## PEACE LAND MEDICAL CENTER

# MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname

Forenames RANJIT SINGH

Address 11296/301-

Home telephone number 9803417[illegible]

Place of examination [illegible] Date 8/12/21

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

Birth date 28/5/93 Nationality: Indian Country of birth: India 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: H.D.D 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 | | |
| 2. Neck swelling/glands | | |
| 3. Difficulty in vision | | |
| 4. Any ear discharge | | |
| 5. Asthma/bronchitis | | |
| 6. Hayfever /other significant allergy | | |
| 7. Any skin trouble | | |
| 8. Tuberculosis | | |
| 9. Shortness of breath | | |
| 10. Coughed/vomited blood | | |
| 11. Severe abdominal pain | | |
| 12. Stomach ulcer | | |
| 13. Recurrent indigestion | | |
| 14. Jaundice or hepatitis | | |
| 15. Gall Bladder disease | | |
| 16. Marked change in bowel habits | | |
| 17. Blood in stools (motions) | | |
| 18. Marked change in weight | | |
| 19. Varicose veins | | |
| 20. Lump in breast/armpit | | |
| 21. Cancer | | |
| 22. Heart Disease | | |
| 23. Rheumatic fever | | |
| 24. Abnormal heartbeat | | |
| 25. High blood pressure | | |
| 26. Stroke | | |
| 27. Serious chest pain | | |
| 28. Any blood disease | | |
| 29. Kidney disease | | |
| 30. Blood in urine | | |
| 31. Painful passage of urine | | |
| 32. Diabetes | | |
| 33. Headaches/migraine | | |
| 34. Dizziness/fainting | | |
| 35. Epilepsy | | |
| 36. Joints/spinal trouble | | |
| 37. Surgical operation | | |
| 38. Serious accident/fracture | | |
| 39. Tropical disease | | |
| 40. Fear of heights | | |

| HAVE YOU EVER BEEN:- | Y | N |
|---|---|---|
| 41. Rejected for employment or insurance for medical reasons | | |
| 42. Awarded benefits for industrial injury/illness | | |
| 43. Treated for a mental condition, e.g. depression | | |
| 44. Treated for problem drinking or drug abuse | | |
| 45. Exposed to toxic substance or noise | | |
| **FOR WOMEN ONLY** | | |
| Have you ever had: | | |
| 46. An abnormal smear | | |
| 47. Any gynaecological treatment | | |
| 48. Are you pregnant? | | |
| 49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE | | |

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: 8/12/21 Signature of Applicant: Ranjit Singh

مركز بلاد السلام الطبي

Peace Land Medical Center

## Epworth Screening Questionnaire for Sleep Apnoea

RANJIT SINGH
28 Y(M) «Blank»
08/12/21 08:22
0028272
84378 BU#
0030147
FOR CLINIC USE

| | |
|---|---|
| Employ | Date: 8/12/21 |
| Name: | Department/Company: |
| I. D No | Occupation: H.DD |

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

Signature: Ranjit Singh Date: 8/12/21

**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:** | RANJIT SINGH | **Doc No:** | 0014666 |
| **Age:** | 28 Y **Nationality:** INDIAN | **File No:** | 0025272 |
| **Gender:** | M | **Bill No:** | 0030147 |
| **Ref. By:** | DR. EMAD OMER | **Date:** | 08/12/2021 |
| **GSM No.:** | 98034171 | **Time:** | 12:47 |

| Test | Result | Normal Range |
|---|---|---|
| PDO MEDICAL CHECKUP | | |
| COMPLITE BLOOD COUNT | | |
| RBC | **4.8 10"9/l** | Male 4.38 -4.98 10"2/l<br>Female 4.5- 5.5 10"12/l |
| HAEMOGLOBIN | **16.4 gm %** | Male 13 - 16 gm %<br>Female 11 - 14 gm % |
| HCT | **48.2 %** | Male 39.30 -44.10 %<br>Female 37 -47 % |
| MCV | **81 fl** | 84-94 fl |
| MCH | 27.5 pg | 27 - 33 pg |
| MCHC | **34.0 g/dl** | 29.6 - 35.6 % |
| WBC COUNT | **5.3 10"9 d/l** | 5.0 - 11.0 10"9/l |
| DIFFERENTIAL COUNT | | |
| NEUTROPHIL | 60 % | 40-75 % |
| LYMPHOCYTE | 37 % | 20-45 % |
| EOSINOPHIL | 01 % | 1-6 % |
| MONOCYTE | 02 % | 2-8% |
| BASOPHIL | 00 % | 0-1% |
| ESR | - | Male 0 - 22 mm / 1st hour<br>Female 0 - 20 mm / 1st hour |
| PLATELET | **202 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 | **1.0 mg/dl** | 0 - 2.0 mg/dl |
| S.G.O.T. | **29.8 U/L** | 0 - 35.0 U/L |
| S.G.P.T. | **30.9 U/L** | 10 - 45 U/L |

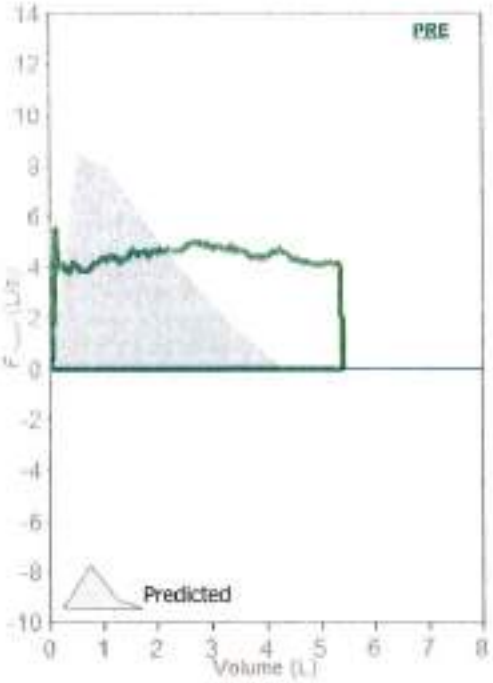
*Medical Technologist*

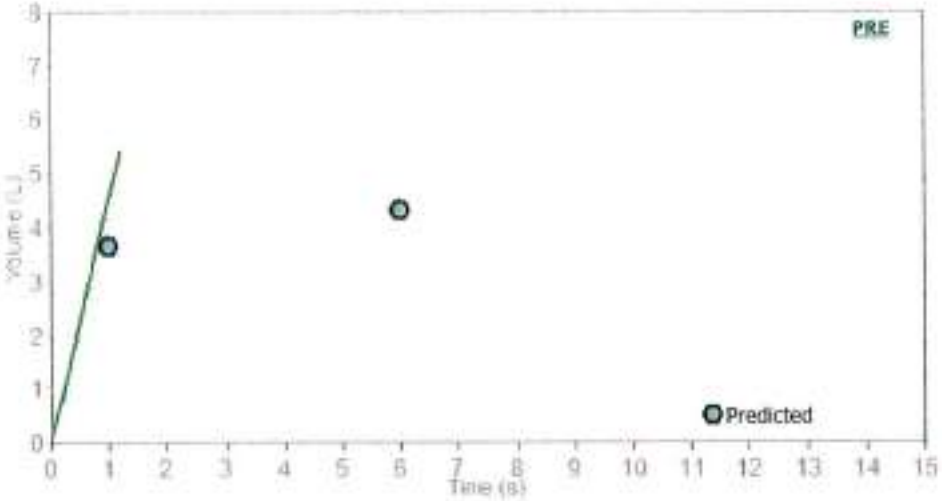
## Pulmonary Function Test Results

### Visit date 08/12/2021

| | | | |
|---|---|---|---|
| Patient code | 112967301 | Age | 28 |
| Surname | SINGH | Gender | Male |
| Name | RANJIT | Height, cm | 165 |
| Date of birth | 28/05/1993 | Weight, kg | 59 |
| Ethnic group | Not defined | BMI | 21.67 |
| Smoke | | Pack-Year | |
| Patient group | | | |

FVC FEV1 FEV1%




Quality Control Grade: F
0 Acceptable trials

**Interpretation**

Normal Spirometry

### PRE Trial date 08/12/2021 08:37:11

| Parameters | | LLN | Pred | Best | %Pred | Z-score | PRE # 1 | PRE # 2 | PRE # 3 | POST | %Pred | %Chg |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FVC | L | 3.26 | 4.31 | 5.43* | 126 | 1.76 | 5.43 | | | * | | |
| FEV1 | L | 2.78 | 3.64 | 4.53* | 124 | 1.70 | 4.53 | | | * | | |
| FEV1/FVC | % | 75.3 | 85.5 | 83.4* | 98 | -0.34 | 83.4 | | | * | | |
| PEF | L/s | 5.12 | 8.54 | 5.56* | 65 | -1.43 | 5.56 | | | * | | |
| ELA | Years | | 28 | 28 | 100 | | 28 | | | | | |
| FEF2575 | L/s | 2.24 | 4.02 | 4.67 | 116 | 0.60 | 4.67 | | | | | |
| FET | s | | 6.00 | 1.21 | 20 | | 1.21 | | | | | |
| FIVC | L | 3.26 | 4.31 | | | | | | | | | |
| FEV1/VC | % | 75.3 | 85.5 | | | | | | | | | |

*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
Last calibration check 01/11/2021 09:35:10

MIR

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

## Fitness for work certificate

| Employee Data | | Date | 8/12/2021 |
|---|---|---|---|
| Name | RANJIT SINGH | Department/Company | |
| I.D No. | 11296730 | Occupation | H.O.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 | | | 8/12/2021 |

ص.ب : ١٤٠٣ الرمز البريدي : ١٣٣ دوار العذيبة مبنى ابراج الصحوة مبنى ٢ سلطنة عمان
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