



South Mawaleh, Sultanate of Oman

Confidential

## MEDICAL EXAMINATION REPORT



Petroleum Development Oman  
MEDICAL DEPARTMENT  
EXAMINATION REPORT

Surname:
Forenames: <i>JASWINDER SINGH</i>
Address:
Telephone No: <i>96155670</i>

Place of Examination CRYSTAL POLYCLINIC	Date: <i>16/07/2024</i>
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If a dependant or fiancée enter employee's name here: Surname:	Forenames:
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Date of Birth: <i>15/05/1983</i>	Nationality: <i>INDIAN</i>	Country of Birth: <i>INDIA</i>	Religion: <i>SIKH</i>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced/ Separated	Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Fiancée	Number of Children: <i>2</i>

Reason For Examination	<input type="checkbox"/> Pre-Employment	Designation: <i>DRIVER</i>
	<input type="checkbox"/> Pre-Overseas	Area:
<input type="checkbox"/> Two Yearly	<input type="checkbox"/> Transfer	<input type="checkbox"/> 40+/Request
	<input type="checkbox"/> Travel	<input type="checkbox"/> Retirement and Date

Name and address of family doctor	List your last 3 jobs
	(1)
	(2)
	(3)

Are you a Registered Disabled Person? (UK only)	<input type="checkbox"/> Do you belong to any Medical Insurance Scheme ?
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Petroleum Development Oman LLC

Revision: 3.0  
Effective: 16 Apr 2007

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		✓	22. Heart Disease		✓	42. Awarded benefits for industrial injury/illness		✓
2. Neck swelling/glands		✓	23. Rheumatic fever		✓	43. Treated for a mental condition, eg depression		✓
3. Difficulty in vision		✓	24. Abnormal heartbeat		✓	44. Treated for problem drinking or drug abuse		✓
4. Any ear discharge		✓	25. High blood pressure		✓	45. Exposed to toxic		✓
5. Asthma/bronchitis		✓	26. Stroke		✓			
6. Hayfever/other allergy		✓	27. Serious chest pain		✓			
7. Any skin trouble		✓	28. Any blood disease		✓			
8. Tuberculosis		✓	29. Kidney disease		✓	<b>FOR WOMEN ONLY</b>		
9. Shortness of breath		✓	30. Painful passage of urine		✓	Have you ever had:-		
10. Coughed/vomited blood		✓	31. Blood in urine		✓	46. An abnormal smear		
11. Severe abdominal pain		✓	32. Diabetes		✓	47. Any gynaecological treatment		
12. Stomach ulcer		✓	33. Headaches/migraine		✓	48. Are you pregnant?		
13. Recurrent indigestion		✓	34. Dizziness/fainting		✓	<b>49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE</b>		
14. Jaundice or hepatitis		✓	35. Epilepsy		✓			
15. Gall Bladder disease		✓	36. Joints/spinal trouble		✓			
16. Marked change in bowel habits		✓	37. Surgical operation		✓			
17. Blood in stools (motions)		✓	38. Serious accident/fracture		✓			
HAVE YOU EVER BEEN:-			39. Tropical disease		✓			
18. Marked change in weight		✓	40. Fear of heights		✓			
19. Varicose veins		✓	<b>Have You Ever Been:-</b>					
20. Lump in breast/armpit		✓	41. Rejected for employment or insurance for medical reasons		✓			
21. Cancer		✓						

How much tobacco each day?

N/A

Average daily alcohol consumption :

N/A

**FAMILY HISTORY**

Diabetes	<input checked="" type="checkbox"/>	Tuberculosis	<input checked="" type="checkbox"/>	Epilepsy	<input checked="" type="checkbox"/>
Heart disease	<input checked="" type="checkbox"/>	High blood pressure	<input checked="" type="checkbox"/>	Blood Disease	<input checked="" type="checkbox"/>
Stroke	<input checked="" type="checkbox"/>	Cancer	<input checked="" type="checkbox"/>	Eczema	<input checked="" type="checkbox"/>

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:

12/04/2007

Signature of Applicant:

*[Signature]*





To be filled by the examining Doctor or Nurse:

N = Normal A = Abnormal (Please describe)		PHYSICAL EXAMINATION									
N	A										
N		1. Eyes & Pupils									
N		2. E.N.T									
N		3. Teeth & Mouth									
N		4. Lungs & Chest									
N		5. Cardiovascular System									
N		6. Abdo. Viscera									
N		7. Hernial Orifices									
N		8. Anus & Rectum									
N		9. Genito- urinary									
N		10. Extremities									
N		11. Musclo-Skeletal									
N		12. Skin & Varicose Vns									
N		13. C.N.S									
HEIGHT	WEIGHT kg	BMI	B.P.	PULSE	HEARING L N R N	VISION Uncorrected Corrected	DISTANT R L 6/6 6/6	NEAR R L N N	Colour Vision N	Blood Group	
182cm	95kg	28.70	128/72	58bpm							
N	A	LABORATORY AND SPECIAL INVESTIGATIONS					N	A			
		1. Urineanalysis							6. Stool Analysis		
		2. HB, Blood Count, ESR							7. Audiometry		
		3. HbsAg							8. Spirometry		
		4. RBS							9. Drug Analysis		
		5. Lipid Profile							10. ECG		
		6. LFT							11. OTHERS		

ASSESSMENTS AND RECOMMENDATIONS:

- A. Fit without restriction
- B. Fit with specified restriction
- C. Unfit
- D. Awaiting specialist assessment



C.M.O INITIALS *Dr. Maryam Susool*

DATE: 16/07/2024



## 11.15 Appendix 15: Fitness to Work Certificate

Employee Data		Date: 16/07/2024	
Name: JASWINDER SINGH		Department/Company: TRUCK OMAN	
I.D No: 74987986	Age: 41y/male	Occupation: DRIVER	
Type of Medical Evaluation		Mark Those Applying ✓	
A1 Aircraft Refuelling		A6 Fire/Emergency response te	
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		A9 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			
Pull, Push 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	

FIT



Appendix 20: (Form SQS) Epworth Screening Quest for Sleep Apnoea

Employee Data		Date: 16/07/2024
Name: JASWINDER SINGH		Department / Company: TRUCK OMAN
I.D No. 74987986	Tel # 96155670	Occupation: DRIVER

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

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

1 Lying down to rest in the afternoon when circumstances permit

0 Sitting and talking with someone

0 Sitting quietly after lunch without alcohol

0 In a car, while stopped for a few minute in traffic

Total 1

If you score a total of 15 or more you should seek advice from medical personnel on site before continuing ot drive or operate machinery in the workplace.

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



Date: 16/07/2024



## Laboratory Report

Patient Name	:JASWINDER SINGH	Sex	Male
Age	: 41 Y	ID No	:74987986
Order by	:Dr. Manu Suseel	MR No	:70612
Sample Received	: 16/07/2024	Sample Reported	: 16/07/2024

## Hematology

Test Description	Result	Units	Normal Range
CBC With DC			
Hb	13.6	g/dl	13.0 - 18.5 g/dl
Total WBC Count	7400	cells/cumm	4000-11000 cells/cumm
Differential Leucocyte Count			
Neutrophils	51	%	40-60%
Lymphocytes	35	%	20-45%
Eosinophils	05	%	1-6%
Monocytes	09	%	2 - 10%
Basophils			0 - 2%
RBCs	4.7		3.30-6.20 millions/cumm
Platelet Count	3.0	Lakhs/cumm	1.5 -4.5 Lakhs/cumm
HCT	39.7	%	38 - 54 %
MCV	83.6	fl	78.0 - 92.0
MCH	28.6	pg	27-32 pg
MCHC	34.3	g/dl	32-36%
Sickling Test	Negative		





## Laboratory Report

Patient Name	:JASWINDER SINGH	Sex	Male
Age	: 41 Y	ID No	:74987986
Order by	:Dr. Manu Suseel	MR No	:70612
Sample Received	: 16/07/2024	Sample Reported	: 16/07/2024

## Biochemistry

Test Description	Result	Units	Normal Range
Blood Sugar	7.14	mmol/L	<7.8
<b>LIPID PROFILE</b>			
Total Cholesterol	4.76	mmol/L	< 5.2
Triglycerides	1.24	mmol/L	up to 2.26
HDL Cholestrol	1.59	mmol/L	0.9 - 2.0
LDL Cholestrol	2.93	mmol/L	< 3.8
VLDL Cholestrol	0.24	mmol/L	< 1.7
<b>LIVER FUNTION TEST</b>			
Total Bilirubin	35.4	μmol/L	0 - 33.9
Direct Bilirubin	9.2	μmol/L	0 - 6.78
SGPT(ALT)	33	U/L	upto 40
SGOT(AST)	29	U/L	upto 37
ALKALINE PHOSPHATASE	61	U/L	30 - 128
Total Protik ein	62.8	g/L	62 - 85
Albumin	40.9	g/L	35 - 55
Globulin	21.9	g/L	20 - 35
<b>RENAL FUNCTION TEST</b>			
BLOOD UREA	3.70	mmol/L	2.8 - 7.2
CREATININE-SERUM	99.2	μmol/L	62 - 114.9
URIC ACID	434.5	μmol/L	204 - 432





## Laboratory Report

Patient Name	: JASWINDER SINGH	Sex	Male
Age	: 41 Y	ID No	: 74987986
Order by	: Dr. Manu Suseel	MR No	: 70612
Sample Received	: 16/07/2024	Sample Reported	: 16/07/2024

## Clinical Pathology

Test Description	Result	Normal Range
<b>URINE ANALYSIS</b>		
Colour	Pale Yellow	
Appearance	Clear	Clear
<u>Chemical Examination</u>		
Albumin	Nil	Nil
Sugar	Nil	Nil
Reaction(pH)	6	
Specific Gravity	1.015	1.010 - 1.030
Ketone Bodies	Nil	Nil
Bile salt	Nil	Nil
Bile Pigments	Nil	Nil
Blood	Nil	Nil
Nitrite	Nil	Nil
<u>Microscopic Examination</u>		
Pus Cells	2 - 3/hpf	0 - 5
RBCs	Nil/hpf	0 - 2
Epithelial Cells	1 - 2/hpf	0 - 5
Casts	Nil	Nil
Crystals	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil



ID: 652

16-07-2024 23:29:53

BPL-12

*Jaswinder Singh*

Male

Years

Req. No. :

HR : 59 bpm  
 P : 108 ms  
 PR : 182 ms  
 QRS : 90 ms  
 QT/QTcBz : 404/401 ms  
 P-QRS/T : 45/78/53 °  
 RV5/SV1 : 1.196/0.776 mV

Diagnosis Information:

Sinus bradycardia

Normal ECG except for rate

Report Confirmed by:





Date: 16/10/2024

Name: Jaswinder Singh Age: 44 Sex: M

Following is the ECG report:

Rhythm	Normal
Rate	59 bpm
Axis	Normal
P Wave	Normal
QRS Complex	Normal
ST segment	N/A abnormal
Chamber enlargement	N/A abnormal

For Crystal Polyclinic

 : ECG done


  
 Doctor Signature  Lic No: 2251


FVC TEST

Name: Jawahar Singh  
 74607988

41 years / Male / Ht 182cm / 95Kg / Non-Smoker

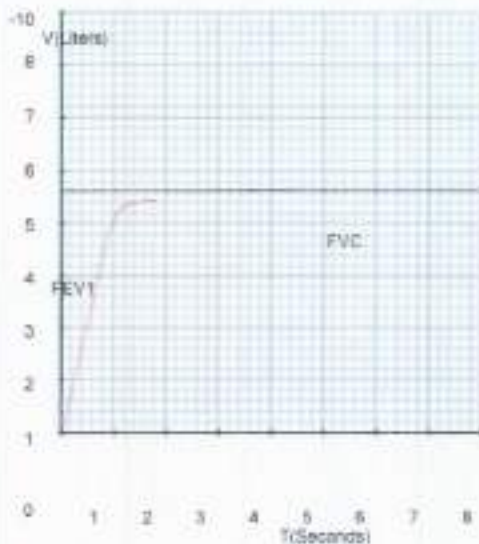
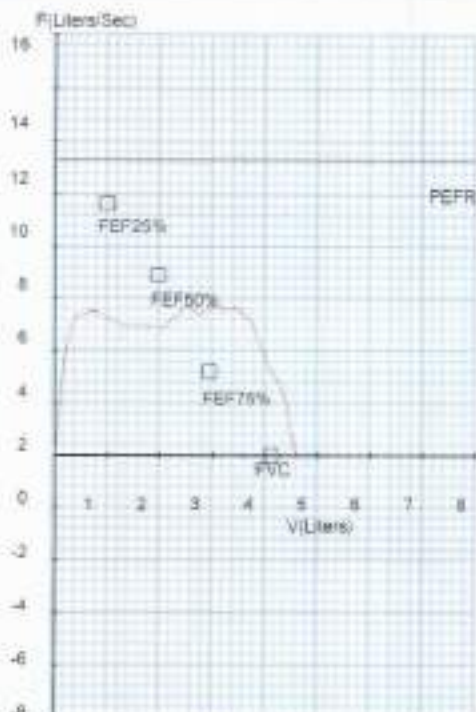
Date: 10-07-2024  
 (T1)

Pred Eqn: CLARITY

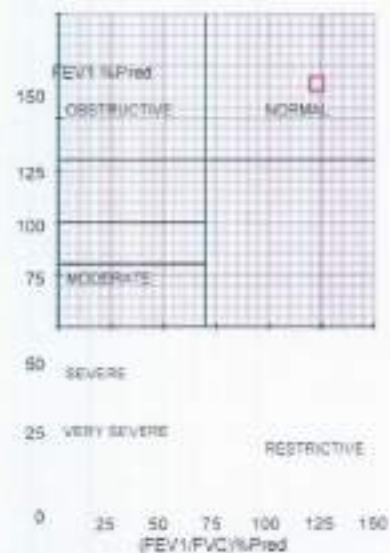
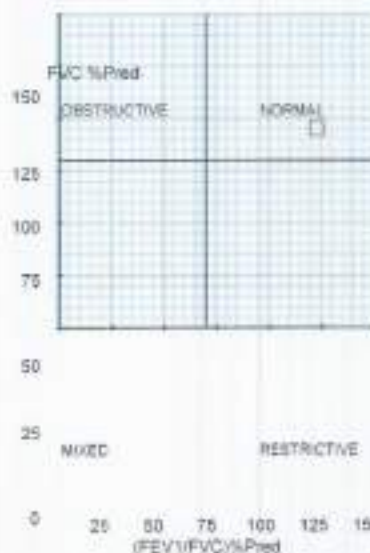
Eth Corr: 100

Temp: 0°C

Ref By: DR MANU SUSEEL



Parameter	Pred	Pre	Pre%	Post	Post%	Imp%
FVC	[L] 4.13	--	--	3.93	92	--
FEV1	[L] 3.18	--	--	3.80	117	--
FEV.5	[L]	--	--	2.32	--	--
FEV3	[L] 4.13	--	--	3.85	93	--
FEV6	[L]	--	--	--	--	--
PEFR	[L/s] 9.35	--	--	4.91	53	--
FEF25-75	[L/s] 4.06	--	--	4.52	112	--
FEF75-85	[L/s]	--	--	4.41	--	--
FEF2-1.2	[L/s] 7.92	--	--	4.32	52	--
FEF25%	[L/s] 8.31	--	--	4.96	55	--
FEF50%	[L/s] 5.86	--	--	5.23	81	--
FEF75%	[L/s] 2.76	--	--	5.81	203	--
FEV.5/FVC	[%]	--	--	64.24	--	--
FEV1/FVC	[%]	81.53	--	98.31	121	--
FEV3/FVC	[%]	97.52	--	98.82	101	--
FEV6/FVC	[%]	--	--	--	--	--
FEV1/FEV6	[%]	--	--	--	--	--
FET	[S]	--	--	4.43	--	--
ExpTime	[S]	--	--	0.50	--	--
LungAge	[Y]	42.17	--	37.15	81	--
FIVC	[L]	--	--	--	--	--
PIFR	[L/s]	--	--	--	--	--
FIF25%	[L/s]	--	--	--	--	--
FIF50%	[L/s]	--	--	--	--	--
FIF75%	[L/s]	--	--	--	--	--
FIV.5	[L]	--	--	--	--	--
FIV1	[L]	--	--	--	--	--
FIV3	[L]	--	--	--	--	--
FIV.5/FIVC	[%]	--	--	--	--	--
FIV1/FIVC	[%]	--	--	--	--	--



Doctor's Comments :

DR MANU SUSEEL



# Continuing Medical Implementation

Bridging the Care Gap

## FRAMINGHAM RISK SCORE: What is this patient's risk of cardiovascular disease (CVD)?

Patient Name: Jaswinder Singh Date: 16/1/2024 Current Lipid Values: LDL-C 203 TC 476 HDL-C 1.59 Apo B

FRAMINGHAM TABLE	Risk Factor	Risk Points (MEN)	Risk Points (WOMEN)	Points
Age	30-34 Years	0	0	
	35-39	0	2	
	40-44	0	4	
	45-49	0	5	
	50-54	0	7	
	55-59	1	8	
	60-64	1	9	
	65-69	1	11	
	70-74	1	11	
	75+	1	12	
HDL-C Level (mmol/L)	>1.6	0	0	
	1.3-1.6	0	-2	
	1.0-1.3	0	-1	
	0.9-1.2	1	0	
	<0.9	0	2	
Total Cholesterol Level (mmol/L)	<4.1	0	0	
	4.1-5.2	0	0	
	5.3-6.2	0	1	
	6.3-7.2	0	4	
	>7.2	1	5	
		0	0	
Systolic Blood Pressure (mmHg)	<120	0	0	
	120-129	0	0	
	130-139	0	0	
	140-149	0	1	
	150-159	0	2	
	>160	1	4	
		0	5	
Smoker	No	0	0	
	Yes	0	0	
Diabetes	No	0	0	
	Yes	0	0	
				<b>Total Points</b>
				<b>5</b>

TOTAL RISK POINTS	MEN	WOMEN
<5 or less	<1	<1
5-6	1.1	1.1
7-8	1.4	1.0
9-10	1.6	1.2
11-12	1.9	1.5
13-14	2.3	1.7
15-16	2.8	2.0
17-18	3.3	2.4
19-20	3.9	2.8
21-24	4.7	3.3
25-28	5.6	3.9
29-32	6.7	4.6
33-36	7.9	5.3
37-40	8.4	6.3
41-44	11.2	7.3
45-48	13.3	8.6
49-52	15.6	10.0
53-56	18.1	11.7
57-60	21.8	13.7
61-64	25.3	15.9
65-68	28.4	18.5
69-72	30	21.5
73-76	30	24.8
77-80	30	27.8
>80	30	30

**10-Year CVD Risk: 39%**

Is there a positive family history of CVD in a first degree relative before age 60?

- YES (if so, multiply above 10-year CVD risk (%) by 2)  
 Calculations: 10-year CVD risk 39% X 2 = 78%  
 NO

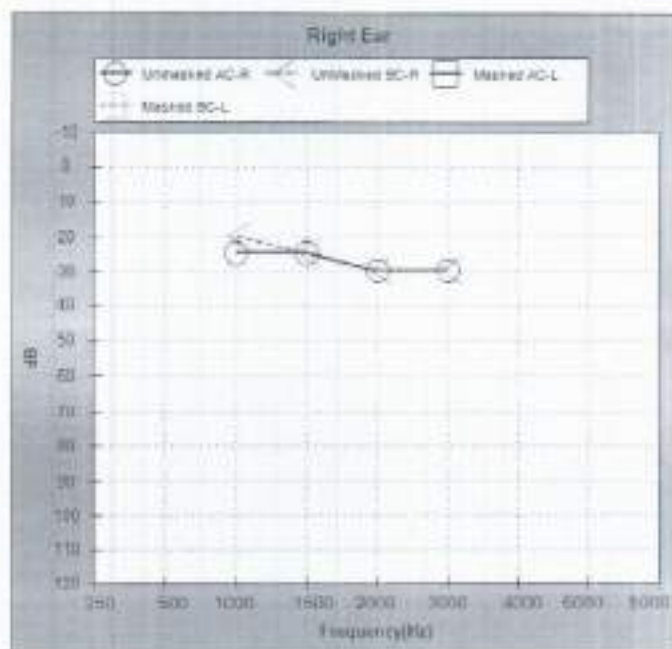
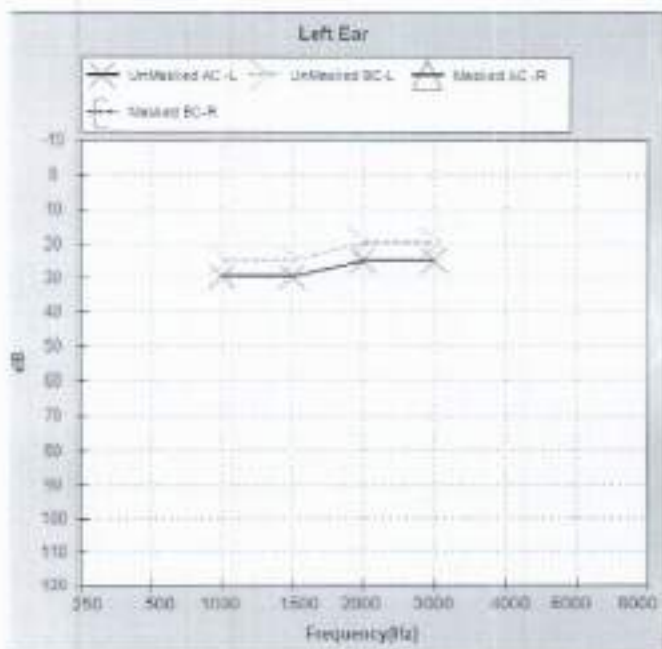


Framingham Risk Score

# CRYSTAL POLYCLINIC

Sultanate of Oman.

Patient Details	
Patient Name; JASWINDER SINGH	Appointment Date- 16/07/2024
Mobile No – 96155670	Email -
Address1 -	Address2 -
City -	State -
Zip -	DOB – 15/5/1983
Age – 41Y	Doctor Name -Dr. Manu Suseel



**Left Ear Comment**

**Right Ear Comment**

Left-AC	
Frequency	dB
1000	30
1500	30
2000	25



Left-BC	
Frequency	dB
1000	25
1500	25
2000	20
3000	20

Right-AC	
Frequency	dB
1000	25
1500	25
2000	30
3000	30

Right-BC	
Frequency	dB
1000	20
1500	25
2000	30
3000	30

Masked LEFT-AC	
Frequency	dB

Masked LEFT-BC	
Frequency	dB

Masked Right-AC	
Frequency	dB

Masked Right-BC	
Frequency	dB

  
 Audiologist Signature