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	GURJIT SINGH
Address	115664864 Company Name: T.O. SLB.
Home telephone number	78420162

Place of examination: Muscat	Date: 6/6/23		
If a dependant enters employee's name here: Surname:		Forenames:	
Birth date: 2/9/85	Nationality: Indian	Country of birth: India	Religion: Sikh
[√] Male [ ] Female	[√] Married [ ] Single [ ] Separated /Divorced	Relationship to employee [ ] Wife [ ] Son [ ] Daughter	Number of children: 1
Reason for examination	Pre-Employment [ ] Pre-Overseas [ ]	Periodic medical check-up [√]	Job: H.D.D Area:
Name and address of family doctor (1) (2)		List your last 3 jobs (2) (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** Have you ever had:-		
13. Recurrent indigestion		√	33. Headaches/migraine		√			
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? NIL	Average daily alcohol consumption NIL
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: 6/6/23 **Signature of Applicant:** Gurjit Singh

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
183	88	26	140/90	68 /mins.	L; R N	DISTANT R L: Uncorrected 6/6 6/6; Corrected — NEAR R L: —	N	

LABORATORY AND OTHER SPECIAL INVESTIGATIONS

N	A		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 advised

Internist consultation → HTN on med
1, LSM & RFR (Lots exercise & diet)
2, Meds 1m later by internist (BP)
3, take the medication properly.

ASSESSMENT:

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

Date: 2, 7, 23 Name (Block Capitals): Dr. / Nurse Signature:

MOH LIC ... 21962

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

Gurjt Singh
0042894 27 Y(M) [illegible]
78148 06/06/23 09:29

Date: 6/6/23.

Department/Company: T.O.

Occupation: H.D.D

This questionnaire will help you 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.

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

Signature: Gurjit Singh Date: 6/6/23

Name:	Gurjit Singh	**Doc No:**	0034085
Age:	37 Y **Nationality:** INDIAN	**File No:**	0042864
Gender:	M	**Bill No:**	0050855
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	07/06/2023
GSM No.:	78420162	**Time:**	09:22

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
COMPLITE BLOOD COUNT		
RBC	5.4 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	14.0 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	42.2 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.0 pg	27 - 33 pg
MCHC	32.2 g/dl	29.6 - 35.6 %
WBC COUNT	7.8 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	65 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**281 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	96 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.44 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**30.5 U/L**	0 - 35.0 U/L
S.G.P.T.	**15.6 U/L**	10 - 45 U/L

Medical Technologist

Name:	Gurjit Singh	**Doc No:**	0034085
Age:	37 Y **Nationality:** INDIAN	**File No:**	0042864
Gender:	M	**Bill No:**	0050855
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	07/06/2023
GSM No.:	78420162	**Time:**	09:22

Test	Result	Normal Range
ALBUMIN	**4.1 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.8 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.18 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**19.3 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.70 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	**134 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**73.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**52.0 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**67.4 mg/dl**	< 100 mg/dl
VLDL	**14.6 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	91.1 mg/dl	74 - 100 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	

Medical Technologist

Name:	Gurjit Singh	**Doc No:**	0034085
Age:	37 Y **Nationality:** INDIAN	**File No:**	0042864
Gender:	M	**Bill No:**	0050855
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	07/06/2023
GSM No.:	78420162	**Time:**	09:22

Test	Result	Normal Range
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	0-1	
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	

Medical Technologist

Name:	Gurjit Singh	**Doc No:**	0034085
Age:	37 Y **Nationality:** INDIAN	**File No:**	0042864
Gender:	M	**Bill No:**	0050855
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	07/06/2023
GSM No.:	78420162	**Time:**	09:22

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

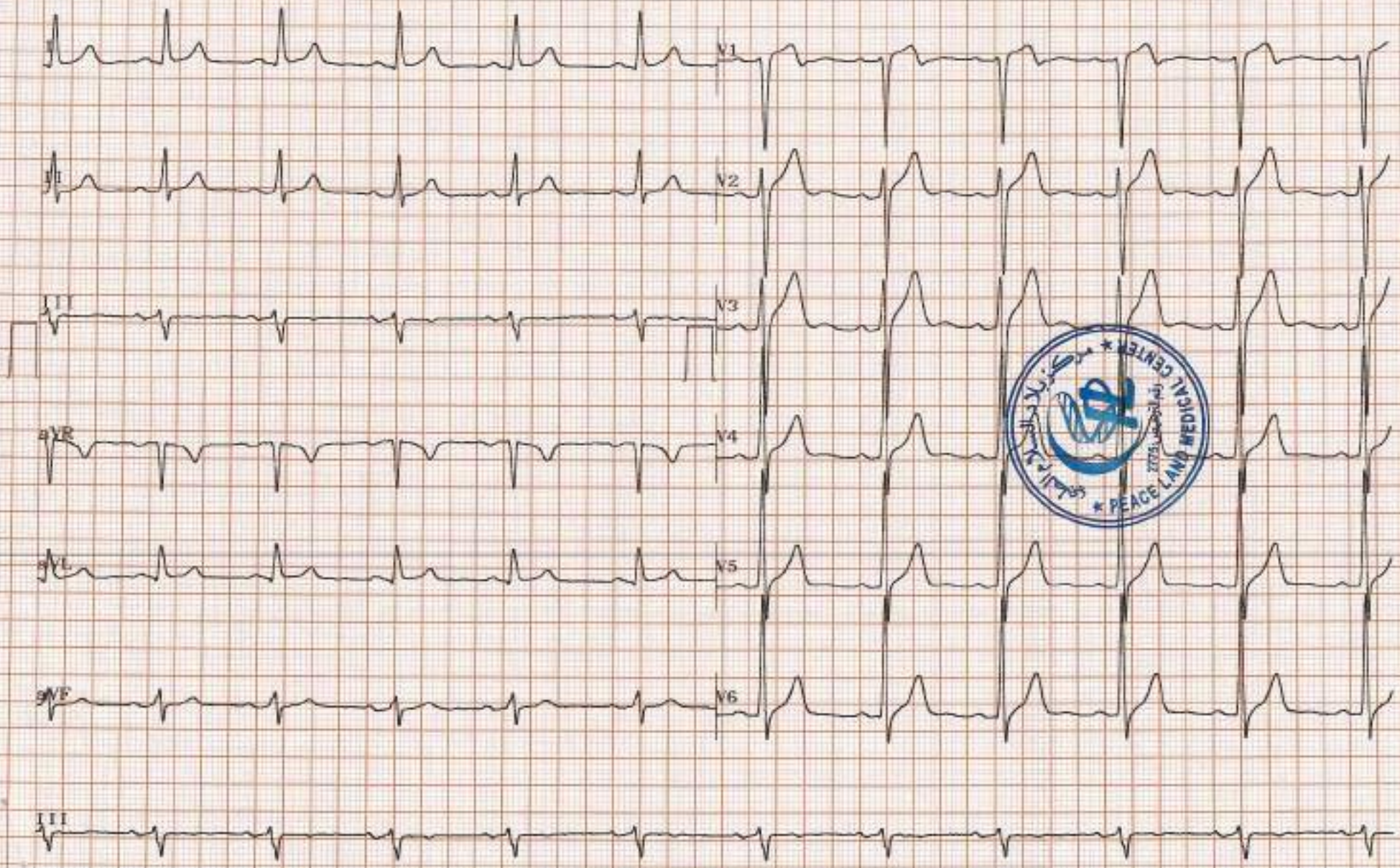
Medical Technologist

2023-06-06 08:52:43 6 Channel + 1 Rhythm Report Hospital:

Prescribed by:

ID :
Name: Guest
yrs. / Male
cm / kg

Heart Rate: 68bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 174 ms Normal Sinus Rhythm
QRS Dur.: 100 ms Normal Axis
QT/QTc: 388/415 ms LVH(Left Ventricular Hypertrophy)
P-R-T axes: ST abnormality, possible transmural injury(Anterolateral)
5 10 25 [Markedly Abnormal ECG]



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

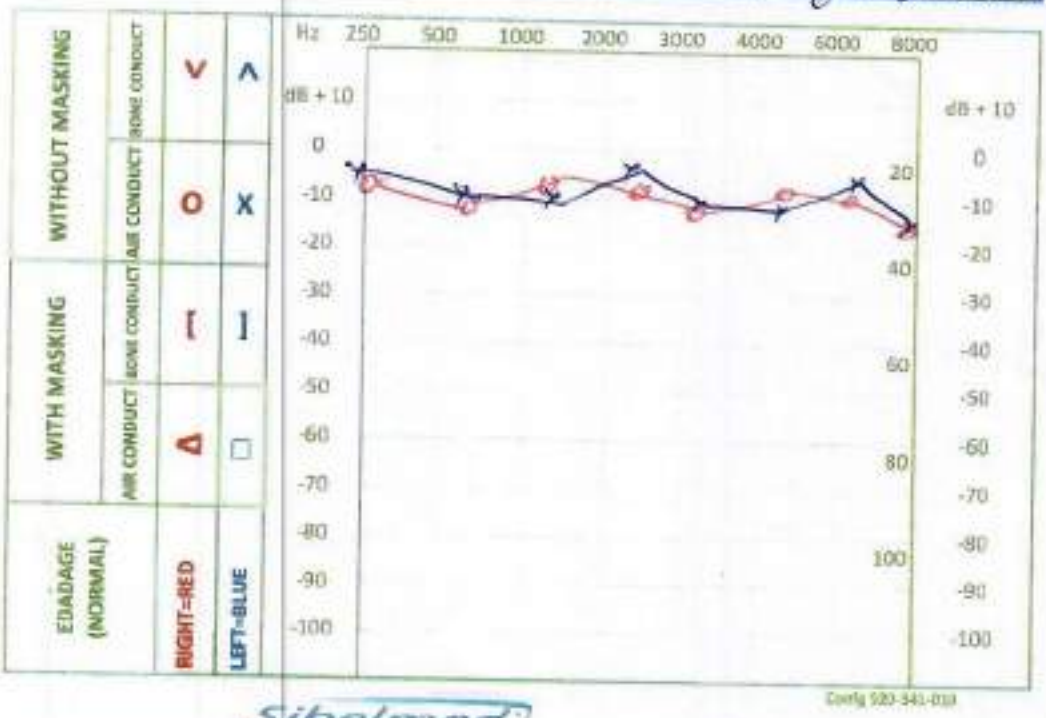
Peace Land
بلاد السلام

Gurji Singh

78149 <Blank> 08/05/23 08:29

OMETRY TEST REPORT

COMPANY	T-O SCB
OCCUPATION	DRIVER
DATE	16/5/2023



INTERPRETATION
X LEFT EAR
O RIGHT EAR

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

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العذيبة ممشى ابراج الصحوة ممشى ١، 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

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land

Fitness for work certificate

Employee Data			Date	
Name			Department/Company	
I.D No.			Occupation	HDS

Type of Medical Evaluation Mark those applying

A1 Aircraft refuelling		A5 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*	
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 2.7.23
Name of health advisor Signature			

P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout at Sahwa Tower, Sultanate of Oman
Tel: 24617117 / 24617148 / 24617149

مركز فرح للخدمات الطبية
FARAH MEDICAL SERVICE CENTER
عضو مختبرات مجموعة سلطان ميديكا
Member of Sultan Medica® Group

RADIOLOGY REPORT

PATIENT NAME:	GURJIT SINGH		
PATIENT ID:	PAT011411(PEACE LAND)	**PROCEDURE DATE:**	06-06-2023
AGE/SEX:	38Y/M	**SITE NAME:**	FARAH MEDICAL CENTER

CHEST X-RAY/PA VIEW

Clear lungs and costophrenic angles

Heart of normal size and shape

Normal mediastinum and hilar shadows and bony thorax

Impression:

Normal study

Dr Hussam Al Kindi Senior Specialist Radiologist, MOH License No- 15665, Safa Medical Diagnostic Center

06-06-2023

* This Report is Digitally Signed

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

nmc

nmc specialty hospital,al-hail

P.O BOX : 613, Postal Code : 133al-hail
Phone : 24269222
Fax : 24269288
Email : nmc.hal@nmcomsn.com

Prescription

File No : **50101685**

Date : **10-06-2023**

Name: **GURJIT SINGH**

Age: **37 Y**

Gender: **Male**

Address :

Omani ID/L.Card No : **115664864**

Company :

Customer : **CASH PATIENT (Credit)**

Policy No :

Certificate No :

Nationality : **INDIAN**

Phone : **78420162**

Rx

Sl No	Name	Duration	RO Admin	Quantity	Remarks
1	(AMLODIPINE (besylate) 5 mg + PERINDOPRIL ARGININE 5 mg tablet)COVERAM 5MG/5MG TABLET (PERINDOPRIL+AMLO)	30 Days	Oral	30	Take 1 tablet 1 time per day for 30 days

10/06/2023 11:06:22

Name of Dr. & Signature

DR BHAVANA DHABALIA
GENERAL MEDICINE

DR. BHAVANA DHABALIA
Specialist - Internal Medicine
MOH Lic. No. 4272
NMC Speciality Hospital, Al Hail

NMC Healthcare LLC
P.O Box: 124838, Plot No: 294
Block: 31a, Building No: 812
Al Hail North, Sultanate of Oman
T: (+968) 2426 9222, F: (+968) 2426 9299
www.nmcoman.com
VATIN: OM1100029090

nmc صيدلية, العبرة PHARMACY, al hail

ان ام سي للرعاية الصحية ش م م
ص.ب: ١٢٤٨٣٨، منطقة رقم: ٢٩٤
محمة: ٣١أ، بناية رقم: ٨١٢
الحيل الشمالية، سلطنة عمان
هاتف: ٢٤٢٦٩٢٢٢ (٩٦٨+)، فاكس: ٢٤٢٦٩٢٩٩ (٩٦٨+)
www.nmcoman.com
VATIN: OM١١٠٠٠٢٩٠٩٠

TAX INVOICE

Invoice and Service Date: 10/6/2023 | Invoice No. 5-PH-177187 | Time : 11:14 AM

File No/Name	: 50101685 - GURJIT SINGH	Doctor	: (D503) DR BHAVANA DHABALIA
Address	:	ID No	: RC
AGE	: 37 Y GENDER : M	W.Company	:
Customer	: (13021143) CASH PATIENT	Class	: (NORMAL) NORMAL
Cus VATIN	:	Address	:
		Phone	: Pay.Terms:

No.	Item Description	Unit	Qty.	Rate	Disc.	Taxable	VAT CD	VAT%	VAT	Amount
	Mat.ID Batch No. Exp.Dt									
1	COVERAM 5MG/5MG TABLET (PERINDOPRIL+AMLO) 005810A 710399 09/2025	PK30	1 / 0	7.390	0.000	7.390	VAT0	0	0.000	7.390

Deductible Amount	: 0.000	Company Credit	: 0.000	Taxable Amount	:	7.390
VAT On Deductible	: 0.000	VAT On Credit	: 0.000	Total VAT Amount	:	0.000
Net Deductible Amount	: 0.000	Amount	: 0.000	**Net Amount**	:	7.390

Educated & Dispensed By: User : 11052