PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname

Forenames VARINDER SINGH.

Address N 9331048 - Touch Oman.

Home telephone number 94457871

Place of examination: mul. Date: 11/6/22

If a dependant enter employee's name here:

Surname: Forenames:

Birth date: 18/8/85 Nationality: Indian Country of birth: India Religion: Sikh

[✓] 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 [ ] Pre-Overseas [ ]

Job: H.DD.

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		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: 11/6/22 **Signature of Applicant:** [signature]

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
171	78	26.7	126/74	72/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 +) — TGs			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.)
Advice: Diet control & regular exam & follow up.

ASSESSMENT:

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

Date: 3/6/2022 Name (Block Capitals): Dr. / Nurse Signature:

PEACE LAND MEDICAL CENTER C.R. 1178819

Dr. ABDULRAHMAN ABDULLATEF
General Practitioner
MOH Practice No.: 19469

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

VARINDER SINGH
38 Y(M) «Blank»
11/06/22 09:24
0031850
887C1 Bill # 0037049
PEACELAND

Employee Data	Date: 11/6/22
Name:	Department/Company: Tower Crane
I. D No.	Occupation: H.OP

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

0	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

If you score a total of 16 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

Declaration: I Varinder (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: _____ Date: 11/6/2022

PEACE LAND MEDICAL CENTER DR. 1718019

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:	VARINDER SINGH	**Doc No:**	0021302
Age:	36 Y **Nationality:** INDIAN	**File No:**	0031650
Gender:	M	**Bill No:**	0037048
Ref. By:	ABDULRAHMAN ABDULLATEIF ABDULRAHMAN ZEINELDEEN	**Date:**	13/06/2022
GSM No.:	94457871	**Time:**	16:04

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.0 10"12/l	Male 4.38 -5.78 10"12/l Female 4.0- 5.0 10"12/l
HAEMOGLOBIN	14.4 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	43.1 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	85 fl	84-94 fl
MCH	28.4 pg	27 - 33 pg
MCHC	33.4 g/dl	29.6 - 35.6 %
WBC COUNT	10.8 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	70 %	40-75 %
LYMPHOCYTE	26 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	02 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**234 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	87 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.31 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**31.9 U/L**	0 - 35.0 U/L

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
C.R: 1118819

Medical Technologist

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:	VARINDER SINGH	**Doc No:**	0021302
Age:	36 Y **Nationality:** INDIAN	**File No:**	0031650
Gender:	M	**Bill No:**	0037048
Ref. By:	ABDULRAHMAN ABDULLATEIF ABDULRAHMAN ZEINELDEEN	**Date:**	13/06/2022
GSM No.:	94457871	**Time:**	16:04

Test	Result	Normal Range
S.G.P.T.	**0.31 U/L**	10 - 45 U/L
GGT	**54.8 U/L**	0 - 55.0 U/L
ALBUMIN	**4.0 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.5 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.14 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**27.1 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.86 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**7.8 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**211 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**200.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**71.3 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**99.7 mg/dl**	< 100 mg/dl
VLDL	**40.0 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	99.7 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	

Medical Technologist

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:	VARINDER SINGH	**Doc No:**	0021302
Age:	36 Y **Nationality:** INDIAN	**File No:**	0031650
Gender:	M	**Bill No:**	0037048
Ref. By:	ABDULRAHMAN ABDULLATEIF ABDULRAHMAN ZEINELDEEN	**Date:**	13/06/2022
GSM No.:	94457871	**Time:**	16:04

Test	Result	Normal Range
Ketones	Negative	
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-3	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	

PEACE LAND MEDICAL CENTER C.R: 1110519

Medical Technologist

مركز بلاد السلام الطبي
Peace Land Medical Center

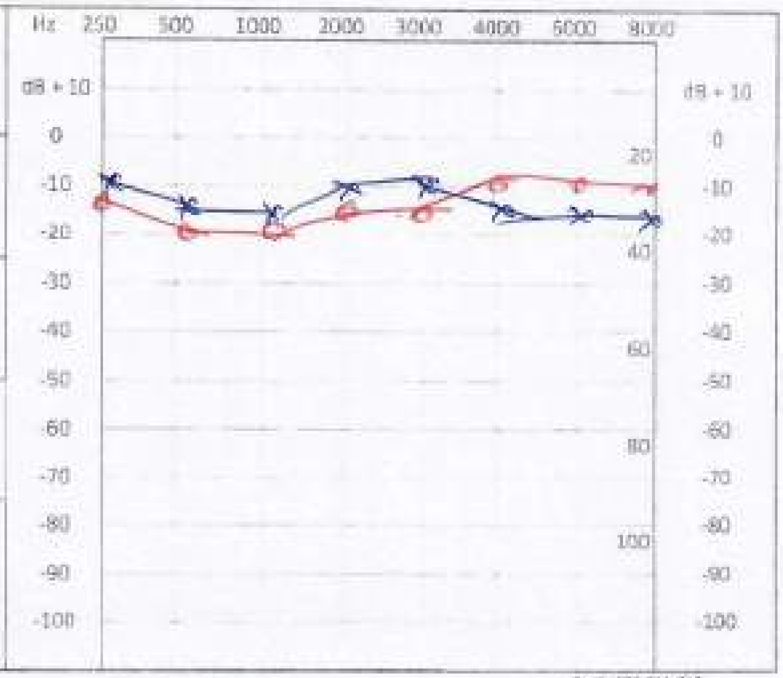
Peace Land
بلاد السلام

VARNDER SINGH
39 Y(M) «Blank» 11/06/22 09:24
0031850
REF. 68701 Bill # 0037048
PEACELAND

[AUDIO]METRY TEST REPORT

NAM[E]		COMPANY	Tsuill Oman
AGE		OCCUPATION	(H.)DD
REF. [NO.]		DATE	11/6/22.

WITHOUT MASKING	BONE CONDUCT	<	>
	AIR CONDUCT	O	X
WITH MASKING	BONE CONDUCT	[	]
	AIR CONDUCT	Δ	□
EDADAGE (NORMAL)		RIGHT=RED	LEFT=BLUE



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT

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

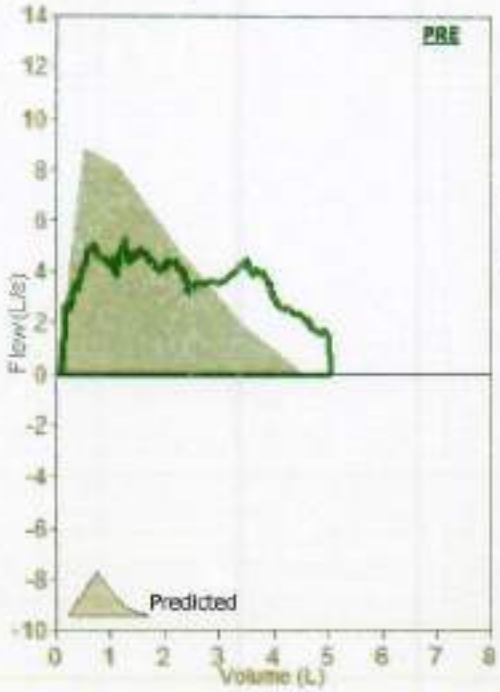
مركز بلاد السلام الطبي • PEACE LAND MEDICAL CENTER C.R. 1118819

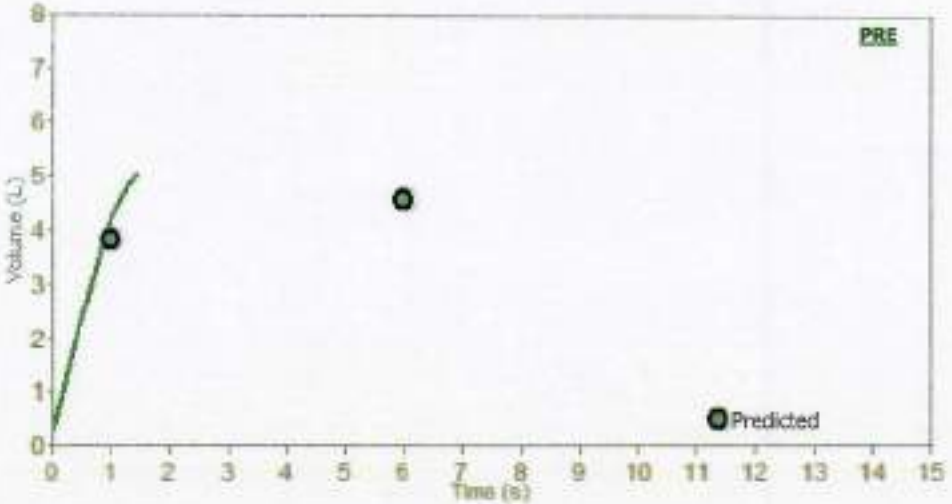
Pulmonary Function Test Results

Visit date 11/06/2022

Patient code	115331048	Age	36
Surname	SINGH	Gender	Male
Name	VARINDER	Height, cm	171
Date of birth	18/08/1985	Weight, kg	78
Ethnic group	Not defined	BMI	26.67
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 11/06/2022 09:46:08

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.53	4.58	5.03*	110	0.71	5.03			*		
FEV1	L	2.94	3.81	4.21*	111	0.77	4.21			*		
FEV1/FVC	%	73.6	83.8	83.7*	100	-0.01	83.7			*		
PEF	L/s	5.40	8.82	5.29*	60	-1.70	5.29			*		
ELA	Years		36	36	100		36					
FEF2575	L/s	2.30	4.08	4.03	99	-0.04	4.03					
FET	s		6.00	1.43	24		1.43					
FIVC	L	3.53	4.58									
FEV1/VC	%	73.6	83.8									

*Best values from all loops - BTPS 1.053 33 °C (91.4 °F) - Predicted Knudson

Conclusion / Medical report

Signature

PEACE LAND MEDICAL CENTER C.R: 1118819

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

MIR

مـركـز بـلاد الـسـلام الـطـبي
Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	13/6/2022
Name	VARINDER SINGH	Department/Company	Truck Oman
I.D No.	11533104 8	Occupation	H.D.D.

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*	FIT
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		Date	13/6/2022
Name of health advisor Signature			

PEACE LAND MEDICAL CENTER C.R: 11869..

General Practitioner

ص.ب: ٢٠١٤٠ 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