TOS

PEACE LAND MEDICAL CENTER

Patient:12942 Reg.Dt: 02/12/202
Name: GURMINDER SINGH BRAR
Gender: Male Nationality: INDIA
Age: 34Y Mar. Status: Marrie
Address:

Appendix 33: EX2 Form (Routine/Periodic Medical Examination)

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Petroleum Development Oman
MEDICAL FTW

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames: GURMINDER SINGH BRAR

Nationality: INDIAN DOB: 12-10-1991

Mobile No. 97608701 Home/Leave Address: 116898143

Company Number: 2112 Reference Indicator:

Personal Details

A ☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated /Divorced /Widow(er)

Home/Leave Address: Relationship to employee ☐ Wife ☑ Son ☐ Daughter No of Children: 2

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☑ Final / Retirement ☐ Other Reason: ☐

Employee only

B Present Job and Location: HD DRIVER Next Job and Location:

Are you a registered person with special needs? ☐ Do you belong to any Medical Insurance Scheme? ☐

Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.

Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' please describe

		N	Y	Description
	Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?	√		
1	Ear, nose, eye or throat problems	√		
2	Chest problems like asthma, bronchitis, other bad cough	√		
3	Heart abnormality, chest pains	√		
4	Abdominal pains, abnormal bowel motions	√		
5	Urogenital problems (kidney disease, menstrual disorder)	√		
6	Skin trouble or allergies	√		
7	Epileptic fits, dizzy spells or migraine	√		
8	History of mental illness, depression anxiety	√		
9	Diabetes, thyroid disease, history of hypertension	√		
10	Blood disorder e.g. anaemia, blood cancer e.g. leukaemia	√		
11	Any history of accidents or fractures	√		
12	**Have you had any serious allergies**	√		
13	Do any dependants have a significant ongoing illness?	√		
14	Any family history of cancers	√		
	Do you take any regular medicines, or have your taken in the past?	√		
	Do you smoke? If yes, what and how much each day?	√		
	Do you drink alcohol? If yes, what is your average weekly intake?	√		
	Have you ever taken elicited/recreational drugs?	√		
	Are you doing regular sports or physical activities?	√		

STATEMENT: I have read the above questions and the above answers are correct and no information concerning my present or past state of health has been withheld. . I understand and agree that this form will be held as a confidential record by PDO Medical Department, and may be copied (by paper or secure electronic transmission) to the Occupational Health Services for the purpose of Health Surveillance and other Occupational Health review.

Date: 02-12-2025 Signature of Applicant:> Gurminder Singh

P.T.O

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)	PHYSICAL EXAMINATION
N	A	
√		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	DISTANT L	NEAR R	NEAR L	Colour Vision	Blood Group
182	115	35	110/70	60 /mins.	L N R N	Uncorrected Corrected	6/6	6/6			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 +)			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.)

obese for lifestyle modification & review after 6months

ASSESSMENT:

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

FIT

Date: 2-12-2025 Name (Block Capitals): Dr. / Nurse DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 Signature:

REVIEW/CONSULTATION

Peace Land Medical Centre Al Nukhaizina

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

مركز بلاد السلام الطبي
Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

NAME: GURMINDER SINGH	COMPANY: TRUCKOMAN SOUTH
ID No: 116898143	OCCUPATION: HD DRIVER
Mob.No: 97608701	GENDER: M / F — DATE: 2/12/2025

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-Hight chance of dozing

0 Sitting and reading
0 Watching TV
0 Sitting inactive in a public place(e.g.Teatere 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 GURMINDER SINGH (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Gurminder Singh

Date: 2/12/2025

Peace Land Clinic Mukhaizna

Peaceland Medical Service LLC, Mukhaizna
CR No.: 2/136279, P.O.Box: 1403,
Postal Code: 133,
Occidental Camp Mukhaizna, Sultanate of Oman

PATIENTDETAILS :

Patient ID	: 12942	Doc No	: 16502
Name	: GURMINDER SINGH BRAR	Doc Date	: 2025-12-02T11:14:00
Age	: 34Y	Bill No	: 39191
Gender	: Male	Date	: 02/12/2025 11:14 AM
Nationality	: INDIAN	Customer	: TRUCKOMAN OIL & GAS SERVICES (SOUTH)
GSM No	: 97608701	Ref.by	: DR.HAMMAD ISMAIL

TEST RESULT : PDOM PDO MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
PDO MEDICAL CHECKUP			
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	92 u/l	44-147 U/ L	
T. BILIRUBIN	0.7 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.3 mg / dl	up to 0.4 mg /dl	
IINDIRECT BILIRUBIN	0.4 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	31 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	38 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	7 g /dl	New born 5.2 - 9.1 g /dl Children 5.4 - 8.7 g /dl Adult 6.7 - 8.7 g /dl	
ALBUMIN	4 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	23 mg / dl	10-50 mg /dl	
S.CREATININE	0.7 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	7 mg / dl	3.4 - 7.2 mg /dl	
FASTING BLOOD SUGAR	94 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.010		
pH	Acidic		
Appearance	Clear		
CHEMICAL	0		
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		

Reported By:
Lab Technician

Sr. Lab Technologist

Verified By:
Lab Technician

Sr. Lab Technologist

Approved By:
Lab Technician

Sr. Lab Technologist

Printed at: 02/12/2025 11:16:38

Signed at: 02/12/2025 11:16:38

Test	Result	Normal Range	Detailed Description
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC.			
PUS_CELLS	1-2		
EPITHELIAL CELLS.	1-2		
RBCS	1-2		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA.	NIL		
OTHERS.	NIL		
COMPLETE BLOOD COUNT			
RBC	5.1 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	14.5 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	42 %	Male 42 -52 % Female 37 -47 %	
MCV	82 fl	76 - 96 fl	
MCH	28 pg	27 - 33 pg	
MCHC	34 %	32 36 %	
WBC COUNT	6900 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	54 %	40-75 %	
LYMPHOCYTE	32 %	20-45 %	
EOSINOPHIL	6 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
PLATELET	2.2 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
LIPID PROFILE			
Total Cholesterol	150 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	90 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	50 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	77 mg/dl	< 130 mg/dl	
VLDL	18 mg/dl	2-30 mg/dl	

Remarks:

Peace Land Clinic Mukkattira

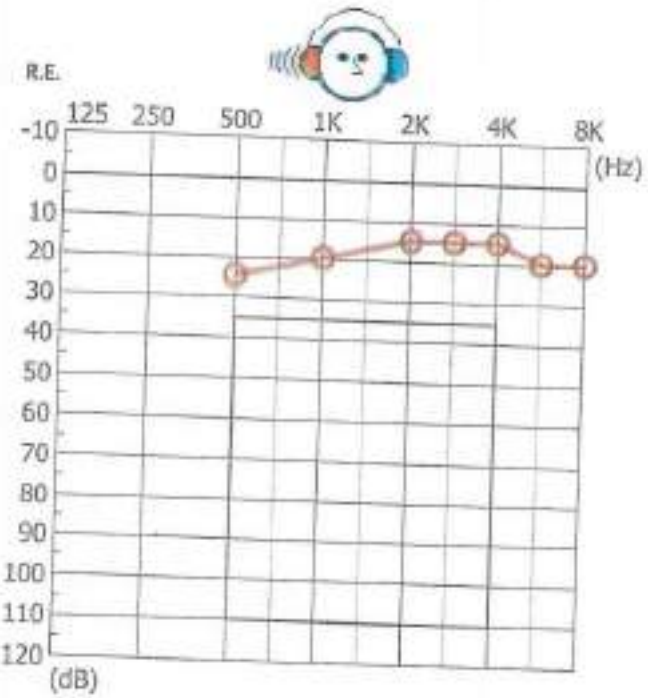
UU
UU
UU

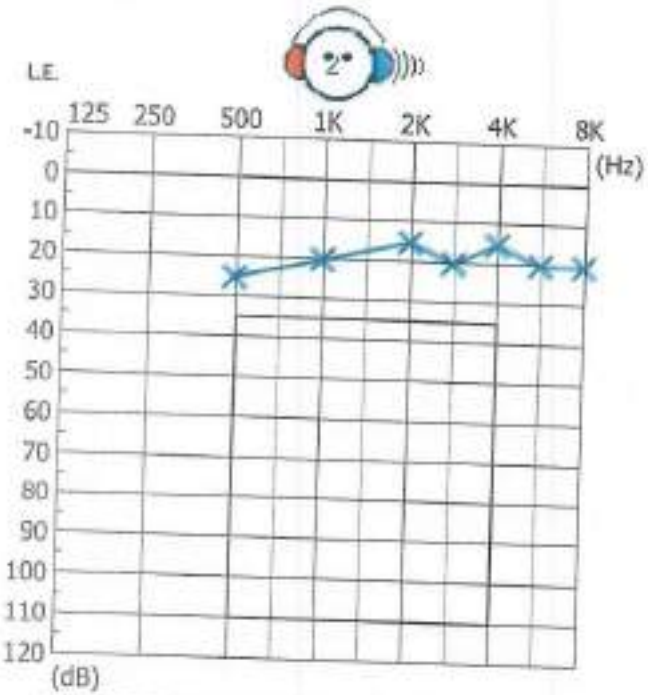
AUDIOMETRY REPORT

Name: GURMINDER, SINGH BRAR
Age(y): 34
Sex: Man
Height (cm): 0
Weight(Kg): 0
BMI:

SIBELMED W50

Test date: 02/12/2025
Reference: 116898143.
Technician:
Reason:
Origin:
Equipment:
Device serial numb.:
Flash Version:





No Masking	R.E.	L.E.	With Masking	R.E.	L.E.
Air	O	X	Air	△	□
Bone	<	>	Bone	⊏	⊐
F.Field	⊠	⊠			
No response	↙	↘			

MINISTRY OF LABOUR AND SOCIAL AFFAIRS

	R.E.	L.E.
Hearing Loss (%)	0.0	0.0
Average dBs	18.8	20.0
Bilateral Loss (%)	0.0	

Right ear Normal
Left ear Normal

COMMENTS: Normal

DR. HAMMAD MD ISMAIL
GENERAL PRACTITIONER
MOH License No: 29078

Peace Land Clinic Muzaffarnagar

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Appendix 15: Fitness to Work Certificate

Employee Data		**Date**	02-12-2025
Name	GURMINDER SINGH BRAR	**Department/Company**	TOS
I.D No.	116898143 **Age** 34yr	**Occupation**	HD DRIVER

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 (Specify)			
Temporary Unfit until			
Permanently Unfit			**Date**

Name of health advisor — Signature — Date

DR. HAMMAD MD ISMAIL
GENERAL PRACTITIONER
MOH License No: 20078

2-12-2025

Peace Land Clinic Muharraq