PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	
Forenames	BALIHAR CHAND
Address	92787919 – Truck owner SLB
Home telephone number	95832785

Place of examination: Muscat	Date: 18/10/22		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: 2/4/77	Nationality: Indian	Country of birth: Indian	Religion: Hindu
☑ Male ☐ Female	☑ Married ☐ Single ☐ Separated /Divorced	Relationship to employee: ☐ Wife ☐ Son ☐ Daughter	Number of children: 2

Reason for examination: Pre-Employment ☑ Periodic medical check-up ☐ Pre-Overseas ☐

Job: Fork Lift Operator

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? N/A.

Average daily alcohol consumption N/A.

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: 18/10/22 **Signature of Applicant:** Balihar Chand

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
167	68	24.3	130/80	70 /mins.	L R N	Uncorrected 6/6	6/6			2	
						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 +)		6.7		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: 18/10/23 Name (Block Capitals): Dr. / Nurse Signature:

Dr. Sitinor Sayedabdullah Jaafar
Cardiology Specialist
MOH Reg. No. 21962

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

BALIHAR CHAND
46 Y(M) «Blank»
18/10/22 09:30
0036377
72463
Bill #
0042173
PEACELAND

Date: 18/10/22

Department/Company: Truckomat

Occupation: Operator.

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.

PEACE LAND MEDICAL CENTER

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

Signature: Balihar Chand **Date:** 18/10/22

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:	BALIHAR CHAND	**Doc No:**	0026078
Age:	45 Y **Nationality:** INDIAN	**File No:**	0036377
Gender:	M	**Bill No:**	0042173
Ref. By:	DR.SHIMA	**Date:**	18/10/2022
GSM No.:	95832785	**Time:**	16:04

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
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	15.7 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	47.6 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.5 pg	27 - 33 pg
MCHC	32.9 g/dl	29.6 - 35.6 %
WBC COUNT	8.2 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	70 %	40-75 %
LYMPHOCYTE	28 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	01 %	2-8%
BASOPHIL	00 %	0-1%
ESR	10	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**201 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	112 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.75 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**16.3 U/L**	0 - 35.0 U/L
S.G.P.T.	**22.8 U/L**	10 - 45 U/L

Medical Technologist

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

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Age:	45 Y **Nationality:** INDIAN	**File No:**	0036377
Gender:	M	**Bill No:**	0042173
Ref. By:	DR.SHIMA	**Date:**	18/10/2022
GSM No.:	95832785	**Time:**	16:04

Test	Result	Normal Range
GGT	**34.9 U/L**	0 - 55.0 U/L
ALBUMIN	**5.0 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.8 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.17 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**22.5 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.75 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	**200 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**139.6 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**54.0 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**118.1 mg/dl**	< 100 mg/dl
VLDL	**27.9 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	90.1 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	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

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Age:	45 Y **Nationality:** INDIAN	**File No:**	0036377
Gender:	M	**Bill No:**	0042173
Ref. By:	DR.SHIMA	**Date:**	18/10/2022
GSM No.:	95832785	**Time:**	16:04

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	
STOOL ROUTINE ANALYSIS		
PHYSICAL		
Colour	Brownnish	
Consistency	Soft	
Reaction	Alkaline	
Mucus	NIL	
MICROSCOPIC		
Ova:	NIL	
Cyst:	NIL	
Pus Cells:	0-1 Cells/hpf	
RBCs	0-1 Cells/hpf	
Others	NIL	
Bacteria	NIL	
DRUG TESTING		
AMPHETAMINES(AMP)	NEGATIVE	
MORPHINE(MOP)	NEGATIVE	
COCAINE(COC)	NEGATIVE	

.....
Medical Technologist

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:	BALIHAR CHAND	**Doc No:**	0026078
Age:	45 Y **Nationality:** INDIAN	**File No:**	0036377
Gender:	M	**Bill No:**	0042173
Ref. By:	DR SHIMA	**Date:**	18/10/2022
GSM No.:	95832785	**Time:**	16:04

Test	Result	Normal Range
PHENCYCLIDINE(PCP)	NEGATIVE	
METHAMPHETAMINE(MET)	NEGATIVE	
TRAMADOL(TRA)	NEGATIVE	
BARBITURATES(BAR)	NEGATIVE	
BENZODIAZEPINES(BZO)	NEGATIVE	
MEDTHODONE(MED)	NEGATIVE	
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE	
MARIJUANA(THC)	NEGATIVE	

PEACE LAND MEDICAL CENTER * مركز بلاد السلام الطبي *

Medical Technologist

2022-10-18 09:31:32

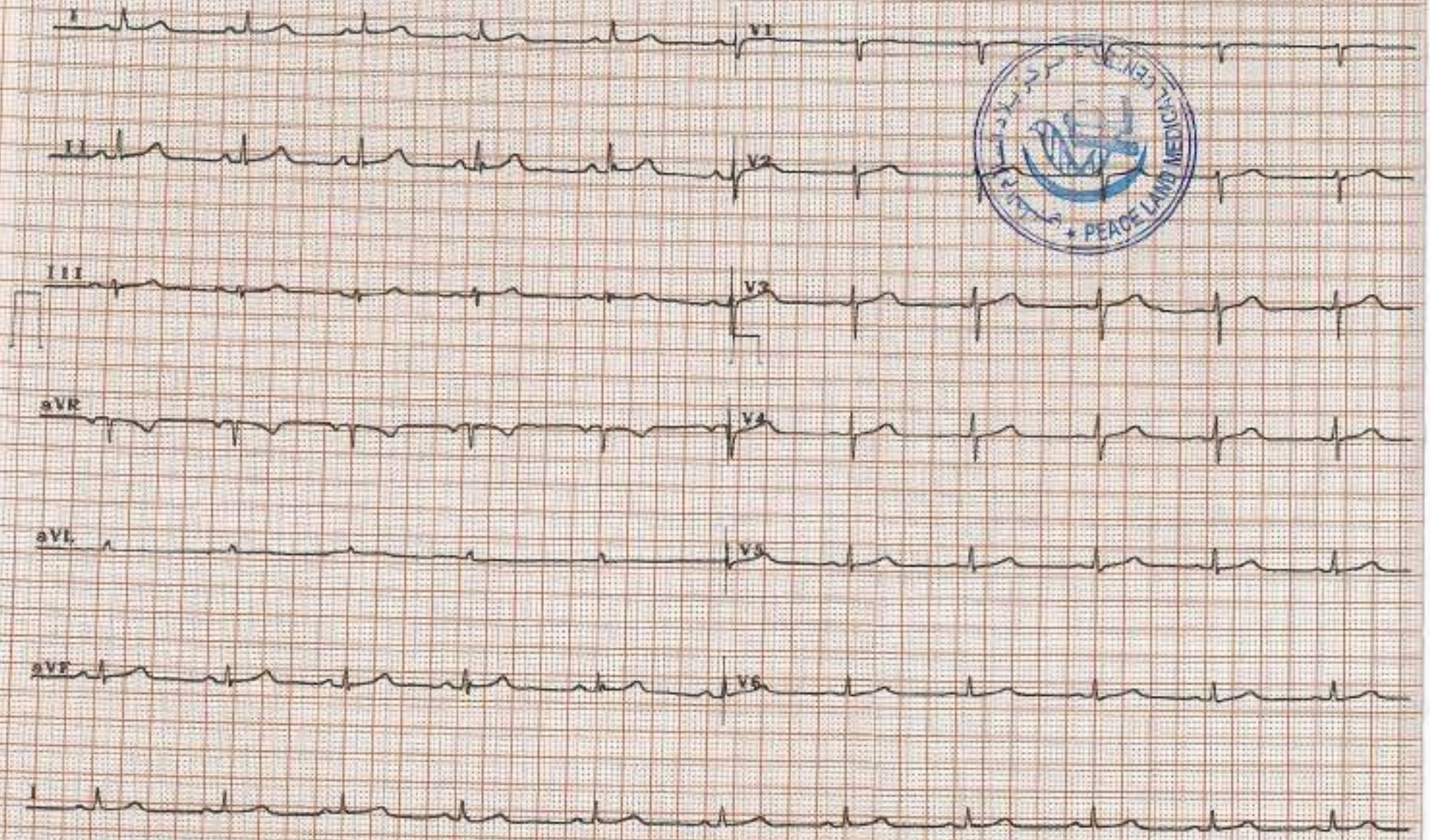
6Channel+1 Rhythm Report

Hospital:PLMS
Confirmed by:

BALHAR CHAND
45 Y(M) «Blank» 18/10/22 09:30
0038377
72483 Bill # 0042173
PEACELAND

Heart Rate : 67 BPM
PR Int.: 158 ms
QRS Dur.: 70 ms
QT/QTc: 396/415 ms
P-R-T axes: 57 36 57

** Analysis Result ** (Unconfirmed Report)
NORMAL SINUS RHYTHM
NORMAL AXIS
[NORMAL ECG]



PEACE LAND MEDICAL

0.1Hz- 40Hz,AC50Hz,PM,Qik. 10.0/5.0mm/mV, 25.0mm/sec. CARDIO-M PLUS 1.13.30 Medical Ecgnet Co

Estimated 10-year Global CVD Risk

6.7%

Risk Category

Low Risk

Estimated Vascular Age

48 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

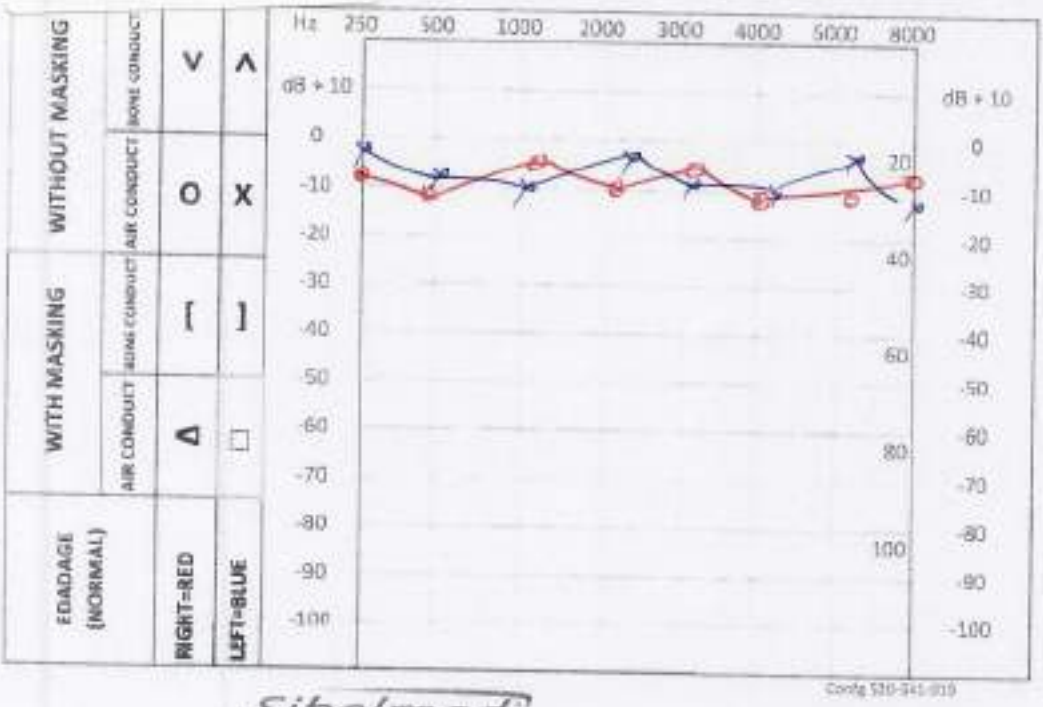
ESC (2007, see Info for more)
Treatment Targets
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

مركز بلاد السلام الطبي
Peace Land Medical Center

BALHAR CHAND
45 Y(M) «Blank»
72483
18/10/22 09:30
0038377
Bill # 0042173
RECEIVED

DIOMETRY TEST REPORT

COMPANY	Trukomen
OCCUPATION	Operator
DATE	18/10/22



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
NORMAL
HEARING LOSS
RIGHT
LEFT

PEACE LAND MEDICAL CENTER

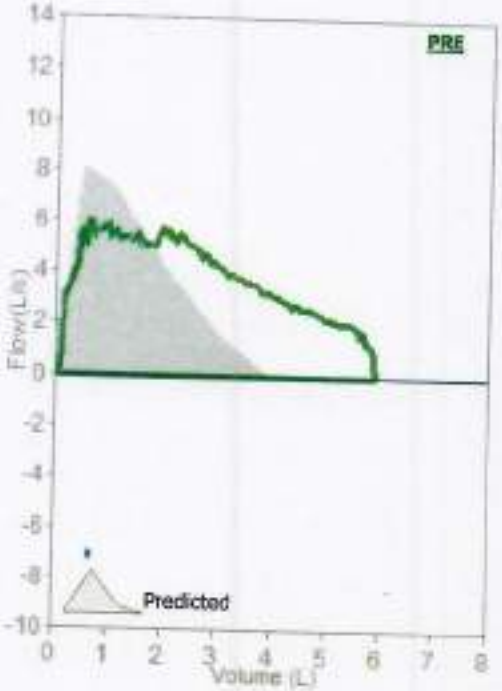
ص.ب ١٤٠٣، الرمز البريدي ١٣٣، دوار العذيبة مبنى أبراج الصحوة مبنى ٢، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف: ٢٤٦١٧١١٧/ ٢٤٦١٧١٤٨/ ٢٤٦١٧١٤٩

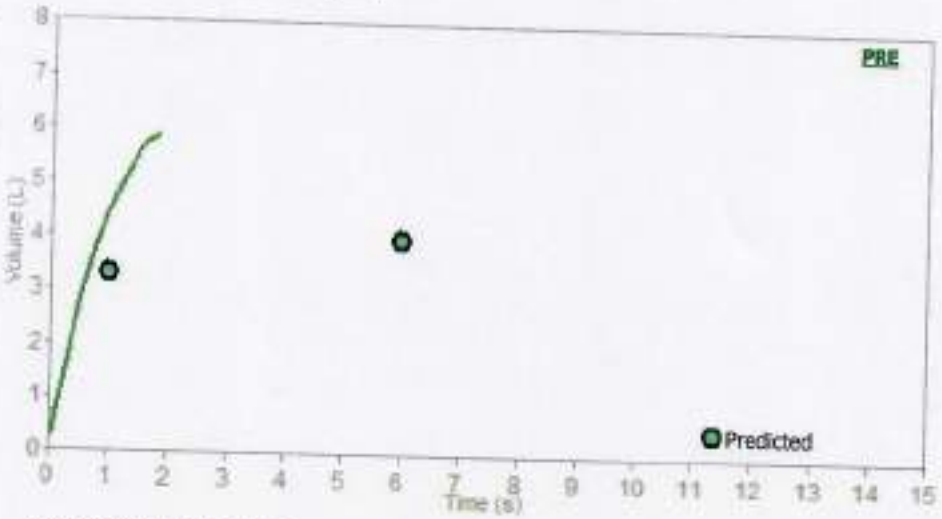
Pulmonary Function Test Results

Visit date 18/10/2022

Patient code	92787919	Age	45
Surname	CHAND	Gender	Male
Name	BALIHAR	Height, cm	167
Date of birth	12/04/1977	Weight, kg	68
Ethnic group	Not defined	BMI	24.38
Smoke		Pack-Year	
Patient group			

FVC PRE FEV1 PRE FEV1% PRE





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 18/10/2022 12:38:02

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	2.92	3.97	5.91*	149	3.04	5.91			*		
FEV1	L	2.41	3.28	4.49*	137	2.32	4.49			*		
FEV1/FVC	%	72.9	83.1	76.0*	91	-1.15	76.0			*		
PEF	L/s	4.71	8.13	6.12*	75	-0.97	6.12			*		
ELA	Years		45	45	100		45					
FEF2575	L/s	1.74	3.52	4.07	116	0.51	4.07					
FET	s		6.00	1.80	30		1.80					
FIVC	L	2.92	3.97									
FEV1/VC	%	72.9	83.1									

*Best values from all loops - BTPS 1.087 26 °C (78.8 °F) - Predicted Knudson

Conclusion / Medical report

Signature

PEACE LAND MEDICAL

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

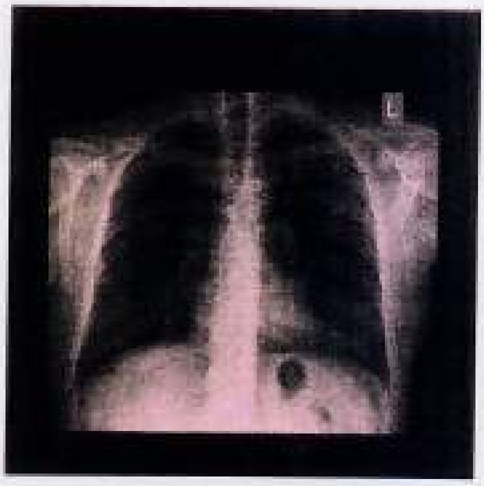
INTERNATIONAL SPECIALIZED CENTER
FOR HEART AND VASCULAR DISEASES

المركز الدولي التخصصي
لأمراض القلب و الأوعية الدموية

NAME: Balihar Chand

18-OCT-2022

File No: **10783**



<u>Chest x-ray Report</u>: PA chest x-ray.

- Lung fields appear normal.
- Hila appear normal.
- Both CP angles are clear.
- Cardiac silhouette is within normal limits.
- Bony thorax appears normal.

<u>Comment</u>: Normal PA chest x-ray

DR IRAJ EMAMYAR RAMEZANI, GENERAL PRACTITIONER

[illegible]
[illegible] Bldg No:325,PO Box: 27, Postal Code: 117, Muscat, Sultanate of Oman tel:[illegible] C R No [illegible]

مركز بلاد السلام الطبي
Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	18/10/22
Name	BALIHAR CHAND	Department/Company	Dachman - SLB
I.D No.	92772919	Occupation	Fork lift operator

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
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 (Specifiy)			
Temporary Unfit until			
Permanently Unfit			Date 18/10/22
Name of health advisor Signature			

P.O. Box 1403, Postal Code - 111, Al Azaiba, Kingdom of al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617140 / 24617145