



PEACE LAND MEDICAL CENTER MUKHAIZNA



MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Client: 15784 Reg. Dt: 18/08/2022

me: AVTAR SINGH BHATOC

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname: BHATOC	
Forenames: AVTAR SINGH	
Address: 73695116	
Home telephone number: 72081619 (EMP#1916)	
Place of examination: MUKHAIZNA	Date: 18/9/22
If a dependant enter employee's name here: Surname: _____ Forenames: _____	
Birth date: 10/10/1981	Nationality: INDIAN
Country of birth: INDIA	Religion: _____
☒ Male ☐ Female	☒ Married ☐ Single ☐ Separated /Divorced
Relationship to employee: ☐ Wife ☐ Son ☐ Daughter	
Number of children: 4	
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) _____
	(3) _____
Are you a Registered Disabled Person? (UK only) ☐	Do you belong to any Medical Insurance Scheme? ☐
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. Joint/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 NO	
Have you ever taken illicit 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: 18/9/2022	Signature of Applicant: Avtar Singh





PEACE LAND MEDICAL CENTER MUKHALZNA

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. Mammary 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	VISION	Colour Vision	Blood Group
182	96.5	29.1	120 70	70/min.	L N R N	DISTANT R L Uncorrected 6/6 6/6 Corrected	N	

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.)

ASSESSMENT:

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

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

TON.



مركز بلاد السلام الطبي
Peace Land Medical Center

Rmp # 1916

Epworth Screening Questionnaire for Sleep Apnoea			
NAME	AVTAR SINGH BHATGE		
ID No	73695	GENDER	M
Mob.No	72081619	COMPANY	GOA
		OCCUPATION	OPERATION
		DATE	18/09/2020

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: ☐

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

Signature: Avtar Singh

Date: 18-9-20





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

PATIENT DETAILS :

Patient ID : 15784	Doc No : 2314
Name : AVTAR SINGH BHATOE	Doc Date : 2022-09-18T10:41:00
Age : 40Y	Bill No : 20510
Gender : Male	Date : 18/09/2022 10:41 AM
Nationality : INDIAN	Customer : TRUCKOMAN OIL & GAS SERVICES
GSM No : 72081619	Ref.by : AMR MOHAMED AHMED

TEST RESULT : PDOM PDO MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
PDO MEDICAL CHECKUP			
URINE ROUTINE ANALYSIS			
Colour	Pale yellow		
Sp. Gravity	1.010		
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		

Sorted By:
MED ALHAG


Lab Technologist

Printed at: 18/09/2022 10:44:19



Verified By:

Sr. Lab Technologist

Signed at: 18/09/2022 10:44:16

Specialist Pathologist:

Sr. Lab Technologist



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

Test	Result	Normal Range	Detailed Description
COMPLITE BLOOD COUNT			
RBC	4.8 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	13.3 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	39 %	Male 42 -52 % Female 37 -47 %	
MCV	81 fl	76 - 96 fl	
MCH	27 pg	27 - 33 pg	
MCHC	34 %	32 36 %	
WBC COUNT	5100 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	54 %	40-75 %	
LYMPHOCYTE	38 %	20-45 %	
EOSINOPHIL	2 %	1-6 %	
MONOCYTE	6 %	2-8%	
BASOPHIL	0 %	0-1%	
PLATATE	2.23 lakhs/cumm	1.5 - 3.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIPID PROFILE			
Total Cholesterol	200 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	116 mg/dl	Normal < 200 mg/dl Border line 200 - 250 mg/dl High > 250 mg /dl	
HDL - CHOL	58 mg/dl	Low Risk > 50 mg/dl Normal Risk 35 - 50 mg/dl High Risk < 35 mg/dl	

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Specialist Pathologist:

Sr. Lab Technologist

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

PATIENT ID: 15784

Estimated 10-year Global CVD Risk

4.70%

Risk Category

Low Risk

Estimated Vascular Age

42 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)

Intense 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

Fitness for work certificate

Employee Data		Date 18/9/22	
Name ANJAR SINGH BHATIA		Department/Company TOWN	
LD No. 7369 516		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			
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		Date 18/9/22	
Permanently Unfit			
Name of health advisor Signature Dr. Anwar Mohamed			

