TON

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

'atient:16093 Reg.Dt: 23/06/202
lame: DALVIR SINGH SUKHWINDER SINGI
lender: Male Nationality: INDIA
ge: 50Y Mar. Status: Marrie
ddress:

'INE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

:velopment Oman
L DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames	DALVIR SINGH
Nationality	INDIAN D.O.B: 01/01/1975
Mobile No. 96701083 Address: 72388832	Company Number: Reference Indicator:

Personal Details

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

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

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☑ 2 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, another 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	√	✓	DM ON MEDICATION
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?		√	✓	TGLIMIPRIDE PIOGLETAZONE METFORMIN 2MG/500 OD
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: 23/06/2025 Signature of Applicant:

Peace Land Clinic Mukhaizna

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

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N = Normal	A = Anormal (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.	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	Color Vision
171	78	26.7	130/80 mmhg	74 /mins.	L N R N	DISTANT R L / NEAR R L Uncorrected C Corrected 6/6 6/6	√ 1. Normal 2. Abnormal

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
√		1. Urinalysis		√		7. Audiogram
√		2. Hb, Blood count, ESR				8. Lung Function
√		3. LFT, RFT, FBS ↑				9. Chest X-Ray
		4. Drug Screen		√		10. ECG
	√	5. Lipids (40 years +)		134,		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.)

Fit to work as per specialists reports

FIT

ASSESSMENT AND RECOMMENDATIONS:

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

Date: 27/6/2023 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

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

Peace Land Clinic Mukhaizna

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

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land
بلاد السلام

Epworth Screening Questionnaire for Sleep Apnoea		
NAME: DALVIR SINGH	COMPANY: TON.	
ID No: 72388832	OCCUPATION: HD DRIVER	
Mob.No: 96701083	GENDER: M / F	DATE: 29/06/2022

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

Signature: _____ Date: 29/06/2022

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ بوار العزيبة مبنى اراج الصحوة مبنى ٢ سلطنة عمان
P.O. Box 1403, Postal Code - 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117, 24617148, 24617149

Peace Land Clinic Mukhaizna

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	: 16093	Doc No	: 13938
Name	: DALVIR SINGH SUKHWINDER SINGH	Doc Date	: 2025-06-23T09:48:00
Age	: 50Y	Bill No	: 24622
Gender	: Male	Date	: 23/06/2025 09:48 AM
Nationality	: INDIAN	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 96701083	Ref.by	: SHAH FAISAL

TEST RESULT : PDOM PDO MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
PDO MEDICAL CHECKUP			
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	72 u/l	44-147 U/ L	
T. BILIRUBIN	0.8 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.3 mg / dl	up to 0.4 mg /dl	
IINDIRECT BILIRUBIN	0.5 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	20 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	32 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	5 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	32 mg / dl	10-50 mg /dl	
S.CREATININE	0.7 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	4.2 mg / dl	3.4 - 7.2 mg /dl	
FASTING BLOOD SUGAR	172 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	(+)		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC.			
PUS_CELLS	1-2		

Reported By:
Lab Technician

Sr. Lab Technologist

Printed at: 23/06/2025 09:51:14

Peace Land Clinic Mukhaizna

Verified By:
Lab Technician

Sr. Lab Technologist

Signed at: 23/06/2025 09:51:13

Approved By:
Lab Technician

Sr. Lab Technologist

Test	Result	Normal Range	Detailed Description
EPITHELIAL CELLS.	1-2		
RBCS	1-2		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA.	NIL		
OTHERS.	NIL		
COMPLETE BLOOD COUNT			
RBC	5 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	14.3 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	41 %	Male 42 -52 % Female 37 -47 %	
MCV	83 fl	76 - 96 fl	
MCH	29 pg	27 - 33 pg	
MCHC	34 %	32 36 %	
WBC COUNT	5300 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	45 %	40-75 %	
LYMPHOCYTE	43 %	20-45 %	
EOSINOPHIL	4 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
PLATELET	2.6 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
LIPID PROFILE			
Total Cholesterol	236 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	427 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	62 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	156 mg/dl	< 130 mg/dl	

Remarks:

PLMS MUKHAIZNA

'atient:16093 Reg.Dt: 23/06/202
lame: DALVIR SINGH SUKHWINDER SINGI
lender: Male Nationality: INDIAI
ge: 50Y Mar. Status: Marrie
ddress:

ID:
Operator: PEACELAND MEDICAL SERQT/QTc
Custom1:
Custom2:
Custom3:

Data for reference only:

HR	bpm	:	68
PR Interval	ms	:	199
P Duration	ms	:	91
QRS Duration	ms	:	79
T Duration	ms	:	176
QT/QTc	ms	:	346/368
P/QRS/T Axis	deg	:	55.9/27.7/46.7
R(V5)/S(V1)	mV	:	1.67/1.45
R(V5)+S(V1)	mV	:	3.11

<< Conclusions >>

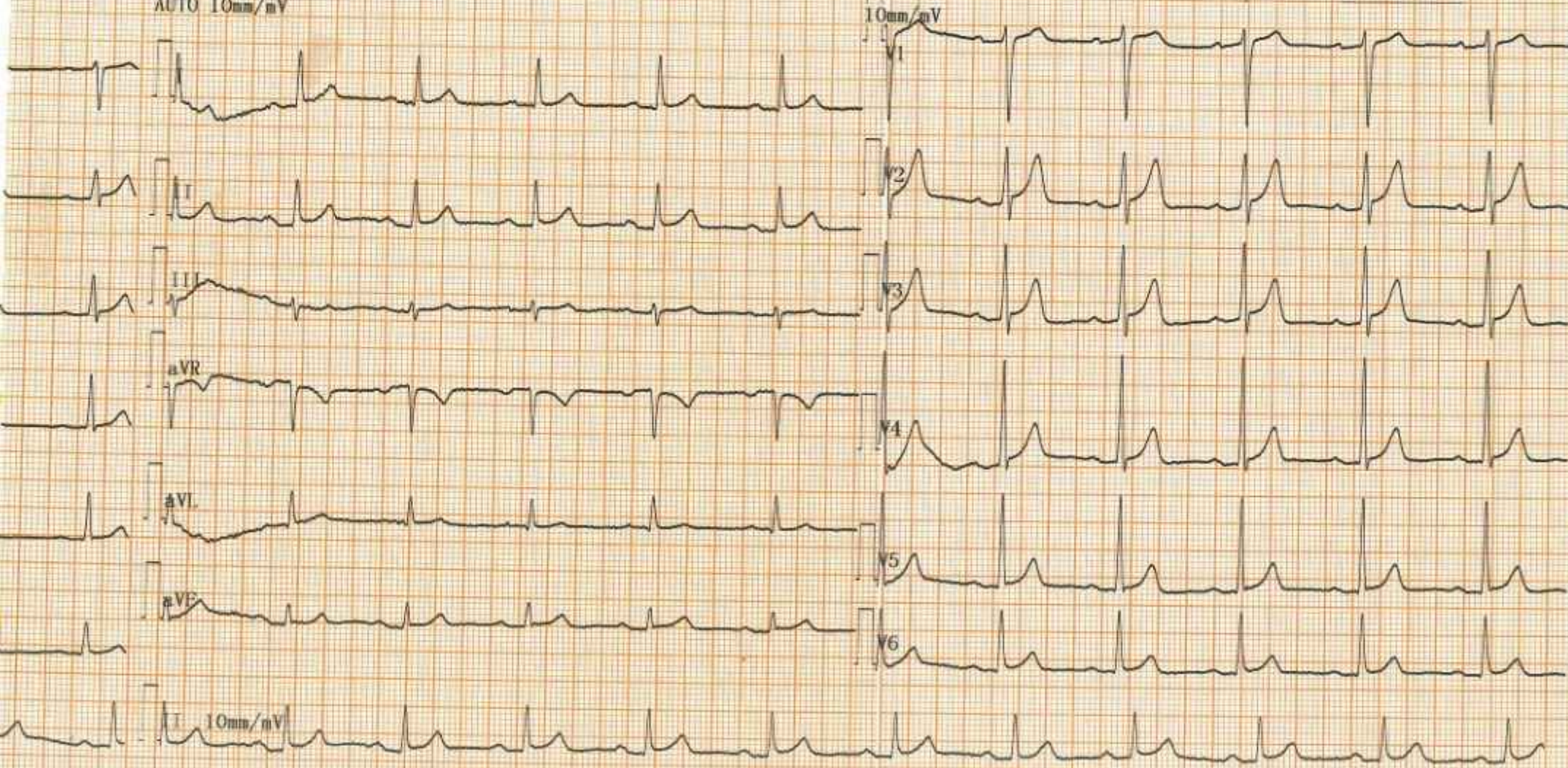
Normal Sinus Rhythm
Cardiac electric axis normal;

Report need physician confirm

Peace Land Clinic Muk. aizna

Physician:

AUTO 10mm/mV



25mm/s AC50Hz EMG30Hz DFT0.5Hz

بلاد السلام للخدمات الطبية ش.م.م
Peace Land Medical Services L.L.C

PATIENT ID: 16093

Estimated 10-year Global CVD Risk

Above 13.2%

Risk Category

High Risk

Estimated Vascular Age

60 Years

Treatment Guidelines

ATP-III (2004)
Treatment Targets

LDL <100 mg/dL (<2.59 mmol/L)
Non-HDL <130 mg/dL (<3.37 mmol/L)

CCS (2009)
Treatment Targets

LDL <2 mmol/L (<77 mg/dL) or ≥50 % decrease in LDL-C
apoB <0.8 g/L (80 mg/dL)

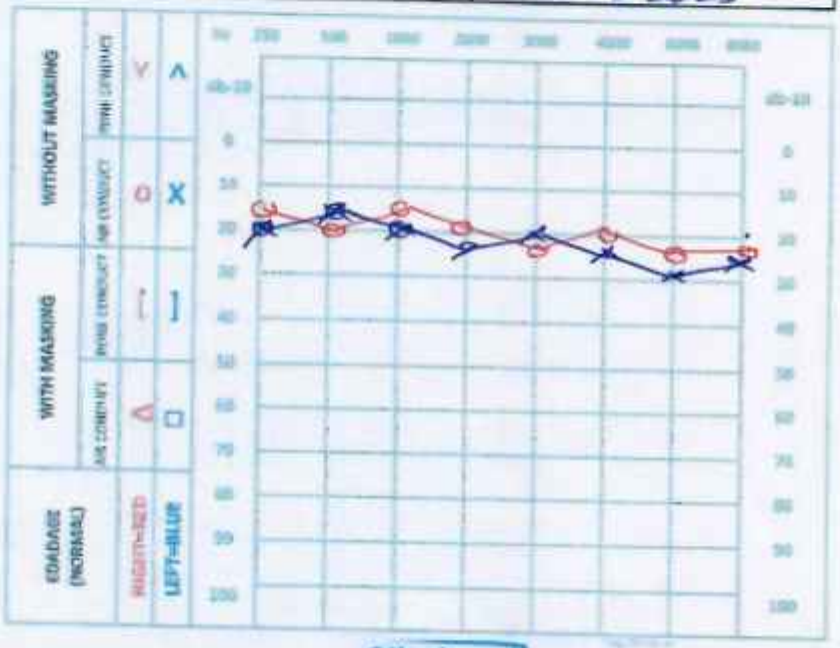
ESC (2007, see Info for more)
Treatment Targets

LDL <2-2.5 mmol/L (<80-100 mg/dL)
TChol <4-4.5 mmol/L (<155-175 mg/dL)

Peace Land Clinic Mukhaizna

AUDIOMETRY TEST REPORT

NAME: DALVIR SINGH	COMPANY: TON
AGE: 50 GENDER: M/F	OCCUPATION: HD DRIVER
REF. BY:	DATE: 23/08/2025



INTERPRETATION
O RIGHT EAR
X LEFT EAR

RESULT
☑ NORMAL
HEARING LOSS
☐ RIGHT
☐ LEFT

Peace Land Clinic Mukhaizna

مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data			
Name	DALVIR SINGH	Date	23-06-2025
I.D No.	72388832	Department/Company	TON
		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 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			FIT
Use of a respirator			
Repetitive twisting of valves or wrenches			
Flying			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			Date 27/6/2025
Name of health advisor Signature			

Peace Land Clinic Mukhaizna

DR. HAMMAD MD ISMAIL
GENERAL PRACTITIONER
MOH License No. 28078

nmc specialty hospital, al ghoubra

P.O BOX : 613, Postal Code : 133
AL-GHOUBRA
24504000

Fitness Certificate

Empno:
Date of issue : *26/06/2025*

Ref No : *0000101/FIT/NMC/2025*

This is to certify that Mr. / Mrs. *DALVIR SINGH SUKHWINDER SINGH* with file no *50036921 72388832* was *Examined* at *nmc specialty hospital, al ghoubra* on *26/06/2025* and will be *FIT TO WORK* from the medical point of view starting from *26/06/2025*

DIAGNOSIS
Z02.1-Encounter For Pre-Employment Examination

Remarks
FIT TO WORK

DR MUHAMMAD SIDDIQUI

Place: *nmc specialty hospital, al ghoubra*

(Hospital Seal)

Signature

DR. MUHAMMAD KAMRAN SIDDIQUI
Specialist - Interventional Cardiology
MOH Lic. No: 21471
nmc specialty hospital, Al Ghoubra

C.R. No: 1246387
RECEPTION
nmc specialty hospital, Al Ghoubra

DALVIR SINGH SUKHWINDER SINGH,
50036921

Patient Information

6/26/2025 11:30:01 AM
Bruce

ID: 50036921 Second ID: 2669275 Admission ID:

Date of Birth:
Age: 50 Years
Height:
Weight:
Gender: Male
Race: Unknown

Indications
CHECK UP

Medications
DM ON MED

Referring Physician: DR.MUHAMMED SIDDIQUI Location: Procedure Type: TMT

Attending Phy: DR.MUHAMMED SIDDIQUI
Technician: AISWARYA
Target HR: 145 bpm (85%)
Max HR(%MPHR): 164 bpm (96%)
Reasons for end: ACHEVED THR
Symptoms: NO SYMPTOMS

Diagnosis

Notes

Conclusions

The patient was tested using the Bruce protocol for a duration of 08:04 mm:ss and achieved 10.3 METs. A maximum heart rate of 164 bpm with a target predicted heart rate of 113% was obtained at 07:20. A maximum systolic blood pressure of 160/98 was obtained at 07:25 and a maximum diastolic blood pressure of 160/98 was obtained. The patient reached target heart rate with appropriate heart rate and blood pressure response to exercise. No significant ST changes during exercise or recovery. No evidence of ischemia. Normal exercise stress test.

Signed by:
Date:

Reviewed by:

UNCONFIRMED REPORT

nmc specialty hospital

DEPARTMENT OF LABORATORY MEDICINE

REPORT

File No:	50036921	**Report No:**	1052589		
Name:	DALVIR SINGH SUKHWINDER SINGH	**Sample Date:**	26/06/2025	**Time:**	10:39
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 50 Y **Nationality:** INDIAN	**Report Date:**	26/06/2025	**Time:**	12:26
GSM No.:	96701083 **ID Card No.:** 72388832	**Bill No:**	2669244	**Bill Date:**	26/06/2025
Ref. By:	DR SUNURAJ SIVARAJAN	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
LIPID PROFILE		
TOTAL CHOLESTEROL	6.42 mmol/L	< 5.2 mmol/L
HDL	0.97 mmol/L	MALE: > 1.0 mmol/L FEMALE: > 1.3 mmol/L
TRIGLYCERIDES	4.93 mmol/L	< 1.7 mmol/L
LDL	3.78 mmol/L	< 3.4 mmol/L
VLDL	2.24 mmol/L	< 0.77 mmol/L
NON HDL	5.45 mmol/L	<3.4mmol/L
FASTING BLOOD SUGAR	9.46 mmol/L	3.8-<5.6 mmol/L

Verified By:

10490
Lab Technologist
MOH License No:
Electronically signed at: 6/26/2025 12:26:00

Approved By:

DR SURESH VENUGOPAL
Specialist Pathologist
MOH License No: 5950
Electronically signed at: 26/06/2025 12:26:00

Printed at: 26/06/2025 2:50:20 PM

nmc specialty hospital, al ghoubra

P.O BOX : 613, Postal Code : 133AL-GHOUBRA
Phone : 24504000
Fax : 24501101
Email : nmc.ghoubra@nmcoman.com

Prescription

File No : **50036921** Date : **26/06/2025**

Name: **DALVIR SINGH SUKHWINDER SINGH** Age: **50 Y** Gender: **Male**

Address :

Omani ID/L.Card No : **72388832**

Company : Customer : **Truck Oman Llc (Credit)**

Policy No : Certificate No :

Nationality : **INDIAN** Phone : **96701083**

Sl No	Allergy

No h/o any allergies (NKA/NKDA)

℞

Sl No	Name	Duration	RO Admin	Quantity	Remarks
1	SYNJARDY Tab(Empagliflozin 12.5mg/ Metformin850mg)	1 Month		1	1 each 1 time per day for 1 month 2 BF
2	(ALOGLIPTIN 12.5,METFORMIN HYDROCHLORIDE 1000MG)VIPDOMET TAB 12.5/1000(Alogliptin/Metformin) 56's	1 Month		1	1 each 1 time per day for 1 month (ch dinner)
3	(ATORVASTATIN (calcium) 10 mg tablet)STORVAS TAB 10MG 30' 2. ✓	1 Month	Oral	30	Take 1 tablet 1 time per day for 1 month (N)
4	(FENOFIBRATE 145 mg tablet)NOLIP 145MG TAB (FENOFIBRATE) 3rd.	1 Month	Oral	30	Take 1 tablet 1 time per day for 1 month (N)
5	(LEVOTHYROXINE SODIUM 25 µg tablet)EUTHYROX 25MCG 4X25'S	2 Month	Oral	30	Take ½ tablet 1 time per day for 2 months (M) 30th Wife BF

26/06/2025 18:06:45

Name of Dr. & Signature

DR SUNURAJ SIVARAJAN
GENERAL MEDICINE

DR SUNURAJ SIVA
Specialist - Internal Medicine
MOH Lic. No. 1511