تـرك عـمـان
TRUCKOMAN

Schlumberger

Medical Fitness Certificate

Name of the Examined employee: MUHAMMAD NAEEM KHAN

Age: 36

ID NUMBER:

Job Title:

Date of Medical Examination: 16.08.2021

Examining Physician:

Medical Centre: APOLLO HOSPITAL MUSCAT

Company:

Assessment Result:

Fit to work without restrictions

This Certificate is valid for 2 years from the date of medical examination

Fitness Classifications:

- Fit to work without restrictions
- Fit to work with restriction
- Unfit to work Temporarily of Definitely

Restrictions List:

R1: Unfit to work offshore, on marine vessels and in remote locations.
R2: Unfit for Lifting and strenuous efforts.
R3: Unfit to work in certain countries, check with geomarkethealth advisor.
R4: Unfit to work in jobs requiring precise color vision.
R5: Unfit to work in job with high level of noise.
R6: Unfit to work in high risk of malaria countries.
R7: Unfit to work in extreme heat.
R8: Unfit to work in extreme cold.
R9: Contact Geomarket health advisor/international medical coordinator – there exist specific restriction.
R10: Unfit to work for a temporarily of time until further notice.
R11: Unfit to work in jobs requiring good visual acuity (eg: driving company vehicle).
R12: Fit only for defined period of time (1, 3 or 6 months) and must be reassessed and fitness redefined.
R13: Unfit to drive company vehicle.
R14: Unfit to fly long haul flights.
R15: Unfit to work in heights and confined spaces.

Examining Physician Stamp and signature

Hospital/Clinic Seal

Dr. DILIP SINGHVI
MBBS, MD (Medicine), DNB (Cardiology)
Specialist - Internal Medicine
MOH License No. 17235
Apollo Hospital Muscat

Apollo HOSPITALS
Sultanate of Oman, C.R.: 1172540
APOLLO HOSPITAL MUSCAT

Schlumberger

CONFIDENTIAL MEDICAL
TO BE COMPLETED BY THE EMPLOYEE

Med-check History Form		Name:	MUHAMMAD NAEEM KHAN
		GIN #	
Place of examination: AHM	Date: 16-8-2021	Mobile #	
Age: 36	Nationality: PAKISTANI	Blood Group	
☑ Male ☐ Female	☑ Married ☐ Single ☐ Separated /Divorced	Number of children: 2	

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		✓	40. Rejected for employment or insurance for medical reasons		✓
3. Difficulty in vision		✓	23. Rheumatic fever		✓			
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	41. Awarded benefits for industrial injury/illness		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓			
6. Hayfever /other significant allergy		✓	26. Stroke		✓	42. Treated for a mental condition, e.g. depression		✓
7. Any skin trouble		✓	27. Serious chest pain		✓			
8. Tuberculosis		✓	28. Any blood disease		✓	43. Treated for problem drinking or drug abuse		✓
9. Shortness of breath		✓	29. Kidney disease		✓			✓
10. Coughed/vomited blood		✓	30. Blood in urine		✓	44. Exposed to toxic substance or noise		
11. Severe abdominal pain		✓	31. Diabetes		✓			
12. Stomach ulcer		✓	32. Headaches/migraine		✓	FOR WOMEN ONLY		
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓	Have you ever had:-		
14. Jaundice or hepatitis		✓	34. Epilepsy		✓	45. An abnormal smear		
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓	46. Any gynaecological treatment		
16. Marked change in bowel habits		✓	36. Surgical operation		✓			
17. Blood in stools (motions)		✓	37. Serious accident/fracture			47. Are you pregnant?		
18. Marked change in weight		✓	38. Tropical disease		✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
19. Varicose veins		✓	39. Fear of heights		✓			
20. Lump in breast/armpit		✓						

How much tobacco each day?		Average daily alcohol consumption	

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's Doctors, and the details sent to them by the examining Doctor.

Date: 16-8-2021

Signature of Applicant:

Schlumberger

CONFIDENTIAL MEDICAL

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

PHYSICAL EXAMINATION IF ABNORMAL, PLEASE DETAIL

Visual Fields:		Color Vision:	N
Speech:		Whisper test:	
Near Vision Right eye:	N/6	Near Vision Left eye:	N/6
Distant Vision Left eye:	6/6	Distant Vision Right eye:	6/6

Height: 180	Weight: 100	BMI: 30.9	BP: ~~130~~/~~90~~ 130/90	Pulse: 70 bpm

Body System/Organ	N	A	Abnormality if any
Eyes and pupils	/		
Ear/nose/throat	/		
Teeth and mouth	/		
Lungs and chest	/		
Cardiovascular	/		
Abdomen	/		
Hernial orifices	/		
Anus and rectum	/		
Genito-urinary	/		
Extremities	/		
Musculoskeletal	/		
Skin/varicose viens	/		
Neurological	/		
Mental fitness	/		
Breast			

Schlumberger

CONFIDENTIAL MEDICAL

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

Name: Mohammad Naeem khan	Age:	Sex	Company	GIN
	36	M		

Past Medical History:	Blood Group

Allergies:

Vaccination		Date of Initial Injection	Booster Due Date
Hepatitis A;			
Hepatitis B:			
Typhoid Fever			
Influenza			

Tests Results	
Audiogram:	Normal
DSU 5 Panel	Negative

ECG:	WNL
Chest X-Ray	WNL

Blood Investigations:

RBCs	5.62	4.20-6.30 X10^6/UL	SGOT	23.30	Male: 10-50 Female:10-35 U/L
WBCs	11.03	4.0-11.0X10^3/UL	SGPT	41.10	Male:Up to 41 Female:10-35 U/L
NEUTRO	43.60	37-72%	GGT	21.00	0-60U/L
EOSINO	6.80	0-6%	FBS:	101	60-110 mg/dl
BASO	0.30	0-1%	CHOLESTEROL:	242.60	Up to 200 mg/dl
LYMPHO	43.20	19-50%	HDL	40.20	20-60 mg/dl
MONO	6.10	0-14%	LDL	123.96	Upto 150 mg/dl
HEMATOCRIT	48.50	37-51%	TRIGLYCERIDES	392.20	35-175 mg/dl
HEMOGLOBIN	16.20	Male: 13.5-18.0 Female:11.5-16.0 g/dl	CREATININE	0.85	Male: 0.7-1.2 mg/dl Female: 0.5 -0.9mg/dl
ESR	04	Male: 0-10 mm/hr Female: 0-20 mm/hr	URIC ACID	Sickle - Negative	Male: 3.6-7.7 mg/dl Female: 2.5-6.8 mg/dl

Urine Analysis

Blood	Negative	Sugar	Negative
Albumin	Negative	Others	Nothing

Stool Analysis

Parasites	nil	Blood:	nil

Comments	Hypertension - Controlled (130/90 mmHg) Hyperlipidemia - Advised diet control Benerosc

Examining Physician:

Dr. DILIP SINGHVI
MBBS, MD (Gen. Med.), DNB
Specialist - Internal Medicine
MOH Regd. No. 3448
Apollo Hospital Muscat

Hospital/Clinic Seal

Apollo Hospitals
Sultanate of Oman, C.R.: 1732547
APOLLO HOSPITAL MUSCAT

DEPARTMENT OF LABORATORY SERVICES

File No:	0351338	**Report No:**	0476068		
Name:	MUHAMMAD NAEEM KHAN	**Sample Date:**	16/08/2021	**Time:**	11:25
		Received Date:	16/08/2021	**Time:**	11:25
Address:		**Report Date:**	16/08/2021	**Time:**	12:39
Gender:	M **Age:** 36 Y **Nationality:** PAKISTANI	**Bill No:**	1003513	**Bill Date:**	16/08/2021
GSM No.:	96157438 **ID Card No.:** 77825596	**Company:**	TRUCK OMAN LLC		
Doctor:	DR.REHMAT SOLANKI				

INVESTIGATION	RESULT	REFERENCE RANGE
TRUCK OMAN PRE-EMPLOYMENT CHECK UP		
Fasting Blood Glucose	101 mg/dL	ADA Guidelines Normal <100 mg/dl Pre Diabetes 100-125 mg/dl Diabetes >126 mg/dl
ESR	04 mm/hr	Male : 0-10 mm/hour Female: 0-20 mm/hour
S.Creatinine	0.85 mg/dL	Male : 0.7 - 1.2 mg/dl Female : 0.5 - 0.9 mg/dl
Sickle cells (Screen)	Negative	
CBC		
WBC COUNT	11.03 10^3uL	4.0-11.0x10^3/mm^3
RBC	5.62 10^6/uL	4.20 - 6.30 10^6/uL
HGB	16.20 g/dl	male 13.5 -18.0 g/dl female 11.5 -16.0 g/dl
HCT	48.50 %	37.0 - 51.0 %
MCV	86.30 fL	80.0 - 97.0 fL
MCH	28.80 pg	26.0 - 32.0 pg
MCHC	33.40 g/dL	31.0 - 36.0 g/dL
RDW	13.10 %	11.0 - 14.5 %
NEUT#	4.82 10^3/uL	1.50 - 7.00 10^3/uL
LYMPH#	**4.76 10^3/uL**	0.60 - 4.10 10^3/uL
MONO#	0.67 10^3/uL	0.00 - 0.70 10^3/uL
EOS#	**0.75 10^3/uL**	0.00 - 0.40 10^3/uL
BASO#	0.03 10^3/uL	0.00 - 0.10 10^3/uL

Reported By: *Verified By:*

SOUMYA
Lab Technologist

Lab Technologist

Dr.Muhammad Azhar Imam
Specialist Pathologist

MOH License No:
Printed at: 16/08/2021 12:39:57 PM

info@apollomuscat.com : البريد الإلكتروني ، ص.ب ١٠٩٧ ، الحمرية، الرمز البريدي ١٣١ ، سلطنة عمان هاتف ٢٤٧٨٧٧٦٦ (٩٦٨+) فاكس ٢٤٧٠٠٠٩٣ (٩٦٨+)
C.R. No.: 1792547, P.O. Box : 1097 , P.C.: 131, Al Hamriya, Sultanate of Oman, Tel. (+968) 24787766 (5 Lines), Fax : (+968) 24700093, E-mail : info@apollomuscat.com
VATIN : OM1100036100
رقم تعريف ضريبة القيمة المضافة OM ١١٠٠٠٣٦١٠٠

DEPARTMENT OF LABORATORY SERVICES

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GSM No.: 96157438 **ID Card No.:** 77825596		**Company:**	TRUCK OMAN LLC		
Doctor: DR.REHMAT SOLANKI					

INVESTIGATION	RESULT	REFERENCE RANGE
NEUT%	43.60 %	37.0 - 72.0 %
LYMPH%	43.20 %	10.0 - 58.5 %
MONO%	6.10 %	0.0 - 14.0 %
EOS%	**6.80 %**	0.0 - 6.0 %
BASO%	0.30 %	0.0 - 1.0 %
PLATELET	324.00 10^3/uL	140 - 440 10^3/uL
LFT		
Total Bilirubin	0.59 mg/dL	Up to 1.1 mg/dL
Direct Bilirubin	0.08 mg/dL	Up to 0.3 mg/dL
Indirect Bilirubin	0.51 mg/dL	0.2 - 0.8 mg/dL
AST (SGOT)	23.30 U/L	Men : 10 - 50 U/L Female : 10 - 35 U/L
ALT (SGPT)	**41.10 U/L**	Men : Up to 41 U/L Female : 10 - 35 U/L
ALP	109.90 U/L	Men : 40 - 129 U/L Female : 35 - 104 U/L
Total Protein	7.30 g/dL	6.6 - 8.7 g/dlL
Albumin	4.20 g/dL	3.4 - 4.8 g/dL
Globulin	3.1 g/dL	1.8 - 3.6 g/dL
GGT	21.00 U/L	0 - 50 U/L
A:G Ratio	1.354838	1.1-1.8
LIPID PROFILE		
Total Cholesterol	**242.60 mg/dL**	< 200 mg/dL
Triglyceride	**392.20 mg/dL**	<150 mg/dl

Reported By:

SOUMYA
Lab Technologist

Verified By:

Lab Technologist

Dr.Muhammad Azhar Imam
Specialist Pathologist

MOH License No:
Printed at: 16/08/2021 12:39:57 PM

Info@apollomuscat.com البريد الإلكتروني : ص.ب ١٠٩٧ ، الهمرية الرمز البريدي ١٣١ ، سلطنة عمان هاتف : ٢٤٧٨٧٧٦٦ (٩٦٨+) فاكس : ٢٤٧٠٠٠٩٣ (٩٦٨+)
C.R. No.: 1792547, P.O. Box : 1097 , P.C.: 131, Al Hemriya, Sultanate of Oman, Tel. (+968) 24787766 (5 Lines), Fax : (+968) 24700093, E-mail : info@apollomuscat.com
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GSM No.:	96157438 **ID Card No.:** 77825596	**Company:**	TRUCK OMAN LLC
Doctor:	DR.REHMAT SOLANKI		

INVESTIGATION	RESULT	REFERENCE RANGE
HDL - CHOL	40.20 mg/dl	>45 mg/dl
LDL - CHOL	**123.96 mg/dl**	<100 mg/dl
Total Chol/HDL Chol ratio	**6.03**	Desirable < 4
URINE DRUG SCREEN		
Amphetamine (AMP)	Negative	Negative
Barbiturates (BAR)	Negative	Negative
Cocaine (COC)	Negative	Negative
Morphine (MOR)	Negative	Negative
Marijuana (THC)	Negative	Negative
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	30 ml	
Colour	Pale yellow	
Sp. Gravity	1.020	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Glucose	Negative	
Protein	Negative	
Ketones	Negative	
Blood	Negative	
Bilirubin	Negative	
Urobilinogen	Normal	
Nitrite	Negative	

Reported By: *Verified By:*

SOUMYA
Lab Technologist

Lab Technologist

Dr.Muhammad Azhar Imam
Specialist Pathologist

MOH License No:
Printed at: 16/08/2021 12:39:57 PM

info@apollomuscat.com : البريد الإلكتروني ، ٢٤٧٨٧٧٦٦ (٠٩٦٨) فاكس ، ٢٤٧٠٠٠٩٣ (٠٩٦٨) هاتف ، سلطنة عمان ، الخمرية ، الرمز البريدي : ١٣١ ، ص.ب : ١٠٩٧ ، ص.ت : ١٧٩٢٥٤٧
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Doctor:	DR.REHMAT SOLANKI				

INVESTIGATION	RESULT	REFERENCE RANGE
MICROSCOPIC		
Pus Cell	2 - 3 Cells/hpf	
RBC	NIL	
Epithelial Cells	Few cells/hpf	
Casts	NIL	
Crystals	NIL	
Others	NIL	
STOOL ROUTINE ANALYSIS		
PHYSICAL		
Colour	Brownish	
Consistency	Soft	
Reaction	Alkaline	
MICROSCOPIC		
Ova:	NIL	
Cyst:	NIL	
Pus Cells:	0-1 Cells/hpf	
RBCs	Nil Cells/hpf	
Others	Nil	

Reported By:

SOUMYA
Lab Technologist

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[redacted]

Id: 351338
Naeem, Muhammad
Male --- (---) Unknown
Height: 0 cm Weight: 0 kg BP: 0/0 mmHg

Med.:
Tech:
Note:

16/08/2021 12:36:08

HR:	64 bpm
PR:	186 ms
QRS:	90 ms
QT/QTcH:	426/433 ms
QTcB:	440 ms
QTcF:	435 ms

$R_{V5}+S_{V1}$:	1.68/1.49 mV
Sok-Lyon:	3.17 mV
Axis:	9/29/26 °

I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6

Dep:a 25mm/s 10mm/mV LP:25Hz AC:50Hz Cardioline ECG2005 v. 2.11.7693

Apollo HOSPITALS
TOUCHING LIVES
MUSCAT
P.O. Box : 1097, Al-Hamriya, Postal Code : 131
Muscat, Sultanate of Oman
Tel.: 2478 7766, Fax : 2470 0093

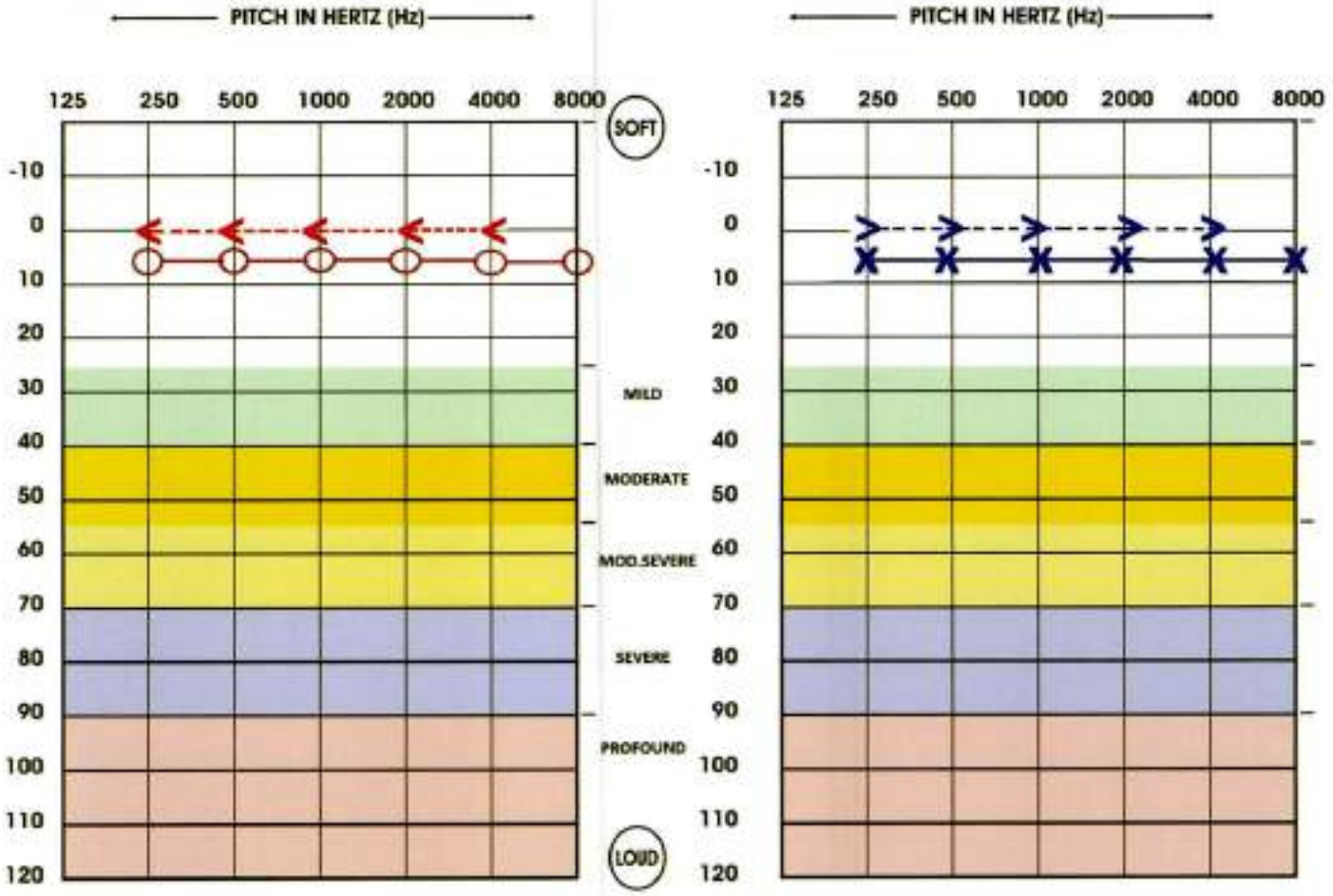
AUDIOGRAM
EXAMINATION SHEET

FILE NO : 0351338 BILL NO : ..... DATE : 16/8/2021

NAME : MUHAMMAD NAEEM AGE / SEX : 36/M

COMPANY : TRUCK OMAN DOB : .....

CONSULTANT (REF) : .....



WEBER					

						SPECIAL TESTS			
dBhL	PTA	SRT	SIS(%)	MCL	UCL	SISI	TDT	MLB/BLB	OAE
RIGHT									
LEFT									

INTERPRETATION :

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

RECOMMENDATION :

SHAKIL SOMAN
AUDIOLOGIST
MOH Licence No. : 16998
Apollo Hospital Muscat

AUDIOLOGIST

مستشفى ابولو مسقط ش.م.م
Apollo Hospital Muscat L.L.C
Associated to Apollo Hospital Group India
بالتنسيق مع مجموعة مستشفيات ابولو بالهند

NAME	: MUHAMMAD NAEEM KHAN	**AGE**	: 36 Y(01/02/1985)
GENDER	: Male	**PATIENT ID**	: 351338
COMPANY	: TRUCK OMAN LLC (Credit)	**DATE**	: 16/08/2021 16:23 PM
CONSULTANT	: DR.REHMAT SOLANKI	**BILL NO**	: 1003513
BILL DATE	: 16/08/2021		
TEST NAME	: CHEST PA		

RADIOGRAPH CHEST PA VIEW

CLINICAL DATA:

OBSERVATION :

Trachea appears to be in mid line.

Bilateral lung fields appear clear. No mass lesion or opacification.

Bilateral costophrenic and cardiophrenic angles appear normal.

Bilateral hilum appears symmetrical and normal in size.

Cardiac silhouette appears within normal limits.

Bony thoracic appears normal.

No Soft tissue mass or calcification can be seen

IMPRESSION:

Unremarkable chest radiograph

Please correlate clinically & other investigation.

Please note: This is a imaging study and has its own limitations. This is a opinion based on image interpretation and it is not a diagnose on itself. Impression should be considered as professional opinion & correlated with clinical evidence ,reconfirmed by further investigations and relevant data as indicated. If possible the findings should be reconfirmed on higher resolution imaging, special sections and sequences and with other modalities.

DR. WASSAN A KHUDHAIR AL SAEDI

Dr. WASSAN ABDUL REHMAN
SPECIALIST - RADIOLOGIST
MOH Licence No.: 14883
Apollo Hospital Muscat

س.ت: ١٧٩٢٥٤٧, ص.ب: ١٠٩٧ , الخمرية ٢٠١٣١ , سلطنة عمان , هاتف: ٢٤٧٨٧٧٦٦ (٩٦٨+) فاكس: ٢٤٧٠٠٠٩٣ (٩٦٨+) البريد الإلكتروني: info@apollomuscat.com
C.R. No.: 1792547, P.O. Box : 1097, Al Hamriya, P.C.:131, Sultanate of Oman, Tel. (+968) 24787766 (5 Lines), Fax : (+968) 24700093, E-mail : info@apollomuscat.com
رقم التسجيل الضريبي: VATIN OM1100036100 رقم الطبافة الضريبية: Tax Card No. : 8251325