



PEACELAND MEDICAL CENTER

DEEPAK KUMAR SAT PAUL
P.I.D : 47484 Age 48Y Male B.No : 75520



Spec.ID : 96861 SERUM 10/04/25 11:49

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Place of examination: **MUSCAT** Date: **10/4/2025**

If a dependant enters employee's name here:

Surname:

Birth date **4/6/1976** Nationality: **INDIAN**

Male Female

Married Single Separated /Divorced

Address: **87243357**

Company Name: **TRUCK OMAN**

Home telephone number:

72059277

Forenames:

Country of birth: **INDIA**

Religion: **HINDU**

Wife Son Daughter

Number of children: **2**

Reason for examination

Pre-Employment

Job: **DRIVER**

PDO medical

Pre-Overseas

Area:

Name and address of family doctor

List your last 3 jobs

(1)

(2)

(1)

(2)

(3)

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

How much tobacco each day? **No**

Average daily alcohol consumption

No

Have you ever taken elicited drugs? (X)

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 if required, and the details sent to my own doctor if this is considered necessary by the examining medical officer. I am also aware that PDO reserve the right to dismiss me if it was found that I have purposely withheld important medical information

Date: **10/4/2025**

Signature of Applicant: **Deepak**



PEACELAND MEDICAL CENTER

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N = Normal A = Abnormal (please describe)		PHYSICAL EXAMINATION										
N	A											
✓	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 bpm	HEARING L R	VISION Uncorrected Corrected	DISTANT R L	NEAR R L	Colour Vision	Blood Group		
172	98	33	136 86	84	N N		60/160/160	16/16	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 SR uRAD IRBBBD	
✓	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.)

- High triglyceride Level :- plan for Diet Control + Exercise
- Repeat Lipid profile after 3 months.
- Obesity - for LSPM.

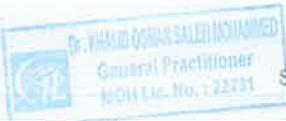
ASSESSMENT:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT

UNFIT

FIT

Date: 10/04/2025 Name (Block Capitals): Dr / Nurse



Signature:



REVIEW/CONSULTATION

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

Signature:



مركز بلاد السلام الطبي

Peace Land Medical Center

Peace Land
بلاد السلام

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 10/4/2025
Name: DEEPAK KUMAR SAT PAUL PID : 47484 Age 48Y Male B.No : 75520		Department/Company: TRUCK OMAN
I. D No.	Spec.ID : 96861 SERUM 10/04/25 11:49	Occupation : DRIVER
<p>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.</p>		
<p>How likely are you to fall asleep in the following situations? (use 0 to 3 score as shown below)</p>		
<p>0 Would never doze 1 Slight chance of dozing 2 Moderate chance of dozing 3 High chance of dozing</p>		
<p><input checked="" type="radio"/> sitting and reading <input checked="" type="radio"/> watching TV <input checked="" type="radio"/> sitting inactive in a public place (e.g. theatre or meeting) <input checked="" type="radio"/> as a passenger in the car for an hour without a break <input checked="" type="radio"/> Lying down to rest in the afternoon when circumstances permit <input checked="" type="radio"/> Sitting a talking with someone <input checked="" type="radio"/> Sitting quietly after lunch without alcohol <input checked="" type="radio"/> In a car, while stopped for a few minutes in traffic</p>		
<p>Total <input checked="" type="radio"/></p>		
<p>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.</p>		
<p>Declaration: I, <u>DEEPAK</u> (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.</p>		
<p>Signature: <u>Deepti</u> Date: 10/4/2025</p>		





DEPARTMENT OF LABORATORY

Patient ID	: 47484	Doc No	: 58377
Name	: DEEPAK KUMAR SAT PAUL	Doc Date	: 10/04/2025 16:07
Age, Gender	: 48Y, Male	Bill No	: 75520
Nationality	: INDIAN	Bill Date	: 10/04/2025 11:01
GSM No	: 72059277	Approved Date	:
Doctor's Name	: DR.SHIMA	Collected Time	: 10/04/2025 11:49
Customer	: TRUCK OMAN NORTH- OXY DIV	Received Time	: 10/04/2025 11:49

Test	Result	Unit	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS			
COMPLITE BLOOD COUNT			
RBC	4.8	$\times 10^{12}/L$	Male 4.38 -6.0 $\times 10^{12}/L$ Female 4.0- 5.2 $\times 10^{12}/L$
HAEMOGLOBIN	13.1	gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	39.9	%	Male 39.30 -50.00 % Female 37 -47 %
MCV	84	fL	84-94 fL
MCH	27.2	pg	27 - 33 pg
MCHC	32.5	g/dL	29.6 - 35.6 %
WBC COUNT	5.5	$\times 10^{9}/L$	4.0 - 11.0 $\times 10^{9}/L$
DIFFERENTIAL COUNT			
NEUTROPHIL	67	%	40-70 %
LYMPHOCYTE	24	%	20-45 %
EOSINOPHIL	03	%	1-6 %
MONOCYTE	06	%	2-8%
BASOPHIL	00	%	0-1%
PLATELET	234	$\times 10^{9}/L$	150 - 450 $\times 10^{9}/L$
SICKLE CELL TEST	NEGATIVE		
LIVER FUCTION TEST			
ALKALINE PHOSPHATASE	69	U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.88	mg/dL	0 - 2.0 mg/dL
S.G.O.T.	27.8	U/L	0 - 35.0 U/L
S.G.P.T.	29.1	U/L	10 - 45 U/L
ALBUMIN.	4.72	g/dL	3.50 - 5.20 g/dL
TOTAL PROTEIN.	6.88	g/dL	6 - 8 g/dL
S. BILIRUBIN DIRECT	0.18	mg/dL	0.0 - 0.20 mg/dL
RENAL FUNCTION TEST			
UREA	34.7	mg/dL	18.0 - 55.0 mg/dL
S.CREATININE	0.86	mg/dL	0.70 -1.30 mg/dL
S.URIC ACID	7.1	mg/dL	3.5 - 7.2 mg/dL
LIPID PROFILE.			

Remarks:

Reported By:
Lab Tech

Verified By:
Lab Tech

Approved By:
Lab Tech

Sr. Lab Technologist

Sr. Lab Technologist

Printed at: 10/04/2025 16:07:08





DEPARTMENT OF LABORATORY

Patient ID	: 47484	Doc No	: 58377
Name	: DEEPAK KUMAR SAT PAUL	Doc Date	: 10/04/2025 16:07
Age, Gender	: 48Y, Male	Bill No	: 75520
Nationality	: INDIAN	Bill Date	: 10/04/2025 11:01
GSM No	: 72059277	Approved Date	:
Doctor's Name	: DR.SHIMA	Collected Time	: 10/04/2025 11:49
Customer	: TRUCK OMAN NORTH- OXY DIV	Received Time	: 10/04/2025 11:49
Test	Result	Unit	Normal Range
Total Cholesterol	193	mg/dl	0.0 - 200 mg/dl
Triglyceride	200	mg/dl	0.0 - 150 mg/dl
HDL - CHOL	58.5	mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	95	mg/dl	< 100 mg/dl
VLDL	40	mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	96	mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5	ml	
Colour	Yellow		
Sp. Gravity	1.010		
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	1-2		
RBC	0-1		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NIL		
OTHERS	NIL		

Remarks:

Reported By:
Lab Tech

Sr. Lab Technologist

Verified By:
Lab Tech



Sr. Lab Technologist

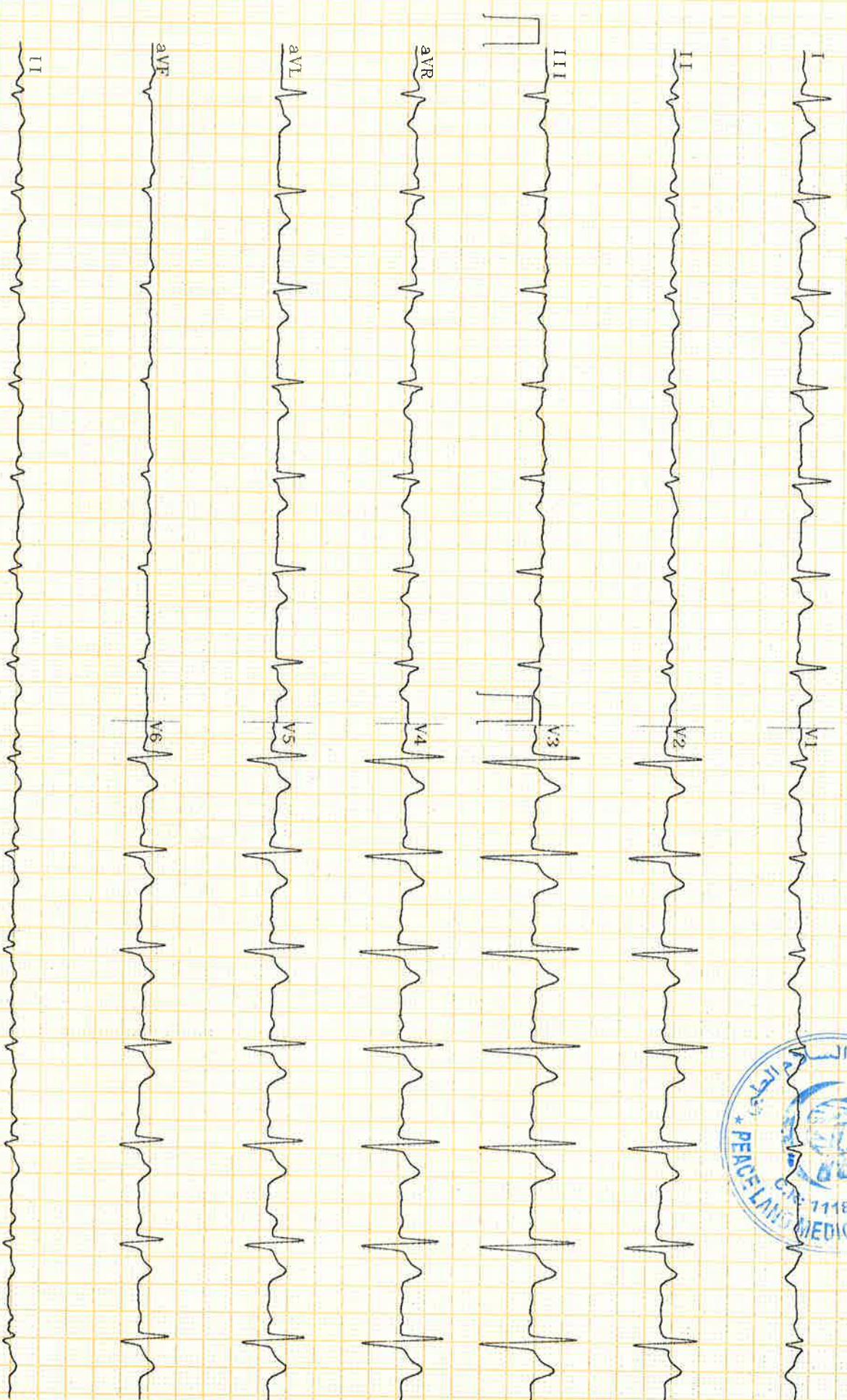
Approved By:
Lab Tech

Prescribed by:

DEEPAK KUMAR SAT PAUL
PID: 47484 Age: 48Y Male B.No: 75520

SpecID: 96861 SERUM 10/04/25 11:49


Heart Rate: 85bpm
PR Int.: 156 ms
QRS Dur.: 108 ms
QT/QTc: 354 / 421 ms
P-R-T axes:
59 -28 -3



0.1Hz - 100Hz, AC50Hz, EMG.

All Channels: 10.0mm/mV, 25.0mm/sec.

CARDIO-M

Ver5.10M.30

Medical Econet GmbH

Results



Estimated 10-year Global CVD Risk

5.6%

Risk Category

Low Risk

DEEPAK KUMAR SAT PAUL
P.ID : 47484 Age 48Y Male B.No : 75520



Spec.ID : 96861 SERUM 10/04/25 11:49

Estimated Vascular Age

45 Years

Treatment Guidelines

ATP-III (2004)

Treatment Targets

LDL <160 mg/dL (<4.14 mmol/L)

Non-HDL <190 mg/dL (<4.93 mmol/L)

CCS (2009)

Initiate Pharmacotherapy if

LDL >5 mmol/L (>193 mg/dL)

TChol/HDL-C >6 mmol/L (>231 mg/dL)

Treatment Targets

≥50 % decrease in LDL-C

ESC (2007, see Info for more)

Treatment Targets

LDL <3 mmol/L (<120 mg/dL)

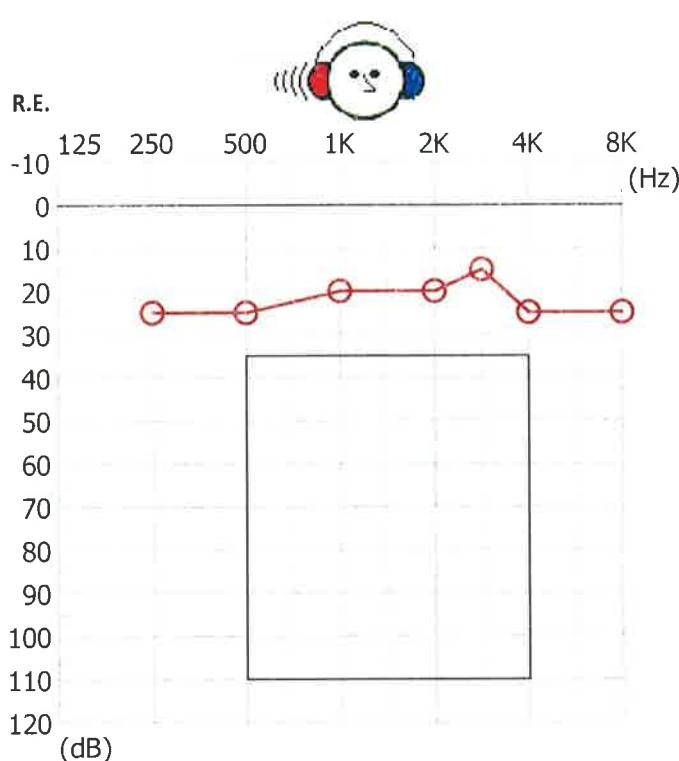
TChol <5 mmol/L (<194 mg/dL)



AUDIOLOGY REPORT

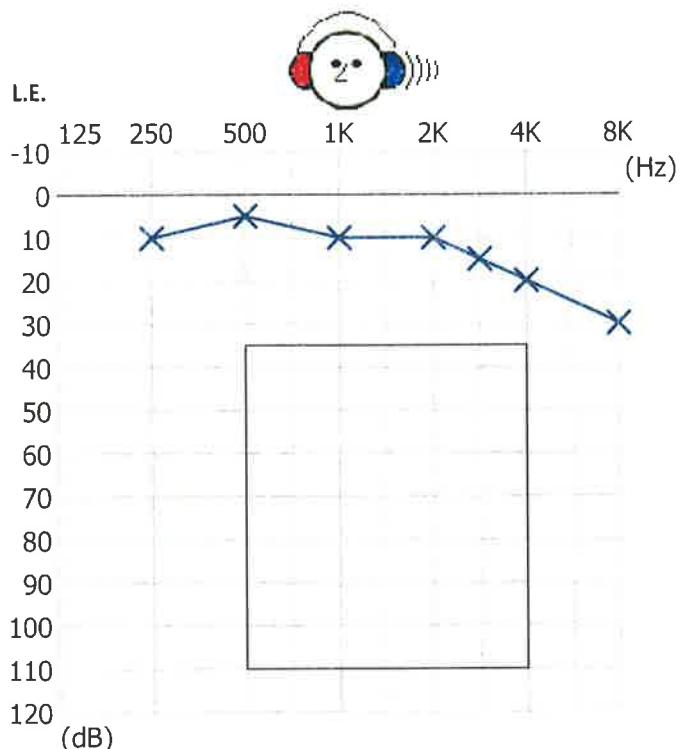
Name: DEEPAK KUMAR SAT PAUL
Age(y): 47
Sex: Male
Height (cm): 175
Weight(Kg): 75
BMI: 25

PID : 47484 Age 48Y Male B.No : 75520
Spec.ID : 96861 SERUM 10/04/25 11:49



SIBELMED W50

Test date: 10/04/2025
Reference: 47484
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	20.0	10.0
Bilateral Loss (%)	0.0	

Right ear Normal
Left ear Normal

COMMENTS:

No Masking	R.E.	L.E.	With Masking	R.E.	L.E.
Air	○	×	Air	△	□
Bone	<	>	Bone	■	■
F.Field	∅	※			
No response	○	×			





مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

DEEPAK KUMAR SAT PAUL
P.I.D : 47484 Age 48Y Male B.No : 75520

Employee Data	Date	10/04/2025
Name	Department/Company	Truck owner
I.D No.	Occupation	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)		
<i>The employee is fit for above work but should avoid the following task(s)</i>	<i>Temporary restriction</i>	<i>Permanent restriction</i>
Work near moving machinery or sharp edges		
Working at height		
Pulling, 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 (Specify)		
Temporary Unfit until		
Permanently Unfit	Date	10/04/2025
Name of health advisor Signature		

