PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	
Forenames	SOHAN SINGH
Address	113367002 Company Name: T.O SCB
Home telephone number	71341486
Forenames:	
Country of birth: Indian	Religion: Sikh.

Place of examination: mrt Date: 10/4/23

If a dependant enters employee's name here:

Surname:

Birth date: 3/6/87 Nationality: Indian

[x] Male [ ] Female [x] Married [ ] Single [ ] Separated /Divorced

Relationship to employee: [ ] Wife [ ] Son [ ] Daughter Number of children: 1

Reason for examination: Pre-Employment [ ] Periodic medical check-up [x] Pre-Overseas [ ]

Job: Operator Area:

Name and address of family doctor (1) (2)

List your last 3 jobs (1) (2) (3)

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 No

Have you ever taken elicited drugs? (X)

FAMILY HISTORY: Diabetes (X) Tuberculosis (X) Epilepsy (X) Asthma (X) Eczema (X) Heart disease (X) High blood pressure (X) Stroke (X) Blood Disease (X) Cancer (X)

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: 10/4/2023 Signature of Applicant: Sohan 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
174	89	29	138/88	80 /mins.	L R N	Uncorrected 6/6	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 +)				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.)

→ LSM Diet, exercise, Instruct

FIT

ASSESSMENT:

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

Date: 11/4/23 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

SOHAN SINGH
0041873 [illegible] 00469
78971 10/04/23 10:45

Employee	Date: 10/4/23
Name:	Department/Company: 7.0 SCM
I. D No.	Occupation: Operators

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 cha[illegible] of dozing

2 Mode[illegible] of dozing

3 High cha[illegible] 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.

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

Signature: Sohan Singh Date: 10/4/2023

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:	SOHAN SINGH	**Doc No:**	0032353
Age:	35 Y **Nationality:** INDIAN	**File No:**	0041673
Gender:	M	**Bill No:**	0048949
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	10/04/2023
GSM No.:	71341486	**Time:**	13:42

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
COMPLITE BLOOD COUNT		
RBC	5.6 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	14.1 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	43.0 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.0 pg	27 - 33 pg
MCHC	32.6 g/dl	29.6 - 35.6 %
WBC COUNT	7.2 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	63 %	40-75 %
LYMPHOCYTE	31 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	10	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**236 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	91 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**1.1 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**33.0 U/L**	0 - 35.0 U/L
S.G.P.T.	**43.9 U/L**	10 - 45 U/L

PEACE LAND MEDICAL CENTER

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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: SOHAN SINGH
Age: 35 Y **Nationality:** INDIAN
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 71341486

Doc No: 0032353
File No: 0041673
Bill No: 0048949
Date: 10/04/2023
Time: 13:40

Test	Result	Normal Range
ALBUMIN	4.6 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	7.3 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.20 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	25.3 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.74 mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	6.3 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	182 mg/dl	0.0 - 200 mg/dl
Triglyceride	143.9 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	43.6 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	109.7 mg/dl	< 100 mg/dl
VLDL	28.7 mg/dl	2.0 - 30 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	5 ml	
Colour	Yellow	
Sp. Gravity	1.010	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	
Urobilinogen	Normal	
Bilirubin	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:	SOHAN SINGH	**Doc No:**	0032353
Age:	35 Y **Nationality:** INDIAN	**File No:**	0041673
Gender:	M	**Bill No:**	0048949
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	10/04/2023
GSM No.:	71341486	**Time:**	13:40

Test	Result	Normal Range
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
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:	1-2 Cells/hpf	
RBCs	0-1 Cells/hpf	
Others	NIL	
Bacteria	NIL	
DRUG TESTING		
AMPHETAMINES(AMP)	NEGATIVE	
MORPHINE(MOP)	NEGATIVE	
COCAINE(COC)	NEGATIVE	
PHENCYCLIDINE(PCP)	NEGATIVE	
METHAMPHETAMINE(MET)	NEGATIVE	

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

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:	SOHAN SINGH	**Doc No:**	0032353
Age:	35 Y **Nationality:** INDIAN	**File No:**	0041673
Gender:	M	**Bill No:**	0048949
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	10/04/2023
GSM No.:	71341486	**Time:**	13:40

Test	Result	Normal Range
TRAMADOL(TRA)	NEGATIVE	
BARBITURATES(BAR)	NEGATIVE	
BENZODIAZEPINES(BZO)	NEGATIVE	
MEDTHODONE(MED)	NEGATIVE	
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE	
MARIJUANA(THC)	NEGATIVE	
RANDOM BLOOD SUGAR	**113.4 mg/dl**	80 - 120 mg/dl

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

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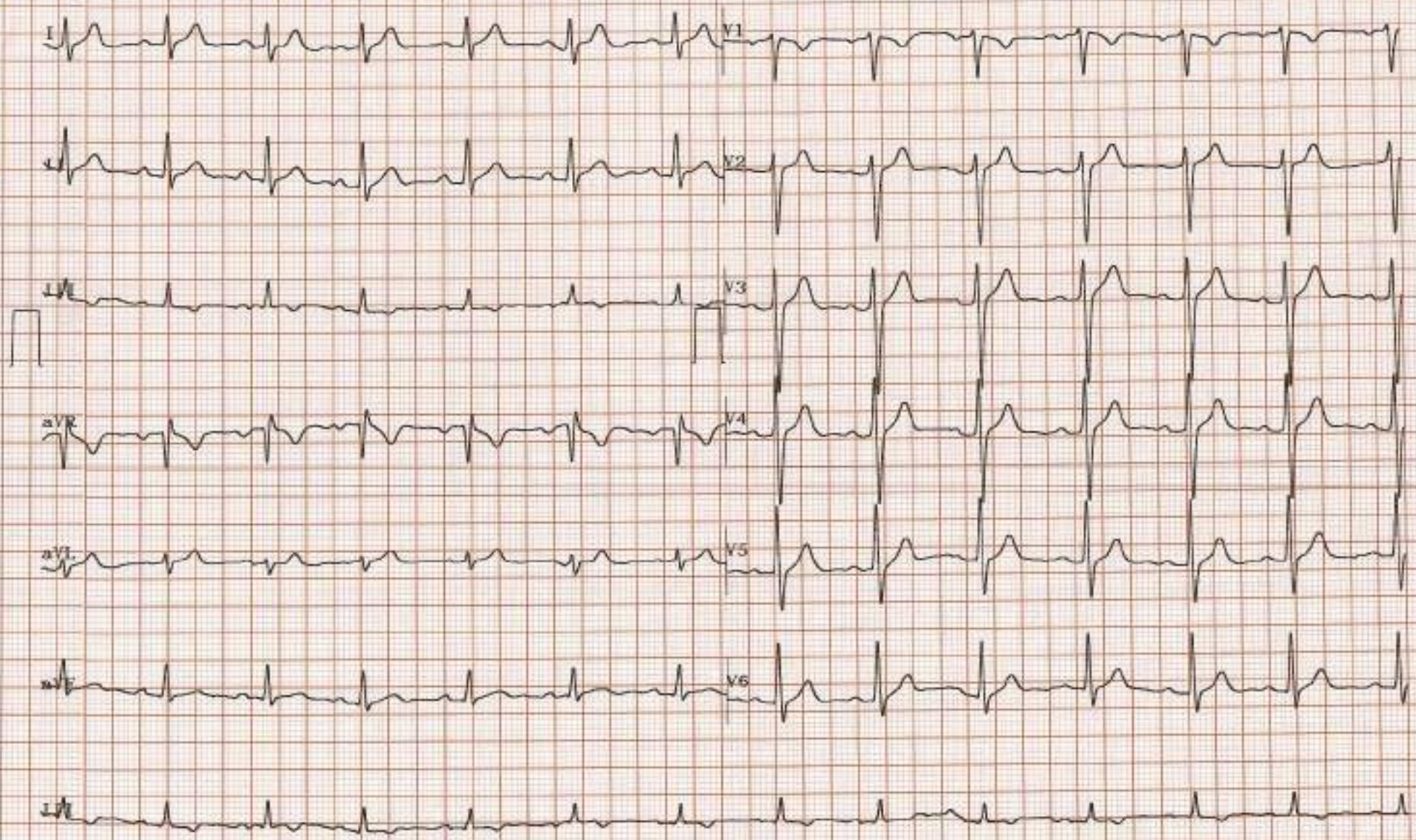
Medical Technologist

2023-04-10 10:59:42 6 Channel + 1 Rhythm Report

Hospital:
Prescribed by:

SOHAN SINGH
0041873 35Y(M) 00459
76971 10.04.23 10:45

Heart Rate: 80bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 190 ms Normal Sinus Rhythm
QRS Dur.: 94 ms Normal Axis
QT/QTc: 336/388 ms [Normal ECG]
P-R-T axes:
51 64 14



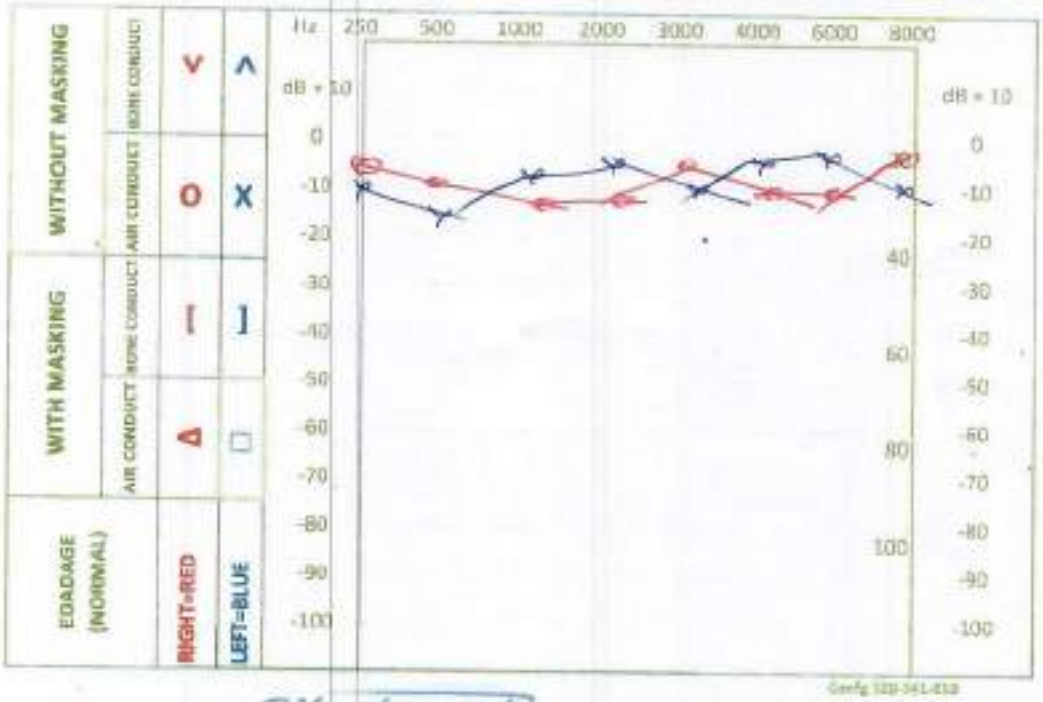
0.1Hz- 150Hz, AC50Hz. All Channels:10.0mm/mV, 25.0mm/sec. EKG2000 Ver5.05M.30 Bionet Co., Ltd.

مركز بلاد السلام الطبي
Peace Land Medical Center

SCHAN SINGH
0041873 # 35 Y(M) 00469
78971 10/04/23 10:45

IETRY TEST REPORT

NAMI	
AGE	
REF.	
COMPANY	T.O SCM Operation
OCCUPATION	
DATE	10/4/2023



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
- [x] NORMAL
- [ ] HEARING LOSS
- [ ] RIGHT
- [ ] LEFT

ص.ب ١٤٩٣ الرمز البريدي ١٣٣ ، دوار القدسية مبنى ابراج الصحوة مبنى ١ ، سلطنة عمان
P.O. Box 1493, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617167 / 24617148 / 24617149 هاتف: ٢٤٦١٧١٤٩/٢٤٦١٧١٤٨/٢٤٦١٧١٦٧

مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

SOHAN SINGH
0041673 00469
76971 10/04/23 10:45

Employee Data		Date	
Name		Department/Company	
I.D No.		Occupation	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 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			
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			Date 11/4/23
Name of health advisor Signature			

MOH Lic. No. 4404

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ بوار العزيبة مبنى ابراج الصحوة (مبنى ١) سلطنة عمان
P.O. Box 1403, Postal Code - 133, Al Azaiba, Roundabout of Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617146 / 24617149

مركز فرح للخدمات الطبية

FARAH MEDICAL SERVICE CENTER

عضو مختبرات مجموعة سلطان مديكا

Member of Sultan Medica™ Group

Patient

Patient No.

Age

Gender

Doctor

Transaction

Date/ Time

Serial

X-RAY REPORT

Doc No.	PAT010000
Date:	10/04/2023
Name:	SOHAN SINGH
Sex:	MALE
Referred By:	DR. SHIMA
Age/DOB	03/06/1987
X-Ray:	CHEST PA

REPORT

Normal heart and mediastinal shadow

Both lung fields are clear

Normal pleural spaces

IMPRESSION:

NORMAL STUDY

Signature:

Seal

شارع ١٨ نوفمبر، مسقط • هاتف ٢٤٤٩٣٧٣٧ (٩٦٨) • فاكس ٢٤٤٩٣٣١٠ (٩٦٨) • جوال ٩٢٤٠٠٠٠٠ (٩٦٨) • صندوق بريد ٣٠٦ رمز بريدي ١١١ سمائل

19th Nov. Street, Muscat • Tel. (968) 24493737 • Fax: (968) 24493310 • Mob.: (968) 99230224 • P.O. Box: 306 Postal code 111, Seeb

Email: sultan@sultanmedica.com • www.sultanmedica.com