



PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Place of examination: <u>mt</u>		Date: <u>08/5/2023</u>		Surname	
If a dependant enters employee's name here:		Forenames: <u>KISHAN SINGH</u>		Address: <u>100597884</u> Company Name: <u>T.O.</u>	
Birth date: <u>28/4/86</u>		Nationality: <u>Indian</u>		Home telephone number: <u>96230062</u>	
Forenames: <u>Indian</u>		Country of birth: <u>India</u>		Religion: <u>Sikh</u>	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced		Relationship to employee	
				<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	
Reason for examination		Pre-Employment <input checked="" type="checkbox"/> Periodic medical check-up		Job: <u>Operator</u>	
		Pre-Overseas <input type="checkbox"/>		Area:	
Name and address of family doctor			List your last 3 jobs		
(1)			(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		
1. Sinus trouble			✓	21. Cancer	
2. Neck swelling/glands			✓	22. Heart Disease	
3. Difficulty in vision			✓	23. Rheumatic fever	
4. Any ear discharge			✓	24. Abnormal heartbeat	
5. Asthma/bronchitis			✓	25. High blood pressure	
6. Hayfever /other significant allergy			✓	26. Stroke	
7. Any skin trouble			✓	27. Serious chest pain	
8. Tuberculosis			✓	28. Any blood disease	
9. Shortness of breath			✓	29. Kidney disease	
10. Coughed/vomited blood			✓	30. Blood in urine	
11. Severe abdominal pain			✓	31. Painful passage of urine	
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? <u>No</u>		Average daily alcohol consumption <u>Occasionally</u>		HAVE YOU EVER BEEN: -	
Have you ever taken elicited drugs? (X)				41. Rejected for employment or insurance for medical reasons	
FAMILY HISTORY: Diabetes (X) Tuberculosis (X) Epilepsy (X) Asthma (X) Eczema (X)		Heart disease (X) High blood pressure (X) Stroke (X) Blood Disease (X) Cancer (X)		42. Awarded benefits for industrial injury/illness	
PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT: -				43. Treated for a mental condition, e.g. depression	
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.				44. Treated for problem drinking or drug abuse	
Date: <u>08/5/2023</u>		Signature of Applicant: <u>Kishan Singh</u>		45. Exposed to toxic substance or noise	
				FOR WOMEN ONLY	
				Have you ever had:-	
				46. An abnormal smear	
				47. Any gynaecological treatment	
				48. Are you pregnant?	
				49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	



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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 150	WEIGHT kg 82	BMI 25	B.P. 130 80	PULSE 66 /mins.	HEARING L N R	VISION DISTANT R L Uncorrected 6/6 6/6 Corrected	NEAR R L +	Colour Vision nr	Blood Group
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N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
✓		1. Urinalysis	✓	
✓		2. Hb, Bloodcount, ESR		
✓		3. LFT, RFT, RBS		
✓		4. Drug Screen		
✓		5. Lipids (40 years +)		
✓		6. Sickie Cell test		

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

Usm - Dich exercise, advised.

FIT



ASSESSMENT:

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

Date: 9/1/23 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

Empl	KISHAN SINGH # 00032204 # 37 Y.O. 00498 08/05/23 08:16	Date: 08/5/2023
Name:		Department/Company:
I. D No.	Tel #	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, Keshan (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Keshan Singh Date: 08/5/2023



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: KISHAN SINGH
Age: 37 Y **Nationality:** INDIAN
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 96230062

Doc No: 0033060
File No: 0042209
Bill No: 0049807
Date: 08/05/2023
Time: 15:24

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	$5.2 \times 10^{12}/L$	Male $4.38 - 6.0 \times 10^{12}/L$ Female $4.0 - 5.2 \times 10^{12}/L$
HAEMOGLOBIN	14.0 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	42.5 %	Male 39.30 - 50.00 % Female 37 - 47 %
MCV	84 fl	84-94 fl
MCH	27.0 pg	27 - 33 pg
MCHC	31.9 g/dl	29.6 - 35.6 %
WBC COUNT	$6.5 \times 10^9/L$	$4.0 - 11.0 \times 10^9/L$
DIFFERENTIAL COUNT		
NEUTROPHIL	62 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	03 %	1-6 %
MONOCYTE	05 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	$216 \times 10^9/L$	$150 - 450 \times 10^9/L$
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	55 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.56 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	18.6 U/L	0 - 35.0 U/L
S.G.P.T.	33.3 U/L	10 - 45 U/L



Medical Technologist





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Doc No: 0033060
File No: 0042209
Bill No: 0049807
Date: 08/05/2023
Time: 15:24

GSM No.: 96230062

Test	Result	Normal Range
ALBUMIN	4.2 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	7.2 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.20 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	29.4 mg/dl	18.0 - 55.0 mg/dl
S. CREATININE	0.99 mg/dl	0.70 - 1.30 mg/dl
S. URIC ACID	6.9 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	180 mg/dl	0.0 - 200 mg/dl
Triglyceride	150.0 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	47.1 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	102.9 mg/dl	< 100 mg/dl
VLDL	30.0 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	80.9 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	
Urobilinogen	Normal	



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Test	Result	Normal Range
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	

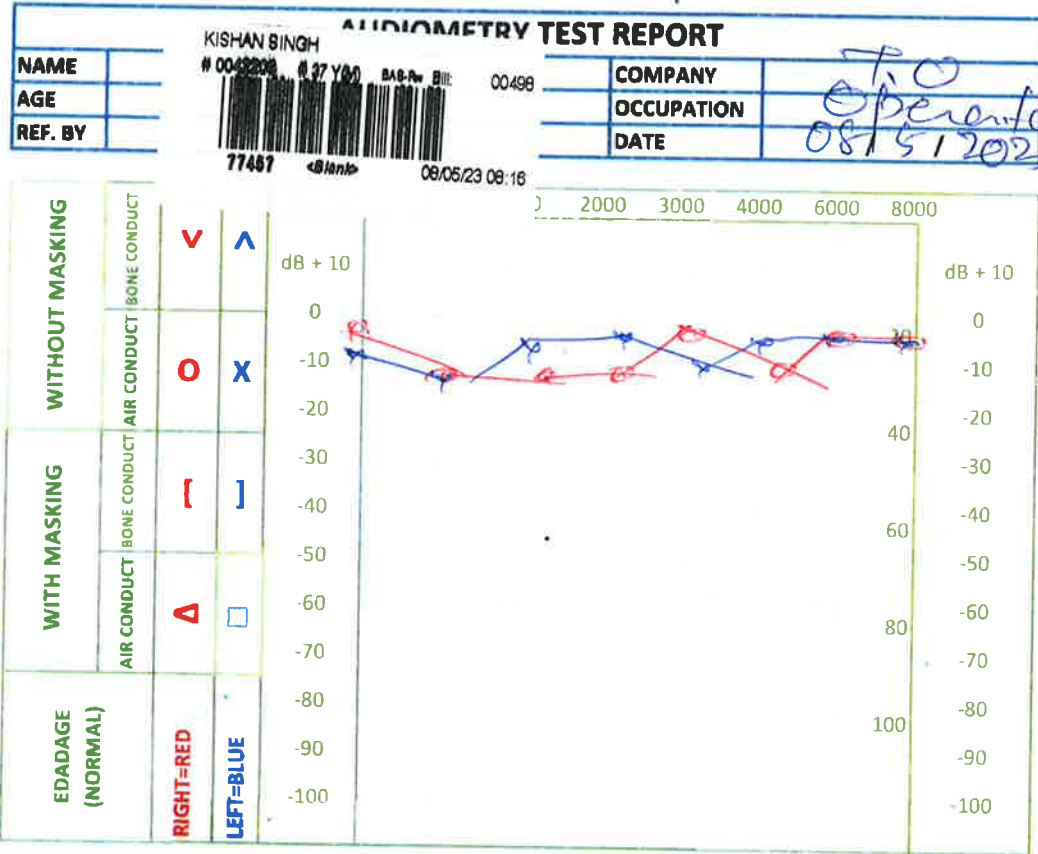


Medical Technologist



مركز بلاد السلام الطبي

Peace Land Medical Center



Sibelmed

Confg 520-541-010

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		KISHAN SINGH # 0042209 # 37 Y(M) BAE-Pw Bill: 00498		Date
Name		77457 <Blank> 08/05/23 08:18		Department/Company
I.D No.				Occupation <i>operator</i>
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				
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 wrenches				
Flying				
Other (Specify)				
Temporary Unfit until				
Permanently Unfit		Date 9/5/23		
Name of health advisor Signature				



