PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

GURPREET SINGH
35 Y(M) «Blank» 05/12/21 09:17
0025112
84321 Bill # 0029868
PEACELAND

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	
Forenames	
Address	U3460003
Home telephone number	79926841

TRUCK OMAN

Place of examination: MCT	Date: 5/12/21		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: 5/1/85	Nationality: INDIAN	Country of birth: INDIA	Religion:
☑ 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		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 Have you ever had:-		
8. Tuberculosis			28. Any blood disease			46. An abnormal smear		
9. Shortness of breath			29. Kidney disease			47. Any gynaecological treatment		
10. Coughed/vomited blood			30. Blood in urine			48. Are you pregnant?		
11. Severe abdominal pain			31. Painful passage of urine			49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
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/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: 5/12/21 **Signature of Applicant:** Gurpreet Singh

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

GURPREET SINGH
38 Y(M) «Blank»
64321
05/12/21 09:17
0025112
PEACELAND

Employee Deta	Date: 5/12/21
Name:	Department/Company: Truck Oman
I. D No.	Occupation: H.O.D

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

Signature: Gurpreet Singh Date: 5/12/21

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:	GURPREET SINGH	**Doc No:**	0014495
Age:	36 Y **Nationality:** INDIAN	**File No:**	0025112
Gender:	M	**Bill No:**	0029969
Ref. By:	DR. EMAD OMER	**Date:**	05/12/2021
GSM No.:	79926841	**Time:**	14:22

Test	Result	Normal Range
PDO MEDICAL CHECKUP		
COMPLITE BLOOD COUNT		
RBC	**5.1 10"9/l**	Male 4.38 -4.98 10"2/l Female 4.5- 5.5 10"12/l
HAEMOGLOBIN	**16.0 gm %**	Male 13 - 16 gm % Female 11 - 14 gm %
HCT	**46.8 %**	Male 39.30 -44.10 % Female 37 -47 %
MCV	**80 fl**	84-94 fl
MCH	27.2 pg	27 - 33 pg
MCHC	**34.1 g/dl**	29.6 - 35.6 %
WBC COUNT	**6.6 10"9 d/l**	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	65 %	40-75 %
LYMPHOCYTE	31 %	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	**254 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	**55 U/L**	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.45 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**15.5 U/L**	0 - 35.0 U/L
S.G.P.T.	**27.6 U/L**	10 - 45 U/L

Medical Technologist

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Ref. By:	DR. EMAD OMER	**Date:**	05/12/2021
GSM No.:	79926841	**Time:**	14:22

Test	Result	Normal Range
GGT	**47.0 mg/dl**	0 - 55.0 mg/dl
ALBUMIN	**4.2 mg/dl**	3.50 - 5.20 mg/dl
TOTAL PROTEIN	**6.6 mgd/l**	6 - 8 mgd/l
S. BILIRUBIN DIRECT	**0.10 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**27.0 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.83 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**5.4 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**136 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**160.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**50.6 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**53.4 mg/dl**	< 100 mg/dl
VLDL	**32.0 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	**92.0 mg/dl**	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.010	
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:**	05/12/2021
GSM No.:	79926841	**Time:**	14:22

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

Medical Technologist

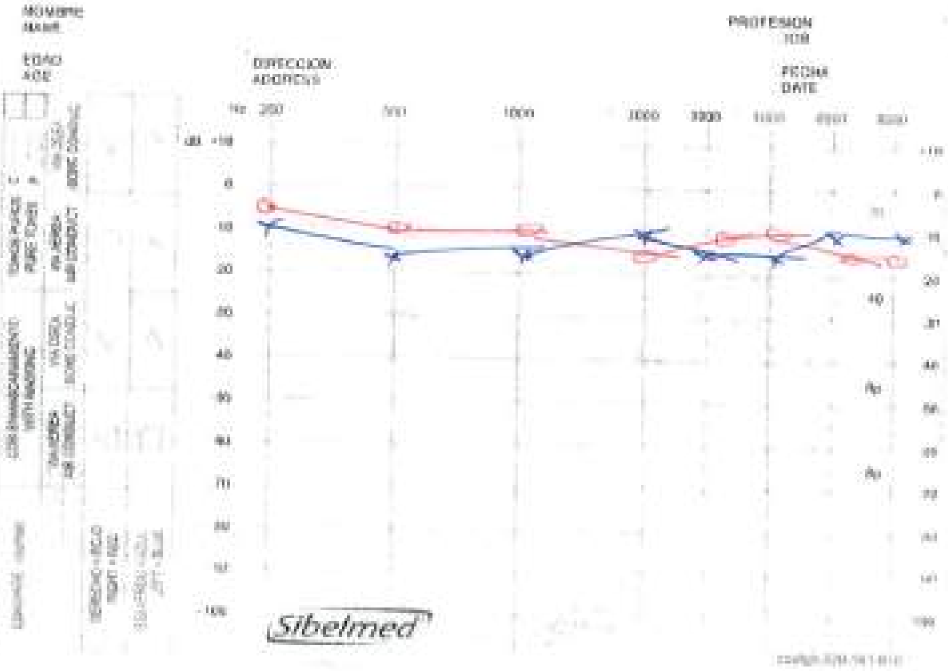
Peace Land Medical Center

GURPREET SINGH
36 Y(M) <Blank>
05/12/21 09:17
0028112
84321 Bill # 0028969
PEACELAND

AUDIOMETRY TEST REPORT

Company	[illegible]
Occupation	[illegible]
Date:	5/12/21

Ref By: Dr. Emad Omer



INTERPRETATION
x LEFT EAR
O RIGHT EAR

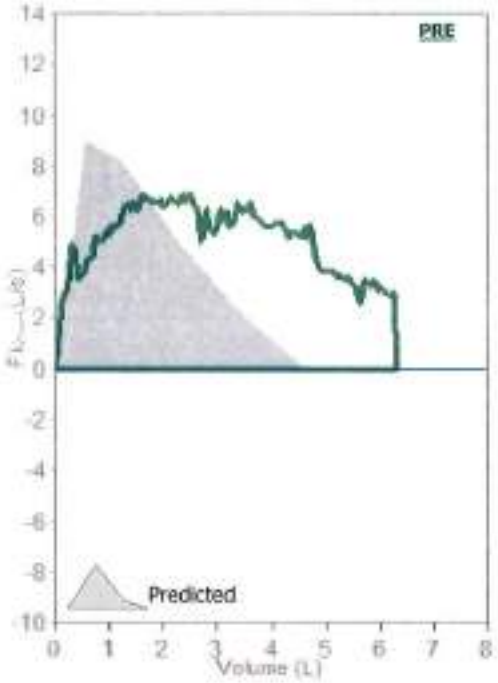
RESULT
☑ Normal
☐ Hearing Loss
☐ Left ☐ Right

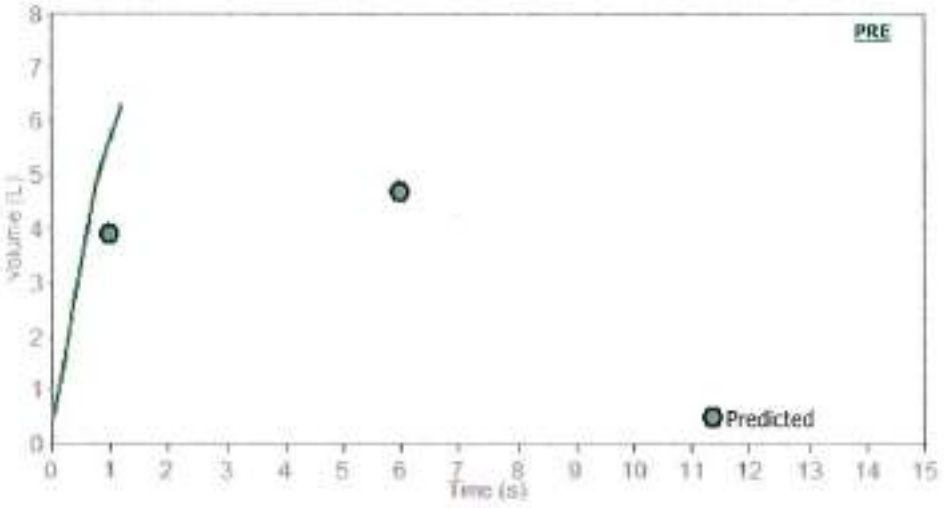
Pulmonary Function Test Results

Visit date 05/12/2021

Patient code	U3460003	Age	36
Surname	SINGH	Gender	Male
Name	GURPREET	Height, cm	172
Date of birth	05/01/1985	Weight, kg	70
Ethnic group	Not defined	BMI	23.66
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 05/12/2021 09:30:38

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.61	4.66	6.31*	135	2.58	6.31			*		
FEV1	L	3.01	3.87	5.66*	146	3.41	5.66			*		
FEV1/FVC	%	73.5	83.6	89.7*	107	0.98	89.7			*		
PEF	L/s	5.50	8.92	6.94*	78	-0.95	6.94			*		
ELA	Years		36	36	100		36					
FEF2575	L/s	2.35	4.13	6.00	145	1.72	6.00					
FET	s		6.00	1.20	20		1.20					
FIVC	L	3.61	4.66									
FEV1/VC	%	73.5	83.6									

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

Conclusion / Medical report

Signature

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

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

Fitness for work certificate

Employee Data		Date	5/12/2021
Name	GURPREET SINGH	Department/Company	T.O.
I.D No.	3460003	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			FIT
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			5/12/2021

ص.ب ١٤٠٣، ر.ب ١٣٣ الرمز البريدي ١٣٣ دوار العذيبة مقابل ابراج الصحوة مبنى ٢ سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azeiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24647417 / 24647418 / 24647419

REPORT

X - RAY REPORT

NAME:	GURPREET SINGH
AGE/SEX:	37/M
DATE:	09.12.2021
REGISTRATION NO	14325164
X RAY	Chest PA

OBSERVATIONS:

Both lung fields are clear.
Bilateral CP angles are clear
Cardiac shadow is normal .
Both domes of diaphragm are normal
Bony thorax appears normal

Impression:
Normal Chest Radiograph

Radiologist Signature

DR. UMA TADIKONDA
Specialist - Radiology
MOH Lic. No: 3176
nmc specialty hospital, Al Ghoubra

DEPARTMENT OF LABORATORY MEDICINE

File No:	14325164	**Report No:**	0773110		
Name:	GURPREET SINGH	**Sample Date:**	09/12/2021	**Time:**	13:47
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 36 Y **Nationality:** INDIAN	**Report Date:**	10/12/2021	**Time:**	03:33
GSM No.:	79926841 **ID Card No.:** U3460003	**Bill No:**	2080867	**Bill Date:**	09/12/2021
Ref. By:	VISA MEDICAL PACKAGE	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
VISA MEDICAL PACKAGE		
COMPLETE BLOOD COUNT		
TOTAL WBC COUNT	6700 cells/cumm	4000-11000cells/cumm
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	61 %	40-75%
LYMPHOCYTE (%)	31 %	20-45%
MONOCYTE (%)	6 %	2-8%
EOSINOPHIL (%)	2 %	1-6%
BASOPHIL (%)	%	0-1%
HAEMOGLOBIN	15.7 gm/dl	Male : 13-18 gm/dl Female:11-15 gm /dlchildren upto 1year-11.0-13.0 upto12years-11.5-14.5 Infant full term cord blood:13-19.5
RBC COUNT	5.0 million/cu	Male :4.5-6.5 million/cu Female:3.9-5.5 million/cu
PLATELET COUNT	2.39 lakh/cumm	1.5 - 4 lakhs / cumm
HEMATOCRIT	43.6 %	Male :42 - 52% Female:37- 47%
MCV	87.2 fl	76 - 96 fl
MCH	31.4 pg	27 - 33 pg
MCHC	36.0 %	32 - 36 %
ERYTHROCYTE SEDIMENTATION RATE	03 mm/1st hr	MALE:0-9 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
PS For MALARIAL PARASITE	NOT SEEN	
HbA1C	5.53 %	4 - 6
UREA	4.53 mmol/L	2.9-8.2 mmol/L
CREATININE	72.0 µ mol/L	MALE: 60 – 110 µ mol/L FEMALE: 50 - 100 µ mol/L
HIV 1& 2 (ECL)	NON-REACTIVE : (0.155)	Non Reactive: less than 0.90

Verified By:

10490
Lab Technologist
MOH License No:
Electronically signed at: 12/10/2021 3:33:00

Approved By:

DR. SURESH VENUGOPAL
Specialist Pathologist
MOH License No: 5950
Electronically signed at: 10/12/2021 3:34:00 AM

مستشفى ان ام سي التخصصي
nmc specialty hospital

NMC Healthcare LLC
Tax Card No. : 8148163
C.R.No: 1248387, P.O.Box: 613
P.C: 133, Al Ghoubra
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T: (+968) 2450 4000
F: (+968) 2450 1101
E: nmc.ghoubra@nmcoman.com

DEPARTMENT OF LABORATORY MEDICINE

File No:	14325164	**Report No:**	0773110		
Name:	GURPREET SINGH	**Sample Date:**	09/12/2021	**Time:**	13:47
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 36 Y **Nationality:** INDIAN	**Report Date:**	10/12/2021	**Time:**	03:33
GSM No.:	79926841 **ID Card No.:** U3460003	**Bill No:**	2080867	**Bill Date:**	09/12/2021
Ref. By:	VISA MEDICAL PACKAGE	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
		Borderline: 0.90 to 1.0 Reactive: equal or over 1.0
Method: Electrochemiluminescence immunoassay.		
HBs Ag (ECL)	NON-REACTIVE : (0.43)	Non Reactive: less than 1.0 Reactive: Equal or over 1.0
Method: Electrochemiluminescence immunoassay.		
HCV (ECL)	NON-REACTIVE : (0.033)	CUT OFF VALUE: 1.00
Method: Electrochemiluminescence immunoassay.		
Remarks: This is an antibody test. If reactive, active infection to be confirmed by HCV PCR test.		
VDRL	NON-REACTIVE : (0.058)	Below 1.0
Method: Electrochemiluminescence immunoassay.		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	5.5	<6
SPECIFIC GRAVITY	1.010	1.010-1.030
BLOOD	NEGATIVE	
UROBILINOGEN	NORMAL	NORMAL
URINE MICROSCOPY		
RBC	NIL /hpf	NIL
PUSCELLS	1-2	
EPITHELIAL CELLS	0-2 /hpf	NIL
CRYSTAL	NIL /hpf	NIL

Verified By:

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Ref. By:	VISA MEDICAL PACKAGE	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
CAST	NIL /hpf	NIL
BACTERIA	NIL	
MUCOUS THREAD	NIL	

Verified By:

10490
Lab Technologist
MOH License No:
Electronically signed at: 12/10/2021 3:33:00

Approved By:

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