SERVICES

File No: 0290771	Report No: 0600752
Name: JASBIR SINGH	Sample Date: 06/05/2024 Time: 7:01
Address:	Received Date: 06/05/2024 Time: 7:13
Gender: M Age: 48 Y Nationality: INDIAN	Report Date: 06/05/2024 Time: 09:13
GSM No.: 97083056 ID Card No.: 115440228	Bill No: 1224571 Bill Date: 06/05/2024
Doctor: DR. AFROZA SULTANA	Company: TRUCK OMAN EQUIPMENT RENTAL LLC

INVESTIGATION	RESULT	REFERENCE RANGE
TRUCK OMAN PRE-EMPLOYMENT CHECK UP		
Fasting Blood Glucose	89.48 mg/dL	Normal: <100 mg/dl Prediabetes: 100-125 mg/dl Diabetes: 126 mg/dl or higher
ESR	02 mm/hr	Male : 0-10 mm/hour Female: 0-20 mm/hour
S.Creatinine	0.74 mg/dL	Male : 0.7 - 1.2 mg/dl Female : 0.5 - 0.9 mg/dl
Sickle cell Screen test	Negative	
CBC		
WBC COUNT	9.10 10 ³ /uL	4.0-11.0x10 ³ /mm ³
RBC	5.56 10 ⁶ /uL	4.20 - 6.30 10 ⁶ /uL
HGB	16.20 g/dl	male 13.5 -18.0 g/dl female 11.5 -16.0 g/dl
HCT	48.30 %	37.0 - 51.0 %
MCV	86.90 fL	80.0 - 97.0 fL
MCH	29.10 pg	26.0 - 32.0 pg
MCHC	33.50 g/dL	31.0 - 36.0 g/dL
RDW	13.00 %	11.0 - 14.5 %
NEUT#	4.46 10 ³ /uL	1.50 - 7.00 10 ³ /uL
LYMPH#	3.60 10 ³ /uL	0.60 - 4.10 10 ³ /uL
MONO#	0.62 10 ³ /uL	0.00 - 0.70 10 ³ /uL
EOS#	0.38 10 ³ /uL	0.00 - 0.40 10 ³ /uL
BASO#	0.06 10 ³ /uL	0.00 - 0.10 10 ³ /uL
NEUT%	48.90 %	37.0 - 72.0 %

Reported By:



SOUMYA

Lab Technologist

Moh Licence No : 20164

Printed at: 06/05/2024 9:43:41 AM

Verified By:



Dr. Mohammed Atif Syed
Specialist Pathologist

MOH License No: 20491

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Doctor: DR. AFROZA SULTANA	Company: TRUCK OMAN EQUIPMENT RENTAL LLC

INVESTIGATION	RESULT	REFERENCE RANGE
LYMPH%	39.60 %	10.0 - 58.5 %
MONO%	6.80 %	0.0 - 14.0 %
EOS%	4.00 %	0.0 - 6.0 %
BASO%	0.70 %	0.0 - 1.0 %
PLATELET	284.00 10 ³ /uL ✓	140 - 440 10 ³ /uL
LFT		
Total Bilirubin	0.33 mg/dL	Up to 1.1 mg/dL
Direct Bilirubin	0.06 mg/dL	Up to 0.3 mg/dL
Indirect Bilirubin	0.27 mg/dL	0.2 - 0.8 mg/dL
AST (SGOT)	38.07 U/L	Men : 10 - 50 U/L Female : 10 - 35 U/L
ALT (SGPT)	41.66 U/L	Men : Up to 41 U/L Female : 10 - 35 U/L
ALP	105.22 U/L	Men : 40 - 129 U/L Female : 35 - 104 U/L
Total Protein	7.18 g/dL	6.6 - 8.7 g/dL
Albumin	4.50 g/dL	3.4 - 4.8 g/dL
Globulin	2.68 g/dL	1.8 - 3.6 g/dL
GGT	92.23 U/L ↑	0 - 50 U/L
A:G Ratio	1.679104	1.1-1.8
LIPID PROFILE		
Total Cholesterol	266.54 mg/dL ↑	< 200 mg/dL
Triglyceride	168.28 mg/dL ↑	<150 mg/dl
HDL Cholesterol	57.97 mg/dl	>45 mg/dl

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INVESTIGATION	RESULT	REFERENCE RANGE
LDL Cholesterol	174.91 mg/dl ↑	<100 mg/dl
Total Chol/HDL Chol ratio	4.6	Desirable < 4
URINE DRUG SCREEN		
Amphetamine (AMP)	Negative	Negative
Barbiturates (BAR)	Negative	Negative
Cocaine (COC)	Negative	Negative
Morphine (MOR)	Negative	Negative
Marijuana (THC)	Negative	Negative
URINE ROUTINE ANALYSIS		
Physical		
Quantity	40 ml	
Colour	Pale Yellow	Pale yellow
Sp. Gravity	1.005	1.003-1.035
pH	8	5-9
Appearance	Clear	Clear
Chemical		
Glucose	Negative	Negative
Protein	Negative	Negative
Ketones	Negative	Negative
Blood / haemoglobin	Negative	Negative
Bilirubin	Negative	Negative
Urobilinogen	Normal	Normal
Nitrite	Negative	Negative
Leucocytes	Negative	Negative

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INVESTIGATION	RESULT	REFERENCE RANGE
Microscopic Examination		
Pus Cells	2 - 3 Cells/hpf	0-5 cells/hpf
RBC	NIL cells/hpf	0-2 cells/hpf
Epithelial Cells	0 - 1 Cells/hpf	0-8 cells/hpf
Casts	Absent	Absent
Crystals	Absent	Absent
Others	Absent	Absent
STOOL ROUTINE ANALYSIS		
PHYSICAL		
Colour	Yellowish Brown	Yellowish Brown
Consistency	Semi solid	Well Formed
Reaction	Alkaline	Acidic
Adult Worms	Absent	Absent
MICROSCOPIC		
Ova:	Absent	Absent
Cyst:	Absent	Absent
Pus Cells:	0 - 1 Cells/hpf	Few
RBCs	Nil Cells/hpf	Absent
Epithelial cells	Nil Cells/hpf	Few
Trophozoites	Absent	Absent
Larvae	Absent	Absent
Eggs	Absent	Absent
Worms	Absent	Absent
Fat globules	Absent	Absent

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INVESTIGATION	RESULT	REFERENCE RANGE
Vegetable cells	Present	Present

Remarks and comments - Sickle cell screen test:

1. A False negative solubility test result may occur with blood taken from severe anemic patients or if the proportion of Hb-S is less than 20 % or following blood transfusion.
2. A False positive result may be caused by the presence of abnormal plasma proteins or when patient is receiving parenteral nutrition.
3. This test provides only a preliminary screening result, Hb HPLC must be used to obtain a confirmed results.
4. There is a possibility that an interfering substance in the specimen may cause erroneous results.

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Page : 5 of 5

AUDIOGRAM EXAMINATION SHEET

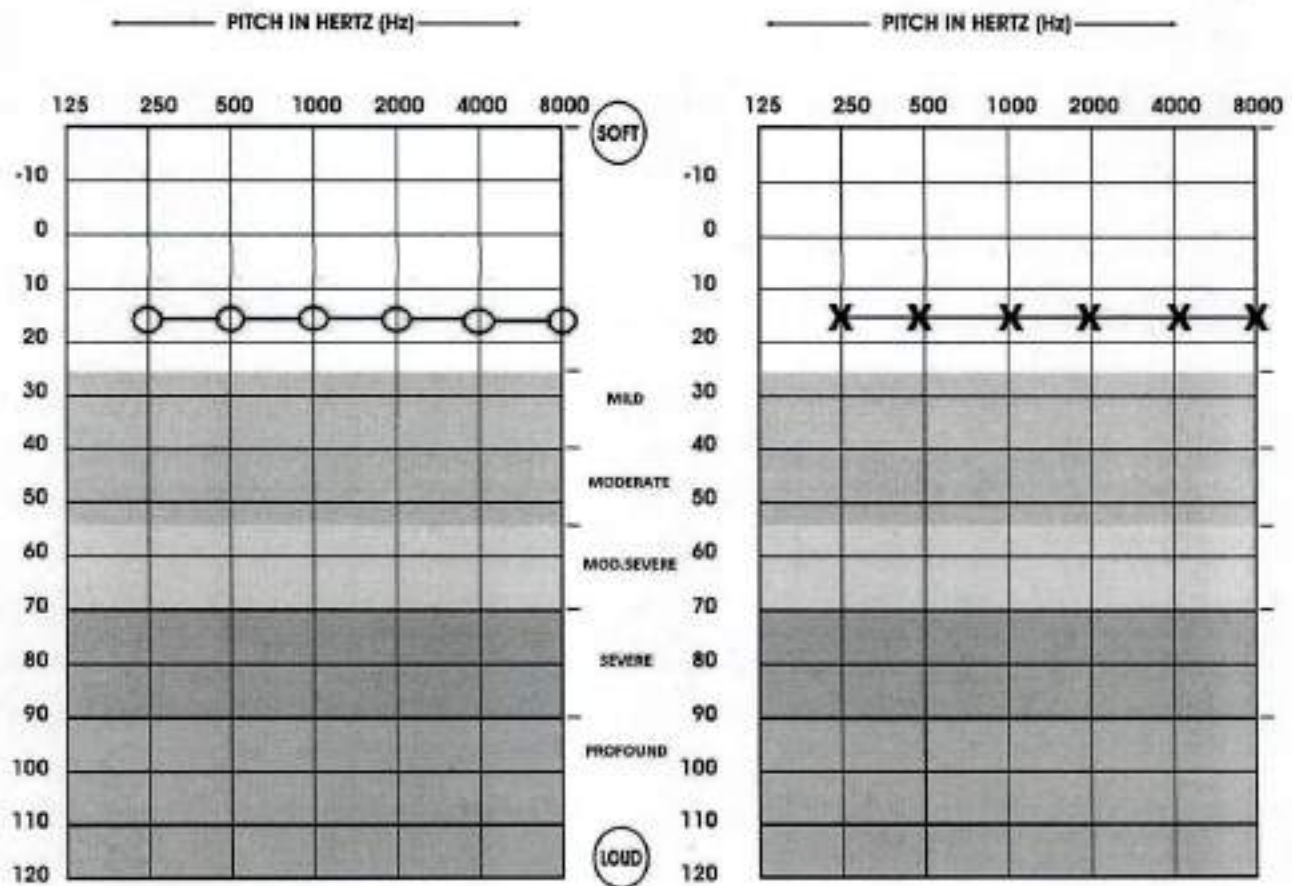
PO. Box : 1097, Al-Haramiyah, Postal Code : 131
Muscat, Sultanate of Oman
Tel: 2478 7766, Fax: 2470 0093

FILE NO: 290771 BILL NO: DATE: 6/5/2024

NAME: JAGJIR SINGH AGE / SEX: 48/M

COMPANY: DOB:

CONSULTANT (REF):



WEBER					

dBHL	PTA	SRT	SIS(%)	MCL	UCL	SPECIAL TESTS			
						SISI	TDT	MLB/BLB	OAE
RIGHT	15								
LEFT	15								

INTERPRETATION :

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

RECOMMENDATION :

AHM/QF/AUD/005

SIRKU SOMAN
 Audiologist
 AUDIOLOGIST

Id:

06/05/2024 07:28:01

Unknown -- (-) Unknown

Height: 0 cm Weight: 0 kg BP: 0/0 mmHg

Med:

Tech:

Note:

HR: 78 bpm

PR: 152 ms

QRS: 82 ms

QT/QTc: 372/404 ms

QTcB: 424 ms

QTcF: 406 ms

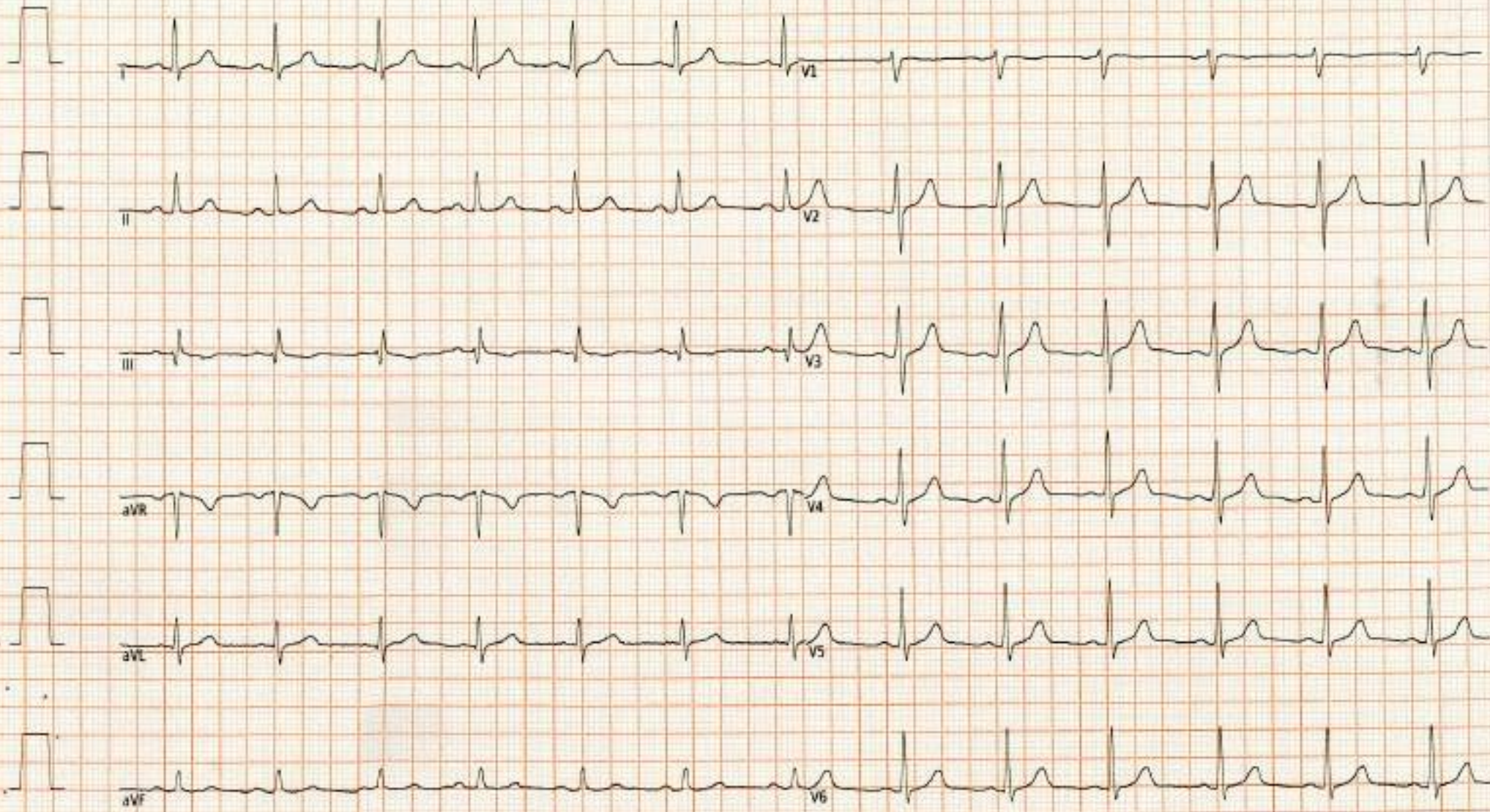
R_s-Q_S: 1.34/0.44 mV

Sokol-Lyon: 1.78 mV

Axis: 54/52/24°

JABIN MANSUR

290771, 48/91



Patient Name :	JASBIR SINGH	Age / Gender :	048Y / Male
Patient ID :	290771	Date & Time :	07-05-2024 08:16 AM
Refd By :	Dr.AFROZA SULTANA	Modality :	DX

CHEST PA

FINDINGS :

Cardiac silhouette is normal in size.

Bilateral lung fields are grossly unremarkable. **Prominent bronchovascular markings in bilateral lung fields**

Bilateral costophrenic angles and bilateral domes of the diaphragm are normal.

Bony cage & soft tissues are grossly normal.

IMPRESSION :

NO PARENCHYMAL/PLEURAL PATHOLOGY SEEN.

**DR REKHA
RADIOLOGIST**

Disclaimer: It is an online interpretation of medical imaging based on clinical data. All modern machines/procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patients identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose. Any error in typing should be corrected immediately.

