PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname

Forenames: AVISHAN SINGH

Address: 116029888 – Tauhoun SUB.

Home telephone number: 94683242

Place of examination: Muscat Date: 6/9/22

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

Forenames:

Birth date: 28/9/84 Nationality: Indian Country of birth: India Religion: Sikh

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

Relationship to employee: ☐ Wife ☐ Son ☐ Daughter Number of children: 2

Reason for examination: Pre-Employment ☑ Periodic medical check-up ☐ Pre-Overseas ☐ Job: H.D.D. 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			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: 6/9/22 **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
169	79	27.7	138/89	70/mins.	L N R	Uncorrected 6/6	6/6			✓	
						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 +)	TTG, TK			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.)

1. LSM & RFR (Lwt, Eczema L chest)

ASSESSMENT:

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

Date: 7/9/22 Name (Block Capitals): Dr. / Nurse Dr. Shima Seyed Abdollah Jafari Cardiologist Specialist Signature:
MOH Lic. No. 21982

PEACE LAND MEDICAL CENTER

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr. / Nurse Signature:

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

NISHAN SINGH
37 Y(M)
06/09/22 11:40
0034797
71166 Bill # 0040417
PEACELAND

	Date: 6/9/22.
	Department/Company: Towleoman
...al #	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: 6/9/22

P.O. Box 1462, Postal Code [illegible] Sultanate of Oman

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:	NISHAN SINGH	**Doc No:**	0024398
Age:	37 Y **Nationality:** INDIAN	**File No:**	0034797
Gender:	M	**Bill No:**	0040417
Ref. By:	DR.SHIMA	**Date:**	07/09/2022
GSM No.:	94683247	**Time:**	08:55

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
COMPLITE BLOOD COUNT		
RBC	5.2 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	43.3 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	**82 fl**	84-94 fl
MCH	28.4 pg	27 - 33 pg
MCHC	34.5 g/dl	29.6 - 35.6 %
WBC COUNT	8.7 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	61 %	40-75 %
LYMPHOCYTE	31 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	07 %	2-8%
BASOPHIL	00 %	0-1%
ESR	08	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**240 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	68 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.54 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**23.5 U/L**	0 - 35.0 U/L
S.G.P.T.	**42.4 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
Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name:	NISHAN SINGH	**Doc No:**	0024398
Age:	37 Y **Nationality:** INDIAN	**File No:**	0034797
Gender:	M	**Bill No:**	0040417
Ref. By:	DR.SHIMA	**Date:**	07/09/2022
GSM No.:	94683247	**Time:**	08:55

Test	Result	Normal Range
GGT	**52.9 U/L**	0 - 55.0 U/L
ALBUMIN	**4.4 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.6 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.14 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**23.2 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.92 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**6.0 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**210 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**160.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**55.2 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**122.8 mg/dl**	< 100 mg/dl
VLDL	**32.0 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	88.1 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	

PEACE LAND MEDICAL CENTER

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:	NISHAN SINGH	**Doc No:**	0024398
Age:	37 Y **Nationality:** INDIAN	**File No:**	0034797
Gender:	M	**Bill No:**	0040417
Ref. By:	DR.SHIMA	**Date:**	07/09/2022
GSM No.:	94683247	**Time:**	08:55

Test	Result	Normal Range
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	
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	

PEACE LAND MEDICAL CENTER

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:	NISHAN SINGH	**Doc No:**	0024398
Age:	37 Y **Nationality:** INDIAN	**File No:**	0034797
Gender:	M	**Bill No:**	0040417
Ref. By:	DR.SHIMA	**Date:**	07/09/2022
GSM No.:	94683247	**Time:**	08:55

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

2022-09-06 11:43:08 6Channel+1 Rhythm Report Hospital:PLMS

Confirmed by:

NISHAN SINGH
37Y(M) <Blank> 06/09/22 11:40
71166 BIN# 0034797 0040417 PEACELAND

Heart Rate : 84 BPM
PR Int.: 184 ms
QRS Dur.: 64 ms
QT/QTc: 322/383 ms
P-R-T axes: 52 37 23

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

I V1
II V2
III V3
aVR V4
aVL V5
aVF V6
II

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

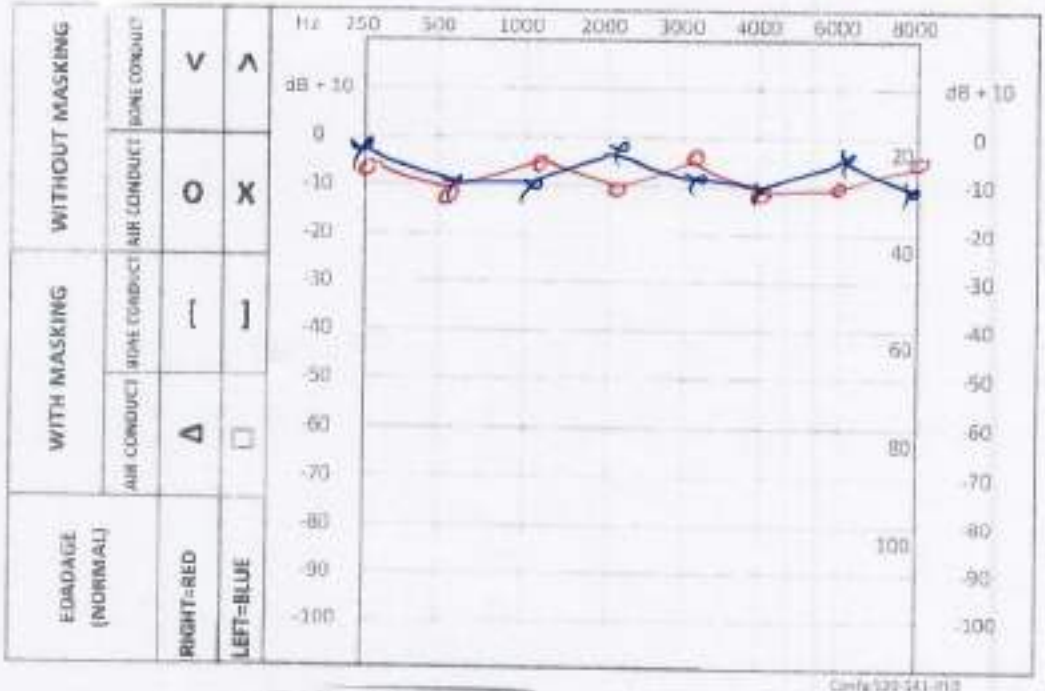
مركز بلاد السلام الطبي
Peace Land Medical Center

NISHAN SINGH
37 Y(M) «Blank» 08/09/22 11:40
0034797
71165 Bill # 0040417
PEACE LAND

NAME
AGE
REF. BY

ETRY TEST REPORT

COMPANY Tayfcomes
OCCUPATION H.D
DATE 6/9/22.



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
NORMAL
HEARING LOSS
RIGHT
LEFT

PEACE LAND MEDICAL CENTER

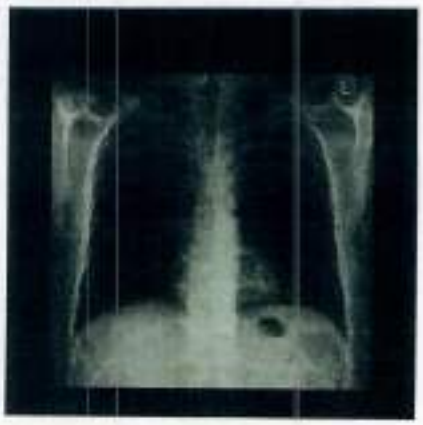
ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العذيبة مبنى ابراج الصحوة مبنى ١ سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azziba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف ٢٤٦١٧١١٧/٢٤٦١٧١٤٨/٢٤٦١٧١٤٩

INTERNATIONAL SPECIALIZED CENTER
FOR HEART AND VASCULAR DISEASES

المركز الدولي التخصصي
لأمراض القلب و الأوعية الدموية

Name: Nishan Singh **Date: 06-SEP-22**

File No: 10511



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

Dr. Iraj Emamyar Ramezani
General Practitioner
MOH Lic No. 10532
HEART VASCULAR CENTER (HVC)

C.R:1290488
P.O.Box: 27
Postal Code: 117
Sultanate of Oman
INTERNATIONAL SPECIALIZED CENTER FOR HEART

العذيبة الشمالية- شارع ١٨ نوفمبر البناية رقم ٣٢٥ ، ص.ب :٢٧ ، الرمز البريدي : ١١٨ ، مسقط ، سلطنة عمان هاتف :٢٤١٣٨٠٩٣ (٩٦٨) ٢٤٢٥٩١٨٩ (٩٦٨) س.ت ١٢٢٩٠٢٨٨
Azaiba North- 18 Nov St.Bldg No:325,P.O.Box: 27 ,Postal Code: 117, Muscat, Sultanate of Oman tel:(968)24138093,(968)94269189,C.R.No.1290488

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land
بلاد السلام

Fitness for work certificate

Employee Data		Date	7.9.22
Name	NISHAN SINGH	Department/Company	Truclo oman SLB
I.D No.	11602988	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/ner 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		
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)		

FIT

Temporary Unfit until	
Permanently Unfit	
Name of health advisor Signature	Date 7/9/22

PEACE LAND MEDICAL CENTER

Dr. Shima Seyedabdolah Jafari
Radiologist Specialist
MOH Lic. No. 21302

P.O. Box 1403, Postal Code : 130, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149