



PEACE LAND MEDICAL CENTER



MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

VIPAN KUMAR
40 Y(M) «Blank»

05/12/21 09:19

0025113



Bill #

0028870

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Place of examination <u>MCT</u>		Date <u>5/12/21</u>	
Surname		Forenames	
Address <u>P 7597954</u>		Home telephone number <u>71364146</u>	
If a dependant enter employee's name here: Surname		Forenames	
Birth date <u>17/8/81</u>	Nationality: <u>INDIAN</u>	Country of birth: <u>INDIA</u>	Religion:
☒ Male ☐ Female	☒ Married ☐ Single ☐ Separated /Divorced	Relationship to employee ☐ Wife ☐ Son ☐ Daughter	Number of children: <u>1</u>
Reason for examination Pre-Employment ☒ Periodic medical check-up ☐ Pre-Overseas ☐		Job: <u>H.D.D</u> 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	
1. Sinus trouble			21. Cancer
2. Neck swelling/glands			22. Heart Disease
3. Difficulty in vision			23. Rheumatic fever
4. Any ear discharge			24. Abnormal heartbeat
5. Asthma/bronchitis			25. High blood pressure
6. Hayfever /other significant allergy			26. Stroke
7. Any skin trouble			27. Serious chest pain
8. Tuberculosis			28. Any blood disease
9. Shortness of breath			29. Kidney disease
10. Coughed/vomited blood			30. Blood in urine
11. Severe abdominal pain			31. Painful passage of urine
12. Stomach ulcer			32. Diabetes
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/arm/pit			40. Fear of heights
How much tobacco each day? <u>NO</u>		Average daily alcohol consumption <u>NO</u>	
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: <u>5/12/21</u>		Signature of Applicant: <u>Vipin Kumar</u>	



مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

Employee Data	VIPANKUMAR 40 Y (M) «Blank» 05/12/2021 09:19 0025113 0025870	Date: 5/12/21
Name:		Department/Company: TRUCK Oman
I. D No.		Occupation: H.D.O

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
- ☐ sitting and reading
 - ☐ watching TV
 - ☐ sitting inactive in a public place (e.g. theatre or meeting)
 - ☐ as a passenger in the car for an hour without a break
 - ☐ Lying down to rest in the afternoon when circumstances permit
 - ☐ Sitting & talking with someone
 - ☐ Sitting quietly after lunch without alcohol
 - ☐ In a car, while stopped for a few minutes in traffic

Total 0

If you score a total of 10 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

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

Signature: Vipankumar Date: 5/12/2021



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: VIPAN KUMAR
Age: 40 Y **Nationality:** INDIAN
Gender: M
Ref. By: DR. EMAD OMER
GSM No.: 71364146

Doc No: 0014497
File No: 0025113
Bill No: 0029970
Date: 05/12/2021
Time: 14:29

Test	Result	Normal Range
PDO MEDICAL CHECKUP		
COMPLITE BLOOD COUNT		
RBC	5.0 10 ⁹ /l	Male 4.38 - 4.98 10 ⁹ /l Female 4.5 - 5.5 10 ⁹ /l
HAEMOGLOBIN	14.2 gm %	Male 13 - 16 gm % Female 11 - 14 gm %
HCT	40.7 %	Male 39.30 - 44.10 % Female 37 - 47 %
MCV	80 fl	84-94 fl
MCH	28.0 pg	27 - 33 pg
MCHC	35.0 g/dl	29.6 - 35.6 %
WBC COUNT	6.9 10 ⁹ d/l	5.0 - 11.0 10 ⁹ /l
DIFFERENTIAL COUNT		
NEUTROPHIL	65 %	40-75 %
LYMPHOCYTE	31 %	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	348 10 ⁹ /l	156 - 342 10 ⁹ /l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	67 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.43 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	15.1 U/L	0 - 35.0 U/L
S.G.P.T.	25.9 U/L	10 - 45 U/L



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Medical Technologist



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Test	Result	Normal Range
GGT	49.1 mg/dl	0 - 55.0 mg/dl
ALBUMIN	4.3 mg/dl	3.50 - 5.20 mg/dl
TOTAL PROTEIN	7.0 mg/dl	6 - 8 mg/dl
S. BILIRUBIN DIRECT	0.16 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	22.2 mg/dl	18.0 - 55.0 mg/dl
S. CREATININE	0.91 mg/dl	0.70 - 1.30 mg/dl
S. URIC ACID	6.4 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	176 mg/dl	0.0 - 200 mg/dl
Triglyceride	140.0 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	52.0 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	96.0 mg/dl	< 100 mg/dl
VLDL	28.0 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	98.9 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	5 ml	
Colour	Pale yellow	
Sp. Gravity	1.015	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	



Medical Technologist

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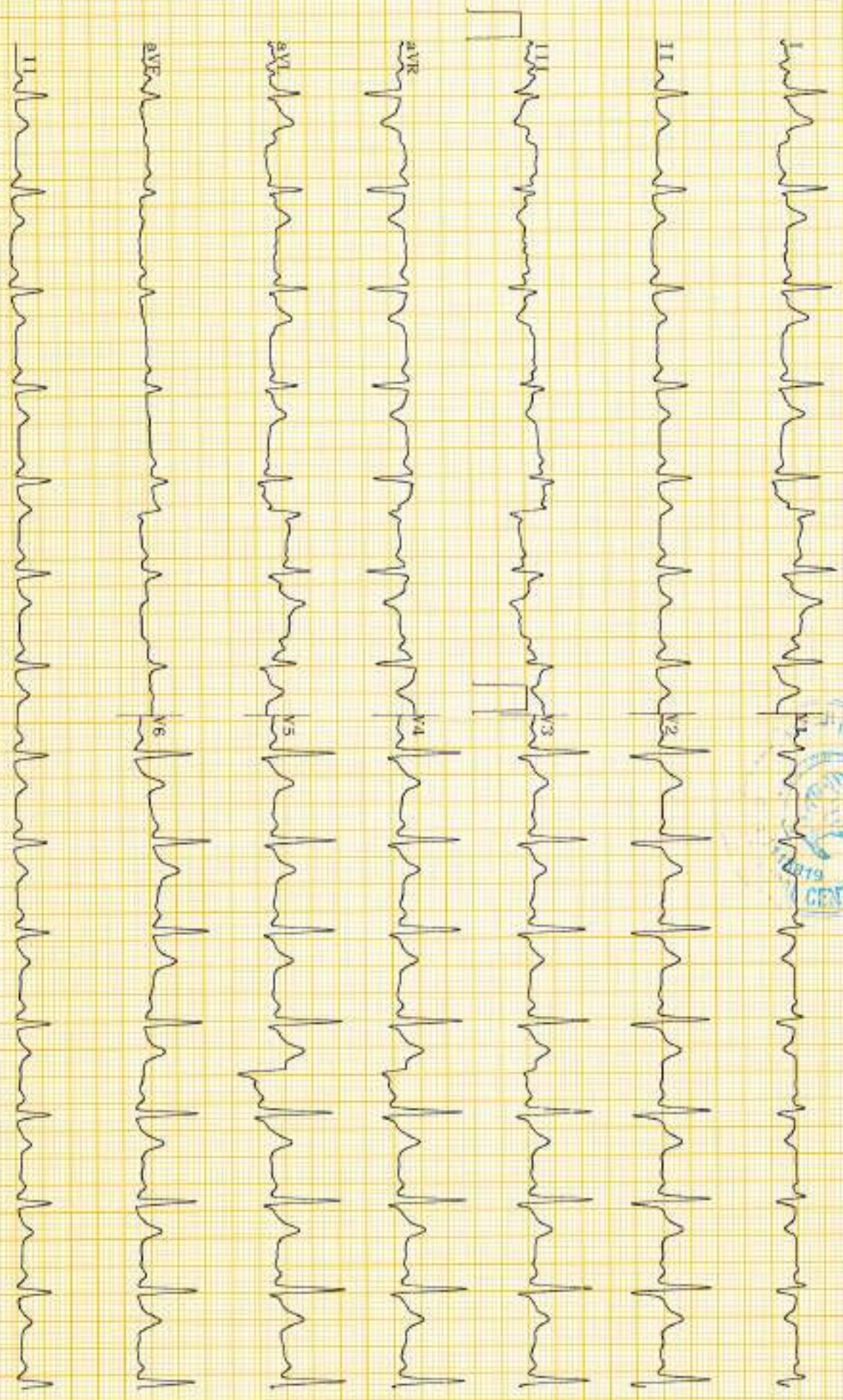
Doc No: 0014497
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Date: 05/12/2021
Time: 14:29

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	



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Medical Technologist

Heart Rate: 64
PR Int.: 0 ms Normal Sinus Rhythm
QRS Dur.: 0 ms Normal Axis
QT/QTc: 0/0 ms [Normal ECG]
P-R-T axes: 0 0 0



Estimated 10-year Global CVD
Risk

2.8%

Risk Category

Low Risk

Estimated Vascular Age

36 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)



VIPAN KUMAR
40 Y (M) «Bianh

05/22/09-19

0025113

0028870

PEACELAND

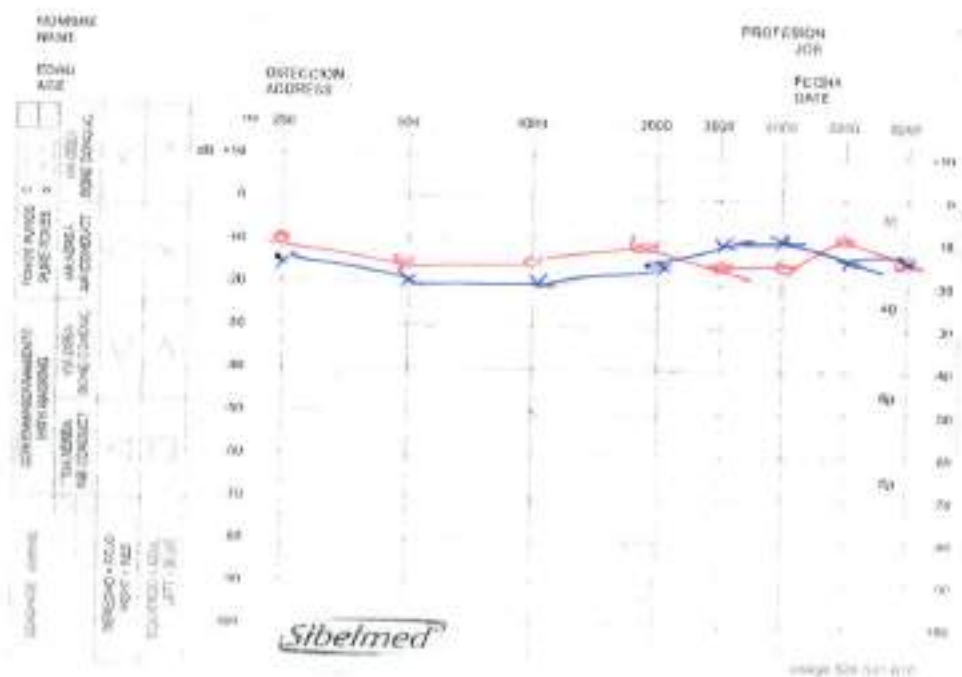
IDIOMETRY TEST REPORT

Ref By: JLF, 5/1/2004

Company	Country	Year	Revenue (\$M)	Profit (\$M)	Assets (\$M)	Liabilities (\$M)	Equity (\$M)	Employees	Market Cap (\$B)	Dividend (\$M)	Payout Ratio (%)	ROE (%)	EPS (\$)	BPS (\$)	Debt-to-Equity Ratio	Current Ratio	Z-Score	Altman Z-Score	Bankruptcy Risk	ESG Score	Sustainability Rating	Carbon Footprint (tCO ₂ e)	Water Usage (m³)	Waste Generated (t)	Renewable Energy (%)	Diversity Index	Governance Score	Audit Opinion	Legal Proceedings	Regulatory Fines (\$M)	Shareholder Activism	Analyst Coverage	Investor Relations	Public Relations	Media Sentiment	Brand Reputation	Innovation Pipeline	R&D Spend (\$M)	New Products Launched	Patent Applications	Acquisitions	Dispositions	Restructuring Costs (\$M)	Litigation Costs (\$M)	Tax Expenses (\$M)	Other Non-Operating Income (\$M)	Total Other Income (\$M)	Net Income (\$M)	Adjusted Net Income (\$M)	EBITDA (\$M)	Operating Cash Flow (\$M)	Free Cash Flow (\$M)	Capital Expenditures (\$M)	Financing Activities (\$M)	Operating Activities (\$M)	Investing Activities (\$M)	Overall Financial Health	Overall Sustainability Performance	Overall ESG Impact	Overall Social Responsibility	Overall Corporate Governance	Overall Transparency	Overall Stakeholder Engagement	Overall Business Resilience	Overall Strategic Alignment	Overall Operational Efficiency	Overall Customer Satisfaction	Overall Employee Retention	Overall Talent Development	Overall Community Impact	Overall Environmental Stewardship	Overall Ethical Leadership	Overall Digital Transformation	Overall Innovation Culture	Overall Market Position	Overall Competitive Advantage	Overall Industry Influence	Overall Global Reach	Overall Brand Awareness	Overall Customer Loyalty	Overall Supplier Relationship	Overall Vendor Management	Overall Logistics Efficiency	Overall Production Quality	Overall Service Excellence	Overall Compliance Adherence	Overall Regulatory Cooperation	Overall Legal Risk Mitigation	Overall Tax Optimization	Overall Financial Stability	Overall Creditworthiness	Overall Liquidity Position	Overall Solvency Ratio	Overall Leverage Ratio	Overall Interest Coverage Ratio	Overall Dividend Yield (%)	Overall Payout Ratio (%)	Overall Share Repurchase Program	Overall Board Composition	Overall Executive Compensation	Overall Shareholder Rights	Overall Minority Shareholder Protection	Overall Anti-Corruption Measures	Overall Whistleblower Policy	Overall Data Privacy Compliance	Overall Cybersecurity Measures	Overall Information Security	Overall Intellectual Property Protection	Overall Contractual Obligations	Overall Litigation Exposure	Overall Insurance Coverage	Overall Disaster Preparedness	Overall Crisis Management	Overall Reputational Risk	Overall Stakeholder Trust	Overall Business Continuity Plan	Overall Risk Appetite	Overall Risk Tolerance	Overall Risk Identification	Overall Risk Assessment	Overall Risk Monitoring	Overall Risk Reporting	Overall Risk Communication	Overall Risk Mitigation Strategy	Overall Risk Response Time	Overall Risk Resolution Rate	Overall Risk Reduction Efforts	Overall Risk Prevention Measures	Overall Risk Avoidance Strategies	Overall Risk Transfer Mechanisms	Overall Risk Retention Levels	Overall Risk Acceptance Criteria	Overall Risk Tolerance Thresholds	Overall Risk Identification Frequency	Overall Risk Assessment Frequency	Overall Risk Monitoring Frequency	Overall Risk Reporting Frequency	Overall Risk Communication Frequency	Overall Risk Mitigation Frequency	Overall Risk Response Frequency	Overall Risk Resolution Frequency	Overall Risk Reduction Frequency	Overall Risk Prevention Frequency	Overall Risk Avoidance Frequency	Overall Risk Transfer Frequency	Overall Risk Retention Frequency	Overall Risk Acceptance Frequency	Overall Risk Tolerance Frequency	Overall Risk Identification Frequency	Overall Risk Assessment Frequency	Overall Risk Monitoring Frequency	Overall Risk Reporting Frequency	Overall Risk Communication Frequency	Overall Risk Mitigation Frequency	Overall Risk Response Frequency	Overall Risk Resolution Frequency	Overall Risk Reduction Frequency	Overall Risk Prevention Frequency	Overall Risk Avoidance Frequency	Overall Risk Transfer Frequency	Overall Risk Retention Frequency	Overall Risk Acceptance Frequency	Overall Risk Tolerance Frequency	Overall Risk Identification Frequency	Overall Risk Assessment Frequency	Overall Risk Monitoring Frequency	Overall Risk Reporting Frequency	Overall Risk Communication Frequency	Overall Risk Mitigation Frequency	Overall Risk Response Frequency	Overall Risk Resolution Frequency	Overall Risk Reduction Frequency	Overall Risk Prevention Frequency	Overall Risk Avoidance Frequency	Overall Risk Transfer Frequency	Overall Risk Retention Frequency	Overall Risk Acceptance Frequency	Overall Risk Tolerance Frequency	Overall Risk Identification Frequency	Overall Risk Assessment Frequency	Overall Risk Monitoring Frequency	Overall Risk Reporting Frequency	Overall Risk Communication Frequency	Overall Risk Mitigation Frequency	Overall Risk Response Frequency	Overall 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Occupation

Date:



INTERPRETATION

X LEFT EAR

○ RIGHT EAR

RESULT

☒ Normal☐ Hearing Loss

□



Pulmonary Function Test Results

Visit date 05/12/2021

Patient code P 7597954

Surname KUMAR

Name VIPAN

Date of birth 17/08/1981

Ethnic group Caucasian

Smoke

Patient group

Age 40

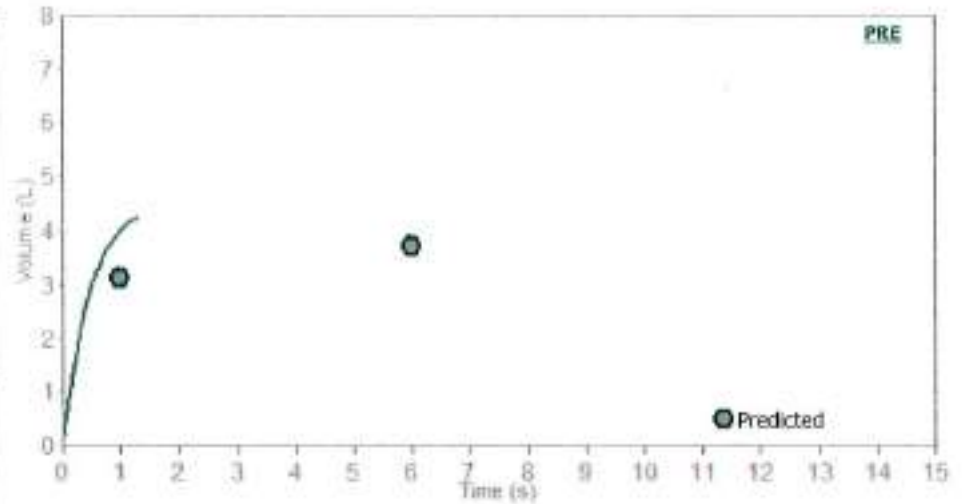
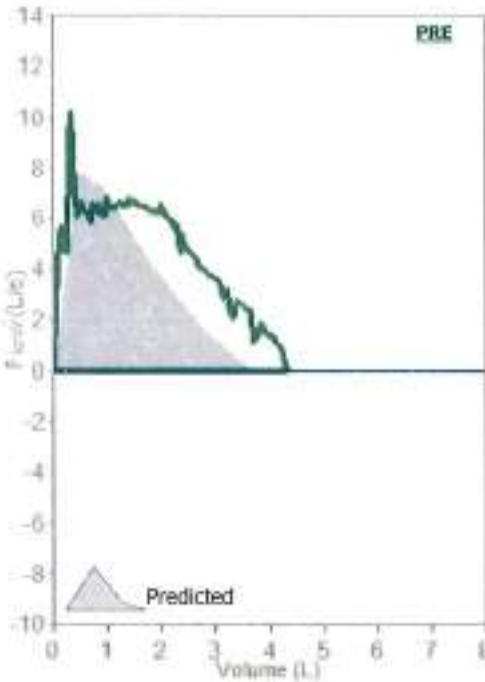
Gender Male

Height, cm 162

Weight, kg 68

BMI 25.91

Pack-Year



Quality Control Grade: F
0 Acceptable trials

Interpretation
Normal Spirometry



PRE Trial date 05/12/2021 09:35:12

Parameters	LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	2.65	3.70	4.27*	115	0.89	4.27		*		
FEV1	L	2.23	3.09	3.96*	128	1.66	3.96		*		
FEV1/FVC	%	74.2	84.3	92.7*	110	1.35	92.7		*		
PEF	L/s	4.42	7.84	10.27*	131	1.17	10.27		*		
ELA	Years		40	40	100		40				
FEF2575	L/s	1.63	3.41	5.06	148	1.52	5.06				
FET	s		6.00	1.31	22		1.31				
FIVC	L	2.65	3.70								
FEV1/VC	%	74.2	84.3								

*Best values from all loops - BTPS 1.073 29 °C (84.2 °F) - Predicted Knudson

Conclusion / Medical report

Signature



Instrument used
Minispir 5 S/N C11507
Last calibration check 01/11/2021 09:35:10



مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date 5/12/2021	
Name VIPAN KUMAR		Department/Company T.O.	
I.D No. 7597954		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
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		Date 5/12/2021	
Permanently Unfit			
Name of health advisor Signature			