



PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname	RATTAN SINGH
Forenames	DIDAR SINGH
Address	98119749
Company Name	T.O.
Home telephone number	94629293

Place of examination: mt Date: 28/2/23

If a dependant enters employee's name here:

Surname:

Forenames:

Birth date: 5/3/91

Nationality: India

Country of birth: Indian

Religion: Sikh

☒ Male ☐ Female ☒ Married ☐ Single ☐ Separated / Divorced ☐ Wills ☒ Son ☐ Daughter ☐ Number of children: 1

Reason for examination

Pre-Employment

☒ Periodic medical check-up

Job: Operator

Pre-Overseas

Area:

Name and address of family doctor

List your last 3 jobs

(1)

(2)

(2)

(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		
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/areola		☒	40. Fear of heights		☒			

How much tobacco each day? N/A

Average daily alcohol consumption N/A

Have you ever taken illicit drugs? No

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: 28/2/2023

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 = 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 L R	VISION DISTANT NEAR R L R L Uncorrected Corrected	Colour Vision	Blood Group
161	69	26	134 86	84 mins.	N	460/c	N	

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis		✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR				8. Lung Function
✓		3. LFT, RFT, FBS				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.)

LSM - Diet, exercise advised.

FIT



ASSESSMENT:

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

Date: 11/3/23 Name (Block Capitals): Dr. / Nurse

REVIEW/CONSULTATION

Signature: MOHAMMED ASHAR KHAN
General Practitioner
MOH Lic. No. 4404

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

Signature:



مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

Emp	32 Y(M) «Blank» 28/02/23 10:27	Date:	28/2/2023
Name	78065 0040412	Department/Company:	T-O
I.D.N.	0047234	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

☐ sitting and reading

☐ watching TV

☐ sitting inactive in a public place (e.g. theatre or meeting)

☐ as a passenger in the car for an hour without a break

☐ lying down to rest in the afternoon when circumstances permit

☐ sitting & talking with someone

☐ sitting & talking with someone after lunch without alcohol

☐ while stopped for a few minutes in traffic

Total

If you score 2 or more, you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

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

Signature: Didar Singh

Date:

28/2/2023.



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: DIDAR SINGH RATTAN SINGH
Age: 32 Y Nationality: INDIAN
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN

Doc No: 0030786
File No: 0040412
Bill No: 0047234
Date: 01/03/2023
Time: 10:20

GSM No.: 94629293

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	$5.4 \times 10^{12}/L$	Male $4.38 - 6.0 \times 10^{12}/L$ Female $4.0 - 5.2 \times 10^{12}/L$
HAEMOGLOBIN	15.2 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	44.0 %	Male 39.30 - 50.00 % Female 37 - 47 %
MCV	84 fl	84-94 fl
MCH	27.0 pg	27 - 33 pg
MCHC	34.5 g/dl	29.6 - 35.6 %
WBC COUNT	$9.0 \times 10^9/L$	$4.0 - 11.0 \times 10^9/L$
DIFFERENTIAL COUNT		
NEUTROPHIL	60 %	40-75 %
LYMPHOCYTE	36 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	$331 \times 10^9/L$	150 - 450 $\times 10^9/L$
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	68 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.48 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	28.0 U/L	0 - 35.0 U/L
S.G.P.T.	29.9 U/L	10 - 45 U/L





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Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 94629293

Doc No: 0030786
File No: 0040412
Bill No: 0047234
Date: 01/03/2023
Time: 10:20

Test	Result	Normal Range
GGT	51.5 U/L	0 - 55.0 U/L
ALBUMIN	4.6 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	6.7 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.12 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	30.1 mg/dl	18.0 - 55.0 mg/dl
S. CREATININE	0.82 mg/dl	0.70 - 1.30 mg/dl
S. URIC ACID	7.8 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	210 mg/dl	0.0 - 200 mg/dl
Triglyceride	175.0 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	65.0 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	110.0 mg/dl	< 100 mg/dl
VLDL	35.0 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	94.3 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	





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Date: 01/03/2023
Time: 10:20

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	





مركز بلاد السلام الطبي

Peace Land Medical Center

DIDAR SINGH RATTAN SINGH
32 Y (M) «Blank» 28/02/23 10:27



79085

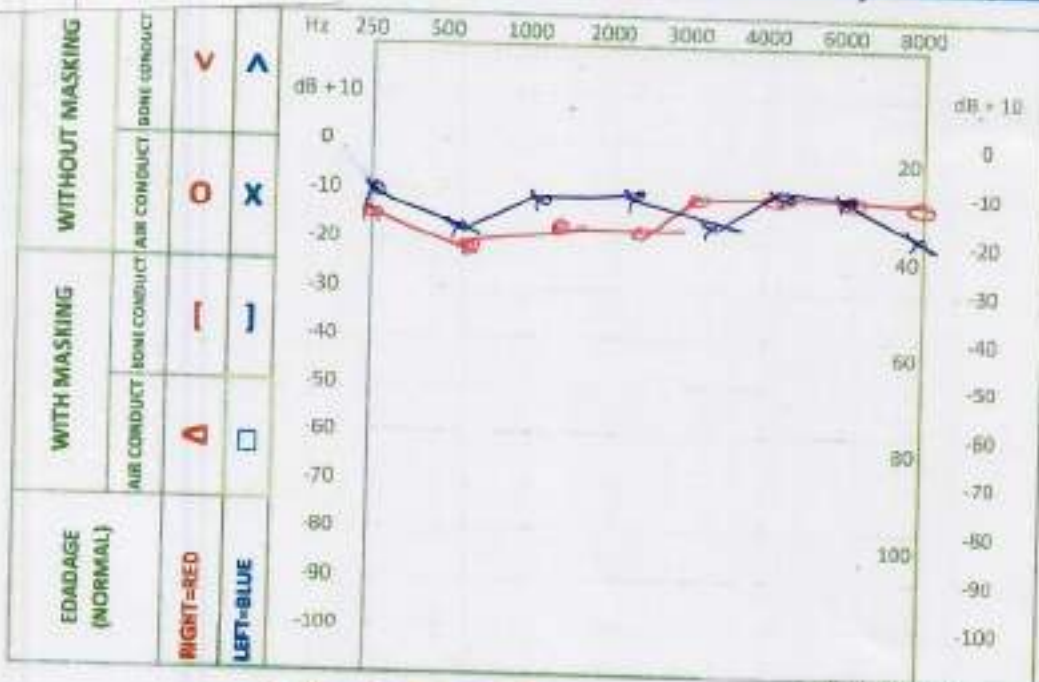
Bill #

0040412

0047234

AUDIOMETRY TEST REPORT

ENDER	COMPANY	70
	OCCUPATION	Operator
	DATE	28/2/23



Sibelmed

Contig S20-SAL-010

INTERPRETATION

X LEFT EAR

O RIGHT EAR

RESULT

☒ NORMAL

☐ HEARING LOSS

☐ RIGHT

☐ LEFT





مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date 11/3/23.	
Name Didar Singh		Department/Company T.O	
I.D No. 98119764		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 task(s)		Temporary restriction	Permanent restriction
Work near moving machinery or sharp edges			FIT
Working at height			
Lifting, 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			
Name of health advisor Signature			Date 11/3/23.

