



Schlumberger

**CONFIDENTIAL MEDICAL
TO BE COMPLETED BY THE EMPLOYEE**

TO - # 7159

Med-check History Form		Name:	SUNPREET SINGH	
		ID # (GIN)	94080407	
Place of examination		Mobile #	72088500	
Date		DATE OF BIRTH #	29/11/1990	
MUSCAT		DOB #	HDD	
Age: 34	Nationality: INDIAN	Blood Group	B positive	
☒ Male ☐ Female	☒ Married ☐ Single ☐ Separated / Divorced	Number of children	1	
DO YOU HAVE OR HAVE YOU HAD:- (Tick "yes" or "no" column or put a (?) if uncertain exclude minor ailments:-)				
	Y	N		Y
1. Sinus trouble		✓	21. Cancer	✓
2. Neck swelling/glands		✓	22. Heart Disease	✓
3. Difficulty in vision		✓	23. Rheumatic fever	✓
4. Any ear discharge		✓	24. Abnormal heartbeat	✓
5. Asthma/bronchitis		✓	25. High blood pressure	✓
6. Hayfever /other significant allergy		✓	26. Stroke	✓
7. Any skin trouble		✓	27. Serious chest pain	✓
8. Tuberculosis		✓	28. Any blood disease	✓
9. Shortness of breath		✓	29. Kidney disease	✓
10. Coughed/vomited blood		✓	30. Blood in urine	✓
11. Severe abdominal pain		✓	31. Diabetes	✓
12. Stomach ulcer		✓	32. Headaches/migraine	✓
13. Recurrent indigestion		✓	33. Obalness/lamning	✓
14. Jaundice or hepatitis		✓	34. Epilepsy	✓
15. Gall Bladder disease		✓	35. Joints/spinal trouble	✓
16. Marked change in bowel habits		✓	36. Surgical operation	✓
17. Blood in stools (motions)		✓	37. Serious accident/fracture	✓
18. Marked change in weight		✓	38. Tropical disease	✓
19. Varicose veins		✓	39. Fear of heights	✓
20. Lump in breast/arm/pit				
How much tobacco each day?		NO		Average daily alcohol consumption
Have you ever taken illicit drugs? [X]		NO		
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's Doctors, and the details sent to them by the Examining Doctor.				
Date: 4/9/2025				
Signature of Applicant:				





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PHYSICAL EXAMINATION IF ABNORMAL, PLEASE DETAIL

Visual Fields:	NORMAL		Color Vision:	NORMAL	
Speech:			Whisper test:		
Near Vision Right eye:			Near Vision Left eye:		
Distant Vision Left eye:	6/6		Distant Vision Right eye:	6/6	
Height: 180 CM	Weight: 77 KG	BMI: 23.77	BP: 139/86 MMHG	Pulse: 66 B/MIN	
Body System/Organ	N	A	Abnormality if any		
Eyes and pupils	/				
Ear/nose/throat	/				
Teeth and mouth	/				
Lungs and chest	/				
Cardiovascular	/				
Abdomen	/				
Hernial orifices	/				
Anus and rectum					
Genito-urinary	/				
Extremities	/				
Musculoskeletal	/				
Skin/varicose veins	/				
Neurological	/				
Mental fitness	/				
Breast					



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Name:	Age:	Sex:	Company:	IO (GIN)
SUNPREET SINGH	34	Male	N W	94080407

Blood Group
B ⁺

Allergies:			
Vaccination		Date of Initial Injection	Booster Due Date
Hepatitis A:			
Hepatitis B:			
Typhoid Fever			
Influenza			

Tests Results	
Audiogram:	1. NORMAL 2. ABNORMAL
USG Panel	

ECG:	1. NORMAL 2. ABNORMAL
Chest X-Ray	no abnormalities

Blood Investigations:					
RBCs	5.1	X10 ¹² /UL	SGOT	17.9	/UL
WBCs	7.1	X10 ⁹ /UL	SGPT	21	/UL
NEUTRO	58	%	GGT	29	/UL
EOSINO	02	%	FBS	95.5	MG/DL
BASO	00	%	CHOLESTEROL	195.6	MG/DL
LYMPHO	37	%	HDL	53.4	MG/DL
MONO	03	%	LDL	113	MG/DL
HEMATOCRIT	43.2	FL	TRIGLYCERIDES	146.2	MG/DL
HEMOGLOBIN	13.9	G/DL	CREATININE	0.84	MG/DL
ESR	06	mm/hr	URIC ACID	3.7	MG/DL

Urine Analysis			
Blood	PRESENT / ABSENT	Sugar	GLUCOSE -
Albumin	PRESENT / ABSENT	Others	WBC'S - 1-2 CELLS/HPT

Stool Analysis			
Parasites	OVACYST - PRESENT / ABSENT	Blood:	RBC'S - 0-1 CELLS/HPT

Comments	4, check BP 6m later by internist
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Examinig Physician: Dr. Abdullah Jafar
Signature: [Signature]
Date: 11/2/2012



Medical Fitness Certificate

Name of the Examined employee: **SUNPREET SINGH**

Age: **34/M**

GIN: **94080407**

Job Title: **HDD**

Date of Medical Examination: **04/09/2025**

Examining Physician: **DR. SHIMA**

Medical Centre: **PEACELAND MEDICAL CENTER**

Company: **TRUCKOMAN**

FIT

Assessment Result:

Fit to work without restrictions

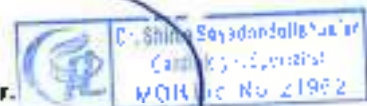
This Certificate is valid for 3 years from the date of medical examination

Fitness Classifications:

- Fit to work without restrictions
- Fit to work with restriction
- Unfit to work Temporarily or Definitely

Restrictions List:

- R1: Unfit to work offshore, on marine vessels and in remote locations.
R2: Unfit for Lifting and strenuous efforts.
R3: Unfit to work in certain countries, check with Geomarket health advisor.
R4: Unfit to work in jobs requiring precise color vision.
R5: Unfit to work in job with high level of noise.
R6: Unfit to work in high risk of malaria countries.
R7: Unfit to work in extreme heat.
R8: Unfit to work in extreme cold.
R9: Contact Geomarket health advisor/international medical coordinator – there exist specific restriction.
R10: Unfit to work for a temporarily of time until further notice.
R11: Unfit to work in jobs requiring good visual acuity (Ex: driving company vehicle).
R12: Fit only for defined Period (1, 3 or 6 months) and must be reassessed and fitness redefined.
R13: Unfit to drive company vehicle.
R14: Unfit to fly long haul flights.
R15: Unfit to work in heights and confined spaces.





مركز بلاد السلام الطبي

Peace Land Medical Center

Name:

Resident / Civil ID NO:

Company Name:

Date :

SUNPREET SINGH
PFP 58779 Age 36Y Ht 174cm B No: 20271



Spec ID : 100770 SERUM 04/03/25 u.d.g.

ECG REPORT

ECG COMMENTS:

- NORMAL SINUS RHYTHM
- NORMAL QRS COMPLEX
- NO SIGNIFICANT ST/T CHANGES

OTHER FINDINGS (IF ANY)





DEPARTMENT OF LABORATORY

Patient ID	: 58719	Doc No	: 63666
Name	: SUNPREET SINGH	Doc Date	: 04/09/2025 15:23
Age, Gender	: 34Y, Male	SR No	: 80771
Nationality	: INDIAN	SR Date	: 04/09/2025 08:21
GSM No	: 72083500	Approved Date	:
Doctor's Name	: DR.SHIMA	Collected Time	: 04/09/2025 08:28
Customer	: TRUCK OMAN EQUIPMENT RENTEL LLC	Received Time	: 04/09/2025 08:28

Test	Result	Unit	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION			
COMPLETE BLOOD COUNT			
RBC	5.1	$\times 10^{12}/L$	Male 4.38 - 6.0 $\times 10^{12}/L$ Female 4.0 - 5.2 $\times 10^{12}/L$
HAEMOGLOBIN	13.9	gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	43.2	%	Male 39.30 - 50.00 % Female 37 - 47 %
MCV	85	f	84-94 f
MCH	27.2	pg	27 - 33 pg
MCHC	32.2	g/dl	29.6 - 35.6 %
WBC COUNT	7.1	$\times 10^9/L$	4.0 - 11.0 $\times 10^9/L$
DIFFERENTIAL COUNT			
NEUTROPHIL	58	%	40-70 %
LYMPHOCYTE	37	%	20-45 %
EOSINOPHIL	02	%	1-6 %
MONOCYTE	03	%	2-8%
BASOPHIL	00	%	0-1%
ESR	06		Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	184	$\times 10^9/L$	150 - 450 $\times 10^9/L$
Sickle cells (Screen)			
SICKLE CELL TEST	NEGATIVE		
BLOOD GROUP & Rh TYPING	'B' Positive		
BLOOD GROUPING AND RH TYPING			
FASTING BLOOD SUGAR	95.5	mg/dl	71 - 100 mg/dl
LIPID PROFILE			
Total Cholesterol	195.6	mg/dl	0.0 - 200 mg/dl
Triglyceride	146.2	mg/dl	0.0 - 150 mg/dl
HDL - CHOL	53.4	mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	113	mg/dl	< 100 mg/dl
VLDL	29	mg/dl	2.0 - 30 mg/dl
LIVER FUNCTION TEST- LT			
ALKALINE PHOSPHATASE	68	U/L	53 - 128 U/L

Remarks:

Reported By:
Lab Tech

Sr. Lab Technologist

Verified By:
Lab Tech



Sr. Lab Technologist

Approved By:
Lab Tech



Printed at: 04/09/2025 15:23:15



DEPARTMENT OF LABORATORY

Patient ID	: 58719	Doc No	: 63666
Name	: SUNPREET SINGH	Doc Date	: 04/09/2025 15:23
Age, Gender	: 34Y, Male	Bill No	: 80771
Nationality	: INDIAN	Bill Date	: 04/09/2025 08:21
GSM No	: 72083500	Approved Date	:
Doctor's Name	: DR.SHJMA	Collected Time	: 04/09/2025 08:28
Customer	: TRUCK OMAN EQUIPMENT RENTAL LLC	Recieved Time	: 04/09/2025 08:28

Test	Result	Unit	Normal Range
S. BILIRUBIN TOTAL	0.58	mg/dl	0 - 2.0 mg/dl
S.G.O.T.	17.9	U/L	0 - 35.0 U/L
S.G.P.T.	21	U/L	10 - 45 U/L
ALBUMIN	4.15	g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	6.66	g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.16	mg/dl	0.0 - 0.20 mg/dl
GGT	29	U/L	5 - 50 U/L
RENAL FUNCTION TEST			
UREA	24.1	mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.84		0.70 - 1.30 mg/dl
S.URIC ACID	3.7	mg/dl	3.5 - 7.2 mg/dl
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5	ml	
Colour	Pale yellow		
Sp. Gravity	1.015		
pH	Acidic		
Appearance	Clear		
CHEMICAL			
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC			
PUS CELLS	1-2		
EPITHELIAL CELLS	1-3		
RBC	0-1		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NIL		
OTHERS	NIL		

Remarks:

Reported By:
Lab Tech

Verified By:
Lab Tech

Approved By:
Lab Tech

Sr. Lab Technologist



Sr. Lab Technologist



Printed at: 04/09/2025 15:23:15



DEPARTMENT OF LABORATORY

Patient ID	: 58719	Doc No	: 63666
Name	: SUNPREET SINGH	Doc Date	: 04/09/2025 15:23
Age, Gender	: 34Y, Male	BRI No	: 80771
Nationality	: INDIAN	BRI Date	: 04/09/2025 08:21
GSM No	: 72083500	Approved Date	:
Doctor's Name	: DR. SHIMA	Collected Time	: 04/09/2025 08:28
Customer	: TRUCK OMAN EQUIPMENT RENTEL LLC	Received Time	: 04/09/2025 08:28

Test	Result	Unit	Normal Range
STOOL ROUTINE ANALYSIS			
PHYSICAL			
Colour	Brownish		
Consistency	Formed		
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		
TRAMADOL(TRA)	NEGATIVE		
BARBITURATES(BAR)	NEGATIVE		
BENZODIAZEPINES(BZO)	NEGATIVE		
METHUONE(MED)	NEGATIVE		
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE		
MARIJUANA(THC)	NEGATIVE		

Remarks:

Reported By:
Lab Tech

Verified By:
Lab Tech

Approved By:
Lab Tech

Sr. Lab Technologist



Sr. Lab Technologist

Printed at: 04/09/2025 15:23:15





مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Quest. for Sleep Apnoea

Employee Data	SUNPREET SINGH PID : 58719 Age 34Y Male B.No : 80771	Date: 4/9/2025
Name:		Department/Company TO
I. O No.	Spec ID : 100270 SERIAL : 04X06-25 05 21	Occupation HDD

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 High chance of dozing

☐ sitting and reading

☐ watching TV

☐ sitting inactive in a public place (e.g. theatre or meeting)

☐ as a passenger in the car for an hour without a break

☐ Lying down to rest in the afternoon when circumstances permit

☐ Sitting & talking with someone

☐ Sitting quietly after lunch without alcohol

☐ 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: Sunpreet Singh (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Sunpreet Singh Date: 4/9/2025



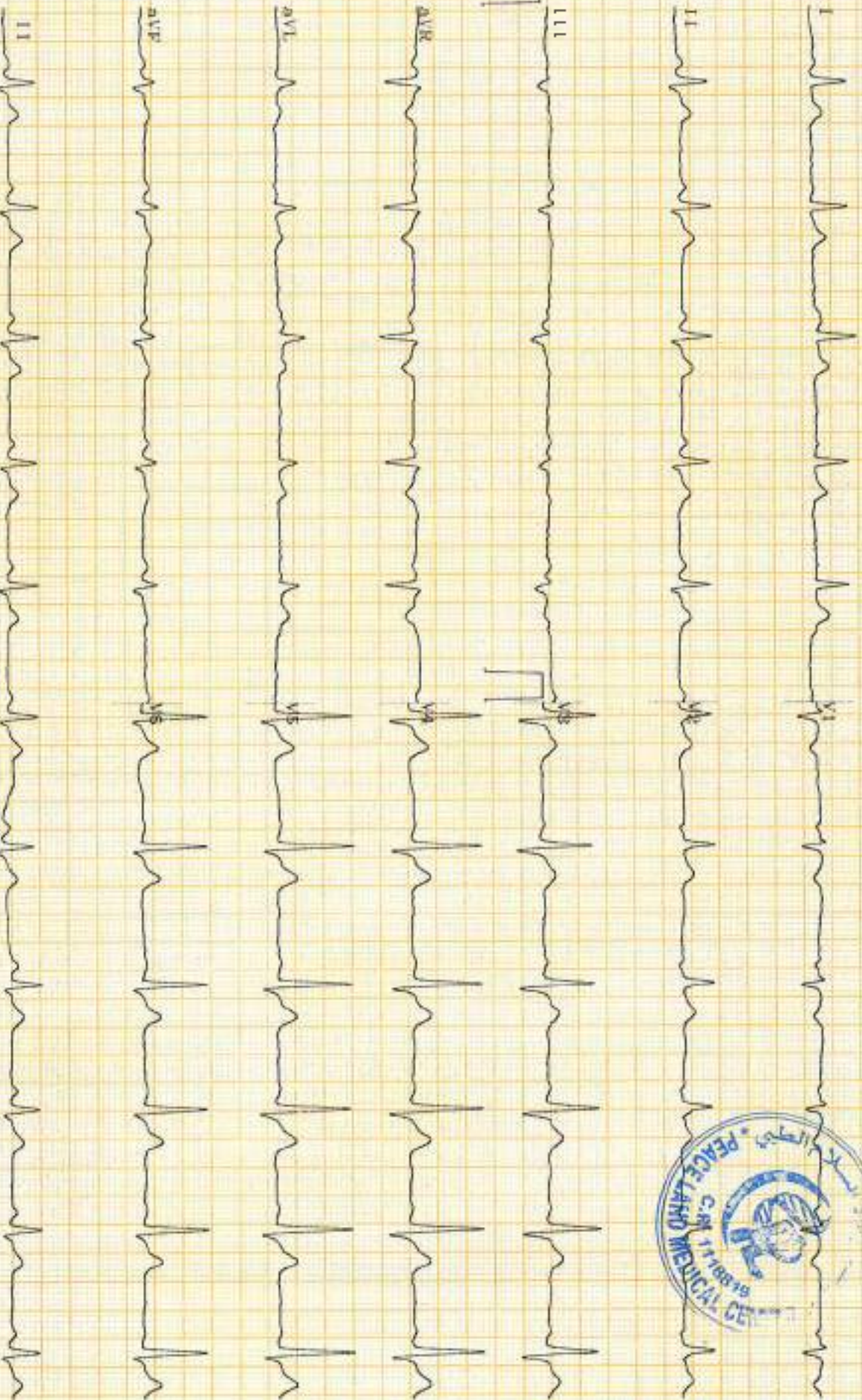
ID SUNPREET SINGH
PID: SAT9 Age 34Y Male S.No: 80771
NAT



ECG
Speed: 100270 SERUM 04/09/23 08:28
R-R-T axes:

Heart Rate: 66 bpm
R Int.: 140 ms
RS Dur.: 114 ms
T/QTC: 368/384 ms

71 18 32



PEACELAND MEDICAL CENTER AZAIBA

AUDIOMETRY REPORT

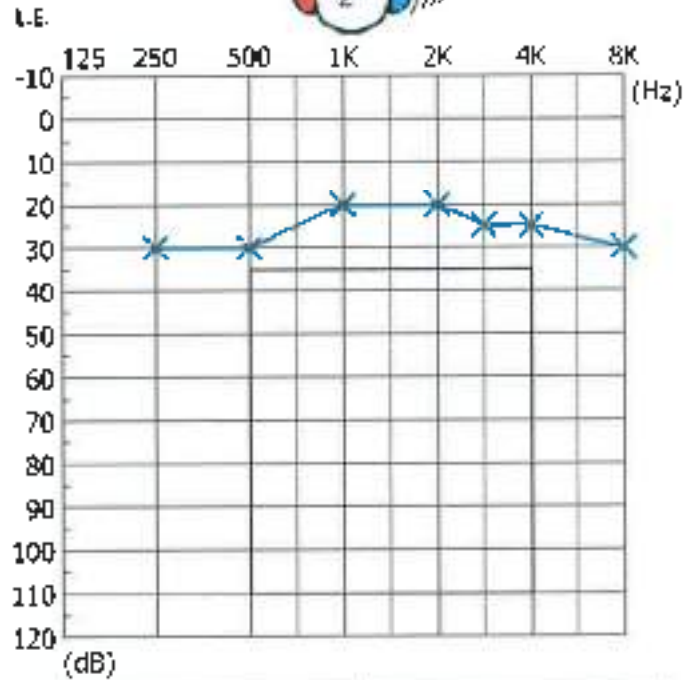
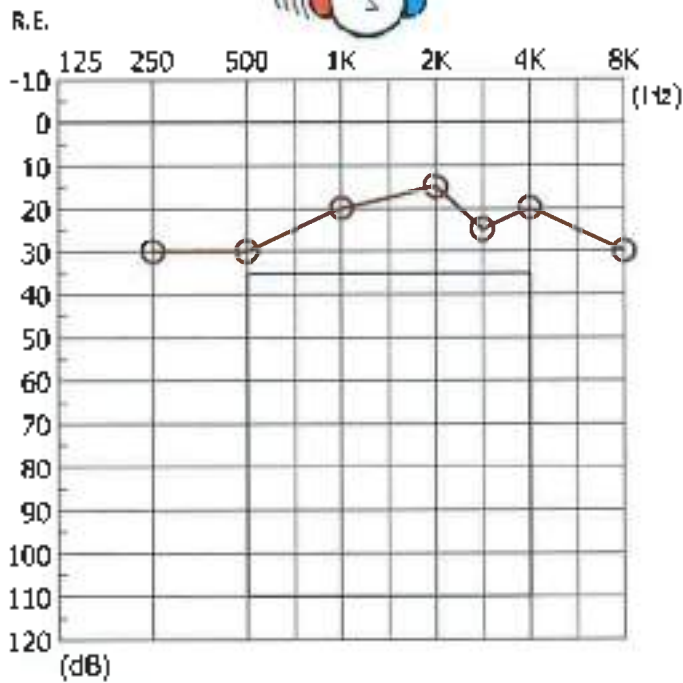
Name: SUNPREET SINGH
Age(y): 34Y Male B.No. 86771
Sex:
Height (cm):
Weight(kg):
BMI:

Spec ID: 105270 SERJM 04/09/25 06:21

Audio

SIBELMED W50

Test date: 04/09/2025
Reference: 56719
Technician:
Reason:
Origin:
Equipment:
Device serial numb.:
Flash Version:



MINISTRY OF LABOUR AND SOCIAL AFFAIRS

	R.E.	L.E.
Hearing Loss (%)	0.0	0.0
Average dBs	22.5	23.8
Bilateral Loss (%)	0.0	

Right ear: Normal
Left ear: Normal

COMMENTS:

No Masking	R.E.	L.E.	With Masking	R F	I F
Air	○	×	Air	△	□
Bone	<	>	Bone	=	=
F. Field	∅	✕			
No response	⊙	⊗			



Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
58719	SUNPREET SINGH	034Y/M	04-09-2025	DR.SHIMA

DIGITAL X-RAY CHEST PA VIEW

FINDINGS:

Trachea and mediastinum in midline.

Both lung fields show normal bronchovascular markings.

Cardiothoracic ratio is within normal limits.

Both cardiophrenic and costophrenic angles are free.

Both domes of diaphragm are normally placed.

Bony ribcage and soft tissue structures appear normal.

IMPRESSION:

- NO ABNORMALITIES DETECTED




Dr. K. VIJAYAKUMAR
 MBBS, DMRD
 Radiologist
 MOH Lic No.: 7560

Dr. Kumaresan Vijayakumar
 MBBS, DMRD
 Radiologist
 MOH Lic No.: 7560