تـرك عـمـان
TRUCKOMAN

Schlumberger

Medical Fitness Certificate

Name of the Examined employee: SUKHWANT SINGH

Age: 50

ID NUMBER:

Job Title:

Date of Medical Examination: 23.09.2021

Examining Physician:

Medical Centre: APOLLO HOSPITAL MUSCAT

Company:

Assessment Result:

Fit to work without restrictions

This Certificate is valid for 2 years from the date of medical examination

Fitness Classifications:

- Fit to work without restrictions
- Fit to work with restriction
- Unfit to work Temporarily of Definitely

Restrictions List:

R1: Unfit to work offshore, on marine vessels and in remote locations.
R2: Unfit for Lifting and strenuous efforts.
R3: Unfit to work in certain countries, check with geomarkethealth advisor.
R4: Unfit to work in jobs requiring precise color vision.
R5: Unfit to work in job with high level of noise.
R6: Unfit to work in high risk of malaria countries.
R7: Unfit to work in extreme heat.
R8: Unfit to work in extreme cold.
R9: Contact Geomarket health advisor/international medical coordinator – there exist specific restriction.
R10: Unfit to work for a temporarily of time until further notice.
R11: Unfit to work in jobs requiring good visual acuity (eg: driving company vehicle).
R12: Fit only for defined period of time (1, 3 or 6 months) and must be reassessed and fitness redefined.
R13: Unfit to drive company vehicle.
R14: Unfit to fly long haul flights.
R15: Unfit to work in heights and confined spaces.

Examining Physician Stamp and signature

Dr. T.M. SATISH BABU
MBBS, MD(Int. Medicine)
Specialist - Internal Medicine
MOH Lic. # - 8673
APOLLO HOSPITAL

Hospital/Clinic Seal

Apollo HOSPITALS
Sultanate of Oman, C.R. 1792547
APOLLO HOSPITAL MUSCAT

Schlumberger

CONFIDENTIAL MEDICAL

TO BE COMPLETED BY THE EMPLOYEE

Med-check History Form		Name:	SUKHWANT SINGH
		GIN #	722045375 6465
Place of examination: AIIMS	Date: 23/9/2021	Mobile #:	9424648483
Age: 50Y	Nationality: INDIAN	Blood Group	O+
☑ Male ☐ Female	☑ Married ☐ Single ☐ Separated /Divorced	Number of children:	2

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

How much tobacco each day? NIL — Average daily alcohol consumption: NIL

Have you ever taken elicited drugs? ✗

FAMILY HISTORY: Diabetes ✓ Tuberculosis ✗ Epilepsy ✗ Asthma ✗ Eczema ✗
Heart disease ✓ High blood pressure ✓ Stroke ✗ Blood Disease ✓ Cancer ✗

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's Doctors, and the details sent to them by the examining Doctor.

Date: 23/9/2021

Signature of Applicant:

Schlumberger

CONFIDENTIAL MEDICAL

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

PHYSICAL EXAMINATION IF ABNORMAL, PLEASE DETAIL

Visual Fields:		Color Vision:	Normal.
Speech:		Whisper test:	
Near Vision Right eye:	N/6	Near Vision Left eye:	N/6
Distant Vision Left eye:	6/6	Distant Vision Right eye:	6/6

Height: 168.	Weight: 62.5	BMI: 22.1	BP: 140/90	Pulse: 98/mts

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			

Schlumberger

CONFIDENTIAL MEDICAL

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

Name:	Age:	Sex	Company	GIN
SUKHWANT SINGH	50	M	TRUCKOMAN	

Past Medical History:	Blood Group

Allergies:			
Vaccination		Date of Initial Injection	Booster Due Date
Hepatitis A:			
Hepatitis B:			
Typhoid Fever			
Influenza			

Tests Results	
Audiogram:	NORMAL
DSU 5 Panel	NEGATIVE

ECG:	WNL
Chest X-Ray	WNL

Blood Investigations:					
RBCs	4.28	4.20-6.30 X10^9/UL	SGOT	33.50	Male:10-50 Female:10-35 U/L
WBCs	6.78	4.0-11.0X10^3/UL	SGPT	21.30	Male:Up to 41 Female:10-35 U/L
NEUTRO	50.60	37-72%	GGT	9.80	0-50/UL
EOSINO	1.50	0-6%	FBS:	99.70	60-110 mg/dl
BASO	0.40	0-1%	CHOLESTEROL:	170	Up to 200 mg/dl
LYMPHO	38.10	10-55%	HDL	56.10	30-60 mg/dl
MONO	9.40	0-14%	LDL	99.08	Upto 130 mg/dl
HEMATOCRIT	40.50	37-51%	TRIGLYCERIDES	74.10	35-175 mg/dl
HEMOGLOBIN	12.90	Male: 13.5-18.0 Female:11.5-16.0 g/dl	CREATININE	1.56	Male: 0.7-1.2 mg/dl Female: 0.5 -0.9mg/dl
ESR	08	Male: 0-10 mm/hr Female: 0-20 mm/hr	URIC ACID		Male: 3.6-7.7 mg/dl Female: 2.5-6.8 mg/dl

SICKLE CELL - NEGATIVE

Urine Analysis			
Blood	NEGATIVE	Sugar	NEGATIVE
Albumin	NEGATIVE	Others	NORMAL

Stool Analysis			
Parasites	NIL	Blood:	NIL

Framingham Score – 2.9%.

Comments	Needs working for raised creatinine, (needs physician consult) → done

Examining Physician:

HTN (4 mon) / Early Nephropathy

Adv 1) LSM/ Medicines

2) Please repeat RFT after 1 Month

25/04/21

Dr. T.M. SATISH BABU
MBBS, MD(Int. Medicine)
Specialist - Internal Medicine
MOH Lic. # : 8673

Hospital/Clinic Seal

Apollo Hospitals
Sultanate of Oman, C.R.: 1179547
APOLLO HOSPITAL MUSCAT

Schlumberger-Private

DEPARTMENT OF LABORATORY SERVICES

File No:	0286354	**Report No:**	0480716		
Name:	SUKHWANT SINGH	**Sample Date:**	23/09/2021	**Time:**	11:57
		Received Date:	23/09/2021	**Time:**	11:57
Address:		**Report Date:**	23/09/2021	**Time:**	13:05
Gender:	M **Age:** 50 Y **Nationality:** INDIAN	**Bill No:**	1013700	**Bill Date:**	23/09/2021
GSM No.:	94246483 **ID Card No.:** 72204375	**Company:**	TRUCK OMAN LLC		
Doctor:	DR.FERDOUS ARA RAHIM				

INVESTIGATION	RESULT	REFERENCE RANGE
TRUCK OMAN PRE-EMPLOYMENT CHECK UP		
Fasting Blood Glucose	99.70 mg/dL	ADA Guidelines Normal <100 mg/dl Pre Diabetes 100-125 mg/dl Diabetes >126 mg/dl
ESR	08 mm/hr	Male : 0-10 mm/hour Female: 0-20 mm/hour
S.Creatinine	↑ **1.56 mg/dL**	Male : 0.7 - 1.2 mg/dl Female : 0.5 - 0.9 mg/dl
Sickle cells (Screen)	Negative	
CBC		
WBC COUNT	6.78 10^3uL	4.0-11.0x10^3/mm^3
RBC	4.28 10^6/uL	4.20 - 6.30 10^6/uL
HGB	**12.90 g/dl**	male 13.5 -18.0 g/dl female 11.5 -16.0 g/dl
HCT	40.50 %	37.0 - 51.0 %
MCV	94.60 fL	80.0 - 97.0 fL
MCH	30.10 pg	26.0 - 32.0 pg
MCHC	31.90 g/dL	31.0 - 36.0 g/dL
RDW	**14.60 %**	11.0 - 14.5 %
NEUT#	3.43 10^3/uL	1.50 - 7.00 10^3/uL
LYMPH#	2.58 10^3/uL	0.60 - 4.10 10^3/uL
MONO#	0.64 10^3/uL	0.00 - 0.70 10^3/uL
EOS#	0.10 10^3/uL	0.00 - 0.40 10^3/uL
BASO#	0.03 10^3/uL	0.00 - 0.10 10^3/uL

Reported By: Md Rashid Pervez

M RASHID PERVEZ
Lab Technologist

Verified By:

Dr. Mohammed Atif Syed
Specialist Pathologist

MOH License No:
Printed at: 23/09/2021 5:41:17 PM

س.ت ، ١٧٩٢٥٤٧، ص.ب ، ١٠٩٧، الحمرية، الرمز البريدي ، ١٣١، سلطنة عمان. هاتف : ٢٤٧٨٧٧٦٦ (٩٦٨+)، فاكس ، ٢٤٧٠٠٠٩٣ (٩٦٨+)، البريد الإلكتروني : info@apollomuscat.com
C.R. No.: 1792547, P.O. Box : 1097, Al Hamriya, P.C.: 131, Sultanate of Oman, Tel. (+968) 24787766 (5 Lines), Fax : (+968) 24700093, E-mail : info@apollomuscat.com

Apollo HOSPITALS TOUCHING LIVES

مستشفى ابولو مسقط ش.م.م

Apollo Hospital Muscat L.L.C

Associated to Apollo Hospital group India بالتنسيق مع مجموعة مستشفيات ابولو بالهند

NAME	: SUKHWANT SINGH	**AGE**	: 50 Y(25/05/1971)
GENDER	: Male	**PATIENT ID**	: 286354
COMPANY	: TRUCK OMAN LLC (Credit)	**DATE**	: 25/09/2021 12:37 PM
CONSULTANT	: DR.FERDOUS ARA RAHIM	**BILL NO**	: 1013700
BILL DATE	: 23/09/2021		
TEST NAME	: CHEST PA		

RADIOGRAPH CHEST PA VIEW

OBSERVATION :

Trachea appears to be in mid line.

Bilateral lung fields appear clear. No mass lesion or opacification.

Bilateral costophrenic and cardiophrenic angles appear normal.

Bilateral hilum appears symmetrical and normal in size.

Cardiac silhouette appears within normal limits.

Bony thoracic appears normal.

No Soft tissue mass or calcification can be seen

IMPRESSION:

Unremarkable chest radiograph

Please correlate clinically & other investigation.

Please note: This is a imaging study and has its own limitations. This is a opinion based on image interpretation and it is not a diagnose on itself .Impression should be considered as professional opinion & correlated with clinical evidence ,reconfirmed by further investigations and relevant data as indicated .If possible the findings should be reconfirmed on higher resolution imaging, special sections and sequences and with other modalities.

Dr. WASSAN ABDUL REHMAN
SPECIALIST - RADIOLOGIST
MOH Licence No.: 14883
Apollo Hospital Muscat

DR. WASSAN A KHUDHAIR AL SAEDI

info@apollomuscat.com ، البريد الإلكتروني ، ص.ب : ١٧٩٢٥٤٧ ، ص.ب ، ١٠٩٧ ، الحمرية، الرمز البريدي ، ١٣١ ، سلطنة عمان هاتف : ٢٤٧٨٧٧٦٦ (٩٦٨+) فاكس : ٢٤٧٠٠٠٩٣ (٩٦٨+)

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VATIN : OM1100036100 رقم تعريف ضريبة القيمة المضافة : OM ١١٠٠٠٣٦١٠٠

DEPARTMENT OF LABORATORY SERVICES

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GSM No.:	94246483 **ID Card No.:** 72204375	**Company:**	TRUCK OMAN LLC		
Doctor:	DR.FERDOUS ARA RAHIM				

INVESTIGATION	RESULT	REFERENCE RANGE
NEUT%	50.60 %	37.0 - 72.0 %
LYMPH%	38.10 %	10.0 - 58.5 %
MONO%	9.40 %	0.0 - 14.0 %
EOS%	1.50 %	0.0 - 6.0 %
BASO%	0.40 %	0.0 - 1.0 %
PLATELET	211.00 10^3/uL	140 - 440 10^3/uL
LFT		
Total Bilirubin	0.64 mg/dL	Up to 1.1 mg/dL
Direct Bilirubin	0.14 mg/dL	Up to 0.3 mg/dL
Indirect Bilirubin	0.5 mg/dL	0.2 - 0.8 mg/dL
AST (SGOT)	33.50 U/L	Men : 10 - 50 U/L Female : 10 - 35 U/L
ALT (SGPT)	21.30 U/L	Men : Up to 41 U/L Female : 10 - 35 U/L
ALP	69.60 U/L	Men : 40 - 129 U/L Female : 35 - 104 U/L
Total Protein	7.70 g/dL	6.6 - 8.7 g/dlL
Albumin	4.50 g/dL	3.4 - 4.8 g/dL
Globulin	3.2 g/dL	1.8 - 3.6 g/dL
GGT	9.80 U/L	0 - 50 U/L
A:G Ratio	1.40625	1.1-1.8
LIPID PROFILE		
Total Cholesterol	170.00 mg/dL	< 200 mg/dL
Triglyceride	74.10 mg/dL	<150 mg/dl

Reported By:

Md Rashid Pervez

M RASHID PERVEZ
Lab Technologist

Verified By:

Dr. Mohammed Atif Syed
Specialist Pathologist

MOH License No:
Printed at: 23/09/2021 5:41:17 PM

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GSM No.:	94246483 **ID Card No.:** 72204375	**Company:**	TRUCK OMAN LLC		
Doctor:	DR.FERDOUS ARA RAHIM				

INVESTIGATION	RESULT	REFERENCE RANGE
HDL - CHOL	**56.10 mg/dl**	>45 mg/dl
LDL - CHOL	99.08 mg/dl	<100 mg/dl
Total Chol/HDL Chol ratio	3.03	Desirable < 4
URINE DRUG SCREEN		
Amphetamine (AMP)	Negative	Negative
Barbiturates (BAR)	Negative	Negative
Cocaine (COC)	Negative	Negative
Morphine (MOR)	Negative	Negative
Marijuana (THC)	Negative	Negative
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	30 ml	
Colour	Pale yellow	
Sp. Gravity	1.020	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Glucose	Negative	
Protein	Negative	
Ketones	Negative	
Blood	Negative	
Bilirubin	Negative	
Urobilinogen	Normal	
Nitrite	Negative	

Reported By:

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Gender:	M **Age:** 50 Y **Nationality:** INDIAN	**Bill No:**	1013700	**Bill Date:**	23/09/2021
GSM No.:	94246483 **ID Card No.:** 72204375	**Company:**	TRUCK OMAN LLC		
Doctor:	DR.FERDOUS ARA RAHIM				

INVESTIGATION	RESULT	REFERENCE RANGE
MICROSCOPIC		
Pus Cell	1 - 2 Cells/hpf	
RBC	NIL	
Epithelial Cells	Few cells/hpf	
Casts	NIL	
Crystals	NIL	
Others	NIL	
STOOL ROUTINE ANALYSIS		
PHYSICAL		
Colour	Brownish	
Consistency	Soft	
Reaction	Alkaline	
MICROSCOPIC		
Ova:	NIL	
Cyst:	NIL	
Pus Cells:	0-2 Cells/hpf	
RBCs	NIL Cells/hpf	
Others	NIL	

Rechecked/Creatinine high value noted.

Reported By:

M RASHID PERVEZ
Lab Technologist

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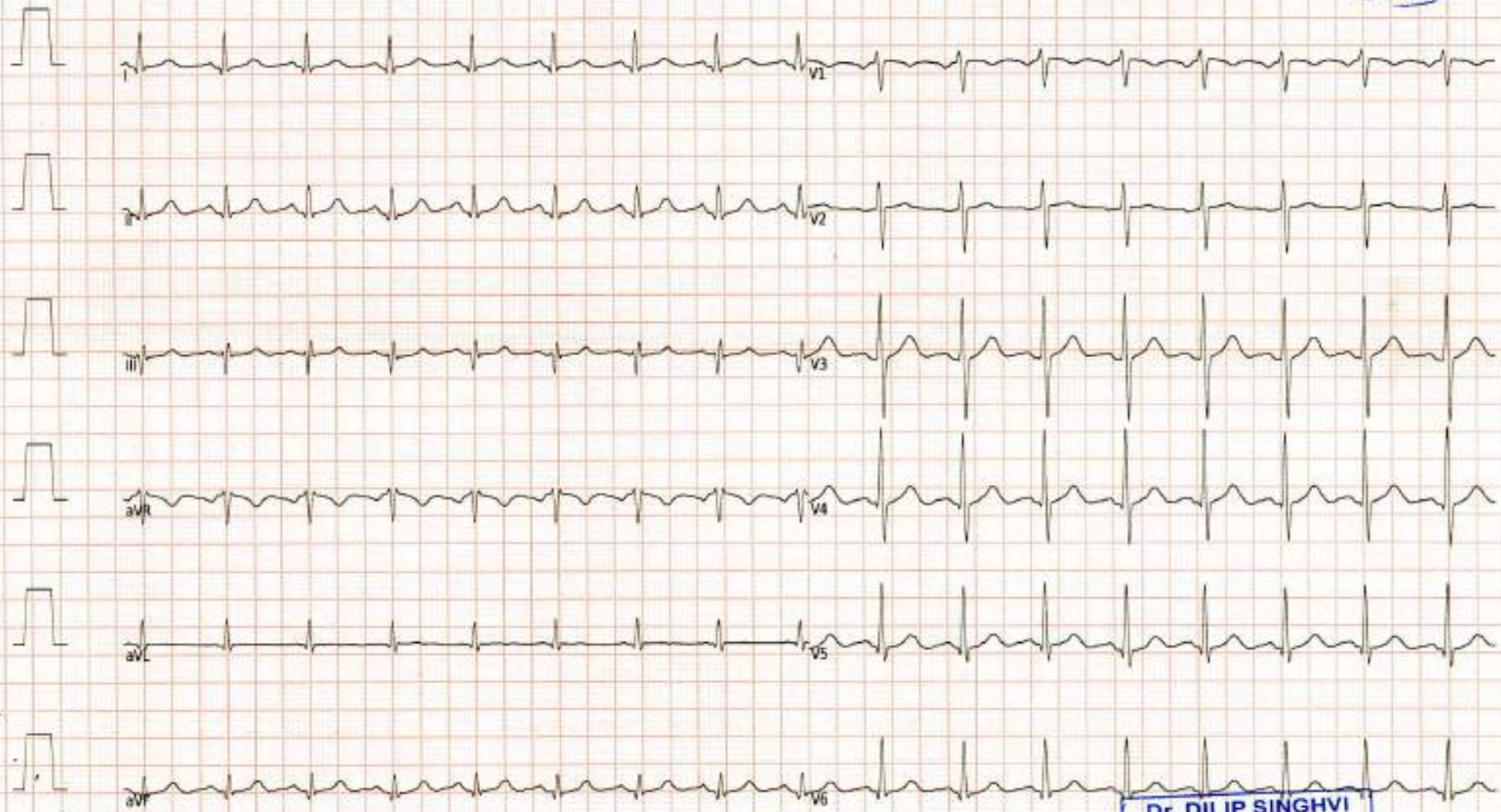
Id: 0286354
Singh, Sukhwant
Male — (—) Unknown
Height: 0 cm Weight: 0 kg BP: 0/0 mmHg

Med.:
Tech:
Note:

23/09/2021 12:42:30

HR:	101 bpm
PR:	108 ms
QRS:	80 ms
QT/QTcH:	344/416 ms
QTcB:	446 ms
QTcF:	409 ms

R_{V5}/S_{V1}:	1.41/0.50 mV
Sok-Lyon:	1.90 mV
Axis:	57/18/60 °



Dep:APOLLO HOSPITAL 25mm/s 10mm/mV 0.05-25Hz/50Hz Cardioline ECG200S v. 2.01.5558

CARDIOLINE

70 807

66010052

Dr. DILIP SINGHVI
MBBS, MD(Med.), MRCP (UK)
Specialist - Internal Medicine
MOH Licence No. 9115
Apollo Hospital Muscat

Apollo HOSPITALS
TOUCHING LIVES
MUSCAT
P.O. Box : 1097, Al-Hamriya, Postal Code : 131
Muscat, Sultanate of Oman
Tel.: 2478 7766, Fax : 2470 0093

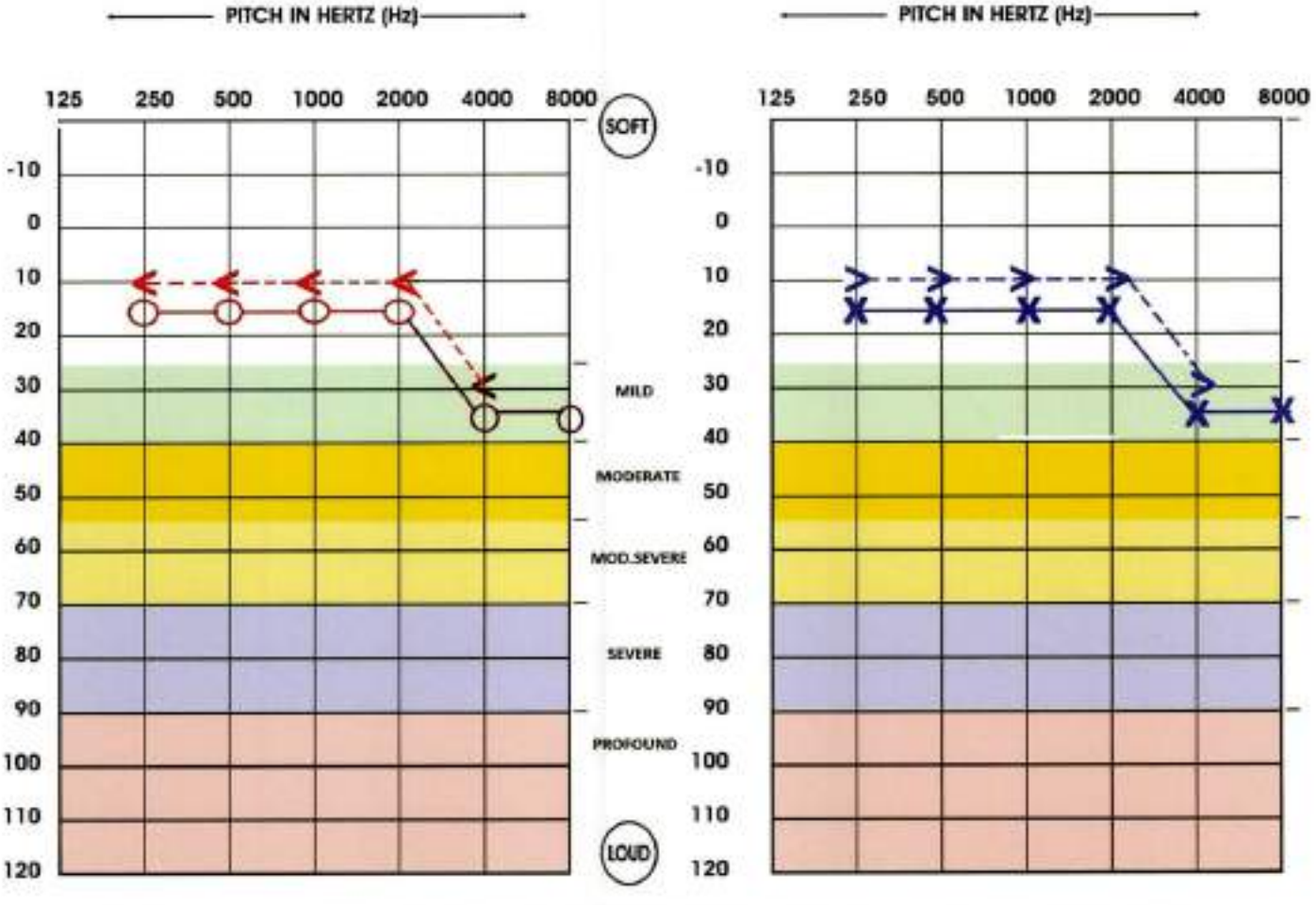
AUDIOGRAM
EXAMINATION SHEET

FILE NO : 286354 BILL NO : ..... DATE : 23/09/21

NAME : SUKHWANT SINGH ..... AGE / SEX : 30/M

COMPANY : TRUCK OMAN ..... DOB : .....

CONSULTANT (REF) : .....



WEBER					

						SPECIAL TESTS			
dBhL	PTA	SRT	SIS(%)	MCL	UCL	SISI	TDT	MLB/BLB	OAE
RIGHT	15								
LEFT	15								

INTERPRETATION :

HEARING SENSITIVITY WITHIN NORMAL LIMITS WITH HIGH FREQUENCY SLOPING

RECOMMENDATION :

USE EAR PROTECTIVE DEVICES (EAR PLUGS)

SIKKU SOMAN
AUDIOLOGIST
MOH Licence No.. 16998
Apollo Hospital Muscat

AUDIOLOGIST

Appendix 20: (Form SQ5): Epworth Screening Quest. For Sleep Apnoea

Employee Data		Date: 23/9/21
Name: Sukhwant Singh		Department/Company:
I. D No.	Tel #	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

1	sitting and reading
1	watching TV
2	sitting inactive in a public place (e.g. theatre or meeting)
1	as a passenger in the car for an hour without a break
2	Lying down to rest in the afternoon when circumstances permit
1	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	8

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

Signature: _____ **Date:** _____

APOLLO HOSPITAL MUSCAT

Fitness to Work Certificate

Employee Data			Date 23/9/2021
Name Sukhwant Singh			Department/Company
I.D No.	Age 50		Occupation Driver

Type of Medical Evaluation			Mark those applying √
A5 Crane or forklift driving & all heavy vehicles		A7 Professional driving	

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			
Use of a respirator			
Repetitive twisting of valves or wrenches			
Flying			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			

Dr. Rahul — **Name of health advisor** — **Signature** — **Date** 23/9/21

Apollo Hospitals Touching Lives — Sultanate of Oman, C.R. 1732540 — APOLLO HOSPITAL MUSCAT