



Form: 18911 Reg. No: 16/04/2025
 Name: SUKHDEV SINGH
 Gender: Male Nationality: INDIAN
 Age: 37 Mar. Status: Married
 Address:



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

TINE/PERIODIC EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

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.	98621618	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: HD DRIVER	Next Job and Location:
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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 illicit/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: 10-04-2025

Signature of Applicant: Sukhdev Singh





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 169	WEIGHT kg 82	BMI 28.7	B.P. 130/80 mmhg	PULSE 86/min.	HEARING L N R N	VISION DISTANT NEAR R L R L Uncorrected Corrected 6/6 6/6	Color Vision 1. Normal 2. Abnormal
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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 +)	79%	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.)

FIT

ASSESSMENT AND RECOMMENDATIONS:

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

Date: 17/04/2015 Name (Block Capitals): Dr. / Nurse

Signature: *for Dr. Muhammad Ullah*

REVIEW/CONSULTATION

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

Signature:



Dr. MUHAMMAD ULLAH
General Practitioner
MOH License No. : 7790



مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea	
NAME: <u>SEKHDEV SINGH</u>	COMPANY: <u>TRUCKMAN NORTH</u>
ID No: <u>77471885</u>	OCCUPATION: <u>HD DRIVER</u>
Mob.No: <u>96621618</u>	GENDER: <u>M</u> F <u>F</u> DATE: <u>10/04/2025</u>
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: <u>0</u>	
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 <u>SEKHDEV SINGH</u> (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.	
Signature: <u>SEKHDEV SINGH</u>	Date: <u>10/04/2025</u>





Peace Land Medical Service LLC, Mukhalzina
CR No.:2/13627/8, P.O.Box: 1483,
Postal Code: 133,
Occidental Camp Mukhalzina, Sultanate of Oman

PATIENT DETAILS :

Patient ID : 13911	Doc No : 12970
Name : SUKHDEV SINGH	Doc Date : 2025-04-10T10:48:00
Age : 52Y	Bill No : 34891
Gender : Male	Date : 10/04/2025 10:48 AM
Nationality : INDIAN	Customer : TRUCKOMAN OIL & GAS SERVICES
GSM No : 98621618	Ref by : DR.ALNAZEER JAHMELRASOUL ALI MOHAMED

TEST RESULT : PDOM PDO MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
PDO MEDICAL CHECKUP			
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	48 u/l	44-147 U/L	
T. BILIRUBIN	0.8 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.1 mg / dl	up to 0.4 mg /dl	
INDIRECT BILIRUBIN	0.5 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	16 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	18 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	7 g /dl	New born 5.2 - 8.1 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	
RENAL FUNCTION TEST			
UREA	28 mg / dl	10-50 mg /dl	
S.CREATININE	0.8 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	6.6 mg / dl	3.4 - 7.2 mg /dl	
FASTING BLOOD SUGAR	106 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.010		
pH	Acidic		
Appearance	Clear		
CHEMICAL			
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC			
PUS CELLS	1-2		

Reported By:
Lab Technician

Verified By:
Lab Technician

Approved By:
Lab Technician


Sr. Lab Technologist

Sr. Lab Technologist

Sr. Lab Technologist

Printed at: 10/04/2025 10:50:10

Signed at: 10/04/2025 10:50:10



Test	Result	Normal Range	Detailed Description
EPITHELIAL CELLS.	1-2		
RBCS	1-2		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA.	NIL		
OTHERS.	NIL		
COMPLETE BLOOD COUNT			
RBC	4.8 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	13.5 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	39 %	Male 42 - 52 % Female 37 - 47 %	
MCV	81 fl	76 - 96 fl	
MCH	28 pg	27 - 33 pg	
MCHC	34 %	32 - 36 %	
WBC COUNT	6000 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	48 %	40-75 %	
LYMPHOCYTE	42 %	20-45 %	
EOSINOPHIL	3 %	1-6 %	
MONOCYTE	5 %	2-6%	
BASOPHIL	0 %	0-1%	
PLATELET	2.2 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
LIPID PROFILE			
Total Cholesterol	194 mg/dl	Normal < 200 mg/dl Border line : 200 - 239 mg / dl High > 240 mg / dl	
Triglyceride	150 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	60 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	114 mg/dl	< 130 mg/dl	
VLDL	30 mg/dl	2-30 mg/dl	
NON HDL CHOLESTEROL	130 mg/dl	Less than 130mg/dl	

Remarks:



27-01-2013 10:00:00
 N. M. MUKHATZNA
 S. M. MUKHATZNA
 S. M. MUKHATZNA
 S. M. MUKHATZNA

Operator: PEACELAND MEDICAL SERVICE
 Custom1:
 Custom2:
 Custom3:
 AUTO 5mm/mV

Data for reference only:

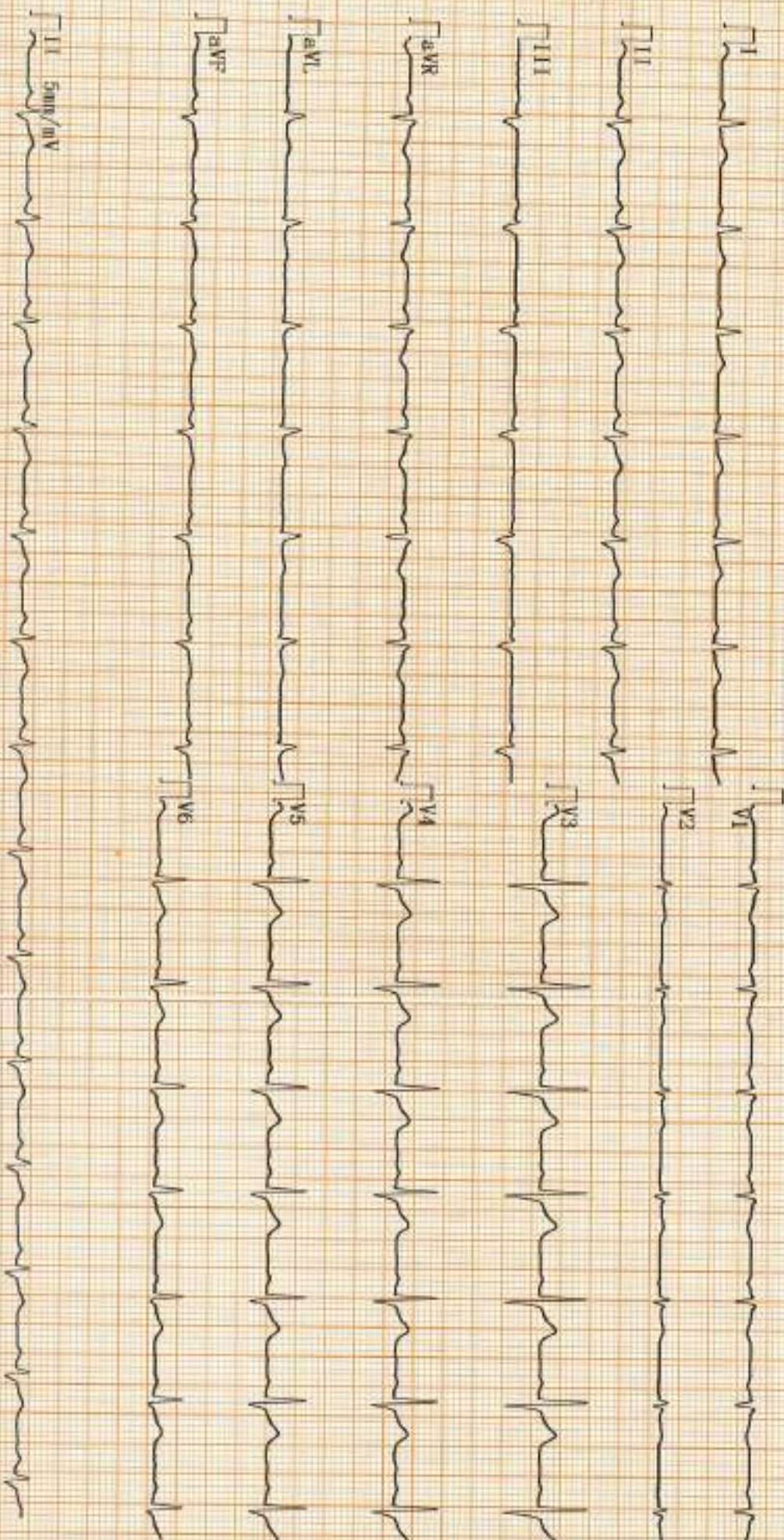
HR	bpm	: 85
PR Interval	ms	: 145
P Duration	ms	: 105
QRS Duration	ms	: 101
T Duration	ms	: 184
P/QRS/T Axis	deg	: 335/397
R(V5)/S(V1)	mV	: 57.2/-26.0/42.9
R(V5)+S(V1)	mV	: 1.31

<< Conclusions >>

Normal Sinus Rhythm,
 Mild Left axis deviation.

Report need physician confirm

Physician:





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

PATIENT ID: 18911

Estimated 10-year Global CVD Risk

7.90%

Risk Category

Low Risk

Estimated Vascular Age

51 Years

Treatment Guidelines

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)





NAME: SUKHDEV SINGH		COMPANY: TON
AGE: 22y	GENDER: M/F	OCCUPATION: HD DRIVER
REF. BY:		DATE: 10/04/2025



Sibelmed

INTERPRETATION
O RIGHT EAR
X LEFT EAR

RESULT
☒ **NORMAL**
HEARING LOSS
☐ **RIGHT**
☐ **LEFT**



البريد 1613 - الزمزم للبريد - 22 - بناية القسيمة بجس الجراج المصنوع بجس
P.O. Box 1613, P.O. Code - 122, Al Azala, Roudhmat al Sahel Tower, Sultanate of Oman
TM: 24617117 / 24617142 / 24617143 / 24617144 / 24617145 / 24617146 / 24617147 / 24617148 / 24617149 / 24617150 / 24617151 / 24617152 / 24617153 / 24617154 / 24617155 / 24617156 / 24617157 / 24617158 / 24617159 / 24617160 / 24617161 / 24617162 / 24617163 / 24617164 / 24617165 / 24617166 / 24617167 / 24617168 / 24617169 / 24617170 / 24617171 / 24617172 / 24617173 / 24617174 / 24617175 / 24617176 / 24617177 / 24617178 / 24617179 / 24617180 / 24617181 / 24617182 / 24617183 / 24617184 / 24617185 / 24617186 / 24617187 / 24617188 / 24617189 / 24617190 / 24617191 / 24617192 / 24617193 / 24617194 / 24617195 / 24617196 / 24617197 / 24617198 / 24617199 / 24617200 / 24617201 / 24617202 / 24617203 / 24617204 / 24617205 / 24617206 / 24617207 / 24617208 / 24617209 / 24617210 / 24617211 / 24617212 / 24617213 / 24617214 / 24617215 / 24617216 / 24617217 / 24617218 / 24617219 / 24617220 / 24617221 / 24617222 / 24617223 / 24617224 / 24617225 / 24617226 / 24617227 / 24617228 / 24617229 / 24617230 / 24617231 / 24617232 / 24617233 / 24617234 / 24617235 / 24617236 / 24617237 / 24617238 / 24617239 / 24617240 / 24617241 / 24617242 / 24617243 / 24617244 / 24617245 / 24617246 / 24617247 / 24617248 / 24617249 / 24617250 / 24617251 / 24617252 / 24617253 / 24617254 / 24617255 / 24617256 / 24617257 / 24617258 / 24617259 / 24617260 / 24617261 / 24617262 / 24617263 / 24617264 / 24617265 / 24617266 / 24617267 / 24617268 / 24617269 / 24617270 / 24617271 / 24617272 / 24617273 / 24617274 / 24617275 / 24617276 / 24617277 / 24617278 / 24617279 / 24617280 / 24617281 / 24617282 / 24617283 / 24617284 / 24617285 / 24617286 / 24617287 / 24617288 / 24617289 / 24617290 / 24617291 / 24617292 / 24617293 / 24617294 / 24617295 / 24617296 / 24617297 / 24617298 / 24617299 / 24617300 / 24617301 / 24617302 / 24617303 / 24617304 / 24617305 / 24617306 / 24617307 / 24617308 / 24617309 / 24617310 / 24617311 / 24617312 / 24617313 / 24617314 / 24617315 / 24617316 / 24617317 / 24617318 / 24617319 / 24617320 / 24617321 / 24617322 / 24617323 / 24617324 / 24617325 / 24617326 / 24617327 / 24617328 / 24617329 / 24617330 / 24617331 / 24617332 / 24617333 / 24617334 / 24617335 / 24617336 / 24617337 / 24617338 / 24617339 / 24617340 / 24617341 / 24617342 / 24617343 / 24617344 / 24617345 / 24617346 / 24617347 / 24617348 / 24617349 / 24617350 / 24617351 / 24617352 / 24617353 / 24617354 / 24617355 / 24617356 / 24617357 / 24617358 / 24617359 / 24617360 / 24617361 / 24617362 / 24617363 / 24617364 / 24617365 / 24617366 / 24617367 / 24617368 / 24617369 / 24617370 / 24617371 / 24617372 / 24617373 / 24617374 / 24617375 / 24617376 / 24617377 / 24617378 / 24617379 / 24617380 / 24617381 / 24617382 / 24617383 / 24617384 / 24617385 / 24617386 / 24617387 / 24617388 / 24617389 / 24617390 / 24617391 / 24617392 / 24617393 / 24617394 / 24617395 / 24617396 / 24617397 / 24617398 / 24617399 / 24617400 / 24617401 / 24617402 / 24617403 / 24617404 / 24617405 / 24617406 / 24617407 / 24617408 / 24617409 / 24617410 / 24617411 / 24617412 / 24617413 / 24617414 / 24617415 / 24617416 / 24617417 / 24617418 / 24617419 / 24617420 / 24617421 / 24617422 / 24617423 / 24617424 / 24617425 / 24617426 / 24617427 / 24617428 / 24617429 / 24617430 / 24617431 / 24617432 / 24617433 / 24617434 / 24617435 / 24617436 / 24617437 / 24617438 / 24617439 / 24617440 / 24617441 / 24617442 / 24617443 / 24617444 / 24617445 / 24617446 / 24617447 / 24617448 / 24617449 / 24617450 / 24617451 / 24617452 / 24617453 / 24617454 / 24617455 / 24617456 / 24617457 / 24617458 / 24617459 / 24617460 / 24617461 / 24617462 / 24617463 / 24617464 / 24617465 / 24617466 / 24617467 / 24617468 / 24617469 / 24617470 / 24617471 / 24617472 / 24617473 / 24617474 / 24617475 / 24617476 / 24617477 / 24617478 / 24617479 / 24617480 / 24617481 / 24617482 / 24617483 / 24617484 / 24617485 / 24617486 / 24617487 / 24617488 / 24617489 / 24617490 / 24617491 / 24617492 / 24617493 / 24617494 / 24617495 / 24617496 / 24617497 / 24617498 / 24617499 / 24617500 / 24617501 / 24617502 / 24617503 / 24617504 / 24617505 / 24617506 / 24617507 / 24617508 / 24617509 / 24617510 / 24617511 / 24617512 / 24617513 / 24617514 / 24617515 / 24617516 / 24617517 / 24617518 / 24617519 / 24617520 / 24617521 / 24617522 / 24617523 / 24617524 / 24617525 / 24617526 / 24617527 / 24617528 / 24617529 / 24617530 / 24617531 / 24617532 / 24617533 / 24617534 / 24617535 / 24617536 / 24617537 / 24617538 / 24617539 / 24617540 / 24617541 / 24617



مرکز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date <u>10-4-2025</u>	
Name <u>SUKHDEV SINGH</u>		Department/Company <u>TON</u>	
ID No. <u>77471885</u>		Occupation <u>HD DRIVER</u>	
Type of Medical Evaluation Mark those applying ✓			
A1 Aircraft refuelling		A5 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	
A6 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			
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		Date <u>17/04/2025</u>	
Permanently Unfit			
Name of health advisor Signature <u>for</u>			

Dr. MOHAMMAD ULLAH
General Practitioner
MOH License No. 17799





nmc specialty hospital, al ghoubra

P.O BOX : 613, Postal Code : 133
AL-GHOUBRA
24504000

Fitness Certificate

Empno:

Date of issue : 13/04/2025

Ref No : 0000130/FIT/NMC/2025

This is to certify that Mr. / Mrs. **SUKHDEV SINGH-1263** with file no **14478149** and Resident card no. **77471885** was Treated at **nmc specialty hospital, al ghoubra** on **13/04/2025** and will be **Fit** for work from the medical point of view starting from **13/04/2025**

DIAGNOSIS

Z00.8-Encounter For Other General Examination

Remarks

DR SHAJU PADMAN

Place: *nmc specialty hospital, al ghoubra*

Signature


DR SHAJU

DR. SHAJU PADMAN PANDIT,
Consultant, Cardiology
Mobile: No 3478
nmc specialty hospital, Al Ghoubra

(Hospital Seal)



SUKHDEV SINGH,
14478149

Patient Information

4/13/2025 9:33:19 AM
Bruce

ID: 14478149 Second ID: 2638217 Admission ID:

Date of Birth: Height: Gender: Male
Age: 52 Years Weight: Race: Unknown

Indications Medications
NEL

Referring Physician: DR. SHAJU PADMAN Location: Procedure Type: TMT FOR PDD FITNESS

Attending Phy: DR. SHAJU PADMAN Target HR: 143 bpm (85%) Reasons for end: ACHIEVED THR
Technician: JOSEPH Max HR(96MPHR): 171 bpm (119%) Symptoms: NIL

Diagnosis Notes

Conclusions
The patient was tested using the Bruce protocol for a duration of 09:29 minutes and achieved 11.5 METs. A maximum heart rate of 171 bpm with a target predicted heart rate of 119% was obtained at 09:10. The patient reached target heart rate with appropriate heart rate and blood pressure response to exercise. No significant ST changes during exercise or recovery. No evidence of ischemia. Normal exercise stress test.



DR. SHAJU PADMAN
Cardiologist - Cardiovascular
MHA Lic. No. 1028
MHA License/Title to be Challenged by:

Reviewed by:

Date: