PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	
Forenames	JASBIR SINGH.
Address	113068313 – Truck Oman
Home telephone number	79013960.

Place of examination: Muscat	Date: 9/1/22		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: 1/7/79	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: H/DD 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: Occationally

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: 9/1/22 **Signature of Applicant:** JASBIR SINGH

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
160	70	27.3	138/88	85 /mins.	L ✓ R	Uncorrected 6/12	6/6			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 +)	33 ✓		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: 10/1/2022 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

JASBIR SINGH
42 Y(M) «Blank» 09/01/22 10:19
0028335
85017 Bill 0031288
PEACELAND

Employee	Date: 9/1/22.
Name:	Department/Company: Truck. Oman
I. D No.	Occupation: H.D.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 16 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

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

Signature: JASBIR SINGH **Date:** 9/1/2022

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:	JASBIR SINGH	**Doc No:**	0015705
Age:	42 Y **Nationality:** INDIAN	**File No:**	0026335
Gender:	M	**Bill No:**	0031288
Ref. By:	DR. EMAD OMER	**Date:**	10/01/2022
GSM No.:	79013960	**Time:**	09:29

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS		
COMPLITE BLOOD COUNT		
RBC	4.6 10^12/l	Male 4.38 -5.78 10^12/l Female 4.0- 5.0 10^12/l
HAEMOGLOBIN	14.4 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	42.9 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	88 fl	84-94 fl
MCH	31.0 pg	27 - 33 pg
MCHC	33.6 g/dl	29.6 - 35.6 %
WBC COUNT	8.5 10^9 d/l	5.0 - 11.0 10^9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	65 %	40-75 %
LYMPHOCYTE	32 %	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	**286 10^9/l**	156 - 342 10^9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	74 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**1.0 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**24.5 U/L**	0 - 35.0 U/L
S.G.P.T.	**31.5 U/L**	10 - 45 U/L

Medical Technologist

Peace Land Medical Center
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Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name:	JASBIR SINGH	**Doc No:**	0015705
Age:	42 Y **Nationality:** INDIAN	**File No:**	0026335
Gender:	M	**Bill No:**	0031288
Ref. By:	DR. EMAD OMER	**Date:**	10/01/2022
GSM No.:	79013960	**Time:**	09:29

Test	Result	Normal Range
GGT	52.8 U/L	0 - 55.0 U/L
ALBUMIN	4.2 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	7.2 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.19 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	26.3 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.88 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	143 mg/dl	0.0 - 200 mg/dl
Triglyceride	150.0 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	61.2 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	51.8 mg/dl	< 100 mg/dl
VLDL	30.0 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	97.2 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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LAB RESULT

Name:	JASBIR SINGH		
Age:	42 Y **Nationality:** INDIAN	**Doc No:**	0015705
Gender:	M	**File No:**	0026335
Ref. By:	DR. EMAD OMER	**Bill No:**	0031288
GSM No.:	79013960	**Date:**	10/01/2022
		Time:	09:29

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

Medical Technologist

2022-01-09 15:25:12 6 Channel + 1 Rhythm Report

Hospital:
Prescribed by:

JASBIR SINGH
42 Y(M) <Blank> 09/01/22 10:19
0028335
85017 Bill # 0031289
PEACELAND

Heart Rate: 85bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 158 ms Normal Sinus Rhythm
QRS Dur.: 92 ms Normal Axis
QT/QTc: 372/443 ms LVH(Left Ventricular Hypertrophy)
P-R-T axes: [Moderately Abnormal ECG]
18 -28 19

I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
II

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

Estimated 10-year Global CVD Risk

3.3%

Risk Category

Low Risk

Estimated Vascular Age

38 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

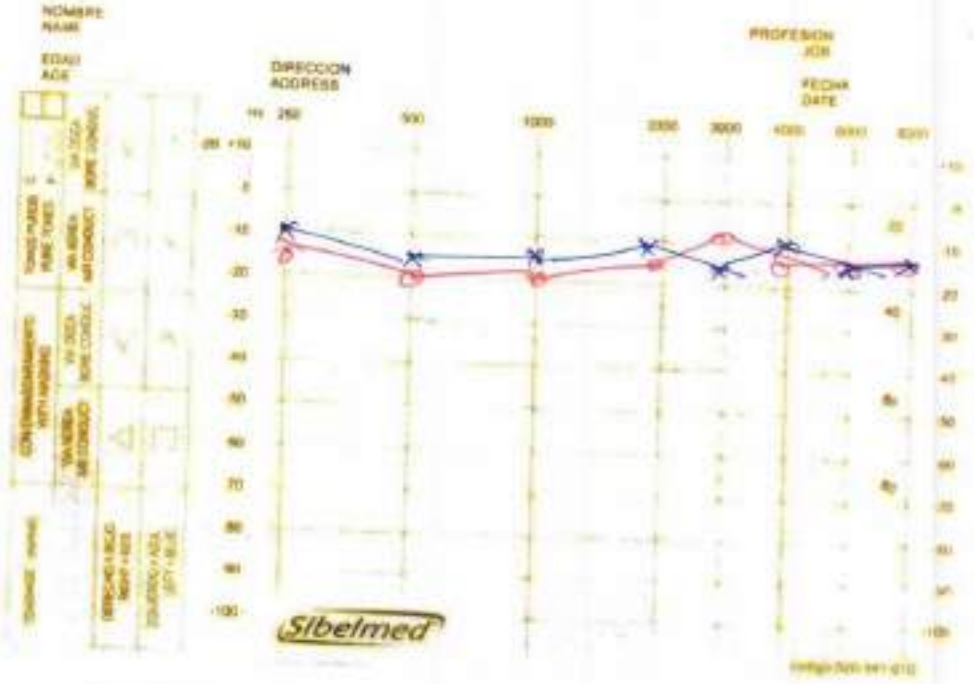
ESC (2007, see Info for more)
Treatment Targets
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

Peace Land Medical Center

Name:	JASBIR SINGH 42 Y(M) «Blank»	08/11/22 10:19	PEACELAND
Gender		0026335	
Ref By:	85017	Bill #	0031288

METRY TEST REPORT

Company	
Occupation	
Date:	11.11.22



INTERPRETATION
× LEFT EAR
O RIGHT EAR

RESULT ☐ Normal
☐ Hearing Loss
☐ Left ☐ Right

مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	10/11/2022
Name	JASBIR SINGH	Department/Company	Truck Oman
I.D No.	113068313	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			
Name of health advisor Signature		Date	10/11/2022