PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname

Forenames Jaswant Singh

Address 97354311

Home telephone number 7985054575 Truckoman

Place of examination mct Date 23/9/21

If a dependant enter employee's name here:
Surname

Forenames

Birth date 28/12/71 Nationality Indian Country of birth: 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 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: 23/9/21 **Signature of Applicant:** Jaswant Sr

diabetic - taking med

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
183	120	35.8	139/85	70/mins.	L N R	Uncorrected	6/6			N	
						Corrected					

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
	✓	1. Urinalysis	Glycosuria	✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR	high Sugar	✓		8. Lung Function
	✓	3. LFT, RFT, RBS				9. Chest X-Ray
		4. Drug Screen		✓		10. ECG
✓		5. Lipids (40 years +)		11-21		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.)

Diabetic On medication

ASSESSMENT:

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

Date: 23/9/2021 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

Employee Data		Date: 23/9/2021
Name: Saswant		Department/Company: TO
I. D No. 97357311	Tel #	Occupation : Operat

This questionnaire will help identify if you have any health condition which may need a detailed medical assessment as part of your fitness to work determination. If you hav queries please contact your local Health Services staff. All information provided on this and during consultations remains strictly confidential. When further clinical evaluati required following completion of a screening questionnaire, the details should be rec on Q1 and E1 forms.

How likely are you to fall asleep in the following situations? (use 0 to 3 score as shown b

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 b continuing to drive or operate machinery in the workplace.

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

Signature: Saswant Date: 23/9/2021

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:	JASWANT SINGH	**Doc No:**	0011907
Age:	49 Y **Nationality:** INDIAN	**File No:**	0021732
Gender:	M	**Bill No:**	0026097
Ref. By:	DR. EMAD OMER	**Date:**	23/09/2021
GSM No.:	78505475	**Time:**	16:35

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS		
COMPLITE BLOOD COUNT		
RBC	4.3 10"9/l	Male 4.38 -4.98 10"2/l Female 4.5- 5.5 10"12/l
HAEMOGLOBIN	12.7 gm %	Male 13 - 16 gm % Female 11 - 14 gm %
HCT	36.2 %	Male 39.30 -44.10 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	29.4 pg	27 - 33 pg
MCHC	34.9 g/dl	29.6 - 35.6 %
WBC COUNT	9.9 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	71 %	40-75 %
LYMPHOCYTE	26 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	02 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	310 10"9/l	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	106 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.62 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	20.0 U/L	0 - 35.0 U/L
S.G.P.T.	27.1 U/L	10 - 45 U/L

Medical Technologist

Peace Land Medical Center
P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout Al Sahwa Tower
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Tel: 24617117/24617148/24617149

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Test	Result	Normal Range
GGT	54.8 mg/dl	0 - 55.0 mg/dl
ALBUMIN	4.0 mg/dl	3.50 - 5.20 mg/dl
TOTAL PROTEIN	8.0 mgd/l	6 - 8 mgd/l
S. BILIRUBIN DIRECT	0.14 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	30.5 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.98 mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	7.0 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	120 mg/dl	0.0 - 200 mg/dl
Triglyceride	128.3 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	35.0 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	59.4 mg/dl	< 100 mg/dl
VLDL	25.6 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	257.0 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	5 ml	
Colour	Yellow	
Sp. Gravity	1.015	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	(++)	
Ketones	Negative	

Medical Technologist

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Ref. By:	DR. EMAD OMER	**Date:**	23/09/2021
GSM No.:	78505475	**Time:**	16:35

Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	2-3	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	Nil	
CRYSTALS	Nil	
BACTERIA	Nil	
OTHERS	Nil	

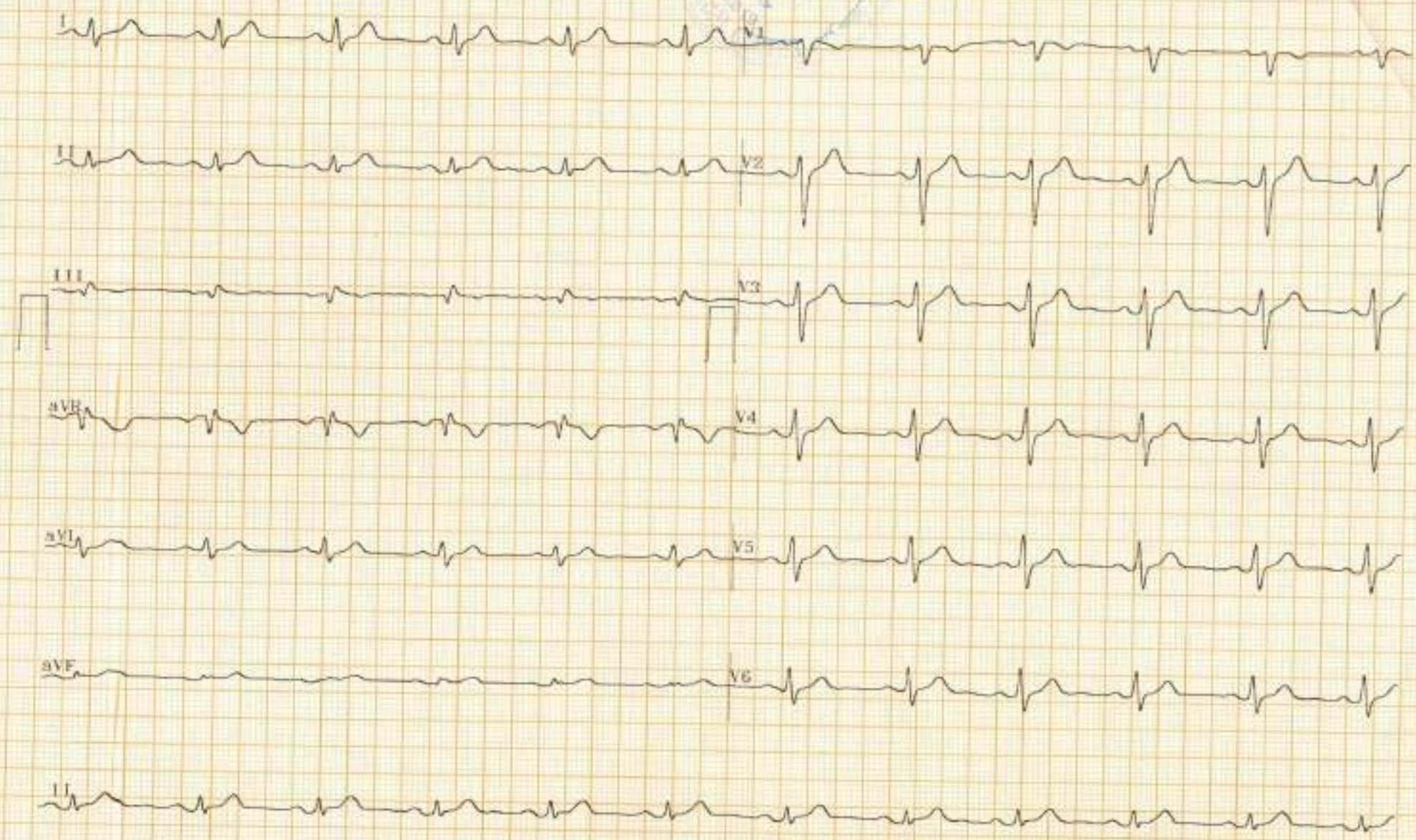
Medical Technologist

2021-09-23 16:29:44 6 Channel + 1 Rhythm Report

Hospital:
Prescribed by:

ID :
Name: Jaswant
yrs.
cm / kg

Heart Rate: 70bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 160 ms Normal Sinus Rhythm
QRS Dur.: 110 ms Normal Axis
QT/QTc: 376/405 ms [Normal ECG]
P-R-T axes:
4 39 16



0.1Hz- 100Hz, AC50Hz, EMG. All Channel: 10.0mm/mV, 25.0mm/sec. CARDIO-M Ver5.10M 20 Medical Equipment Co.,Ltd.

Estimated 10-year Global CVD Risk

11.2%*

Risk Category

High Risk*

Estimated Vascular Age

57 Years*

*Due to this patient being diabetic, they are placed in the High Risk Category and should be treated based on the following guidelines.

Treatment Guidelines

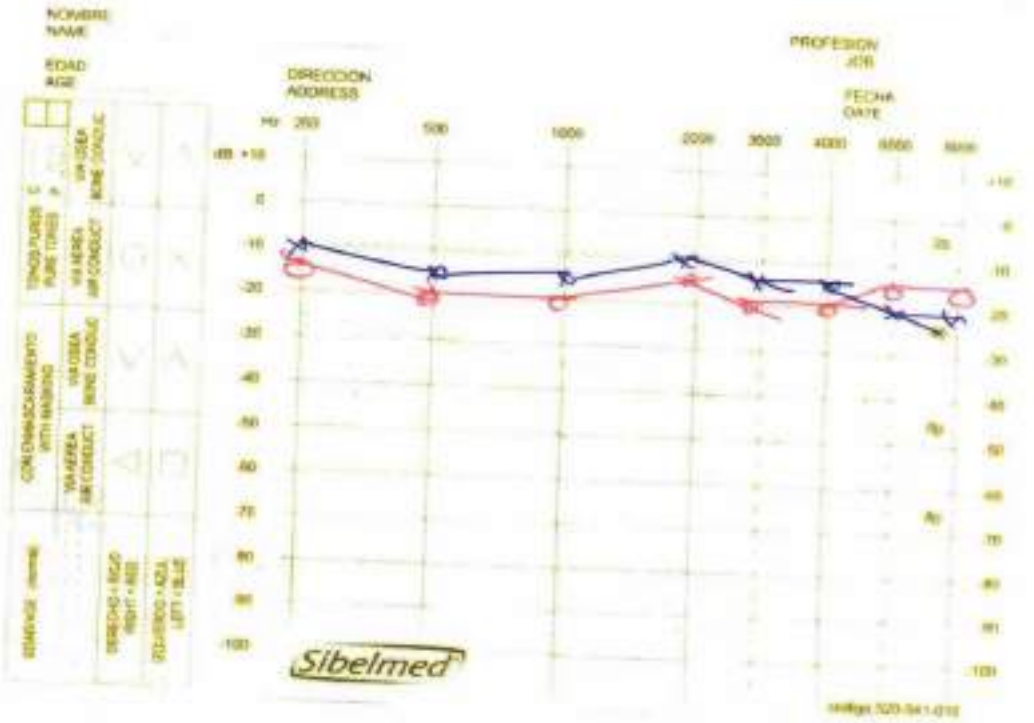
ATP-III (2004)
Treatment Targets
LDL <100 mg/dL (<2.59 mmol/L)
Non-HDL <130 mg/dL (<3.37 mmol/L)

CCS (2009)
Treatment Targets
LDL <2 mmol/L (<77 mg/dL) or ≥50 % decrease in LDL-C
apoB <0.8 g/L (80 mg/dL)

ESC (2007, see Info for more)
Treatment Targets
LDL <2-2.5 mmol/L (<80-100 mg/dL)
TChol <4-4.5 mmol/L (<155-175 mg/dL)

Peace Land Medical Center

AUDIOMETRY TEST REPORT			
Name:	Jaswant Singh	Company	Tank Farm
Gender:	M	Occupation	Operator
Ref By:	Dr. Emad Omer	Date:	23.9.21.



INTERPRETATION
× LEFT EAR
○ RIGHT EAR

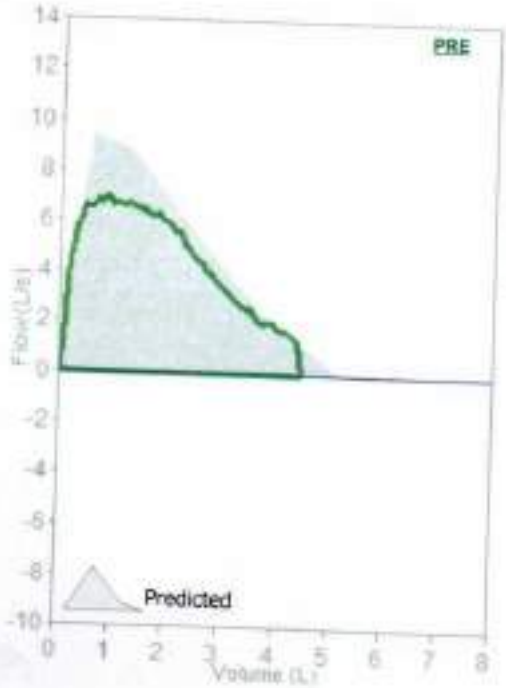
RESULT
☑ Normal
☐ Hearing Loss
☐ Left ☐ Right

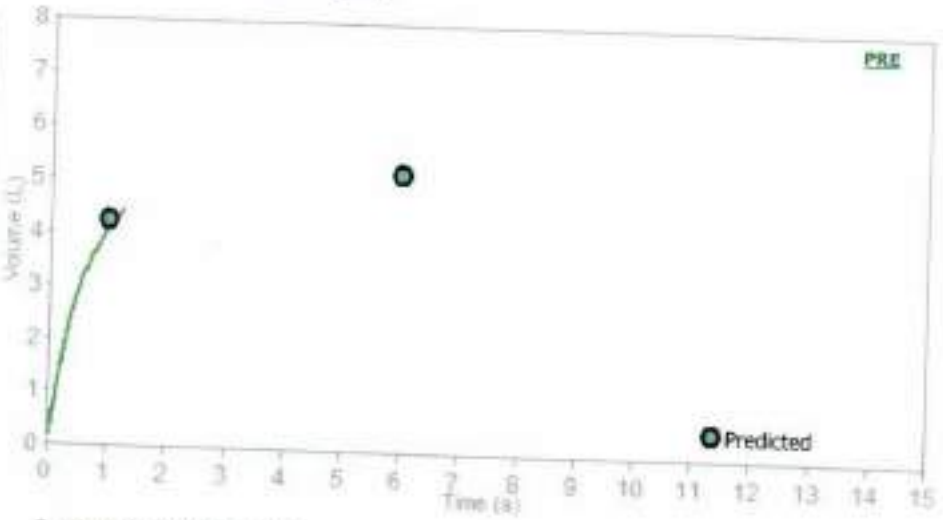
Pulmonary Function Test Results

Visit date 28/09/2021

Patient code	97354311.	Age	49
Surname	SINGH	Gender	Male
Name	JASWANT	Height, cm	183
Date of birth	28/12/1971	Weight, kg	120
		BMI	35.83
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 28/09/2021 11:26:24

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	4.15	5.20	4.43*	85	-1.21	4.43			*		
FEV1	L	3.36	4.22	4.13*	98	-0.18	4.13			*		
FEV1/FVC	%	70.5	80.7	93.2*	116	2.02	93.2			*		
PEF	L/s	6.08	9.49	7.06*	74	-1.17	7.06			*		
ELA	Years		49	52	106		52					
FEF2575	L/s	2.52	4.30	4.77	111	0.44	4.77					
FET	s		6.00	1.22	20		1.22					
FIVC	L	4.15	5.20									
FEV1/VC	%	70.5	80.7									

*Best values from all loops - BTPS 1.082 27 °C (80.6 °F) - Predicted Knudson

Conclusion / Medical report

Signature

Instrument used
Minispir S S/N C11507

MIR

nmc specialty hospital, al ghoubra

P.O BOX : 613, Postal Code : 133
AL-GHOUBRA
24504000

Fitness Certificate

Date of issue : *23/09/2021*

Ref No : *0000045/FIT/NMC/2021*

This is to certify that Mr. / Mrs. *JASWANT SINGH* with file no *14311790* and Resident card no. *97354311* was *Treated* at *nmc specialty hospital, al ghoubra* on *23/09/2021* and will be *fit for pdo* from the medical point of view starting from *23/09/2021*

DIAGNOSIS

49 yr old obese , diabetic on OHA for pdo fitness, c/e unremarkeale , bp- 130/80,tmt : negative for inducible ischemia

Remarks

to continue concor and TSH

DR YOGEESWARI.V.S

DR. YOGEESWARI V S
Specialist Cardiology
MOH Lic. No. 14855
nmc specialty hospital, Al Ghoubra

Place: *nmc specialty hospital, al ghoubra*

(Hospital Seal)

Signature

مركز بلاد السلام الطبي
Peace Land Medical Center

Peace Land

Fitness for work certificate

Employee Data		Date	23/9/2021
Name	SASWANT SINGH	Department/Company	TO
I.D No.	97354311	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*	FIT
Work near moving machinery or sharp edges			
Working at height			
Pulling, 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			23/9/2021