PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	
Forenames	MANDEEP SINGH
Address	74852539 - TRUCK OMAN
Home telephone number	79985865

Place of examination: MUSCAT Date: 17/10/2022

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

Birth date: 6/5/83 Nationality: INDIAN Country of birth INDIA 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: CRANE 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			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 dose		
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: 17/10/2022 Signature of Applicant: MANDEEP

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
180	100	30.8	130/80	70 /mins.	L: N R:	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 +)	↑TG, ↑TC			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.)

1. LSM & RFR (diet, Exercise & diet)
2. tells. Omega ... 3 caps thrice a day
3. MFU 3m later by internist (DLP)

ASSESSMENT:

☑ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT

Date: 10-11-17 Name (Block Capitals). Dr. / Nurse Signature:

(Stamp: Dr. ... Specialist ... Lic. No. 21967)
(Stamp: 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

MANDEEP SINGH
39 Y(M) «Blank»
72411
17/10/22 08:3[illegible]
0038294
PEACELAND
0042009

Employee Data	
Name:	Date: 17/10/2022
I. D No.	Department/Company: TRUCK DRIVER
	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 & 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, _____ (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: MANDEEP Date: 17/10/2022

PEACE LAND MEDICAL CENTER

P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout Al Sahwa Tower, Sultanate of Oman
Tel: 24817717 / 24817748 / 24817449

Peace Land Medical Center
P.O Box 1403, Postal Code. 133. Al Azaiba, Roundabout Al Sahwa Tower
Sultanate of Oman
Tel. 24617117/24617146/24617149

LAB RESULT

Name:	MANDEEP SINGH	**Doc No:**	0025995
Age:	39 Y **Nationality:** INDIAN	**File No:**	0036234
Gender:	M	**BNI No:**	0042009
Ref. By:	DR.SHIMA	**Date:**	17/10/2022
GSM No.:	79985865	**Time:**	17:33

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.3 10^12/l	Male 4.38 -5.76 10^12/l Female 4 0- 5 0 10^12/l
HAEMOGLOBIN	14 5 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	43.0 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	85 fl	84-94 fl
MCH	27.6 pg	27 - 33 pg
MCHC	33.7 g/dl	29 6 - 35.6 %
WBC COUNT	7.4 10^9 d/l	5.0 - 11.0 10^9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	61 %	40-75 %
LYMPHOCYTE	31 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	06 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	182 10^9/l	158 - 342 10^9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	62 U/L	53 - 128 U/L
S BILIRUBIN TOTAL	0.77 mg/dl	0 - 2.0 mg/dl
S G O.T.	29.0 U/L	0 - 35.0 U/L
S.G.P.T.	27.0 U/L	10 - 45 U/L

Medical Technologist

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Tel: 24617117/24617148/24617149

LAB RESULT

Name:	MANDEEP SINGH	**Doc No:**	0025995
Age:	39 Y **Nationality:** INDIAN	**File No:**	0036234
Gender:	M	**Bill No:**	0042009
Ref. By:	DR.SHIMA	**Date:**	17/10/2022
GSM No.:	79985865	**Time:**	17.33

Test	Result	Normal Range
GGT	**47.8 U/L**	0 - 55.0 U/L
ALBUMIN	**5.0 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.1 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.18 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**41.0 mg/dl**	18.0 - 55.0 mg/dl
S CREATININE	**1.1 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**8.2 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**226 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**377.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**66.7 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**83.9 mg/dl**	< 100 mg/dl
VLDL	**75.4 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	**108.0 mg/dl**	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.020	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	

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Medical Technologist

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LAB RESULT

Name:	MANDEEP SINGH	**Doc No:**	0025995
Age:	39 Y **Nationality:** INDIAN	**File No:**	0036234
Gender:	M	**Bill No:**	0042009
Ref. By:	DR SHIMA	**Date:**	17/10/2022
GSM No.:	79985865	**Time:**	17:33

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

PEACE LAND MEDICAL CENTER * مركز بلاد السلام الطبي *

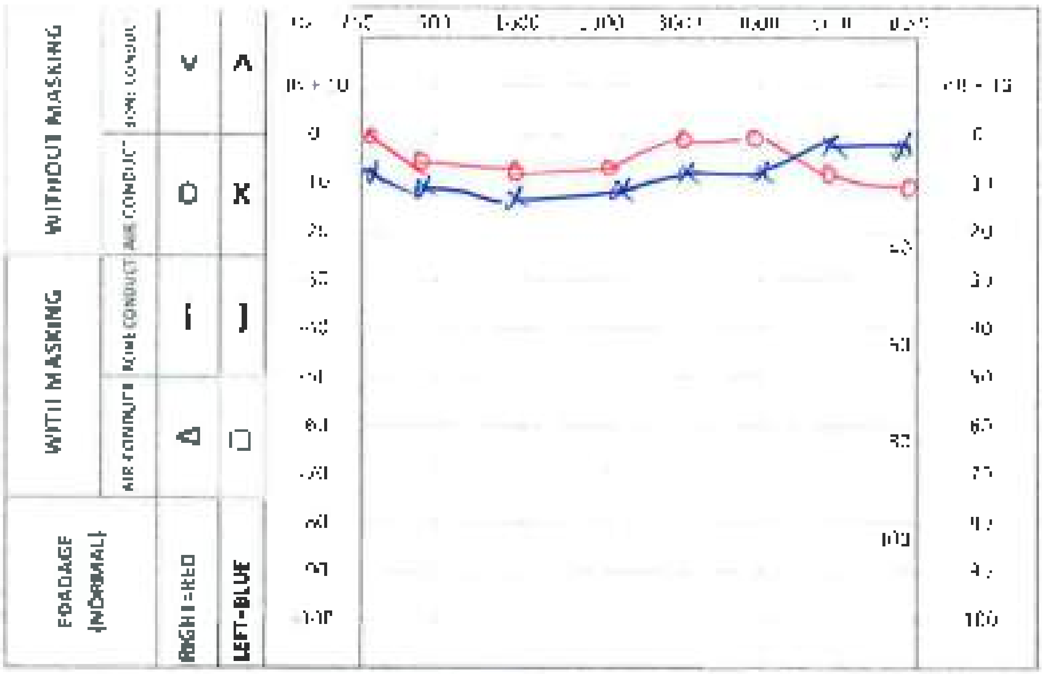
Medical Technologist

مركز بلاد السلام الطبي
Peace Land Medical Center

MANDEEP SINGH
30 Y(M)
17/10/22 09:35
0030234
72411
0042009
PEACELAND

AUDIOMETRY TEST REPORT

		COMPANY	Tracke oman
...DER		OCCUPATION	operator
		DATE	17/10/22



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT

- [✓] NORMAL
- [ ] HEARING LOSS
- [ ] RIGHT
- [ ] LEFT

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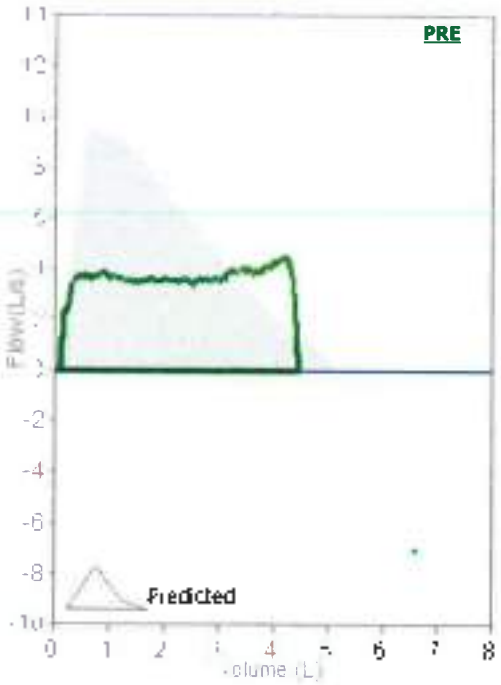
Tel.: 24617117 / 24617148 / 24617149

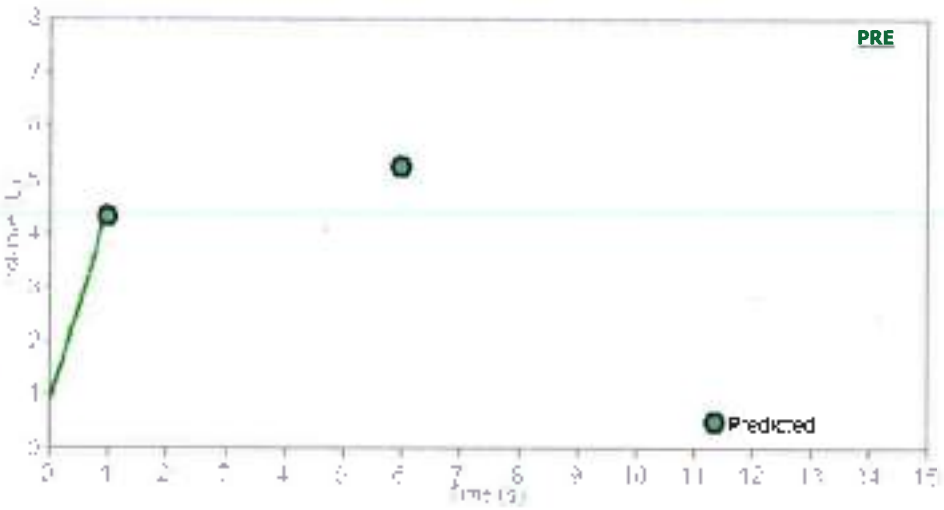
Pulmonary Function Test Results

Visit date 17/10/2022

Patient code	74852539	Age	39
Surname	SINGH	Gender	Male
Name	MANDEEP	Height, cm	180
Date of birth	06/05/1983	Weight, kg	100
Ethnic group	Not defined	BMI	30.86
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 17/10/2022 10:25:57

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	4.20	5.25	4.45*	85	-1.25	4.45			-		
FEV1	L	3.45	4.32	4.45*	103	0.76	4.45			-		
FEV1/FVC	%	72.1	82.3	100.0*	122	2.86	100.0			-		
PEF	L/s	6.14	9.50	4.67*	49	-2.35	4.67			-		
EVA	Years		39	39	100		39					
FEF2575	L/s	2.71	4.49	3.63	81	-0.79	3.63					
FET	s		6.00	0.99	17		0.99					
FIVC	L	4.20	5.25									
FEV1/VC	%	72.1	82.3									

*Best values from all loops - BTPS 1.097 24 °C (75.2 °F) - Predicted Knudson

Conclusion / Medical report

Signature

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

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Peace Land
بلاد السلام

Fitness for work certificate

Employee Data		Date	18/10/22
Name	MANDEEP SINGH	Department/Company	TRUCK OMAN
I.D No.	74852739	Occupation	Crane Holder

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			
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			Date 18/10/22
Name of health advisor Signature			

Stamp: PEACE LAND MEDICAL CENTER; Dr. ... MOH Lic. No. 21968

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العذيبة ... سلطنة عمان
P.O. Box 1403, Postal Code 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24614117 / 24614448 / 24617499