

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: work Date: 08/05/2023

If a dependant enters employee's name here:

Surname: Kishan Singh

Birth date: 28/01/86

Nationality: Indian

Surname

Forenames Kishan Singh

Address 100597884 Company Name: T.O.

Home telephone number

96230062

Male Female

Married Single Separated /Divorced

Relationship to employee

Wife 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)

(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/armpit		✓	40. Fear of heights		✓			

How much tobacco each day? No -

Average daily alcohol consumption Occasionally

Have you ever taken elicited drugs? (X)

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)

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: 08/05/2023

Signature of Applicant: Kishan 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 160	WEIGHT kg 82	BMI 25	B.P. 130 80	PULSE 66 /mins.	HEARING L R	VISION DISTANT Uncorrected Corrected	NEAR R L R L	Colour Vision NN	Blood Group
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.)

6sm - Ditch crosses in, advised.



ASSESSMENT:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

Date: 9/5/23 Name (Block Capitals): Dr. / Nurse

Signature:



REVIEW/CONSULTATION

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

Signature:



مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screen:

KISHAN SINGH 00498 Questionnaire for Sleep Apnoea

Employee	Date:	08/15/2023
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

- 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 a talking with someone
- Sitting quietly after lunch without alcohol
- 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, Keshawn (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature:

R. Kishan 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	Doc No:	0033060		
Age:	37 Y	Nationality:	INDIAN	File No:	0042209
Gender:	M	Bill No:	0049807		
Ref. By:	DR. MOHAMMED AKBAR KHAN	Date:	08/05/2023		
GSM No.:	96230062	Time:	15:24		

Test	Result	Normal Range
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TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40
YRS

COMPLETE BLOOD COUNT

RBC	5.2 x10 ¹² /L	Male 4.38 -6.0 x 10 ¹² /L Female 4.0- 5.2x10 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 x 10 ⁹ /L	4.0 - 11.0 x 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 x 10⁹/L

150 - 450 x 10⁹/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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Tel: 24617117/24617148/24617149

LAB RESULT

Name: KISHAN SINGH **Doc No:** 0033060
Age: 37 Y **Nationality:** INDIAN **File No:** 0042209
Gender: M **Bill No:** 0049807
Ref. By: DR. MOHAMMED AKBAR KHAN **Date:** 08/05/2023
GSM No.: 96230062 **Time:** 15:24

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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LAB RESULT

Name:	KISHAN SINGH	Doc No:	0033060		
Age:	37 Y	Nationality:	INDIAN	File No:	0042209
Gender:	M	Bill No:	0049807		
Ref. By:	DR. MOHAMMED AKBAR KHAN	Date:	08/05/2023		
GSM No.:	96230062	Time:	15:24		

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	



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Medical Technologist



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INTERPRETATION

RESULT

- NORMAL
- HEARING LOSS
- RIGHT
- LEFT



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Fitness for work certificate

Employee Data		KISHAN SINGH # 0042209 # 37 Y(M) B&B-Pw BII: 00498	
Name		Date <i>R</i>	
I.D No.		Department/Company <i>08/05/23 08:16</i>	
Type of Medical Evaluation mark those applying ✓		Occupation <i>operator</i>	
A1 Aircraft refuelling		A6 Fire / Emergency response team work	
A2 Breathing apparatus		A7 Professional driving <i>✓</i>	
A3 Business traveller		A8 Remote location work <i>✓</i>	
A4 Catering and food preparation		A9 Transfers – group A country	
A5 Crane or forklift driving & all heavy vehicles <i>✓</i>		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 <i>✓</i>			
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			FIT
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 <i>9/5/23</i>	
Name of health advisor Signature <i>Q</i>			



