TER

PEACE LAND MEDICAL CENTER

Patient:28160 Reg.Dt: 29/12/2023
Name: BALKAR SINGH HARWANT SINGH
Gender: Male Nationality: INDIAN
Age: 37Y Mar. Status: Married
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: SINGH BALKAR SINGH HARWANT

Nationality: INDIAN DOB: 05-05-1988

Mobile No. 92844382 Home/Leave Address: 123 AI A532

Company Number: 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: 29-12-2023 Signature of Applicant: Balkar Singh

P.T.O

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 L	NEAR R L	Colour Vision	Blood Group
171 cm	81 kg	27.7	135/85	85 /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.)

ASSESSMENT:

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

FIT

Date: 29/12/2015 Name (Block Capitals): Dr. / Nurse Signature:

Peace Land Clinic Mukhaizna

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land

Epworth Screening Questionnaire for Sleep Apnoea			
NAME: BALKAR SINGH	COMPANY: TRUCKOMAN EQUIPMENT RENTAL		
ID No: 123414532	OCCUPATION: HD DRIVER		
Mob.No: 92844382	GENDER: M / F	DATE: 29/12/2025	

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 BALKAR SINGH (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Balkar Singh Date: 29/12/2025

Peace Land Clinic Muhaisina

ص.ب ١٤٠٣ الرمز البريدي ١٢٣ دوار العذيبة شارع الواحة الصحوة مبنى ٢ سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Rouncabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149

Peaceland Medical Service LLC, Mukhaizna
CR No.:2/13627/9, P.O.Box: 1403,
Postal Code: 133,
Occidential Camp Mukhaizna, Sultanate of Oman

PATIENTDETAILS :

Patient ID	: 28160	Doc No	: 16704
Name	: BALKAR SINGH HARWANT SINGH	Doc Date	: 2025-12-29T10:51:00
Age	: 37Y	Bill No	: 39648
Gender	: Male	Date	: 29/12/2025 10:51 AM
Nationality	: INDIAN	Customer	: TRUCKOMAN EQUIPMENT RENTAL LLC
GSM No	: 92844382	Ref.by	: DR.HASHIM ABDALLAH

TEST RESULT : PDOM PDO MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
PDO MEDICAL CHECKUP			
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	87 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.	40 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	44 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	4.5 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	25 mg / dl	10-50 mg /dl	
S.CREATININE	0.8 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	5.1 mg / dl	3.4 - 7.2 mg /dl	
FASTING BLOOD SUGAR	91 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.020		
pH	Acidic		
Appearance	Clear		
CHEMICAL	0		
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		

Reported By:
Lab Technician

Sr. Lab Technologist

Printed at: 29/12/2025 10:53:17

Peace Land Clinic Mukhaizna

Verified By:
Lab Technician

Sr. Lab Technologist

Signed at: 29/12/2025 10:52:31

Approved By:
Lab Technician

Sr. Lab Technologist

Test	Result	Normal Range	Detailed Description
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	5.3 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	15.2 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	44 %	Male 42 -52 % Female 37 -47 %	
MCV	82 fl	76 - 96 fl	
MCH	28 pg	27 - 33 pg	
MCHC	34 %	32 36 %	
WBC COUNT	6300 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	50 %	40-75 %	
LYMPHOCYTE	37 %	20-45 %	
EOSINOPHIL	5 %	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	195 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	139 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	49 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	125 mg/dl	< 130 mg/dl	
VLDL	28 mg/dl	2-30 mg/dl	

Remarks:

Peace Land Clinic Mukhaizna

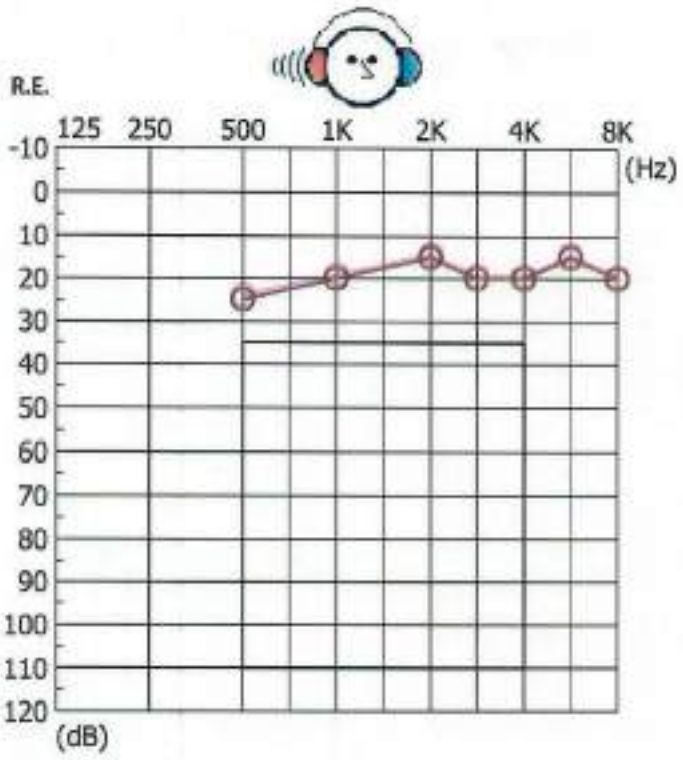
AUDIOMETRY REPORT

Name: BALKAR SINGH HARWANT, SINGH
Age(y): 37
Sex: Man
Height (cm): 0
Weight(Kg): 0
BMI:

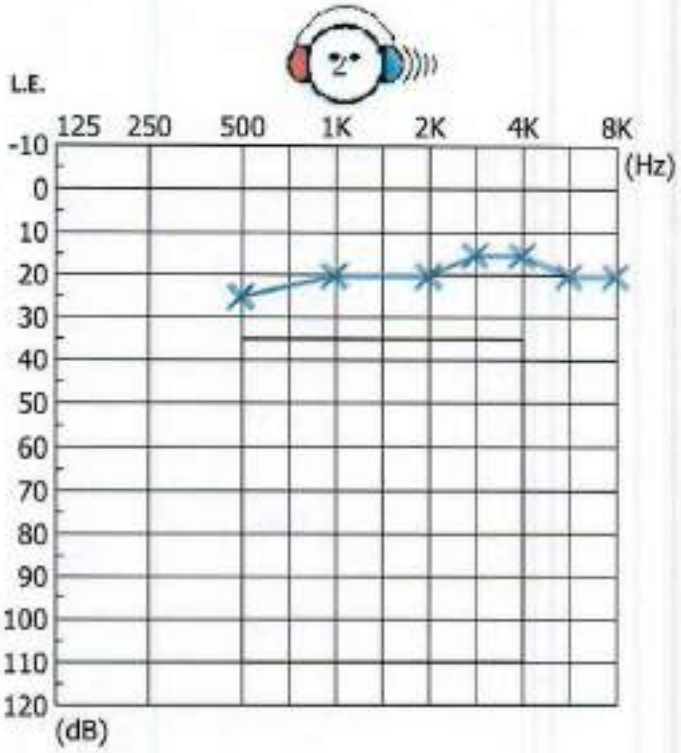
SIBELMED W50

Test date: 29/12/2025
Reference: 123414532
Technician:
Reason:
Origin:
Equipment:
Device serial numb.:
Flash Version:

R.E.



L.E.



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	20.0	20.0
Bilateral Loss (%)	0.0	

Right ear Normal
Left ear Normal

COMMENTS:

Peace Land Clinic Mukhaizna

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 908?

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Appendix 15: Fitness to Work Certificate

Employee Data			Date 29/12/2023
Name BALKAR SINGH HARWANI SINGH			Department/Company TER
I.D No. 123414532	Age 37 Y		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 (Specifiy)			
Temporary Unfit until			
Permanently Unfit			Date

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DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

Name of health advisor	Signature	Date
		29/12/2023