PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	JAGROOP SINGH
Forenames	GURWINDER SINGH
Address	115 810082 - TRUCK DRIVER
Home telephone number	94474329

Place of examination: MUSCAT	Date: 25/8/22		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: 11/2/94	Nationality: INDIAN	Country of birth: INDIA	Religion:
☑ Male ☐ Female	☐ Married ☑ Single ☐ Separated /Divorced	Relationship to employee: ☐ Wife ☐ Son ☐ Daughter	Number of children:
Reason for examination: Pre-Employment ☐ Pre-Overseas ☐	Periodic medical check-up ☑	Job: H.D.D	
Name and address of family doctor		Area:	
		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		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 NO

Have you ever taken elicited drugs? ( )

FAMILY HISTORY: Diabetes ( ) Tuberculosis ( ) Epilepsy ( ) Asthma ( ) Eczema ( )
Heart disease ( ) High blood pressure ( ) Stroke ( ) Blood Disease ( ) Cancer ( )

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: 25/8/2022 **Signature of Applicant:**

PEACE LAND MEDICAL CENTER

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
✓		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	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
169	74	25.9	136/80	78 /mins.	L N R	Uncorrected 6/6	6/6			N	
						Corrected					

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

TTG, TTC

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

1, L SM @ 12PK (Lnts Earwax & chit)

ASSESSMENT:

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

Date: 25/8/22 Name (Block Capitals): Dr. / Nurse Dr. Shima Seyedabdollah Jafar Cardiologist Specialist M.O.H.L.C. No. 21982 Signature:

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PEACE LAND MEDICAL CENTER
C.R: 1118819

REVIEW/CONSULTATION

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

11.20 Appendix 20: (Form SQ5): Epworth Screening Quest. for Sleep Apnoea

Employee Data			
Name:	GURWINDER SINGH JAGROOP SINGH 29 Y(M) «Blank» 25/08/22 08:28 0034174 70789 Bill # 003872	Date:	25/8/2022
I. D No.		Department/Company:	TRUCK OMAN
		Occupation:	H.D.D

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

1	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	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, _____ *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: _____ **Date:** 25/8/2022

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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:	GURWINDER SINGH JAGROOP SINGH	**Doc No:**	0023765
Age:	28 Y **Nationality:** INDIAN	**File No:**	0034174
Gender:	M	**Bill No:**	0039721
Ref. By:	DR.SHIMA	**Date:**	25/08/2022
GSM No.:	94474329	**Time:**	12:48

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.2 10"12/l	Male 4.38 -5.78 10"12/l Female 4.0- 5.0 10"12/l
HAEMOGLOBIN	14.9 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	42.2 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	**81 fl**	84-94 fl
MCH	28.3 pg	27 - 33 pg
MCHC	33.5 g/dl	29.6 - 35.6 %
WBC COUNT	6.8 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	62 %	40-75 %
LYMPHOCYTE	28 %	20-45 %
EOSINOPHIL	03 %	1-6 %
MONOCYTE	07 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**241 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	72 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.37 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**32.4 U/L**	0 - 35.0 U/L
S.G.P.T.	**44.0 U/L**	10 - 45 U/L

PEACE LAND MEDICAL CENTER

Medical Technologist

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Ref. By:	DR.SHIMA	**Date:**	25/08/2022
GSM No.:	94474329	**Time:**	12:48

Test	Result	Normal Range
GGT	**53.1 U/L**	0 - 55.0 U/L
ALBUMIN	**4.1 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.7 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.15 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**33.9 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.93 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**6.0 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**210 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**185.8 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**45.3 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**127.6 mg/dl**	< 100 mg/dl
VLDL	**37.1 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	90.3 mg/dl	74 - 100 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	

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Ref. By:	DR.SHIMA	**Date:**	25/08/2022
GSM No.:	94474329	**Time:**	12:48

Test	Result	Normal Range
Urobilinogen	Normal	
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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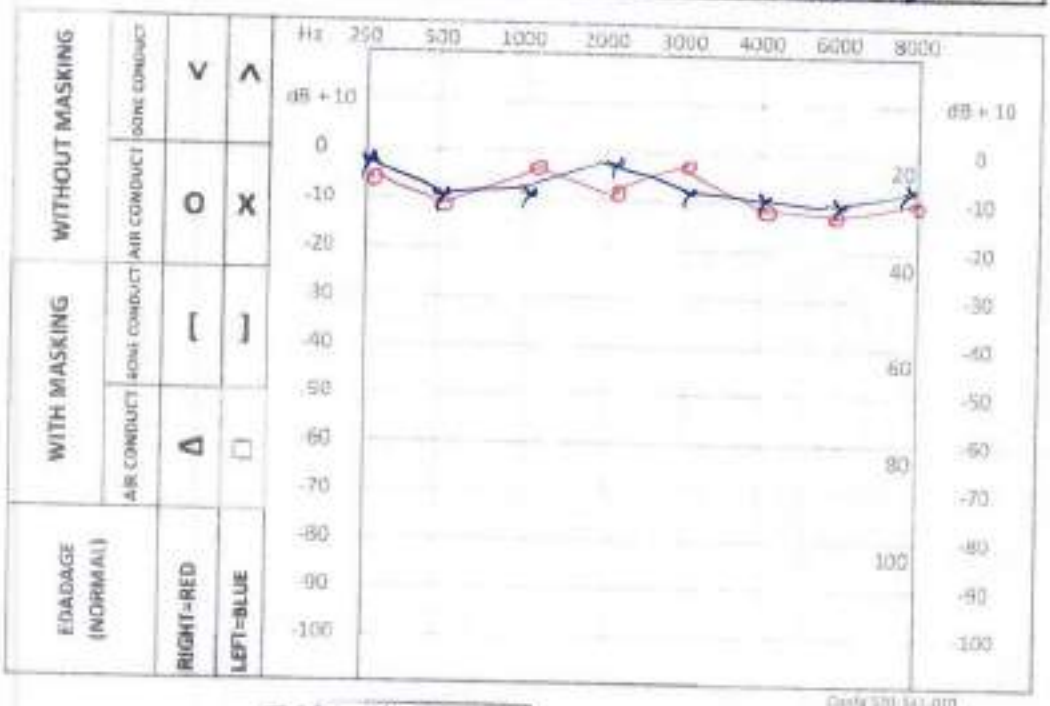
Peace Land Medical Center

GURWINDER SINGH JAGROOP SINGH
28 Y(M) «Blank» 25/09/22 09:26
0034174
70789 Bill # 003872

AUDIOMETRY TEST REPORT

NAME		COMPANY	Tower Ons
AGE		OCCUPATION	H.D.D
REF. BY		DATE	25/9/22



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
- [✓] NORMAL
- [ ] HEARING LOSS
- [ ] RIGHT
- [ ] LEFT

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
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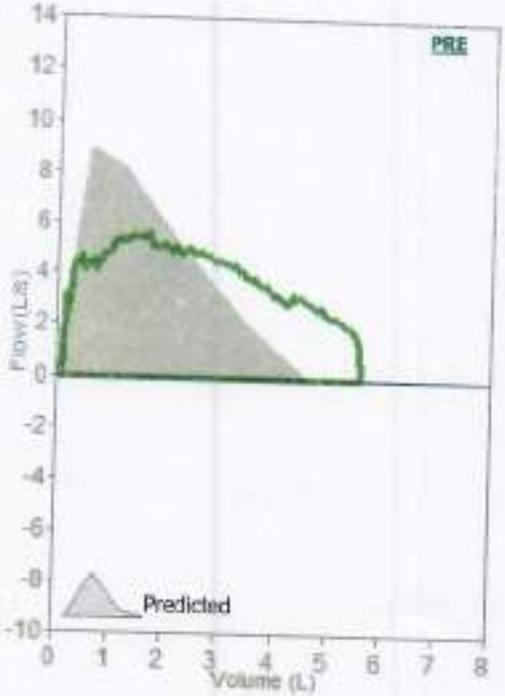
ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العذيبة مبنى ابراج الصحوة مبنى ٢ سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف: ٢٤٦١٧١١٧ / ٢٤٦١٧١٤٨ / ٢٤٦١٧١٤٩

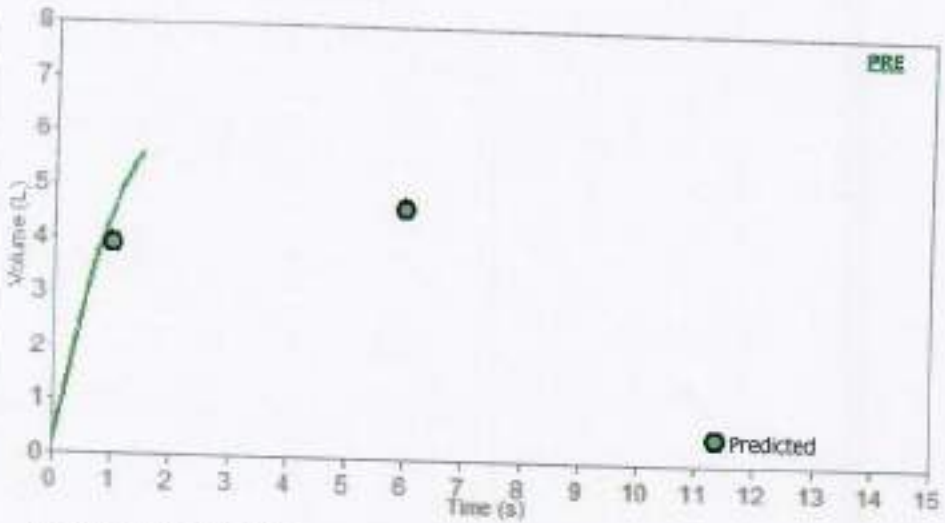
Pulmonary Function Test Results

Visit date 25/08/2022

Patient code	115810082	Age	28
Surname	SINGH	Gender	Male
Name	GURWINDER	Height, cm	169
Date of birth	11/02/1994	Weight, kg	74
Ethnic group	Not defined	BMI	25.91
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 25/08/2022 12:10:51

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.60	4.65	5.59*	120	1.48	5.59			*		
FEV1	L	3.04	3.91	4.52*	116	1.17	4.52			*		
FEV1/FVC	%	74.8	85.0	80.9*	95	-0.66	80.9			*		
PEF	L/s	5.49	8.91	5.60*	63	-1.59	5.60			*		
ELA	Years		28	28	100		28					
FEF2575	L/s	2.47	4.25	4.36	103	0.10	4.36					
FET	s		6.00	1.47	25		1.47					
FIVC	L	3.60	4.65									
FEV1/VC	%	74.8	85.0									

*Best values from all loops - BTPS 1.078 28 °C (82.4 °F) - Predicted Knudson

Conclusion / Medical report

Signature

PEACE LAND MEDICAL CENTER

Instrument used
Minispir S S/N C11507
Last calibration check 01/11/2021 09:35:10

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Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	
Name GURVINDER SINGH		Department/Company Truck oman	
I.D No.		Occupation HDD	

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			
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			
Name of health advisor Signature		Date	25/3/22

FIT

Dr. Shima Sayedabdollahi Jahromi
Cardiologist Specialist
MOH Lic.

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