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	SUKHWINDER SINGH
Address	115947181 Company Name: Boulcomar. Sdn.
Home telephone number	95919557

Place of examination: mnt Date: 27/11/22

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

Birth date: 5/12/86 Nationality: Indian Country of birth: India Religion: Sikhism

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

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

Reason for examination: Pre-Employment ☐ Periodic medical check-up ☐ Pre-Overseas ☐ Job: H-DD Area:

Name and address of family doctor (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		√			
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 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: 27/11/2022 **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)

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
175	98	32	136/80	70 /mins.	L N R	Uncorrected				N	
						Corrected	6/6	6/6			

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS
✓		1. Urinalysis
✓		2. Hb, Bloodcount, ESR
✓		3. LFT, RFT, RBS
✓		4. Drug Screen
✓		5. Lipids (40 years +)
✓		6. Sickle Cell test

N	A	
✓		7. Audiogram
		8. Lung Function
✓		9. Chest X-Ray
✓		10. ECG
		11. CVS risk for 40 yrs. & above
		12. HIV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

1, LSM & RFR (Lwt, Exercise & diet)

ASSESSMENT:

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

Date: 28/11/22 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

SUKHWINDER SINGH
36 Y(M) <Blank>
27/11/22 09:34
0037842
73712
PEACELAND

Employee D	Date: 27/11/2022
Name:	Department/Company: Trukoman
I. D No	Occupation: H-DD

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: 28/11/22

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:	SUKHWINDER SINGH	**Doc No:**	0027653
Age:	36 Y **Nationality:** OMANI	**File No:**	0037942
Gender:	M	**Bill No:**	0043924
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	27/11/2022
GSM No.:	95919557	**Time:**	15:10

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
COMPLITE BLOOD COUNT		
RBC	5.6 10"12/l	Male 4.38 -5.78 10"12/l Female 4.0- 5.0 10"12/l
HAEMOGLOBIN	16.5 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	48.5 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	85 fl	84-94 fl
MCH	28.3 pg	27 - 33 pg
MCHC	33.0 g/dl	29.6 - 35.6 %
WBC COUNT	10.3 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	62 %	40-75 %
LYMPHOCYTE	31 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	05 %	2-8%
BASOPHIL	00 %	0-1%
ESR	09	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**208 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	91 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.60 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**30.2 U/L**	0 - 35.0 U/L
S.G.P.T.	**31.2 U/L**	10 - 45 U/L

Medical Technologist

PEACE LAND MEDICAL CENTER

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

LAB RESULT

Name: SUKHWINDER SINGH
Age: 36 Y **Nationality:** OMANI
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 95919557

Doc No: 0027653
File No: 0037942
Bill No: 0043924
Date: 27/11/2022
Time: 15:10

Test	Result	Normal Range
GGT	**54.0 U/L**	0 - 55.0 U/L
ALBUMIN	**4.5 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.9 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.15 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**28.8 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**1.1 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**5.0 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**167 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**80.7 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**67.8 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**83.1 mg/dl**	< 100 mg/dl
VLDL	**16.1 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	96.5 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.010	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	

Medical Technologist

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Gender:	M	**Bill No:**	0043924
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	27/11/2022
GSM No.:	95919557	**Time:**	15:10

Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-3	
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	

Medical Technologist

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LAB RESULT

Name:	SUKHWINDER SINGH	**Doc No:**	0027653
Age:	36 Y **Nationality:** OMANI	**File No:**	0037942
Gender:	M	**Bill No:**	0043924
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	27/11/2022
GSM No.:	95919557	**Time:**	15:10

Test	Result	Normal Range
PHENCYCLIDINE(PCP)	NEGATIVE	
METHAMPHETAMINE(MET)	NEGATIVE	
TRAMADOL(TRA)	NEGATIVE	
BARBITURATES(BAR)	NEGATIVE	
BENZODIAZEPINES(BZO)	NEGATIVE	
MEDTHODONE(MED)	NEGATIVE	
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE	
MARIJUANA(THC)	NEGATIVE	

PEACE LAND MEDICAL CENTER

Medical Technologist

2022-11-27 09:40:13 6Channel+1 Rhythm Report Hospital:PLMS

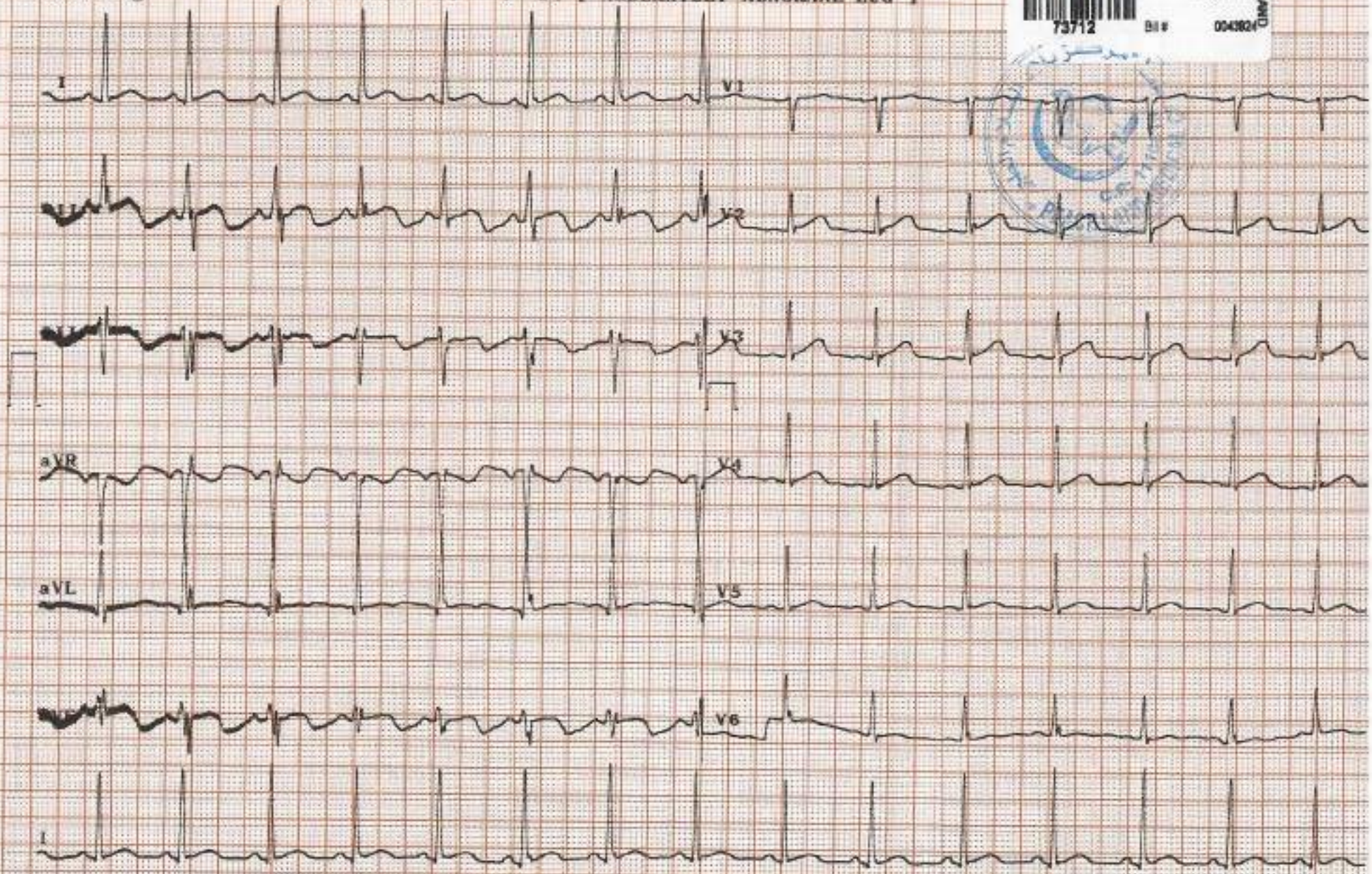
Confirmed by:

ID:
Name:
Age:Years
Sex:
H:cm/W:0kg

Heart Rate : 92 BPM
PR Int.: 128 ms
QRS Dur.: 88 ms
QT/QTc: 358/443 ms
P-R-T axes: 51 4 64

** Analysis Result ** (Unconfirmed Report)
NORMAL SINUS RHYTHM
NORMAL AXIS
LVH(LEFT VENTRICULAR HYPERTROPHY)
[MODERATELY ABNORMAL ECG]

SUKHWINDER SINGH
38 Y(M) <Blank> 27/11/22 09:34
0037942
73712 Bill # 0043824
PEACELAND



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

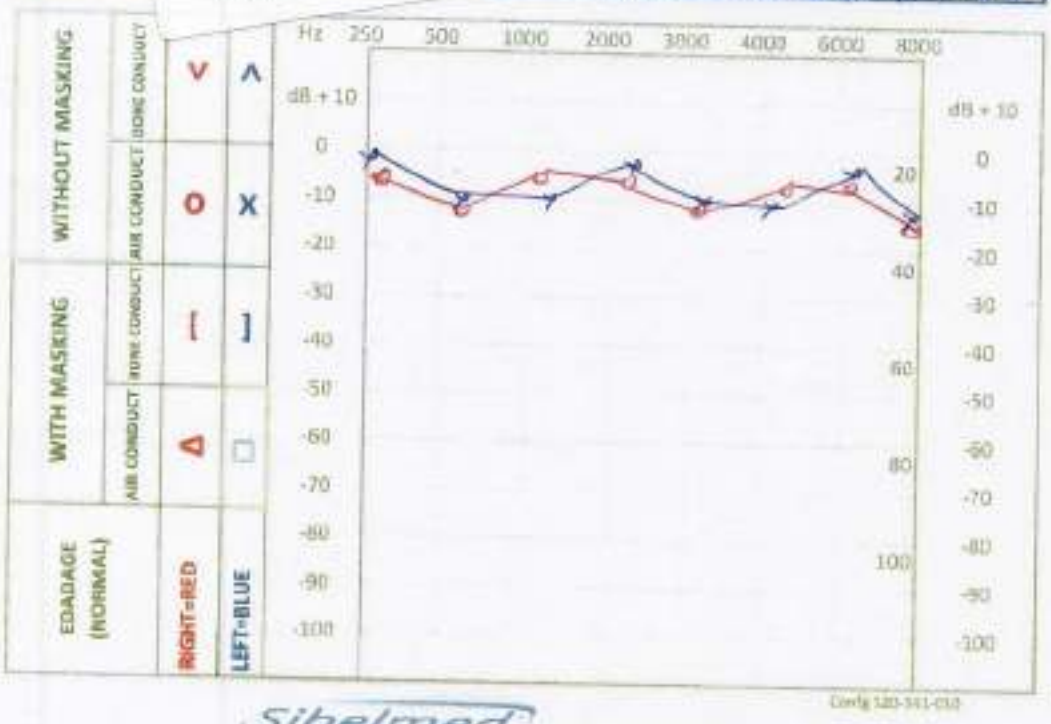
مركز بلاد السلام الطبي
Peace Land Medical Center

SUKHWINDER SINGH
30 Y(M) «Blank»
27/11/22 09:34
0037942
0043824
PENCIL AND

NAME
AGE
REF. BY

IY TEST REPORT

COMPANY
OCCUPATION
DATE



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
NORMAL
HEARING LOSS
RIGHT
LEFT

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

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

Patient	Doctor
Patient No.	Transaction
Age	Date/Time
Gender	Serial

X-RAY REPORT

Doc No.	PAT009439
Date:	27-11-22
Name:	SUKHWINDER SINGH
Sex:	MALE
Referred By:	DR. SHIMA
Age/DOB	5-Dec-1986
X-Ray:	CHEST PA

REPORT

Normal heart size

Both lung fields are clear

Normal pleural spaces

Impression:

NORMAL STUDY

Signature:

Seal

شارع ١٨ نوفمبر، مسقط • هاتف ٢٤٤٩٣٢٣٧ (٩٦٨) • فاكس: ٢٤٤٩٣٢١٠ (٩٦٨) • جوال: ٩٥٢٣٠٢٢٤ (٩٦٨) • صندوق بريد: ٧٠٦ رمز بريدي ١١١، سيب
18th Nov. Street, Muscat • Tel: (968) 24493237 • Fax: (968) 24493310 • Mob.: (968) 95230224 • 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	28/11/22
Name	SUKHWINDER SINGH	Department/Company	Truck man
I.D No.	115947181	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*	FIT
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			Date 28/11/22
Name of health advisor Signature			

P.O. Box [illegible] Postal Code [illegible] Al Azaiba, [illegible] Sultanate of Oman
Tel: [illegible]