


 سلطانة عُمان
 SULTANATE OF OMAN

RESIDENT CARD
 بطاقة
 مقيم

CIVIL NUMBER: 74987986
 EXPIRY DATE: 10/07/2028
 DATE OF BIRTH: 15/05/1983


الاسم: جاسون نقر سينغ
 رقم الهوية: 74987986
 تاريخ الانتهاء: 10/07/2028
 تاريخ الميلاد: 15/05/1983
 الجنس: المذكر

عمل بدون مرافقين لدى شركة ترك عمان لاجور الكعاب من ٢٠٢٠

[Handwritten signature]



CONFIDENTIAL MEDICAL TO BE COMPLETED BY THE EMPLOYEE

Med – check History form		Name:	JASWINDER SINGH	
		GIN:		
Place of examination Al-Nile medical centre		Date	8/8/24	
		Mobile:	96155 670	
Age: 41	Nationality: INDIAN	Blood Group	B+ve	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated / Divorced	Number Of Children: 2		
Do You Have You Had: (Tick "Yes " or "No " column or put a (?) if uncertain exclude minor ailments.)				
	Y	N	Y	N
1- SINUS TROUBLE		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
2- NECK SWELLING / GLANDS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
3-DIFFICULTY IN VISION		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
4- ANY EAR DISCHARGE		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
5- ASTHMA / BRONCHITIS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
6- HAYFEVER / OTHER SIGNIFICANT ALLERGY		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
7- ANY SKIN TROUBLE		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
8- TUBERCULOSIS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
9- SHORTNESS OF BREATH		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
10 – COUGHED / VOMITED BLOOD		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
11- SEVERE ABDOMINAL PAIN		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
12- STOMACH ULCER		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
13- RECURRENT INDIGESTION		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
14- JAUNDICE OR HEPATITIS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
15 – GALL BLADDER DISEASE		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
16- MARKED CHANGE IN BOWEL HABITS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
17- BLOOD IN STOOLS (MOTIONS)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
18 – MARKED CHANGE IN WEIGHT		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
19- VARICOSE VEINS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
20 – LUMP IN BREAST / ARMPIT		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
21- CANCER		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
22- HEART DISEASE		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
23- RHEUMATIC FEVER		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
24- ABNORMAL HEARTBEAT		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
25- HIGH BLOOD PRESSURE		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
26- STROKE		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
27- SERIOUS CHEST PAIN		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
28- ANY BLOOD DISEASE		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
29- KIDNEY DISEASE		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
30 – BLOOD IN URINE		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
31- DIABETES		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
32- HEADACHES / MIGRAINE		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
33- DIZZINESS / FAINTING		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
34- EPILEPSY		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
35- JOINTS / SPINAL TROUBLE		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
36- SURGICAL OPERATION		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
37- SERIOUS ACCIDENT / FRACTURE		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
38- TROPICAL DISEASE		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
39- FEAR OF HEIGHTS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
40- REJECTED FOR EMPLOYMENT OR INSURANCE FOR MEDICAL REASONS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
41- AWARDED BENEFITS FOR INDUSTRIAL INJURY / ILLNESS		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
42- TREATED FOR A MENTAL CONDITION , DEPRESSION		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
43- TREATED FOR PROBLEM DRINKING OR DRUG ABUSE		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
44- EXPOSED TO TOXIC SUBSTANCE OR NOISE		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
45- AN ABNORMAL SMEAR		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
46- ANY GYNAECOLOGICAL TREATMENT		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
47- ARE YOU PREGNANT?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
48- HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
HOW MUCH TOBACCO EACH DAY?	NO		AVERAGE DAILY ALCOHOL CONSUMPTION	NO
HAVE YOU EVER TAKEN ELICITED DRUGS ? () NO				
FAMILY HISTORY: DIABETES <input checked="" type="checkbox"/> TUBERCULOSIS <input checked="" type="checkbox"/> EPILEPSY <input checked="" type="checkbox"/> ASTHMA <input checked="" type="checkbox"/> ECZEMA <input checked="" type="checkbox"/> HEART DISEASE <input checked="" type="checkbox"/> HIGH BLOOD PRESSURE <input checked="" type="checkbox"/> STROKE <input checked="" type="checkbox"/> BLOOD DISEASE <input checked="" type="checkbox"/> CANCER <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 COMPANYS DOCTORS, AND THE DETAILS SENT TO THEM BY THE EXAMINING DOCTOR.				
DATE :				
SIGNATURE OF APPLICANT: 				



VISUAL FIELDS:	NORMAL		COLOR VISION:	NORMAL
SPEECH:	NORMAL		SHISPER TEST:	
NEAR VISION RIGHT EYE:	NORMAL		NEAR VISION LEFT EYE:	NORMAL
DISTANT VISION LEFT EYE:	NORMAL		DISTANT VISION RIHT EYE:	NORMAL
HEIGHT: 171cm	WEIGHT: 94kg	BMI: 30	BP: 116/68 mmHg	PULSE: 72 bpm
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 VIENS	/			
NEUROLOGICAL	/			
MENTAL FITNESS	/			
BREAST	/			



CONFIDENTIAL MEDICAL

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

NAME:	AGE	SEX	COMPANY	GIN
JAWYNDER SANNH	41	M	Schlumberger	

PAST MEDICAL HISTORY		BLOOD GROUP	
		B+	
ALLERGIES: NO			
VACCINATION		DATE OF INITIAL INJECTION	BOOSTER DUE DATE
HEPATITIS A			
HEPATITIS B			
TYPHOID FEVER			
INFLUENZA			

AUDIOGRAM:	TESTS RESULTS
NORMAL	
OSU 5 PANEL	Negative.

ECG	
CHEST X-RAY	NORMAL

BLOOD INVESTIGATIONS					
RBCS		4.20-6.30*10 ⁶ /UL	SGOT	28.4	MALE:10-50 FEMALE:10-35U/L
WBCS	5190	4.0-11.0*10 ³ /UL	SGPT	31.3	MALE:UP TO 41 FEMALE:10-35U/L
NEUTRO	57	37-72%	GGT	21	0-50/UL
EOSINO	41.2	0-6%	FBS:	4.5	60-110 MG/DI
BASO	0-5.1	0-1%	CHOLESTEROL	187	UP TO 200 MG/DI
LYMPHO	34.1	10-58%	HDL	59.3	20-60 MG/DI
MONO	57	0-14%	LDL	107.0	UP TO 130 MG/DI
HEMATOCRIT	41.5	37-51%	TRIGLYCERIDES	106.3	35-175 MG /DI
HEMOGLOBIN	13.8	MALE:13.5-18.0 FEMALE:11.5-16.0G/DI	CREATININE	1.3	MALE:0.7-1.2 MG/DI FEMALE:0.5-0.9MG/DI
ESR		MALE:0-10 MM/HR FEMALE:0-20 MM/HR	URIC ACID		MALE:3.6-7.7 MG /DI FEMALE:2.5-6.8 MG /DI

URINE ANALYSIS			
BLOOD	Nil	SUGAR	Nil
ALBUMIN	Nil	OTHERS	Nil
STOOL ANALYSIS			
PARASITES	Nil	BLOOD	Nil

COMMENTS	
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EXAMINING PHYSICIAN



 Dr. WEAM FAIDAL IBRAHIM ALMOUR

 General Practitioner





SID NO. : 01032234
 Patient ID : 24013073
 Name : Mr. JASWINDER SINGH
 Age / Gender : 41 Y / Male
 Referrer : TRUCK OMAN
 Consultant : Dr. WEAM FAISAL IBRAHIM



Page : 1 of 5

Collection Date & Time : 08/08/2024 09:07:30
 Received Date & Time : 08/08/2024 09:27:55
 Reported Date & Time : 08/08/2024 19:05:21

National ID : 74987986 Nationality : INDIAN

Partial Test Report

Test Name (Method/Specimen)	Result	Biological Reference
ALLERGY & IMMUNOLOGY		
SCHLUMBERGER FITNESS TO WORK		
EDTA/Serum		
DRUG SCREENING-10		

	result	unit	ref. range
Amphetamines (AMP)	Negative		Negative
Benzodiazapines (BZO)	Negative		Negative
Cocaine (COC)	Negative		Negative
Marijuana (THC)	Negative		Negative
Morphine (MOP)	Negative		Negative

Suresh Bharathan
Technician

MOH License No. 10222





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Nationality : INDIAN

Partial Test Report

Test Name (Method/Specimen)	Result	Biological Reference
SEROLOGY		
SCHLUMBERGER FITNESS TO WORK EDTA/Serum		
Gamma-Glutamyltransferase (GGT)	21 U/L	5 - 36
BIOCHEMISTRY		
SCHLUMBERGER FITNESS TO WORK EDTA/Serum		
BLOOD SUGAR FASTING	4.5 mmol/l	3.3 - 6.1
CREATININE	1.30 mg/dl	Male: 0.7-1.4 mg/dl Female: 0.6-1.1mg/d
BILIRUBIN (DIRECT)	0.490 mg/dl	Up To: 0.3
BILIRUBIN (INDIRECT)	1.130 mg/dl	
BILIRUBIN TOTAL	1.62 mg/dl	UP TO 1.1
SGOT	28.4 U/L	Upto 40
SGPT	31.3 U/L	less than 41
ALKALINE PHOSPHATASE	65.0 U/L	35 - 104
TOTAL PROTEIN	6.6 g/dL	6.6 - 8.7
ALBUMIN	4.24 g/dL	(3.97 - 4.94)
GLOBULIN	2.36 g/L	2.0-3.9
LIPID PANEL		
TRIGLYCERIDE	106.3 mg/dl	male:40-160 mg/dl female: 35-135 mg/dl
CHOLESTEROL	187.2 mg/dl	<200 mg/dl
HDL CHOLESTEROL	59.03 mg/dl	40-60
LDL CHOLESTEROL	107.0 mg/dl	UP TO 150 mg/dl
CLINICAL PATHOLOGY		


Vivek Adattupuurath
 Technician
 MOH Licence No. 12400





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Nationality

: INDIAN

Partial Test Report

Test Name (Method/Specimen)	Result	Biological Reference
SCHLUMBERGER FITNESS TO WORK EDTA/Serum		
URINE ANALYSIS Microscopy/Urine		
Physical		
Color	Yellow	
Transparency	Clear	
Chemical		
Specific Gravity	1.015	
PH	Acidic	
Glucose	NIL	
Acetone	NIL	
Bilirubin	NIL	
Blood	NIL	
Urobilinogen	NIL	
Protein	NIL	
Nitrate	NIL	
Microscopic		
Leukocytes	NIL	
Pus Cells	1-2	
Erythrocytes	0-2 /hpf	0 - 2
Squamous Epithelial Cell	few /hpf	
Crystal	NIL	
Cast	NIL	
Bacteria	NIL	


Vivek Adattuppurath
 Technician





SID NO. : 01032234
Patient ID : 24013073
Name : Mr. JASWINDER SINGH
Age / Gender : 41 Y / Male
Referrer : TRUCK OMAN
Consultant : Dr. WEAM FAISAL IBRAHIM



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Collection Date & Time : 08/08/2024 09:07:30
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National ID : 74987986

Nationality : INDIAN

Partial Test Report

Test Name (Method/Specimen)	Result	Biological Reference
Others	NIL	
STOOL ANALYSIS		
MOTION		
Physical		
Colour	Brownish	
Consistency	Semi Formed	
Microscopic		
Pus Cells	1-2 /hpf	
RBC Cells	0-1 /hpf	
E-HISTOLYTICA	NIL	
E-COLI	NIL	
Giardia Lamblia	NIL	
Taenia Saginata	NIL	
Taenia Solium	NIL	
Schistosoma Haematobium	NIL	
Ascaris Lumbricoides	NIL	
Trichis Trichiura	NIL	
Ancylostoma Duodenale	NIL	
Others	NIL	
HAEMATOLOGY		
SCHLUMBERGER FITNESS TO WORK		
EDTA/Serum		
Complete blood count (CBC)		
Haemoglobin	13.8 gm/dl	13 - 18
TOTAL LEUCOCYTES COUNT	5190 Cells / Cumm	4000 - 11000


Vivek Adattupuurath
Technician
MOH License No. 12406





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Page : 5 of 5

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Nationality : INDIAN

Partial Test Report

Test Name (Method/Specimen)	Result	Biological Reference
DIFFERENTIAL COUNT EDTA		
Neutrophil	57 %	45 - 70
Lymphocytes	34 %	15 - 45
Eosinophils	4 %	1 - 6
Monocyte	5 %	2 - 8
Basophils	0.5 %	less than 1
PACKED CELL VOLUME (HCT)	41.50 %	less than 54
RBC COUNT	4.94 millions/mm	4.5 - 5.5
MCV	84.0 fl	81.8 - 95.5
MCH	27.9 pg	27 - 32.3
MCHC	33.2 g/dL	32.4 - 35
PLATELET COUNT	365000 cu.mm	150,000 - 450,000
RDW-CV	14 %	11 - 16
RDW-SD	42 fl	35 - 56

Vivek Adattupuurath

Technician

MOH License No 12409





SID NO. : 01032234
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Consultant : Dr. WEAM FAISAL IBRAHIM



Page : 1 of 1

Collection Date & Time : 08/08/2024 09:07:30
Received Date & Time : 08/08/2024 09:27:55
Reported Date & Time : 10/08/2024 14:49:19

National ID : 74987986

Nationality : INDIAN

Final Test Report

Test Name (Method/Specimen)	Result	Biological Reference
HAEMATOLOGY		
SCHLUMBERGER FITNESS TO WORK EDTA/Serum		
SICKLING TEST	Negative	NEGATIVE

Hajer Muhammad Hussin

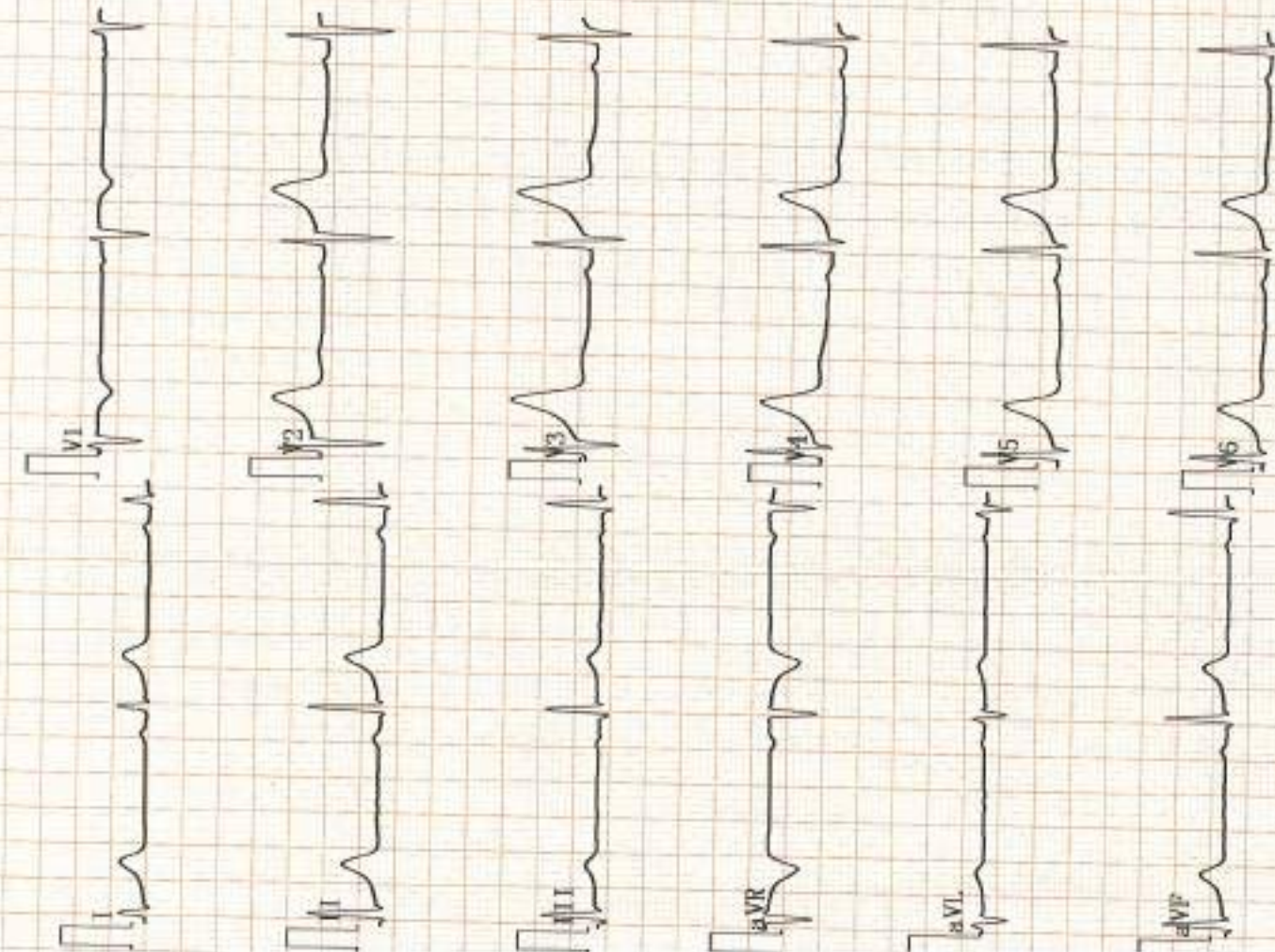
Technician

MOH License No 9245



AUTO 10mm/mV

10mm/mV



2024-08-07 21:53:33
 Name : JASWINDER SINGH
 Sex : Male Age : 41
 Section: 23

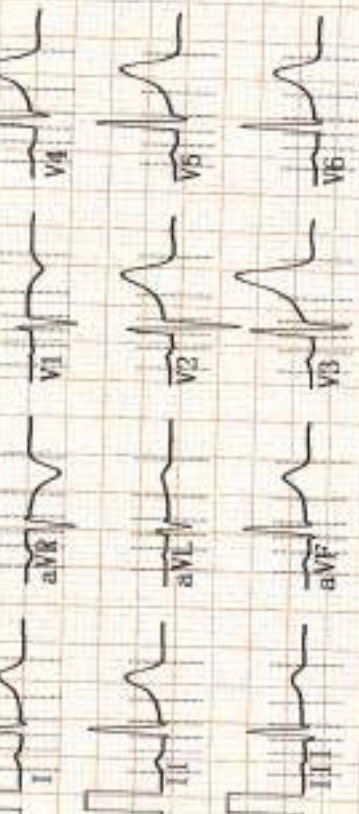
Mr. JASWINDER SINGH 41 Y/M



0183223400

Data for reference only:
 HR : 52
 PR Interval : 190
 P Duration : 111
 QRS Duration : 79
 T Duration : 201
 QT/QTc : 404/376
 P/QRS/T Axis deg : 37.7/67.9/51.5
 R(V5)/S(V1) mV : 1.06/0.60
 R(V5)+S(V1) mV : 1.66

10mm/mV 25mm/s



<< Conclusions >>

Sinus node Bradycardia,
 Cardiac electric axis normal;
 Report need physician confirm





Mr. JASWINDER SINGH 41 Y/M

Patient Id :



Name :

0103223480

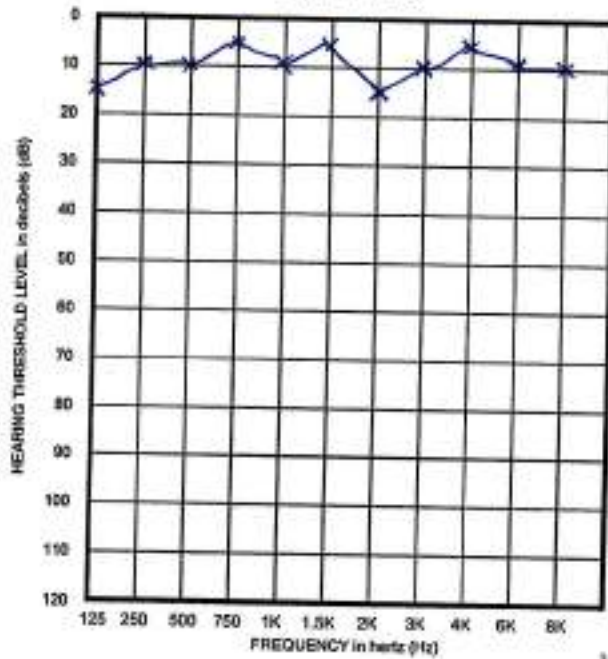
Consultant :

Dr - Weam Faisal

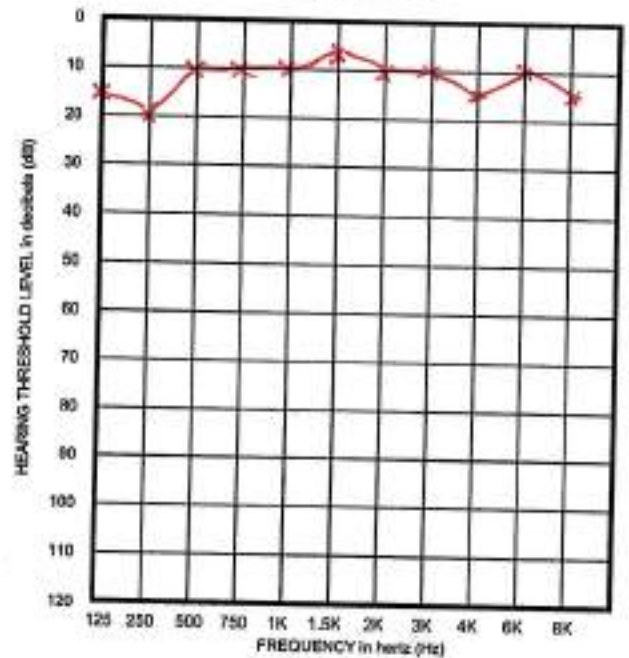
Age / Gender : 41y / m

Report Date : 08/08/2024

LEFT EAR



RIGHT EAR



PURE TONE AVERAGE (500-1000-2000 Hz)		
Ear	Air	Bone
RIGHT		
LEFT		

Provisional Diagnosis:

Bilateral hearing Sensitivity is within Normal limit



Signature Audiologist



Patient Id : 24013073
Name : JASWINDER SINGH
Consultant : Dr. Weam Faisal Ibrahim

Age / Gender MALE - 41 (Y)
Report Date : 08/08/2024

CHEST X-RAY – AP/ VIEW

- ❖ NORMAL ARDIOTHORACIC RATIO.
- ❖ NO CONSOLIDATION, NO PLEURAL EFFUSION.

IMPRESSION:

Normal

: Dr. Weam Faisal Ibrahim

