PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname

Forenames KULWANT SINGH

Address 72204042 - TRUCK OMAN

Home telephone number 94094814

Place of examination MUSCAT Date 24/10/21

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

Birth date 4/3/75 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 ☑ Periodic medical check-up ☐ Pre-Overseas ☐ Job: H.D.D

Name and address of family doctor

List your last 3 jobs
(1)
(2)
(3)
Area:

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: 24/10/21 **Signature of Applicant:** Kulwant

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 /mins.	HEARING	VISION DISTANT R L	VISION NEAR R L	Colour Vision	Blood Group
172	83	28.1	130/83	64	L N R	Uncorrected 6/6 6/6		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 +)		41-71		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: 25/10/2021 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

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

مـركـز بـلاد الـسـلام الـطـبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

Employee Data		Date: 24/10/21
Name: KULWANT SINGH		Department/Company: T OMAN
I. D No. 72204042	Tel # 94094814	Occupation : DRIVER

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
1	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 16 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

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

Signature: _____ Date: 24/10/21

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:	KULWANT SINGH	**Doc No:**	0013067
Age:	46 Y **Nationality:** INDIAN	**File No:**	0023620
Gender:	M	**Bill No:**	0028324
Ref. By:	DR. EMAD OMER	**Date:**	25/10/2021
GSM No.:	94094814	**Time:**	10:07

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS		
COMPLITE BLOOD COUNT		
RBC	**5.4 10"9/l**	Male 4.38 -4.98 10"2/l Female 4.5- 5.5 10"12/l
HAEMOGLOBIN	**14.5 gm %**	Male 13 - 16 gm % Female 11 - 14 gm %
HCT	**43.4 %**	Male 39.30 -44.10 % Female 37 -47 %
MCV	**80 fl**	84-94 fl
MCH	26.8 pg	27 - 33 pg
MCHC	**33.5 g/dl**	29.6 - 35.6 %
WBC COUNT	**6.5 10"9 d/l**	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	69 %	40-75 %
LYMPHOCYTE	25 %	20-45 %
EOSINOPHIL	03 %	1-6 %
MONOCYTE	02 %	2-8%
BASOPHIL	01 %	0-1%
ESR		Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**249 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	**90 U/L**	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.37 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**29.6 U/L**	0 - 35.0 U/L
S.G.P.T.	**44.0 U/L**	10 - 45 U/L

Medical Technologist

Peace Land Medical Center
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Test	Result	Normal Range
GGT	**55.0 mg/dl**	0 - 55.0 mg/dl
ALBUMIN	**4.2 mg/dl**	3.50 - 5.20 mg/dl
TOTAL PROTEIN	**7.0 mgd/l**	6 - 8 mgd/l
S. BILIRUBIN DIRECT	**0.15 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**22.7 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.85 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**7.7 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**184 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**160.8 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**60.2 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**91.6 mg/dl**	< 100 mg/dl
VLDL	**32.1 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	**92.8 mg/dl**	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.000	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	

Medical Technologist

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Ref. By:	DR. EMAD OMER	**Date:**	25/10/2021
GSM No.:	94094814	**Time:**	10:07

Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	3-4	
EPITHELIAL CELLS	2-3	
RBC'S	1-2	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	

Medical Technologist

2021-10-24 14:54:26 6 Channel + 1 Rhythm Report Hospital:
Prescribed by:

KULWANT SINGH
48 Y(M) <Blan
24/10/2109
0023820
PEACELAND
63251
Bill #
0028324

Heart Rate: 68bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 212 ms Normal Sinus Rhythm
QRS Dur.: 106 ms AV Block I
QT/QTc: 406/429 ms Normal Axis
P-R-T axes: I Minimally Abnormal or Normal Variation ECG I
48 44 38

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

0.1Hz- 100Hz,AC50Hz,EMG, All Channels:10.0mm/mV,25.0mm/sec, CARDIO-M Ver5.10M.30 Medical Econet GmbH

Estimated 10-year Global CVD Risk

4.7%

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)
Initiate 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

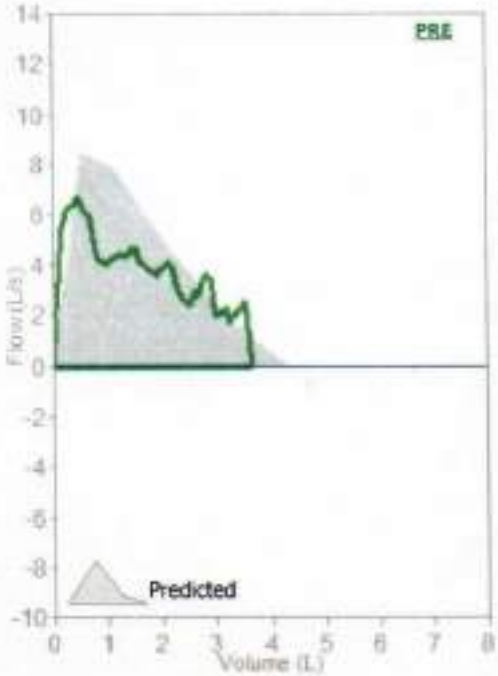
ESC (2007, see Info for more)
Treatment Targets
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

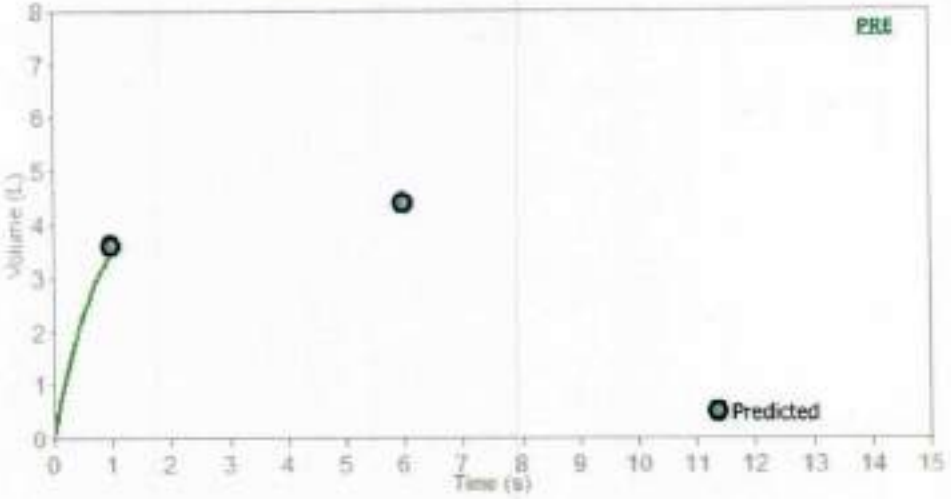
Pulmonary Function Test Results

Visit date 24/10/2021

Patient code	72204042	Age	46
Surname	SINGH	Gender	Male
Name	KULWANT	Height, cm	172
Date of birth	04/03/1975	Weight, kg	83
		BMI	28.06
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 24/10/2021 10:10:27

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.31	4.36	3.64*	83	-1.13	3.64			*		
FEV1	L	2.72	3.58	3.56*	99	-0.04	3.56			*		
FEV1/FVC	%	72.2	82.4	97.8*	119	2.49	97.8			*		
PEF	L/s	5.15	8.57	6.72*	78	-0.89	6.72			*		
ELA	Years		46	47	102		47					
FEF2575	L/s	1.99	3.77	3.66	97	-0.10	3.66					
FET	s		6.00	1.09	18		1.09					
FIVC	L	3.31	4.36									
FEV1/VC	%	72.2	82.4									

*Best values from all loops - BTPS 1.087 26 °C (78.8 °F) - Predicted Knudson

Conclusion / Medical report

Signature

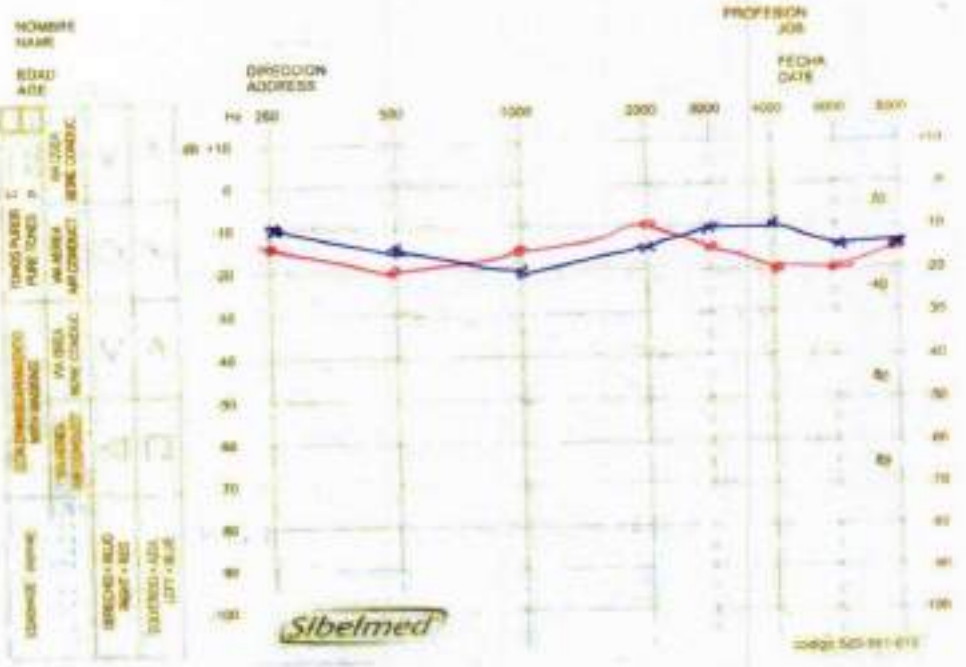
Instrument used
Minispir S S/N C11507

MIR

Peace Land Medical Center

AUDIOMETRY TEST REPORT

Name:	KULWANT SINGH	Company	TRUKKOMAN H.D.D
Gender:	M	Occupation	
Ref By:	Dr. Emad Omer	Date:	24/10/21



INTERPRETATION
× LEFT EAR
O RIGHT EAR

RESULT ☐ Normal
☐ Hearing Loss
☐ Left ☐ Right

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

Fitness for work certificate

Employee Data		**Date**	25/10/2021
Name	KULWANT SINGH	**Department/Company**	T.O
I.D No.	72204042	**Occupation**	H.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*	
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	25/10/2021