Medical Certificate – Fitness to Work

Declaration by examining Health Care Professional

I DR. SHIVA KUMAR. S who resides and works in NMC - Hail have examined and / or assessed the report of the following employee prior to employment in BP Oman:

Client Name: GURVINDER SINGH

Company: TRUCK OMAN KHAZZAN LOGISTICS MANAGEMENT SERVICE

This certificate of fitness is valid for a period of **two years** from the date below.

The Client is:

A - Fit for employment.

FIT

B - Unfit for employment.

Health Care Professional: DR. S. SHIVA KUMAR.

Signature:

DR. SHIVA KUMAR SIDDAIAH
General Practitioner
MOH Lic. No: 5070
nmc speciality hospital, Al Hail

Date: 31/10/2023

Company stamp:

C.R. No: 1333137
Sultanate of Oman
RECEPTION
nmc specialty hospital, Al Hail

Part one: Declaration

Completing this assessment will assist in determining if reasonable accommodation is necessary for you to perform the proposed job.

BP Privacy Notice

BP International Limited (BP), registered at Chertsey Road, Sunbury on Thames, Middlesex, TW16 7BP company number [], will use the information which is contained on this form and additional information collected during your medical assessments ("your information") for the purpose of assessing your fitness to work and/or to assess your suitability to go on an international assignment (if relevant).

Your information will be processed by BP health team staff in the appropriate BP offices and other medical service providers who supply services to BP, who are under a duty of confidentiality. All records are kept in line with BP's Records Retention Schedule.

Since BP operates globally, BP may need to transfer your information to other countries, including countries outside the European Economic Area (EEA). However, we always seek to ensure that your information receives the same level of protection as it would within the EEA. Should you have any questions about the use of your information, please contact your BP Health Team.

Declaration

I certify that the information I have provided on this Form is to the best of my knowledge correct and complete. I confirm that I have read and agree to the use of my information as outlined in the BP Privacy Notice above.

I confirm that I understand an opinion will be made on my fitness to work and/or suitability to go on an international assignment (if relevant). I will contact BP health team for advice if there is any change to my health which may affect my fitness to work and/or suitability to go on an international assignment (if relevant).

Signature	Gurvinder	Date	30/1/2017 (dd/mm/yyyy)
Name (please print)	Gurvinder Singh		

Part Two: Basic Details

Personal Details

Surname	SINGH	Maiden Name	\
First Name(s)	GURV NDER	Date of Birth	19/11/1981
Gender	MALE	Current location	
Home Address	MUSCAT		
Postcode / zip		Preferred Contact number	
Email		Mobile number / Cell phone	96693900
BP staff	Yes	(If not please state your Employer)	
Employee ID	9123		
Proposed Work Country		Proposed Work Site	
Segment / Division / Function			
Business unit			
New Job Title		New Line Manager	

Reason for Health Assessment

Pre-employment	No
Pre-placement / transfer	No
Post absence	No
For cause	No
Periodic	Yes

List of Tasks / Roles

Aircraft Refueller	No
Confined Space Worker	No
Crane Operator	No
Professional Driver	No
Expatriation / Rotation Work	No
Fire and Emergency Crew	No
Offshore Worker	No
Remote Worker	No
SCBA /Respirator User	No
Work at Height / Depth / Embarkation	No
Work in Extreme Cold	No
Work in Extreme Heat	No

Part Three: General Health

To be completed during appointment with Health Practitioner.

Name	GURVINDER SINGH	Date of Birth	19/11/1981

		Please Provide Details
Do you have any concern about your health that you would like to discuss confidentially with an occupational health professional?	No	

Please answer these questions

		Please Provide Details
Are you able to perform all the tasks required for this job?	Yes	
Do you require any adjustments to enable you to perform all the tasks as above?	No	
Are you currently having or awaiting investigations or treatment for physical or psychological health conditions?	No	
Are you taking any medication(s)?	No	
Do you have any allergies?	No	

Please complete this section if you have ticked any of the tasks / roles

Do you suffer from or have you had any of the following?		Please Provide Details
Recent surgery (within 6-8 weeks)	No	
Heart disease or angina?	No	
Diabetes? If yes, please specify type	No	
Chest problems breathing difficulties, wheezing recurrent bronchitis or pneumothorax in the last year?	No	
Asthma?	No	
Sinusitis / Persistent ear problems?	No	
Transient ischaemic attacks (TIA) or stroke (CVA) or brain haemorrhage?	No	
Epilepsy?	No	
Balance problems or vertigo?	No	

Part Three: General Health

To be completed during appointment with Health Practitioner.

Name: GURVINDER SINGH

Date of Birth: 19/11/1981

Please answer these questions for ALL tasks / roles.

Do you suffer from or have you had any of the following?		Please provide details
Any infectious disease, malaria, tuberculosis, travellers' diarrhoea or other specific infectious illness?	No	
Are you pregnant at the moment? If so, please specify when the baby is due.	No	
A sleep disorder sleep apnoea or narcolepsy?	No	
Cancer, immunosuppression, or any other significant health condition not mentioned previously?	No	

Please answer these additional questions for the following tasks / roles ONLY: Expatriation / Rotation work, Offshore Worker, Remote Worker, Work in Extreme Cold, Work in Extreme Heat.

Do you suffer from or have you had any of the following?		Please provide details
Removal of your spleen?	No	
Thrombosis (eg blood clot, deep vein thrombosis, pulmonary embolism)?	No	
Kidney or bladder stones?	No	

Part Four: Clinical Examination | To be completed by examining Health Practitioner.

Name GURVINDER SINGH | **Date of Birth** 19/11/1981

Please indicate units of measure as applicable						Please provide details
Baseline Assessment	Height		177			
			cm	ft	ins	
	Weight		82			
			kg	st	lbs	
	Body Mass Index (BMI)	wt(kg)/ht(m)2	26.17			
	Radial pulse	per minute	94			
	Blood Pressure	Systolic Final Reading Only	Diastolic Final Reading Only			
	* blood pressure to be taken after 5 minutes rest	123	84			
	Urine Test	Normal Yes				
	Comments					

		Right		Comments	Left		Comments
Visual Assessment	Light reflexes	Normal	Yes		Normal	Yes	
	Accommocation	Normal	Yes		Normal	Yes	
	Nystagmus	Normal	Yes		Normal	Yes	
	Eye movements	Normal	Yes		Normal	Yes	
	Peripheral Vision	Normal	Yes		Normal	Yes	
	Fundoscopy	Normal	Yes		Normal	Yes	

	Right Corrected	Right Uncorrected	Left Corrected	Left Uncorrected	Both Corrected	Both Uncorrected
Visual Acuity						
Distance Vision ?/6 ?/20		6/6		6/6		6/6
Intermediate Vision						normal
Near Vision						normal

	Normal	Colour recognition if abnormal
Colour Vision - Ishihara Select appropriate	Yes	

Part Four: Clinical Examination	To be completed by examining Health Practitioner.

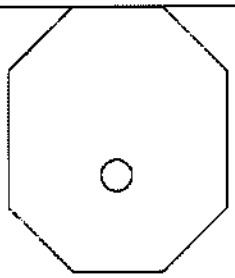
Name	GURVINDER SINGH	Date of Birth	19/11/1981

		Right		Comments	Left		Comments
Hearing Assessment	Auditory meatus	Normal	Yes		Normal	Yes	
	Tympanic membrane	Normal	Yes		Normal	Yes	
	Hearing *(whispered voice)*	Normal	Yes		Normal	Yes	
	Rinne *(if indicated)*	Normal			Normal	Yes	
		Not applicable					
	Weber *(if indicated)*	Normal			Normal	Yes	
		Not applicable					
		Normal		Comments			
General	Head and Neck		Yes	NORMAL			
	Teeth / gums / oral hygiene		Yes				
	Tongue / Fauces		Yes				
	Thyroid		Yes				
	Lymph glands		Yes				
	Axillae		Yes				
		Normal		Comments			
Cardio Vascular	Heart murmurs		Yes	NORMAL			
	Heart sounds		Yes				
	Peripheral pulses		Yes				
	Peripheral veins		Yes				
		Normal		Comments			
Respiratory	Nasal Airways		Yes	NORMAL			
	Trachea		Yes				
	Chest shape / movement		Yes				
	Percussion		Yes				
	Breath sounds		Yes				

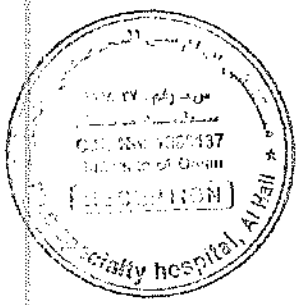
Part Four: Clinical Examination | To be completed by examining Health Practitioner.

Name: GURVINDER SINGH | Date of Birth: 19/11/1981

		Normal	Comments
Gastro-intestinal / Abdomen	Abdomen	Yes	NORMAL
	Liver	Yes	
	Spleen	Yes	
	Kidneys	Yes	
	Hernial orifices	Yes	

Gastrointestinal System: Abdomen:	Comments
	

		Normal	Comments
Musculoskeletal	Hands / feet	Yes	NORMAL
	Limbs	Yes	
	Back and neck	Yes	
	Joints	Yes	
	Injuries. Any residual disability	Yes	



Part Four: Clinical Examination | To be completed by examining Health Practitioner.

Name GURVINDER SINGH | **Date of Birth** 19/11/1981

		Normal			Comments			
Nervous	Balance			Yes	NORMAL			
	Power			Yes				
	Tone			Yes				
	Co-ordination			Yes				
		BIC	TRI	SUP	KNE	ANK	PLA	Comments
	Reflexes Right	Yes	Yes	Yes	Yes	Yes	Yes	
	Present Left	Yes	Yes	Yes	Yes	Yes	Yes	

		Normal		Comments
Other	Skin	Yes		
	Mental state	Yes		
	Audiometry assessment	Yes		
	Spirometry assessment	Not Examined		NORMAL

Skin	Description	Additional Notes

Summary (summarise information relevant to the task)

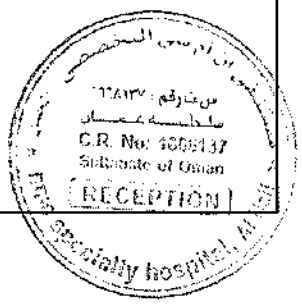
Part Five: Immunisation History	To be completed by examining Health Practitioner.

Name: GURVINDER SINGH Date of Birth: 19/11/1981

Please update and give immunisations as appropriate		
Vaccine	Primary Course Completed	Date of Last dose or Date given (dd/mm/yyyy)
ECG / TB Status		NO CLEAR HISTORY
Diphtheria		NO CLEAR HISTORY
Hepatitis A		NO CLEAR HISTORY
Hepatitis B		NO CLEAR HISTORY
Influenza		NO CLEAR HISTORY
Japanese Encephalitis		NO CLEAR HISTORY
Meningitis ACWY		NO CLEAR HISTORY
Polio		NO CLEAR HISTORY
Rabies		NO CLEAR HISTORY
Tetanus		NO CLEAR HISTORY
Tickborne Encephalitis		NO CLEAR HISTORY
Typhoid		NO CLEAR HISTORY
Yellow Fever		NO CLEAR HISTORY
Measles/Mumps/Rubella		NO CLEAR HISTORY
Varicella		NO CLEAR HISTORY

Children please specify last dose of childhood immunisations and when next dose due.	

Additional Comments
NO CLEAR HISTORY.



Part Six: Travel Health Advice

CHECKLIST TO BE COMPLETED BY HEALTH CARE PROVIDERS FOR BUSINESS TRAVELLER, EXPATRIATE OR ROTATOR.

Name	SURVINDER SINGH	Date of Birth	19/11/1981

Travel Health Adv ce Checklist	Completed
Travel immunisation information	No
Food & water precautions	No
Importance of reporting illness	No
Pregnancy	No
Prevention of travel related Deep Vein Thrombosis	No
Sexual health advice	No
Malaria / malaria tablets discussed and provided for destination	No
Bite avoidance measures	No
Travel Kit	No
Needle & syringe kit	No

Additional Comments

Part Seven: Investigations

APPLIES ONLY IF CLINICALLY INDICATED FOLLOWING HEALTH ASSESSMENT OR FOR EXPATRIATES OR ROTATORS AS PART OF THE HEALTH ASSESSMENT FOR HIGHER RISK COUNTRIES OR FOR VISA OR WORK PERMIT PURPOSES

Name	GURVINDER SINGH	Date of Birth	19/11/1981

Test	Results	Date	Health Professional
BLOOD TESTS			
Full blood count and film			
Fasting blood sugar			
Liver Function			
Blood grouping			
QuantiFERON			
Other blood tests			
Chest X-Ray			
Other tests based on location specific risks eg Hep B serology			
(Please specify,			

Additional Comments

Part Eight: Fitness for Task Health Assessment Outcome

Name	GURVINDER SINGH	**Date of Birth**	19/11/1981

Medical Suitability for Work

attended a fitness for task health assessment on: _____ for the following:

Aircraft Refueller	No
Confined Space Worker	No
Crane Operator	No
Driver	No
Expatriation / Rotation Work	No
Fire and Emergency Crew	No
Offshore Worker	No
Remote Worker	No
SCBA / Respirator User	No
Work at Height / Depth / Embarkation	No
Work in Extreme Cold	No
Work in Extreme Heat	No

For expatriation this person was considered to be:	For the assigned role / tasks this person was considered to be:
Medically suitable? ✓	**Medically suitable?** ✓
Please detail restrictions below:	**Please detail restrictions below:**
Medically unsuitable	**Medically unsuitable**

Name	DR SATHYA KUMAR SHADAIAH
Designation	GENERAL PRACTITIONER
Date (dd/mm/yyyy)	31/01/2012
Name and Address of Clinic	NMC SPECIALTY HOSPITAL
Telephone Number	2426-9222/2426-9200

DR. SHIVA KUMAR SHADAIAH
General Practitioner
MOH Lic. No. 5070
nmc specialty hospital, Al Hail

FIT

C.R. No: 1055137
Sultanate of Oman
RECEPTION
nmc specialty hospital, Al Hail

DEPARTMENT OF LABORATORY MEDICINE

File No:	50093437	**Report No:**	0075930		
Name:	GURVINDER SINGH	**Sample Date:**	30/01/2023	**Time:**	11:27
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 41 Y **Nationality:** INDIAN	**Report Date:**	30/01/2023	**Time:**	13:08
GSM No.:	79218254 **ID Card No.:** u0096081	**Bill No:**	0210959	**Bill Date:**	30/01/2023
Ref. By:	DR NADIA FAHAD	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
BP FIT TO WORK - PACKAGE		
COMPLETE BLOOD COUNT		
TOTAL WBC COUNT	12.70 x 10^3 / µL	4.00-11.00 x 10^3 / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	45.90 %	40-75%
LYMPHOCYTE (%)	41.30 %	20-45%
MONOCYTE (%)	10.70 %	2-8%
EOSINOPHIL (%)	1.80 %	1-6%
BASOPHIL (%)	0.30 %	0-1%
HAEMOGLOBIN	16.10 gm/dl	Male 13 -18 gm/dl Female:11-15 gm /dl childrens upto 1year-11.0 - 13.0 gm /dl upto12years-11.5 - 14.5 gm /dl cord blood:13 -19.5 gm /dl
RBC COUNT	4.96 million/cu	Male :4.5-6.5 million/cu Female:3.9-5.5 million/cu
PLATELET COUNT	240.00 x 10^3 / µL	150 - 400 x 10^3 / µL
HEMATOCRIT	47.80 %	Male :42 - 52% Female:37- 47%
MCV	96.30 fl	76 - 96 fl
MCH	32.50 pg	27 - 33 pg
MCHC	33.70 gm/dl	32 - 36 gm/dl
FASTING BLOOD SUGAR	4.01 mmol/L	4.11 - 6.05 mmol/L
LIVER FUNCTION TEST		
TOTAL BILIRUBIN	5.87 µ mol/L	Adults:- up to 21 µ mol/L, Children >1 month - up to 17 µ mol/L, Neonates :- 1.7 - 180 µmol/L
DIRECT BILIRUBIN	2.53 µ mol/L	Adults ;- 0 - 5.0 µ mol/L, Neonates:- 0-10 µ mol/L,

Verified By:

10195
Lab Technologist
MOH License No:
Electronically signed at: 1/30/2023 7:11:00

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: **18178**
Electronically signed at: 30/01/2023 1:18:00 PM

C.R. No: 1067137
Sultanate of Oman
RL CERTIFICATE
nmc specialty hospital

Printed at: 30/01/2023 6:32:30 PM

NMC Healthcare LLC
C.R.No: 1068137
Plot No: 69-, Block 2, 6
Building No: 6, 2 at Post North
Sultanate of Oman
T: +968 2446 2222
F: +968 24 5 0000
www.nmc.ae

DEPARTMENT OF LABORATORY MEDICINE

File No:	50093437	**Report No:**	0075930		
Name:	GURVINDER SINGH	**Sample Date:**	30/01/2023	**Time:**	11:27
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 41 Y **Nationality:** INDIAN	**Report Date**	30/01/2023	**Time:**	13:08
GSM No.:	79218254 **ID Card No.:** u009608*	**Bill No:**	0210959	**Bill Date:**	30/01/2023
Ref. By:	DR NADIA FAHAD	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
TOTAL PROTIEN	80.54 g/L	Adults : 66 - 87 g/L
ALBUMIN	47.73 g/L	39.7 - 48.4 g/L
Globulin	32.81 g/L	23-35g/L
SGOT (AST)	18.86 U/L	MALE : up to 40 U/L, FEMALE : up to 32 U/L.
SGPT (ALT)	22.18 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
ALKPO4 (ALP)	91.88 U/L	MALES: 40 - 129 U/L, FEMALES: 35 - 104 U/L.
Gamma GT (GGT)	57.11 U/L	MALE- 8 - 61 U/L, FEMALE- 5 - 36 U/L
ALCOHOL CHECK		
ETHANOL	NOT DETECTED g/L	< 0.1 g/L
URINE ROUTINE		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	7.0	4.6-8.0
SPECIFIC GRAVITY	1.015	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	YELLOW	
APPEARANCE	CLEAR	

Verified By:

10195
Lab Technologist
MOH License No:
Electronically signed at: 1/30/2023 1:11:00

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 30/01/2023 1:18:00 PM

C.R. No. 1066137 Sultanate of Oman RECEPTION nmc specialty hospital

Printed at: 30/01/2023 6:32:30 PM

NMC Healthcare LLC
C.R. No. 1066137
P.O. Box 294, Postal Code 316
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Sultanate of Oman
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F (+968) 2446 8266
www.nmcoman.com

nmc

DEPARTMENT OF LABORATORY MEDICINE

File No:	50093437	**Report No:**	0075930		
Name:	GURVINDER SINGH	**Sample Date:**	30/01/2023	**Time:**	11:27
		Received By:			
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Gender:	M **Age:** 41 Y **Nationality:** INDIAN	**Report Date:**	30/01/2023	**Time:**	13:08
GSM No :	79218254 **ID Card No.:** u0096081	**Bill No:**	0210959	**Bill Date:**	30/01/2023
Ref. By:	DR NADIA FAHAD	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE MICROSCOPY		
RBC	NIL /hpf	0-3
PUSCELLS	2-3 /hpf	0-5
EPITHELIAL CELLS	1-2 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	NIL	NIL
DRUG SCREENING TEST 5 PANEL		
AMPHETAMINE	NEGATIVE	NEGATIVE
BARBITURATES	NEGATIVE	NEGATIVE
COCAINE	NEGATIVE	NEGATIVE
MARIJUANA	NEGATIVE	NEGATIVE
MORPHINE	NEGATIVE	NEGATIVE
BLOOD GROUP & RH TYPING	" B " Rh NEGATIVE	

Verified By:

10195
Lab Technologist
MOH License No:
Electronically signed at: 1/30/2023 1:11:00

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 30/01/2023 1:18:00 PM

C.R. No: 1207137
Sultanate of Oman
RECEPTION
nmc specialty hospital

NMC Healthcare LLC

Printed at: 30/01/2023 6:32:30 PM

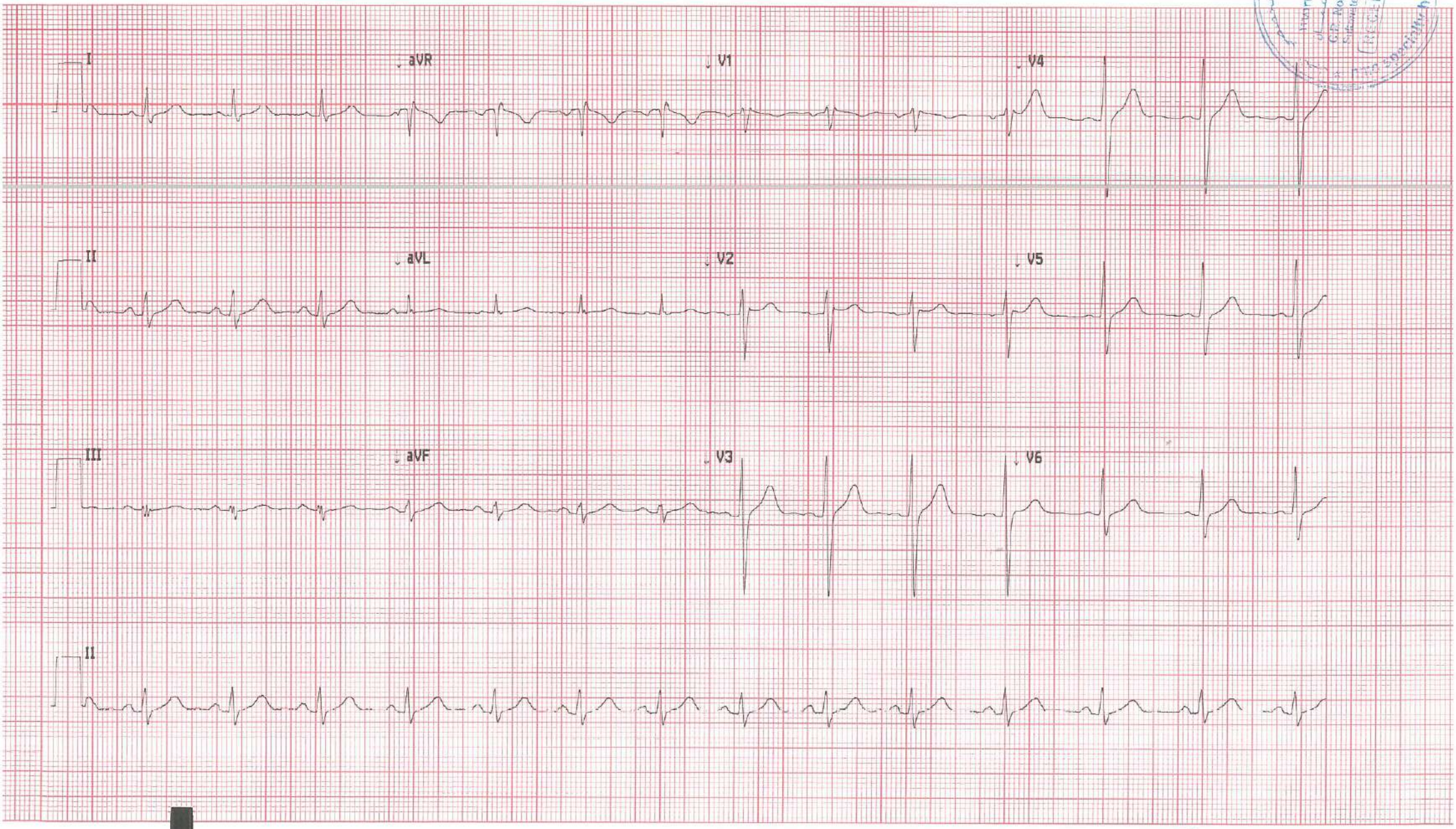
Gurvinder singh,
ID: 50093437
DOB:
41yr, Male

30-Jan-2023 11:45:32

Vent rate:	84 BPM
PR int:	155 ms
QRS dur:	96 ms
QT/QTc:	362/403 ms
P-R-T axes:	60 11 40

SINUS RHYTHM
INCOMPLETE RIGHT BUNDLE BRANCH BLOCK [90+ ms QRS DURATION, TERMINAL R IN V1/V2, 40+ ms S IN I/aVL/V4/V5/V6]
BORDERLINE ECG

UNCONFIRMED REPORT



71.720

AUDIOMETRY REPORT

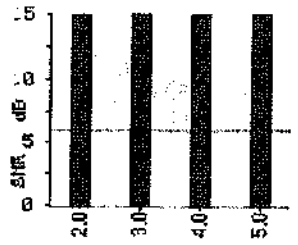
Name of the Patient GURVINDER SINGH

Age 41yn Sex M MRN S0093437 Date of Test 30/1/2023

V107.05
30-JAN-23 12:41
DP 4s 4 sec avg
SN: GI1005649 GI2010484

NAME:

Left: Pass

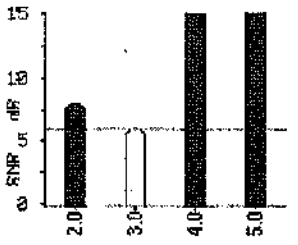


F2	L1	L2	DP	NF	SNR	
2.0	65	55	-1	-13	18	P
3.0	65	54	2	-17	19	P
4.0	64	55	11	-17	26	P
5.0	65	55	6	-20	26	P

V107.05
30-JAN-23 12:42
DP 4s 4 sec avg
SN: GI1005649 GI2010484

NAME:

Right: Pass



F2	L1	L2	DP	NF	SNR	
2.0	65	55	-8	-15	8	P
3.0	64	55	-6	-15	6	
4.0	62	53	-2	-19	17	P
5.0	61	50	5	-20	25	P

Signature of the Technician

CR No 1966137
Sultanate of Oman
RECEPTION
nmc specialty hospital, Al Hail

RE: BP Medical

Hub Admin KWMS <consolidationhubadmin@khazzanlogistics.com>
Mon 1/30/2023 9:36 AM

To: Noura Al Rawahi <hr@khazzanlogistics.com>;Customercare Hail [NMC Oman] <customercare.hail@nmcoman.com>

Cc: Martin Frain <martin@khazzanlogistics.com>

Dear Shazan,
Please arrange BP Medical for below new employee.

1. Gurvinder Singh – 79218254
2. Imran Qaiser – 91125312
3. Sohrab Ahmed -
4. Gul Umer Khan -77547767

Regard,
Meshaal

From: Noura Al Rawahi <hr@khazzanlogistics.com>
Sent: 29 January 2023 17:03
To: abhilash.jayapalan@nmcoman.com
Cc: Hub Admin KWMS <consolidationhubadmin@khazzanlogistics.com>; Martin Frain <martin@khazzanlogistics.com>
Subject: BP Medica

HI abhilash.

Please see bellow the names for new drivers to do BP medical.

1. Gurvinder Singh – 79218254
2. Imran Qaiser – 91125312
3. Sohrab Ahmed -
4. 4.Gul Umer Khan -77547767

Thanks,
Noura Al Rawahi

भारत गणराज्य REPUBLIC OF INDIA

P IND U0096081

SINGH

GURVINDER

भारतीय/INDIAN M 19/11/1981

ADAMPUR, PUNJAB

Gurvinder Singh

MUSCAT

10/10/2019 09/10/2029

P<INDSINGH<<GURVINDER<<<<<<<<<<<<<<<<<<<<<<<<

U0096081<0IND8111199M2910091<<<<<<<<<<<<<<2