PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	KULDIP SINGH
Forenames	BALJEET SINGH
Address	73598332 - Premier logistics
Home telephone number	96254870

Place of examination MCT | Date 24/02/21

If a dependant enter employee's name here:
Surname: | Forenames:

Birth date 24/4/83 | Nationality: INDIAN | Country of birth: INDIA | Religion: SINGH

☑ 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: OPERATOR

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: 24/02/21 | **Signature of Applicant:** Baljeet Singh

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 (MMHG)	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
169	67	23.5	136/78	74/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

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

ASSESSMENT:

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

Date: 24/2/2021 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

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

Epworth Screening Questionnaire for Sleep Apnoea

Employee Data			
Name: BALJEET SINGH		Date: 24/2/21	
I. D No. 73598332	Tel # 96258570	Department/Company: PREMIER LOGISTICS	
		Occupation: OPERATOR	

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 0	

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

Signature: Baljeet Singh **Date:** 24/2/2021

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:	BALJEET SINGH KULDIP SINGH	Doc No:	0007232
Age:	37 Y **Nationality:** INDIAN	File No:	0012936
Gender:	M	Bill No:	0016835
Ref. By:	DR. EMAD OMER	Date:	24/02/2021
GSM No.:	96254570	Time:	15:47

Test	Result	Normal Range
PREMIER LOGISTICS-PRE EMPLOYMENT MEDICAL BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	4.9 10"9/l	Male 4.38 -4.98 10"2/l Female 4.5- 5.5 10"12/l
HAEMOGLOBIN	14.3 gm %	Male 13 - 16 gm % Female 11 - 14 gm %
HCT	39.6 %	Male 39.30 -44.10 % Female 37 -47 %
MCV	80 fl	84-94 fl
MCH	28.8 pg	27 - 33 pg
MCHC	36.1 g/dl	29.6 - 35.6 %
WBC COUNT	6.9 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	57 %	40-75 %
LYMPHOCYTE	37 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	206 10"9/l	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	99 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.56 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	35.0 U/L	0 - 35.0 U/L
S.G.P.T.	45.0 U/L	10 - 45 U/L

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Medical Technologist

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Gender:	M	Bill No:	0016835
Ref. By:	DR. EMAD OMER	Date:	24/02/2021
GSM No.:	96254570	Time:	15:47

Test	Result	Normal Range
GGT	46.7 mg/dl	0 - 55.0 mg/dl
ALBUMIN	99 mg/dl	3.50 - 5.20 mg/dl
TOTAL PROTEIN	7.1 mgd/l	6 - 8 mgd/l
S. BILIRUBIN DIRECT	0.22 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	30.1 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.77 mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	8.7 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	230 mg/dl	0.0 - 200 mg/dl
Triglyceride	190 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	57.4 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	134.6 mg/dl	< 100 mg/dl
VLDL	38 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	85.7 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	
Ketones	Negative	

Medical Technologist

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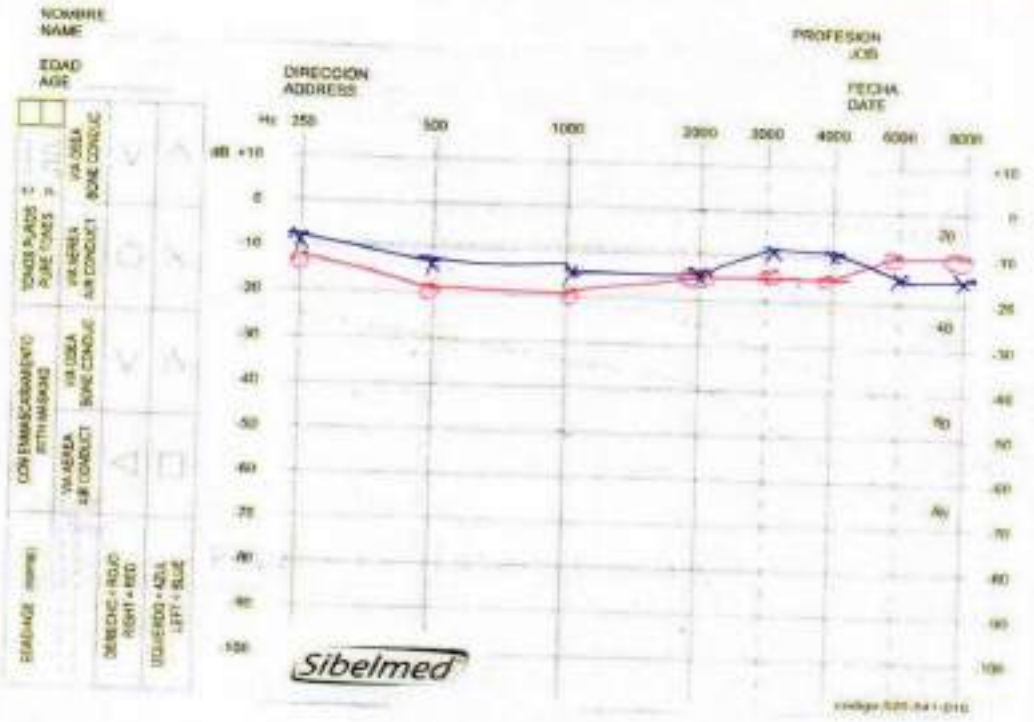
Age:	37 Y **Nationality:** INDIAN	File No:	0012936
Gender:	M	Bill No:	0016835
Ref. By:	DR. EMAD OMER	Date:	24/02/2021
GSM No.:	96254570	Time:	15:47

Test	Result	Normal Range
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	

Medical Technologist

Peace Land Medical Center

AUDIOMETRY TEST REPORT			
Name:	BALJEET SINGH		
Gender:	M	Company	PREMIER LOGISTICS
Ref By:	Dr. Emad Omer	Occupation	OPERATOR
		Date:	24/2/21



INTERPRETATION
× LEFT EAR
○ RIGHT EAR

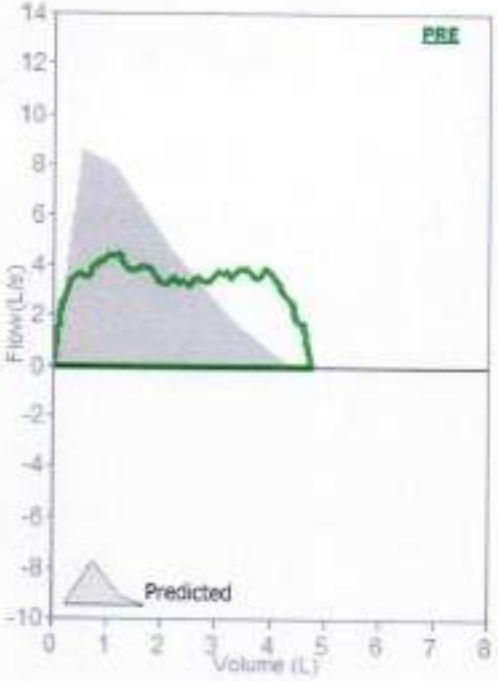
RESULT ☑ Normal
☐ Hearing Loss
☐ Left ☐ Right

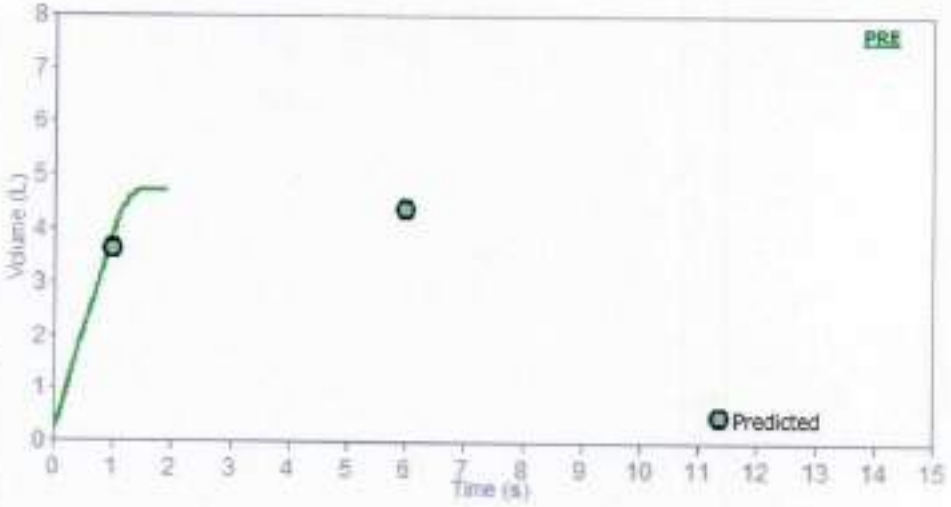
Pulmonary Function Test Results

Visit date 24/02/2021

Patient code	73598332	Age	37
Surname	SINGH	Gender	Male
Name	BALJEET	Height, cm	169
Date of birth	24/04/1983	Weight, kg	67
		BMI	23.46
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 24/02/2021 10:47:03 AM

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.33	4.38	4.75*	108	0.58	4.75			*		
FEV1	L	2.78	3.64	3.91*	107	0.51	3.91			*		
FEV1/FVC	%	73.7	83.9	82.3*	98	-0.25	82.3			*		
PEF	L/s	5.18	8.60	4.64*	54	-1.90	4.64			*		
ELA	Years		37	37	100		37					
FEF2575	L/s	2.14	3.92	3.66	93	-0.24	3.66					
FET	s		6.00	1.89	32		1.89					
FIVC	L	3.33	4.38									
FEV1/VC	%	73.7	83.9									

*Best values from all loops - BTPS 1.111 21 °C (69.8 °F) - Predicted Knudson

Conclusion / Medical report

Signature

Instrument used
Minispir S S/N C11507

MIR

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land
بلاد السلام

Fitness for work certificate

Employee Data		Date	24/2/2021
Name	BALJEET SINGH	Department/Company	Premier
I.D No.	73598332	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			
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
Name of health advisor Signature	Date		24/2/2021

ص.ب : ١٤٠٣ ، الرمز البريدي : ١٣٣ ، دوار العذيبة ميتس ابراج الصحوة ميتس ٢ ، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman