



# PEACELAND MEDICAL CENTER

DEEPAK KUMAR SAT PAUL  
PID : 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: <b>MUSCAT</b>		Date: <b>10/4/2025</b>	
If a dependant enters employee's name here: Surname:		Forenames:	
Birth date: <b>4/6/1976</b>		Nationality: <b>INDIAN</b>	Country of birth: <b>INDIA</b>
Religion: <b>HINDU</b>		Number of children: <b>2</b>	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced	
Reason for examination <input checked="" type="checkbox"/> Pre-Employment		Job: <b>DRIVER</b>	
PDO medical <input type="checkbox"/> 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	
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. Painful passage of urine	
12. Stomach ulcer		32. Diabetes	
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	
HAVE YOU EVER BEEN: -			
41. Rejected for employment or insurance for medical reasons		✓	
42. Awarded benefits for industrial injury/illness		✓	
43. Treated for a mental condition, e.g. depression		✓	
44. Treated for problem drinking or drug abuse		✓	
45. Exposed to toxic substance or noise		✓	
FOR WOMEN ONLY			
Have you ever had:-			
46. An abnormal smear			
47. Any gynaecological treatment			
48. Are you pregnant?			
49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE			
How much tobacco each day? <b>No</b>			
Average daily alcohol consumption <b>No</b>			
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: <b>10/4/2025</b>		Signature of Applicant: <b>Deepak Kumar</b>	



## PEACE LAND 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	HEARING	VISION	DISTANT	NEAR	Colour Vision	Blood Group	
172		98		33	136 86	84/min.	L N R N	Uncorrected Corrected	R L 6/16 6/16	R L 	(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 no AD IRBBB				
	✓	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 LFT.

**ASSESSMENT:**

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

**FIT**

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



Signature: عمار



**REVIEW/CONSULTATION**

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

Signature:






# مركز بلاد السلام الطبي

## Peace Land Medical Center

### Epworth Screening Quest. for Sleep Apnoea

<b>Employee Data</b>	<b>DEEPAK KUMAR SAT PAUL</b> PID : 47484 Age 48Y Male B.No : 75520	Date: 10/4/2025
Name:		Department/Company: TRUCK OMAN
I. D No.	Spec.ID : 96861 SERUM 10/04/25 11:49	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

<input type="radio"/>	sitting and reading
<input type="radio"/>	watching TV
<input type="radio"/>	sitting inactive in a public place (e.g. theatre or meeting)
<input type="radio"/>	as a passenger in the car for an hour without a break
<input type="radio"/>	Lying down to rest in the afternoon when circumstances permit
<input type="radio"/>	Sitting a talking with someone
<input type="radio"/>	Sitting quietly after lunch without alcohol
<input type="radio"/>	In a car, while stopped for a few minutes in traffic
Total	<input type="radio"/>

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

Signature: Deepak Date: 10/4/2025



DEPARTMENT OF LABORATORY

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

Test	Result	Unit	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS			
COMPLITE BLOOD COUNT			
RBC	4.8	x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	13.1		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	x 10^9/L	4.0 - 11.0 x 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	x 10^9/L	150 - 450 x 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: 10/04/202516:07:08





DEPARTMENT OF LABORATORY

**Patient ID** : 47484  
**Name** : DEEPAK KUMAR SAT PAUL  
**Age, Gender** : 48Y, Male  
**Nationality** : INDIAN  
**GSM No** : 72059277  
**Doctor's Name** : DR.SHIMA  
**Customer** : TRUCK OMAN NORTH- OXY DIV

**Doc No** : 58377  
**Doc Date** : 10/04/2025 16:07  
**Bill No** : 75520  
**Bill Date** : 10/04/2025 11:01  
**Approved Date** :  
**Collected Time** : 10/04/2025 11:49  
**Recieved 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

Verified By:  
Lab Tech

Approved By:  
Lab Tech

Sr. Lab Technologist



Sr. Lab Technologist

Printed at: 10/04/202516:07:08

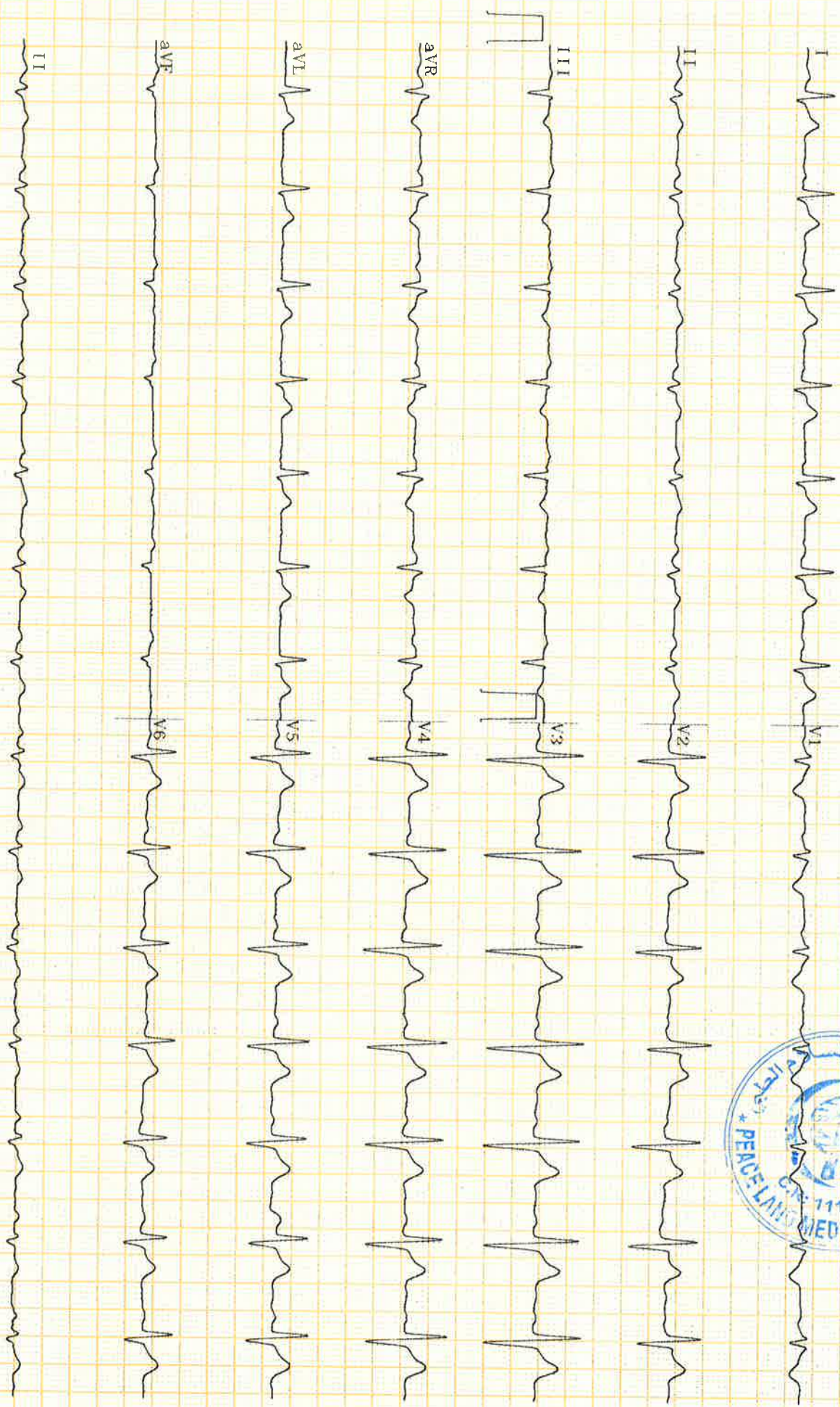


DEEPAK KUMAR SAT PAUL  
 PID: 47484 Age 48Y Male B.No: 75520  
 SpecID: 96861 SERUM 10/04/25 11:49

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



Prescribed by:



0.1Hz- 100Hz, AC50Hz, EMG.

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

CARDIO-M Ver5.10M.30 Medical Ecomet GmbH.



## Results

### Estimated 10-year Global CVD Risk

5.6%

### Risk Category

Low Risk

### 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)





## AUDIOMETRY REPORT

Name:

Age(y):

Sex:

Height (cm):

Weight(Kg):

BMI:

DEEPAK KUMAR SAT PAUL

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:

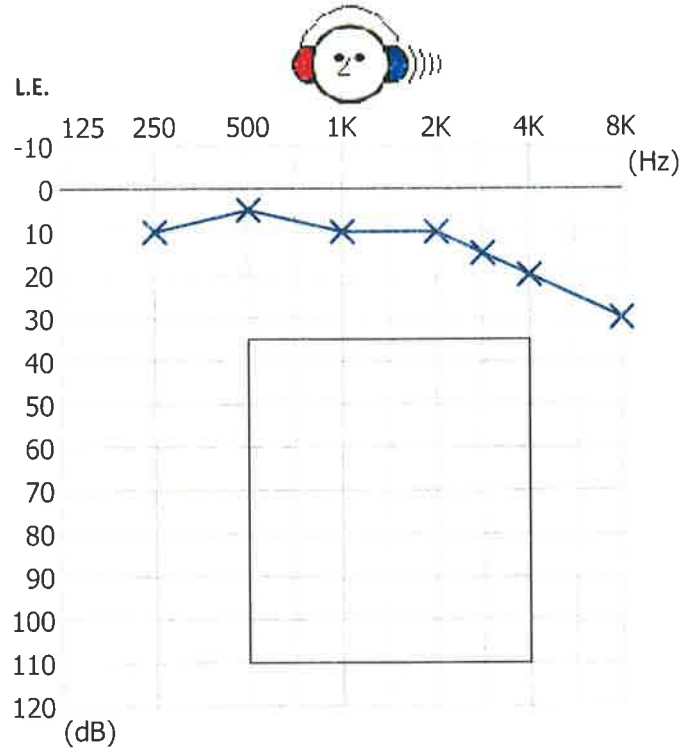
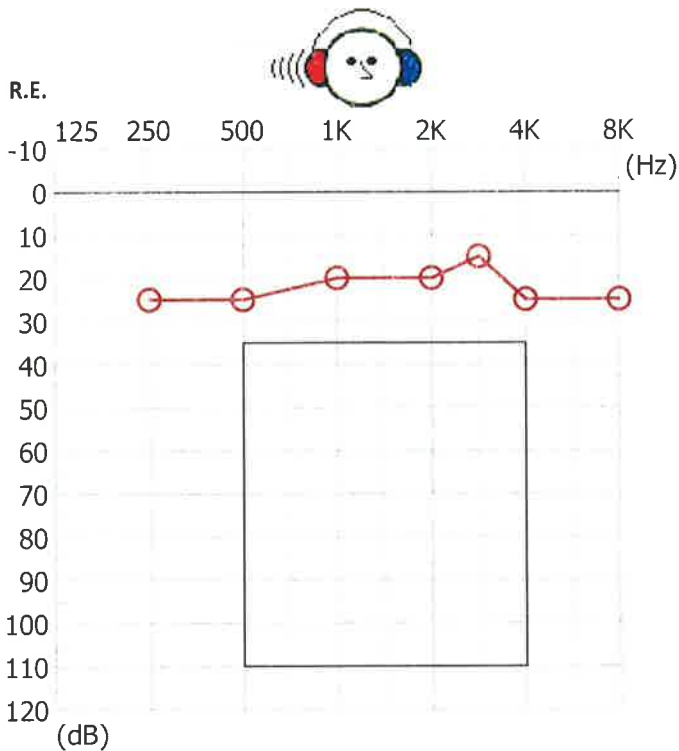
Reason:

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

Employee Data		Date: 10/04/25		
Name: DEEPAK KUMAR SAT PAUL PID: 47484 Age 48Y Male B.No: 75520		Department/Company: Truck company		
I.D No. SpecID: 96861 SERUM 10/04/25 11:49		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)				
The employee is fit for above work but should avoid the following task(s)	Temporary restriction	Permanent restriction	FIT	
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				Date: 10/04/2025
Permanently Unfit				
Name of health advisor Signature				