PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	
Forenames	HARJINDER SINGH
Address	115940414 Company Name: TRUCK DRIVER - SLB
Home telephone number	94805449

Place of examination: MUSCAT Date: 5/01/2013

If a dependant enters employee's name here:

Surname:

Forenames:

Birth date: 13/4/86 Nationality: INDIAN Country of birth: INDIA Religion: SIKH

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

Relationship to employee: [ ] Wife [1] Son [ ] Daughter

Number of children: 2

Reason for examination: Pre-Employment [√] Periodic medical check-up [ ] Pre-Overseas [ ]

Job: H. D. D

Name and address of family doctor

Area:

(1) (2)

List your last 3 jobs

(1) (2) (3)

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 Have you ever had:-		
8. Tuberculosis		√	28. Any blood disease		√	46. An abnormal smear		
9. Shortness of breath		√	29. Kidney disease		√	47. Any gynaecological treatment		
10. Coughed/vomited blood		√	30. Blood in urine		√	48. Are you pregnant?		
11. Severe abdominal pain		√	31. Painful passage of urine		√	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
12. Stomach ulcer		√	32. Diabetes		√			
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: 5/01/2013

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
√	1. Eyes & Pupils	
√	2. E.N.T.	
√	3. Teeth & Mouth	
√	4. Lungs & Chest	
√	5. Cardiovascular System	
√	6. Abdo. Viscera	
√	7. Hernial Orifices	
	9. 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
163	69	26.	140/90	65 /mins.	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 +)				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.)

- USM - Dietary counseling advised.
- Borderline BP; FU in UHC.

FIT

PEACE LAND MEDICAL CENTER

ASSESSMENT:

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

Date: 5/1/23 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

HARJINDER SINGH
38 Y(M) <Black> 05/01/23 08:46
0039148
74751 Bill # 0045381 PENDAWD

Employee Data	Date: 5/01/2023
Name:	Department/Company: TRUCK OMAN
I. D No.	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 HARJINDER (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: _____ Date: 5/01/2023

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:	HARJINDER SINGH	**Doc No:**	0029132
Age:	36 Y **Nationality:** INDIAN	**File No:**	0039146
Gender:	M	**Bill No:**	0045381
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	05/01/2023
GSM No.:	94805449	**Time:**	15:18

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
COMPLITE BLOOD COUNT		
RBC	4.8 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	13.5 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	40.0 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	28.1 pg	27 - 33 pg
MCHC	32.8 g/dl	29.6 - 35.6 %
WBC COUNT	6.8 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	62 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	03 %	1-6 %
MONOCYTE	05 %	2-8%
BASOPHIL	00 %	0-1%
ESR	10	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**219 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	54 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.76 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**22.2 U/L**	0 - 35.0 U/L
S.G.P.T.	**31.2 U/L**	10 - 45 U/L

PEACE LAND MEDICAL CENTER

Medical Technologist

Peace Land Medical Center
P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout Al Sahwa Tower
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LAB RESULT

Name:	HARJINDER SINGH	**Doc No:**	0029132
Age:	36 Y **Nationality:** INDIAN	**File No:**	0039146
Gender:	M	**Bill No:**	0045381
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	05/01/2023
GSM No.:	94805449	**Time:**	15:18

Test	Result	Normal Range
GGT	33.2 U/L	0 - 55.0 U/L
ALBUMIN	4.7 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	6.9 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.16 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	19.1 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.78 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	210 mg/dl	0.0 - 200 mg/dl
Triglyceride	136.4 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	62.4 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	120.4 mg/dl	< 100 mg/dl
VLDL	27.2 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	

Medical Technologist

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Sultanate of Oman
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LAB RESULT

Name: HARJINDER SINGH
Age: 36 Y **Nationality:** INDIAN
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 94805449

Doc No: 0029132
File No: 0039146
Bill No: 0045381
Date: 05/01/2023
Time: 15:18

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	

Medical Technologist

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LAB RESULT

Name:	HARJINDER SINGH	**Doc No:**	0029132
Age:	36 Y **Nationality:** INDIAN	**File No:**	0039146
Gender:	M	**Bill No:**	0045381
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	05/01/2023
GSM No.:	94805449	**Time:**	15:18

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	118.4 mg/dl	80 - 120 mg/dl

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

Medical Technologist

2023-01-05 08:48:39

6Channel+1 Rhythm Report

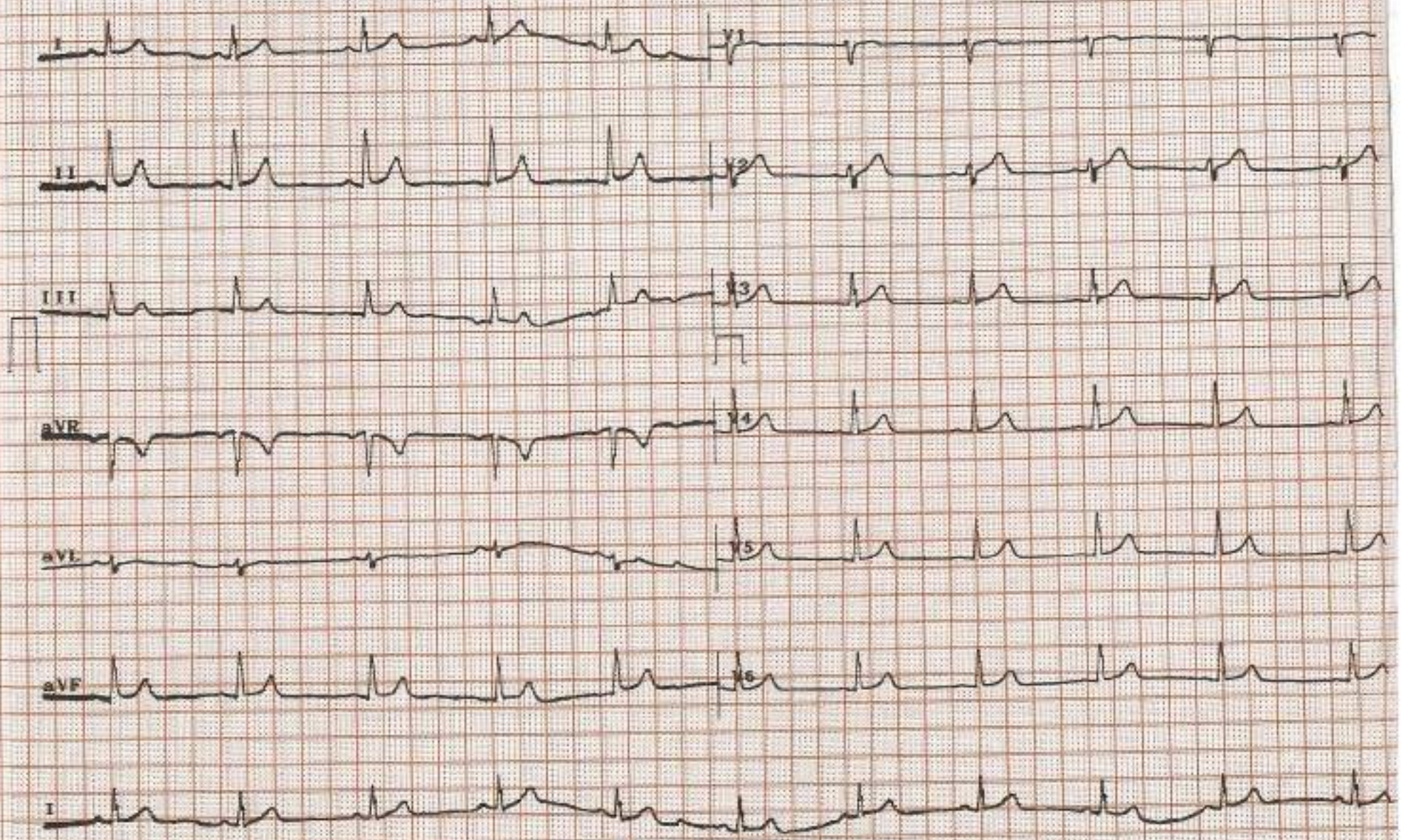
Hospital:PLMS
Confirmed by:

ID:
Name:
Age:Yea
Sex:
H:cm/W:

HARJINDER SINGH
38 Y(M) <Blank> 05/01/23 08:48
0038148
74751 Bill # 0045381
PEACELAND

ate : 65 BPM
nt : 140 ms
ar : 64 ms
350/363 ms
ces: -1 57 55

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



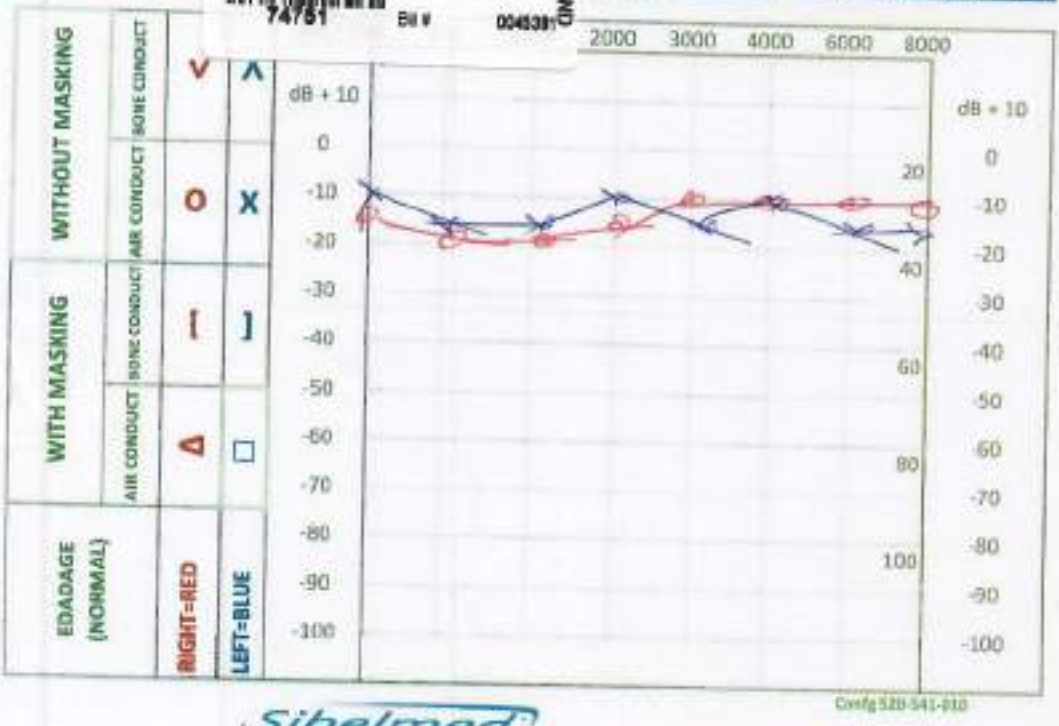
0.1Hz~ 100Hz,AC50Hz,EMG,PN,Qik. 10.0/5.0mm/mV, 25.0mm/sec. CARDIO-M PLUS 1.13.30 Medical Econet Gm

مركز بلاد السلام الطبي
Peace Land Medical Center

AUDIOMETRY TEST REPORT

NAME	HARJINDER SINGH
AGE	36 Y(M) «Blank»
REF. BY	
COMPANY	TRUECOMAN
OCCUPATION	H.D.O
DATE	5/01/2023

05/01/23 08:48
0039148
74/51
Ell V
004538
PEACELAND



INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
- NORMAL
- HEARING LOSS
- RIGHT
- LEFT

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العذيبة مبنى اراح التحمود 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

مركز فرح للخدمات الطبية
FARAH MEDICAL SERVICE CENTER
عضو مختبرات مجموعة سلطان مديكا
Member of Sultan Medica™ Group

X-RAY REPORT

Doc No.	PAT009671
Date:	05-01-23
Name:	HARJINDER SINGH
Sex:	MALE
Referred By:	DR. SHIMA
Age/DOB	13-Apr-1986
X-Ray:	CHEST PA

REPORT

Normal heart size

Both lung fields are clear

Normal pleural spaces

Impression:

NORMAL STUDY

Signature:

Seal

19th Nov. Street, Muwat • Tel: (968) 24491737 • Fax: (968) 24493310 • Mob: (968) 95236224 • P.O. Box: 706 Postal code: 111, Seeb
Email: sultan@sultanmedica.com • www.sultanmedica.com

مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	5/1/23
Name	Harjinder Singh	Department/Company	Truck driver
I.D No.	1159406414	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			FIT
Working at height			
Puling, pushing, or carrying weight over ___ Kg			
Ascendidescend 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 5/1/23
Name of health advisor Signature			

Specialist Physician
MOH Lic. No. 4404