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Appendix 33: EX2 Form (Routine/Periodic Medical Examination)

JTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

tient 14911 Reg.Dt 03/05/2023
ame SUKHDEV SINGH
nder Male Nationality INDIAN

Petroleum Development Oman
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames: SUKHDEV SINGH

Nationality: INDIAN = D.O.B # 15-10-1972

Mobile No. 96621618 | Address: 77471885 | Company Number: 1263 | Reference Indicator:

Personal Details

A ☑ Male ☐ Female | ☑ Married ☐ Single ☐ Separated /Divorced /Widow(er)

Home/Leave Address: | Relationship to employee: ☐ Wife ☐ Son ☐ Daughter | No of Children: 2

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☑ Final / Retirement ☐ Other Reason: ☐

Employee only

B Present Job and Location: MD DRIVER – HAIMA | Next Job and Location:

Are you a registered person with special needs? ☐ | Do you belong to any Medical Insurance Scheme? ☐

Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.

Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' please describe

		N	Y	Description
Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?		√		
1	Ear, nose, eye or throat problems	√		
2	Chest problems like asthma, bronchitis, another bad cough	√		
3	Heart abnormality, chest pains	√		
4	Abdominal pains, abnormal bowel motions	√		
5	Urogenital problems (kidney disease, menstrual disorder)	√		
6	Skin trouble or allergies	√		
7	Epileptic fits, dizzy spells or migraine	√		
8	History of mental illness, depression anxiety	√		
9	Diabetes, thyroid disease ,history of Hypertension	√		
10	Blood disorder e.g. anaemia, blood cancer e.g. leukaemia	√		
11	Any history of accidents or fractures	√		
12	**Have you had any serious allergies**	√		
13	Do any dependants have a significant ongoing illness?	√		
14	Any family history of cancers	√		
Do you take any regular medicines, or have your taken in the past?		√		
Do you smoke? If yes, what and how much each day?		√		
Do you drink alcohol? If yes, what is your average weekly intake?		√		
Have you ever taken elicited/recreational drugs?		√		
Are you doing regular sports or physical activities?		√		

STATEMENT: I have read the above questions and the above answers are correct and no information concerning my present or past state of health has been withheld. . I understand and agree that this form will be held as a confidential record by PDO Medical Department, and may be copied (by paper or secure electronic transmission) to the Occupational Health Services for the purpose of Health Surveillance and other Occupational Health review.

Date: 03-05-2023 Signature of Applicant: SU

Peace Land Clinic Mukhaizna

Appendix 33: EX2 Form (Routine/Periodic Medical Examination)

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N = Normal	A = Anormal (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.

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	Color Vision
169	78	27.3	130/80 mmhg	74/mins.	L N R N	DISTANT R 6/6 L 6/6; NEAR R L Uncorrected Corrected	1. Normal ✓ 2. Abnormal

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis		✓		7. Audiogram
✓		2. Hb, Blood count, 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.)

Adv: weight maintaining.

ASSESSMENT AND RECOMMENDATIONS:

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

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

REVIEW/CONSULTATION

Dr. Abdul Rahiman Beary
MOH Licence No. 1441

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

PDN

مركز بلاد السلام الطبي
Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea		
NAME: SUKHDEV SINGH	COMPANY: TRUCKOMAN	
ID No: 77471885	OCCUPATION: L.D. DRIVER	
Mob.No: 96621618	GENDER: M / F	DATE: 03/05/23

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-Hight chance of dozing

0 Sitting and reading
0 Watching TV
0 Sitting inactive in a public place(e.g.Teatere or meeting)
1 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: 1

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

Signature: [signature] Date: 03/05/2023

Peace Land Clinic Mokhaizna

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

Peaceland Medical Service LLC, Mukhaizna
CR No.:2/13627/9, P.O.Box: 1403,
Postal Code: 133,
Occidential Camp Mukhaizna, Sultanate of Oman

PATIENTDETAILS :

Patient ID	: 18911	Doc No	: 5335
Name	: SUKHDEV SINGH	Doc Date	: 2023-05-03T11:22:00
Age	: 50Y	Bill No	: 24132
Gender	: Male	Date	: 03/05/2023 11:22 AM
Nationality	: INDIAN	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 96621618	Ref.by	: DR ABDUL RAHMAN

TEST RESULT : PDOM PDO MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
PDO MEDICAL CHECKUP			
URINE ROUTINE ANALYSIS			
Colour	Pale yellow		
Sp. Gravity	1.015		
pH	Acidic		
Appearance	Clear		
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
PUS CELLS	1-2		
EPITHELIAL CELLS	1-2		
RBC'S	1-2		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NIL		
OTHERS	NIL		
COMPLITE BLOOD COUNT			
RBC	4.5 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	13 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	39 %	Male 42 -52 % Female 37 -47 %	

Reported By:
AHMED ALHAG
Sr. Lab Technologist
Printed at: 03/05/2023 11:24:58

Peace Land Clinic Mukhaizna

Verified By:
Sr. Lab Technologist
Signed at: 03/05/2023 11:24:56

Specialist Pathologist:
Sr. Lab Technologist

Test	Result	Normal Range	Detailed Description
MCV	86 fl	76 - 96 fl	
MCH	28 pg	27 - 33 pg	
MCHC	33 %	32 36 %	
WBC COUNT	5300 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	48 %	40-75 %	
LYMPHOCYTE	44 %	20-45 %	
EOSINOPHIL	4 %	1-6 %	
MONOCYTE	4 %	2-6%	
BASOPHIL	0 %	0-1%	
PLATALATE	2.4 lakhs/cumm	1.5 - 3.5 lakhs / cu mm	
LIPID PROFILE			
Total Cholesterol	195 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	78 mg/dl	Normal < 200 mg/dl Border line 200 - 250 mg/dl High > 250 mg /dl	
HDL - CHOL	70 mg/dl	Low Risk > 50 mg/dl Normal Risk 35 - 50 mg/dl High Risk < 35 mg/dl	
LDL - CHOL	109 mg/dl	65 - 130 mg/dl	
VLDL	16 mg/dl	5-40 mg/dl Male 2-30 mg/dl Female	
FASTING BLOOD SUGAR	105 mg/dl	70 - 110 mg/dl	
LIVER FUCTION TEST			
ALKALINE PHOSPHATASE	61 u/l	44-147 U/ L	
T. BILIRUBIN	1.1 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.4 mg / dl	up to 0.4 mg /dl	
IINDIRECT BILIRUBIN	0.7 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	19 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	23 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	7 g /dl	New born 5.2 - 9.1 g /dl Children 5.4 - 8.7 g /dl Adult 6.7 - 8.7 g /dl	
ALBUMIN	4 g / dl	3.6 - 5.5 g/dl	
GGT	26 u / L	4 - 48 U/L	
RENAL FUNCTION TEST			
UREA	37 mg / dl	10-50 mg /dl	
S.CREATININE	0.8 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	7 mg / dl	3.4 - 7.2 mg /dl	

Remarks:

2023-05-03 09:33:31

6 Channel + 1 Rhythm Report

Hospital:

Prescribed by:

tient 18911 Reg.Dt 03/05/2023

ame SUKHDEV SINGH

nder Male Nationality INDIAN

Heart Rate: 78bpm ** Analysis Result ** (To be finally confirmed by cardiologist)

PR Int.: 146 ms Normal Sinus Rhythm

QRS Dur.: 112 ms Normal Axis

QT/QTc: 368/417 ms [Normal ECG]

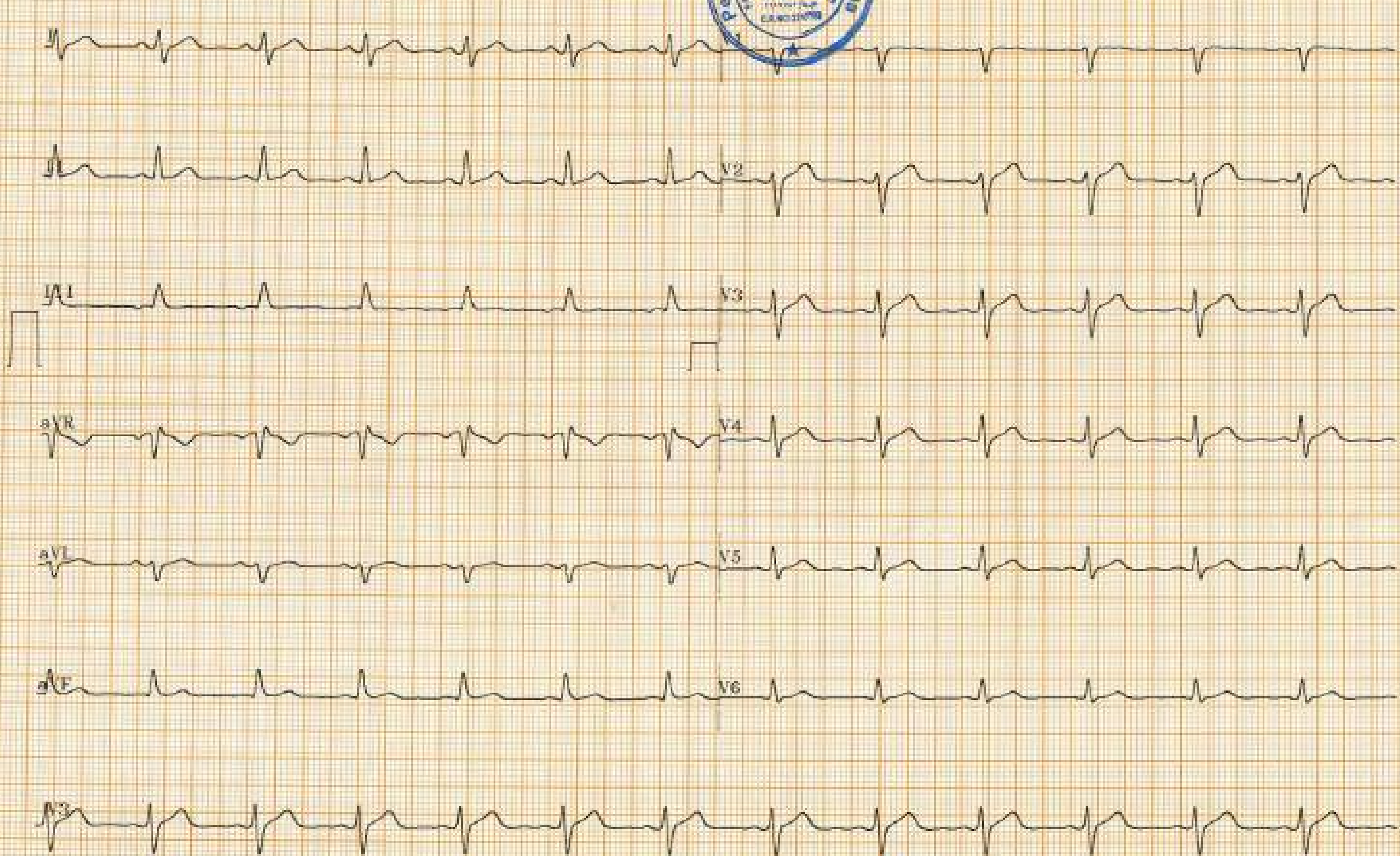
P-R-T axes:

9 77 27

Peace Land Mukhaizna

Dr. Abdul Rahiman Beary

MOH Licence No. 1441



0.1Hz-LPFoff,AC50Hz,EMG. I-aVF:10.0mm/mV,V1-V6:5.0mm/mV,25.0mm/sec. CARDIO-M Vers.09M.3Q Medical Econet GmbH

بلاد السلام للخدمات الطبية ش.م.م
Peace Land Medical Services L.L.C

PATIENT ID: 18911

Estimated 10-year Global CVD Risk
6.70%

Risk Category
Low Risk

Estimated Vascular Age
48 Years

Treatment Guidelines

ATP-III (2004)

Treatment Targets

LDL <160 mg/dL (<4.14 mmol/L)
Non-HDL <190 mg/dL (<4.93 mmol/L)

CCS (2009)

Initiate Pharmacotherapy if

LDL >5 mmol/L (>193 mg/dL)
TChol/HDL-C >6 mmol/L (>231 mg/dL)

Treatment Targets

≥50 % decrease in LDL-C

ESC (2007, see Info for more)

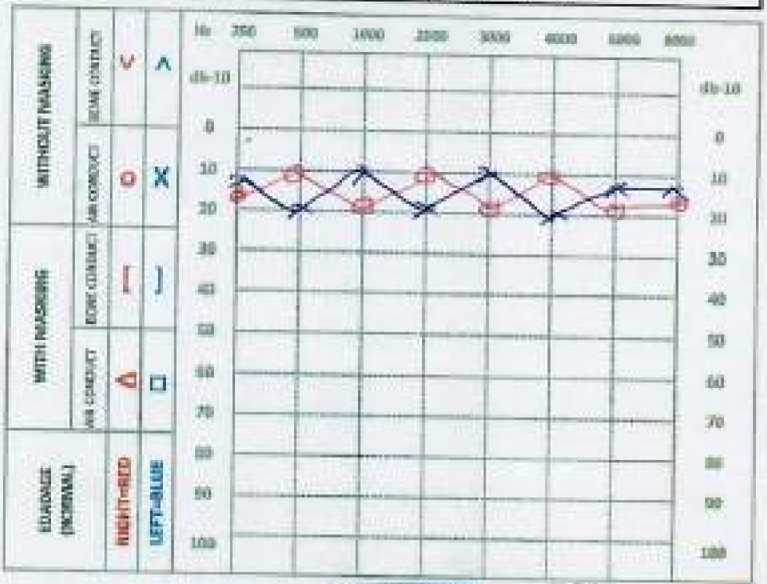
Treatment Targets

LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

مركز بلاد السلام الطبي
Peace Land Medical Center

AUDIOMETRY TEST REPORT

NAME: SUKHDEN SINGH	COMPANY: TRUCKOMAN
AGE: 15/10/78 · GENDER: M / F	OCCUPATION: HD DRIVER
REF. BY:	DATE: / /



Sibelmed

INTERPRETATION
O RIGHT EAR
X LEFT EAR

RESULT
- [x] NORMAL

HEARING LOSS
- [ ] RIGHT
- [ ] LEFT

Dr. Abdul Rahiman Beary
MOH Licence No. 1441

Peace Land

مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	03/05/2023
Name	SUKHDEN SINGH	Department/Company	[illegible]
I.D No.	77471665	Occupation	HD DRIVER

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			
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 03/5/2023
Name of health advisor Signature			

Peace Land Clinic Al Khaburah ... C.R.NO.1097780

Dr. Abdul Rahiman Beary
MOH Licence No. 1441