PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	SINGH
Forenames	DIDAR SINGH RATTAN
Address	98119749 – Trafalgar SLB
Home telephone number	94629293

Place of examination: Muscat.	Date: 27/7/22		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: 5/3/91	Nationality: Indian	Country of birth: India	Religion: Sikh.
☑ 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: Operator 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					
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: 27/7/22 Signature of Applicant: DIDAR SINGH

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
163	68	25.6	130/76	64/mins.	L ✓ 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 +)				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.)

ASSESSMENT:

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

Date 27/7/2022 Name (Block Capitals): Dr. / Nurse Signature:

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
C.R: 1118819

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

DIDAR SINGH RATTAN SINGH
31 Y(M) «Blank» 27-07-22 10:00 PEACELAND
0033347
70050 Bill # 0038634

Date: 27/7/22

Department/Company: Truck oman

Occupation: operator

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 Didar (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: DIDAR SINGH Date: 27/7/22

PEACE LAND MEDICAL CENTER

P.O. Box 1489, Postal Code: 133, Al Azaiba, Roumaithcourt Square Tower, Sultanate of Oman
Tel: 24617117 / 24617448 (24617448) Fax: [illegible]

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:	DIDAR SINGH RATTAN SINGH	**Doc No:**	0022891
Age:	31 Y **Nationality:** INDIAN	**File No:**	0033347
Gender:	M	**Bill No:**	0038834
Ref. By:	ABDULRAHMAN ABDULLATEIF ABDULRAHMAN ZEINELDEEN	**Date:**	27/07/2022
GSM No.:	94629293	**Time:**	10:49

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
COMPLITE BLOOD COUNT		
RBC	4.6 10"12/l	Male 4.38 -5.78 10"12/l Female 4.0- 5.0 10"12/l
HAEMOGLOBIN	15.7 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	43.7 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	**80 fl**	84-94 fl
MCH	**25.7 pg**	27 - 33 pg
MCHC	33.1 g/dl	29.6 - 35.6 %
WBC COUNT	9.2 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	67 %	40-75 %
LYMPHOCYTE	28 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**304 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	70 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.47 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**26.7 U/L**	0 - 35.0 U/L

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:	DIDAR SINGH RATTAN SINGH	**Doc No:**	0022891
Age:	31 Y **Nationality:** INDIAN	**File No:**	0033347
Gender:	M	**Bill No:**	0038834
Ref. By:	ABDULRAHMAN ABDULLATEIF ABDULRAHMAN ZEINELDEEN	**Date:**	27/07/2022
GSM No.:	94629293	**Time:**	10:49

Test	Result	Normal Range
S.G.P.T.	**39.1 U/L**	10 - 45 U/L
GGT	**53.8 U/L**	0 - 55.0 U/L
ALBUMIN	**4.0 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.9 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.12 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**27.8 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.89 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**7.4 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**230 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**175.8 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**61.4 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**133.5 mg/dl**	< 100 mg/dl
VLDL	**35.1 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	87.5 mg/dl	74 - 100 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	

Medical Technologist

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GSM No.:	94629293	**Time:**	10:49

Test	Result	Normal Range
Ketones	Negative	
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	

Medical Technologist

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GSM No.:	94629293	**Time:**	10:49

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

Medical Technologist

PEACE LAND MEDICAL CENTER

2022-07-27 10:03:58

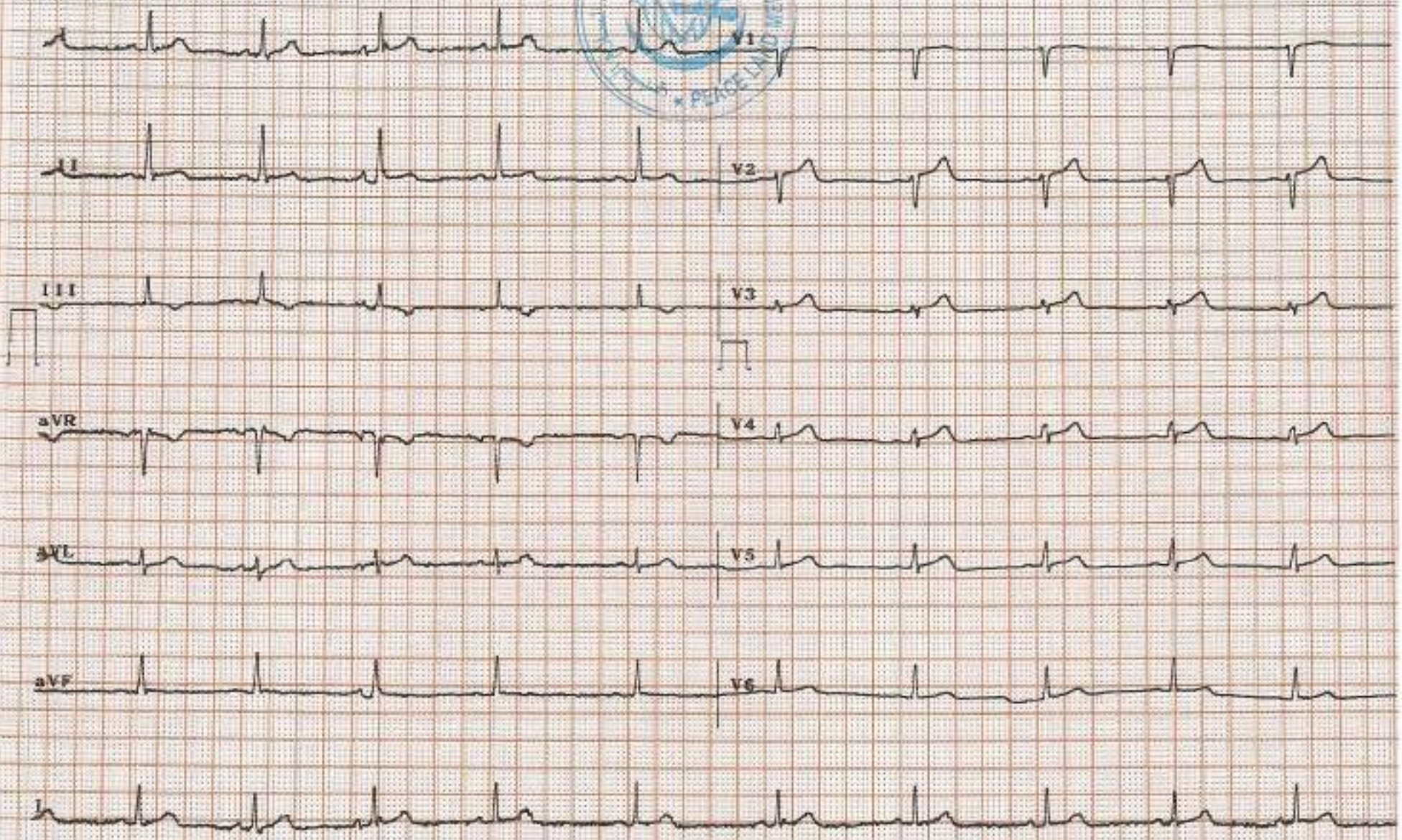
6Channel+1 Rhythm Report

Hospital:PLMS
Confirmed by:

DIDAR SINGH RATTAN SINGH
31 Y(M) <Blank> 27-07-22 10:00
0033347
70080 Bill # 0038854
PENCELAND

Heart Rate : 64 BPM
PR Int.: 148 ms
QRS Dur.: 68 ms
QT/QTc: 354/370 ms
P-R-T axes: 3 53 -5

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



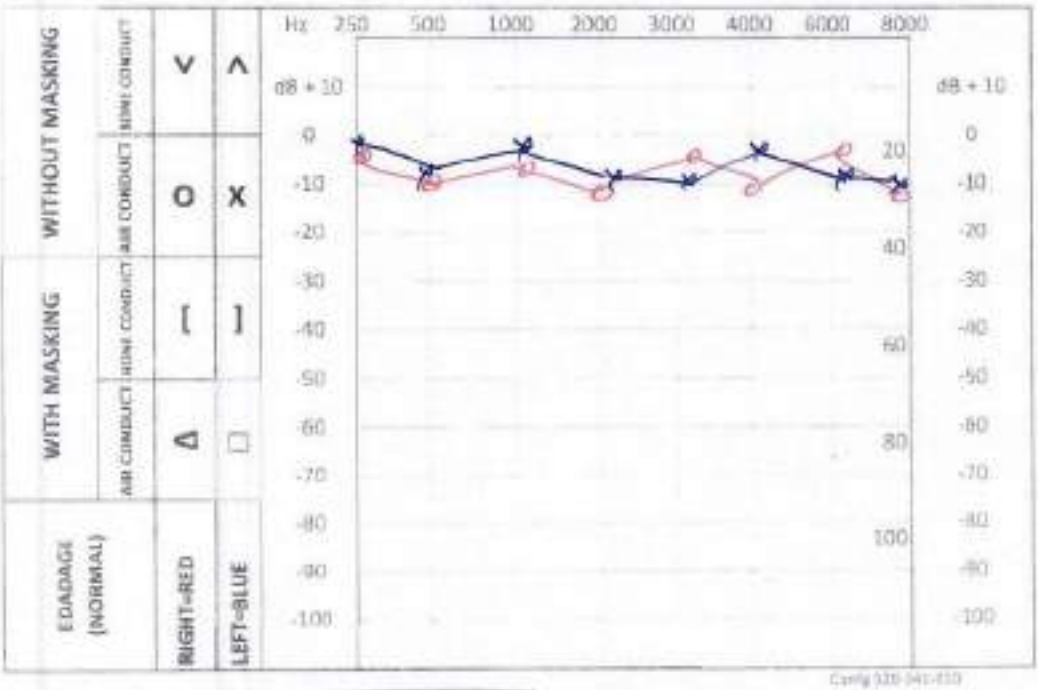
0.1Hz- 40Hz,AC50Hz.PM.Qik. 10.0/5.0mm/mV. 25.0mm/sec. CARDIO-M PLUS 1.13.30 Medical Econet G

مركز بلاد السلام الطبي
Peace Land Medical Center

DIDAR SINGH RATTAN SINGH
31 Y(M) «Blank» 27-07-22 10:00
0033347
70050 Bill # 0039834

IOMETRY TEST REPORT

COMPANY	Truck man
OCCUPATION	operator
DATE	27/7/22



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

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

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
C.R: 1118619

ص.ب ١٤٠٣ الوطية ١٣٣ حوار 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

INTERNATIONAL SPECIALIZED CENTER
FOR HEART AND VASCULAR DISEASES

المركز الدولي التخصصي
لأمراض القلب و الأوعية الدموية

Name: Didar Singh Rattan Singh **Date: 28-JUL-2022**

File No: 10264

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.

Dr. Iraj Emamyar Ramezani
General Practitioner
MOH Lic No: 21832
HEART VASCULAR CENTER (HVC)

- Comment: Normal PA chest x-ray.

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

DR IRAJ EMAMYAR RAMEZANI , GENERAL PRACTITIONER

مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data			
Name	DIDAR SINGH	Date	27/7/2021
ID No.	98119749	Department/Company	TO - SLB
		Occupation	Operator

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 tasks:	*Temporary restriction*	*Permanent restriction*	
Work near moving machinery or sharp edges			FIT
Working at height			
Pulling, 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 branches			
Flying			
Other (Specify)			
Temporary Until until			
Permanently Unfit			Date 27/7/2021
Name of health advisor Signature			

PEACE LAND MEDICAL CENTER