PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname

Forenames BALWINDER SINGH

Address 12352 OUIS – Tonek Oman.

Home telephone number 94114615

Place of examination Muscat Date 10/1/22

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

Birth date 2/3/76 Nationality: Indian Country of birth: India Religion: Sikh.

☑ 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: Rigger. 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					
4. Any ear discharge			24. Abnormal heartbeat			42. Awarded benefits for industrial injury/illness		
5. Asthma/bronchitis			25. High blood pressure					
6. Hayfever /other significant allergy			26. Stroke			43. Treated for a mental condition, e.g. depression		
7. Any skin trouble			27. Serious chest pain					
8. Tuberculosis			28. Any blood disease			44. Treated for problem drinking or drug abuse		
9. Shortness of breath			29. Kidney disease					
10. Coughed/vomited blood			30. Blood in urine			45. Exposed to toxic substance or noise		
11. Severe abdominal pain			31. Painful passage of urine					
12. Stomach ulcer			32. Diabetes			FOR WOMEN ONLY		
13. Recurrent indigestion			33. Headaches/migraine			Have you ever had:-		
14. Jaundice or hepatitis			34. Dizziness/fainting			46. An abnormal smear		
15. Gall Bladder disease			35. Epilepsy			47. Any gynaecological treatment		
16. Marked change in bowel habits			36. Joints/spinal trouble					
17. Blood in stools (motions)			37. Surgical operation			48. Are you pregnant?		
18. Marked change in weight			38. Serious accident/fracture			49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
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: 10/1/22 Signature of Applicant: [signature]

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.	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
173	82	27.4	133/84	66/mins.	L / R N	Uncorrected 6/6	4/6			N	
						Corrected					

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 +)		5-6%		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: 11/1/2022 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

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

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:	BAL WINDER SINGH	**Doc No:**	0015752
Age:	45 Y **Nationality:** INDIAN	**File No:**	0026403
Gender:	M	**Bill No:**	0031356
Ref. By:	DR. EMAD OMER	**Date:**	11/01/2022
GSM No.:	94114615	**Time:**	12:45

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.5 10"12/l	Male 4.38 -5.78 10"12/l Female 4.0- 5.0 10"12/l
HAEMOGLOBIN	15.1 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	44.8 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	**81 fl**	84-94 fl
MCH	27.4 pg	27 - 33 pg
MCHC	33.7 g/dl	29.6 - 35.6 %
WBC COUNT	5.2 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	60 %	40-75 %
LYMPHOCYTE	36 %	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	**264 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	61 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.68 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	**23.1** U/L	0 - 35.0 U/L
S.G.P.T.	**44.8** U/L	10 - 45 U/L

Medical Technologist

Peace Land Medical Center
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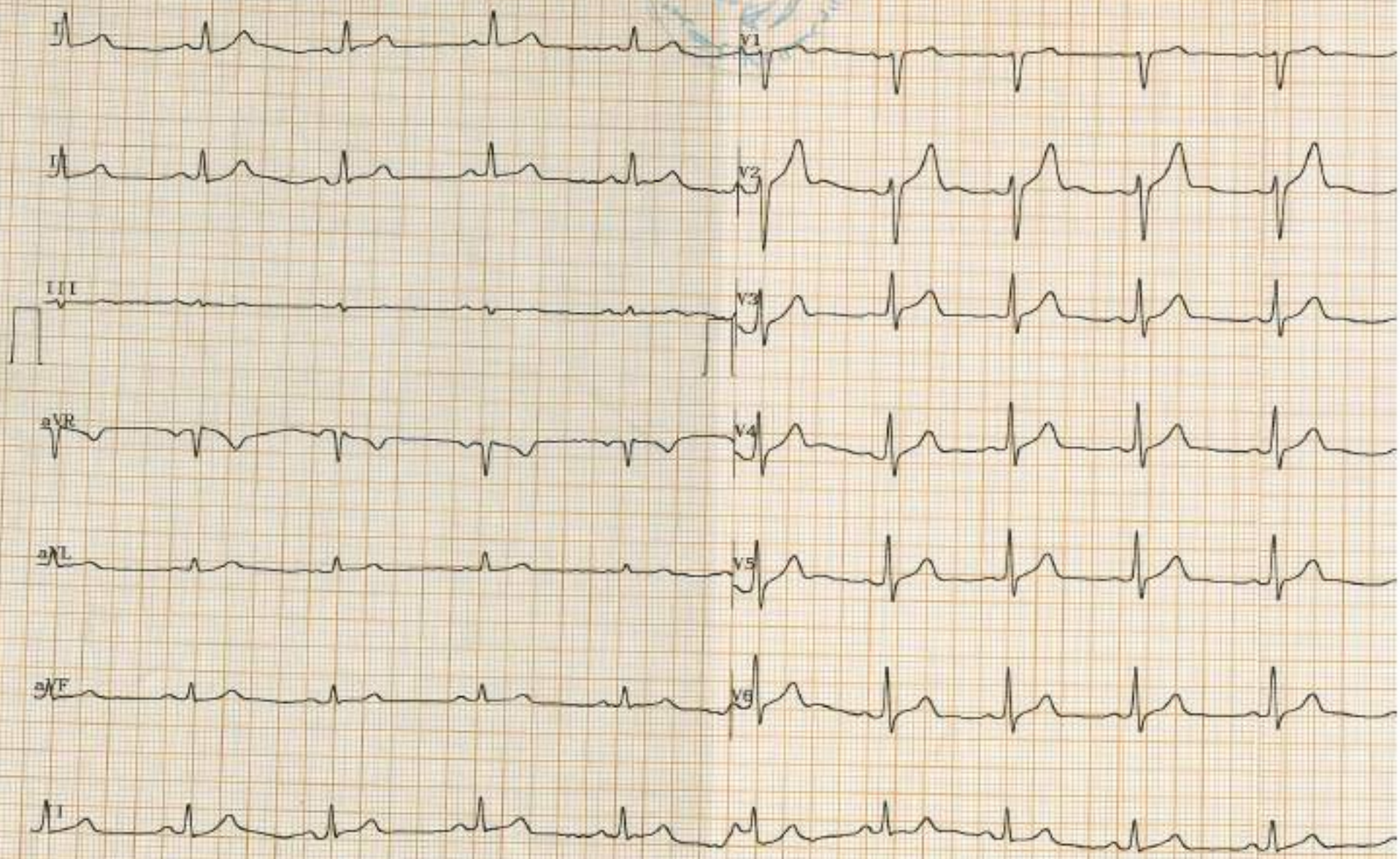
Test	Result	Normal Range
GGT	**35.4 U/L**	0 - 55.0 U/L
ALBUMIN	**5.0 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.3 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.18 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**26.2 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.98 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**6.8 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**174 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**96.2 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**55.5 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**99.3 mg/dl**	< 100 mg/dl
VLDL	**19.2 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	97.0 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

2022-01-10 14:41:55 6 Channel + 1 Rhythm Report Hospital:
Prescribed by:

BAL WINDER SINGH
45 Y(M) <Blank> 10/01/22 09:34
0028403
85044 Bill # 0031359
PENGELAND

Heart Rate: 61bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 158 ms Normal Sinus Rhythm
QRS Dur.: 102 ms Normal Axis
QT/QTc: 422/423 ms [Normal ECG]
P-R-T axes:
55 31 36



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

Estimated 10-year Global CVD Risk

5.6%

Risk Category

Low Risk

Estimated Vascular Age

45 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)

Peace Land Medical Center

BAL WINDER SINGH
45 Y(M) «Blank»
65044
10/01/22 09:34
0026403
Bill # 0031358
PEACELAND

Name:	
Gender	
Ref By:	

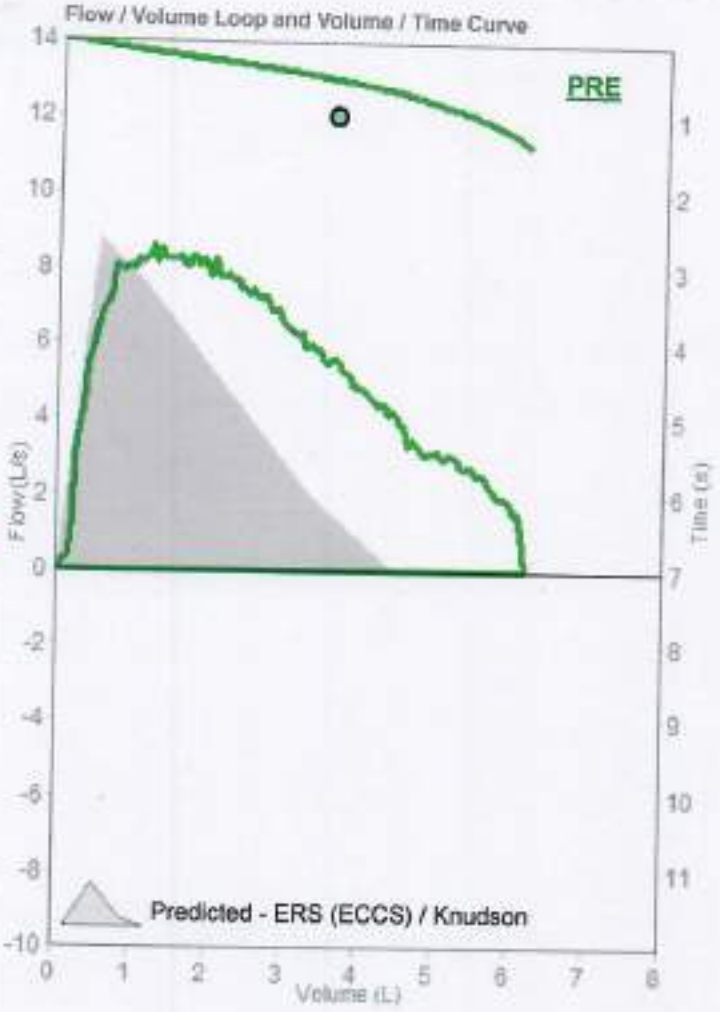
IETRY TEST REPORT

Company	
Occupation	
Date:	10/1/22

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
☐ Normal
☐ Hearing Loss
☐ Left ☐ Right

Pulmonary Function Test Results



Visit date 1/10/2022

Patient code	123520415	Age	45
Surname	SINGH	Gender	Male
Name	BALWINDER	Height, cm	173
Date of birth	3/2/1976	Weight, kg	82
Ethnic group	Not defined	BMI	27.40

Interpretation

FVC FEV1 FEV1%

Normal Spirometry

Best values from all loops

Parameters		Pred	PRE	%Pred	POST	%Chg
FVC	L	4.45	6.17	139		
FEV1	L	3.64	5.54	152		
FEV1%	%	79.1	89.80	114		
PEF	L/s	8.84	8.65	98		

PRE Trial date 1/10/2022 12:32:13 AM

Parameters		Pred	PRE # 1	%Pred	PRE # 2	PRE # 3	POST#1	%Pred	%Chg
FEV6	L	4.45	**6.17**	139					
FVC	L	4.45	**6.17**	139					
FEV1	L	3.64	**5.54**	152					
FEV1%	%	79.1	**89.8**	114					
PEF	L/s	8.84	**8.65**	98					
FEF2575	L/s	4.12	**5.94**	144					
FIVC	L	4.45							
ELA	Years	45							

BTPS 1.087 26 °C 78.8 °F

Conclusion / Medical report

Quality Control F

Breathe out for a longer time.
Breathe out ALL air in the lungs

Signature

Instrument used
Minispir LT POST S/N K05070

مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	11/1/2022
Name	BALWINDER SINGH	Department/Company	T-O
I.D No.	N2352045	Occupation	Rigger

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			
Name of health advisor Signature		Date	11/1/2022