PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname

Forenames SATWINDER SINGH

Address 5473/122 - Tauckoma

Home telephone number 9141919163

Place of examination [illegible] Date 10/1/22

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

Forenames:

Birth date 12/3/80 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: Helper 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		
8. Tuberculosis			28. Any blood disease			Have you ever had:-		
9. Shortness of breath			29. Kidney disease			46. An abnormal smear		
10. Coughed/vomited blood			30. Blood in urine			47. Any gynaecological treatment		
11. Severe abdominal pain			31. Painful passage of urine			48. Are you pregnant?		
12. Stomach ulcer			32. Diabetes			49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
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: 10/1/22 Signature of Applicant: ×

PEACE LAND MEDICAL CENTER

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N = Normal A = Abnormal (please describe)

N	A		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	Colour Vision	Blood Group
168	76	26.9	136/57	90/mins.	L R: N	DISTANT R L / NEAR R L Uncorrected: 6/6, 6/6 Corrected:	N	

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 +)		[illegible]		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: 11/1/2014 Name (Block Capitals): Dr. / Nurse Signature: [signature] [stamp: Dr. ... General Practitioner ... License No.: 19486]

REVIEW/CONSULTATION

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

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:	SATWINDER SINGH SATWINDER SINGH	**Doc No:**	0015775
Age:	41 Y **Nationality:** INDIAN	**File No:**	0026405
Gender:	M	**Bill No:**	0031358
Ref. By:	DR. EMAD OMER	**Date:**	11/01/2022
GSM No.:	94419163	**Time:**	15:35

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.1 10"12/l	Male 4.38 -5.78 10"12/l Female 4.0- 5.0 10"12/l
HAEMOGLOBIN	16.2 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	48.5 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	**78 fl**	84-94 fl
MCH	**26.1 pg**	27 - 33 pg
MCHC	33.5 g/dl	29.6 - 35.6 %
WBC COUNT	7.2 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	50 %	40-75 %
LYMPHOCYTE	48 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	01 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**259 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	63 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.57 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**29.2 U/L**	0 - 35.0 U/L
S.G.P.T.	**33.1 U/L**	10 - 45 U/L

PEACE LAND MEDICAL CENTRE

Medical Technologist

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Test	Result	Normal Range
GGT	**54.5 U/L**	0 - 55.0 U/L
ALBUMIN	**4.4 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.5 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.12 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**24.0 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**1.0 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**7.5 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**230 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**155.2 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**71.5 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**127.5 mg/dl**	< 100 mg/dl
VLDL	**31.0 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	**105.8 mg/dl**	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.025	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	

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Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	2-4	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	

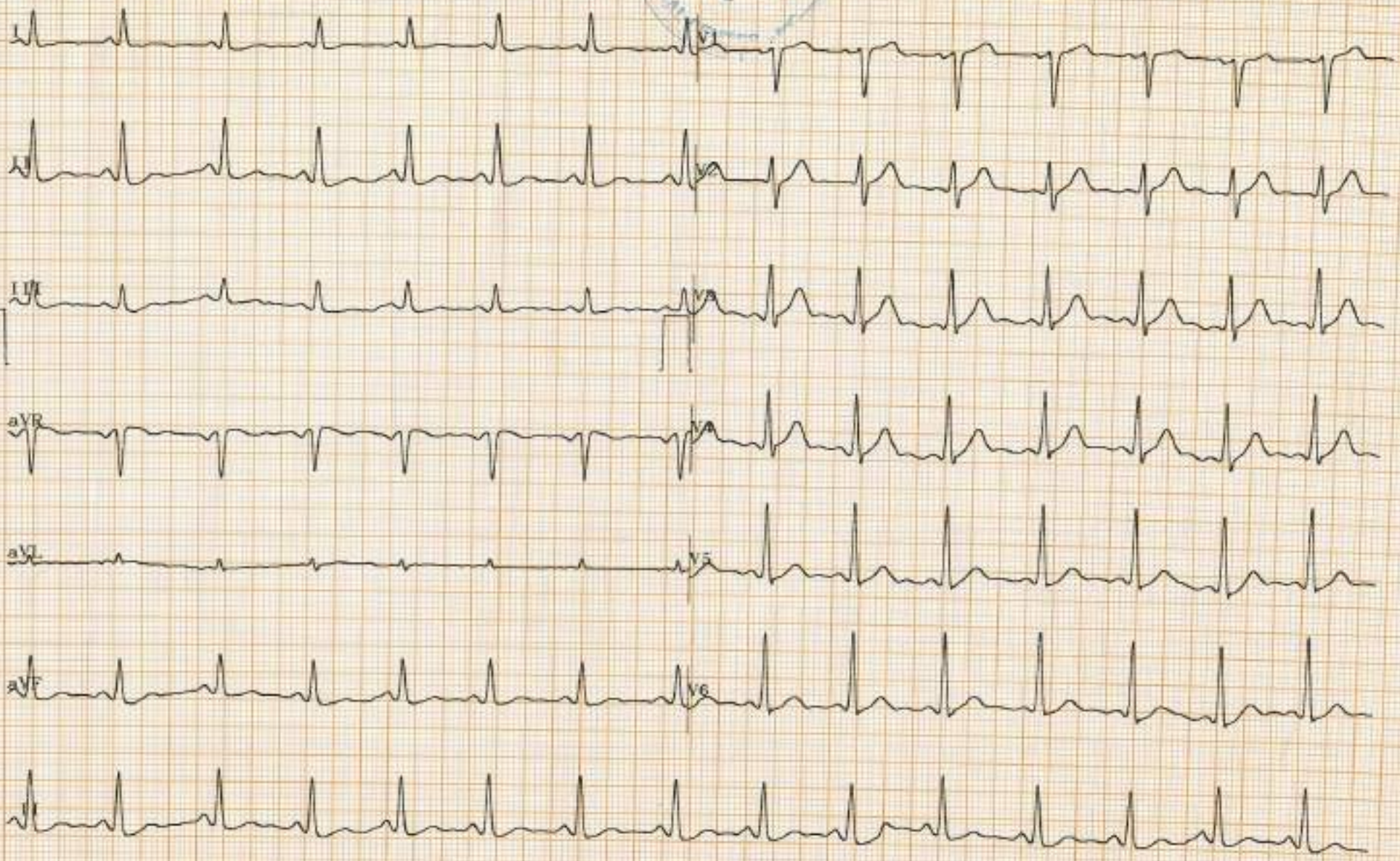
Medical Technologist

2022-01-10 15:21:13 6 Channel + 1 Rhythm Report Hospital:

Prescribed by:

SATWINDER SINGH SATWINDER SING PEACELAND
41 Y(M) <Blank> 10/01/22 09:49
0028405
85048 0031358

Heart Rate: 90bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 92 ms Normal Sinus Rhythm
QRS Dur.: 108 ms Normal Axis
QT/QTc: 366/443 ms [Normal ECG]
P-R-T axes:
60 56 13



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

Estimated 10-year Global CVD Risk

4.7%

Risk Category

Low Risk

Estimated Vascular Age

42 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

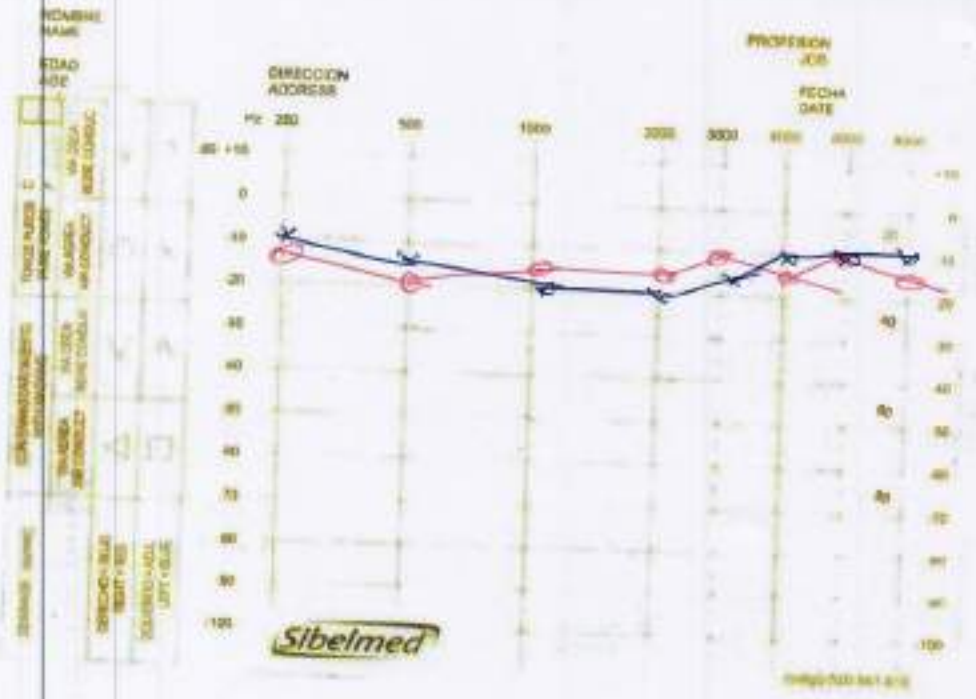
ESC (2007, see Info for more)
Treatment Targets
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

Peace Land Medical Center

SATWINDER SINGH SATWINDER SING
41 Y(M) «Blank» 10/0/1/22 09:48
0026405
85046 Bill # 0001398
PEACELAND

EST REPORT

Company	
Occupation	
Date:	10.1.22



INTERPRETATION
LEFT EAR
RIGHT EAR

RESULT
☑ Normal
☐ Hearing Loss
☐ Left ☐ Right

مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	11/1/2022
Name	SATWINDER SINGH	Department/Company	T.O.
I.D No.	8473/12	Occupation	Helper

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*	FIT
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			
Permanently Unfit			
Name of health advisor Signature		Date	11/1/2022