PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname

Forenames: TAJINDER SINGH

Address: 7768687 Company Name: T.O

Home telephone number: 71305631

Place of examination: MM Date: 3/8/23

If a dependant enters employee's name here:

Surname:

Forenames:

Birth date: 5/11/78 Nationality: Indian Country of birth: India Religion: Sikh

☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated /Divorced

Relationship to employee: ☐ Wife ☐ Son ☐ Daughter

Number of children: 2

Reason for examination: Pre-Employment ☐ Periodic medical check-up ☑ Pre-Overseas ☐

Job: H. DD

Area:

Name and address of family doctor

(1) (2)

List your last 3 jobs

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

Date: 03/8/2023 Signature of Applicant:

PEACE LAND MEDICAL CENTER

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

N	A	N = Normal A = Abnormal (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.	
		14. Breast	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
174	82	27.4	140/90	62/mins.	L N R	Uncorrected 6/6	6/6			N	
						Corrected					

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
√		5. Lipids (40 years +)	11.2.1		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.)

Internal Consultation done for HTN → NMC hospital

1. MFU 3m later by internist (HTN) (T. Telcard 40mg, T. Amlopres 10mg)
2. LSM & RFR (Low Exercise & diet)
3. Take the medication properly

ASSESSMENT:

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

Date: 4/5/23 Name (Block Capitals): Dr. / Nurse Dr. Shima Seyedabdollah Jafar Cardiologist Specialist MOH Lic. No. 21962 Signature

PEACE LAND MEDICAL CENTER C.R. 1148979

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

TAJINDER SINGH 00466 03/05/23 09:58

Empl	Date: 3/5/2023.
Nam	Department/Company: T.O
I. D N	Occupation: H.DD

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

0	sitting and reading
0	watching TV
0	sitting inactive in a public place (e.g. theatre 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.

PEACE LAND MEDICAL CENTER

Declaration: I Tajender *(Print Name)* confirm that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Tajender Date: 03/5/2023.

Peace Land Medical Center
P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout Al Sahwa Tower
Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name:	TAJINDER SINGH	**Doc No:**	0032922
Age:	45 Y **Nationality:** INDIAN	**File No:**	0014049
Gender:	M	**Bill No:**	0049593
Ref. By:	DR.SHIMA	**Date:**	04/05/2023
GSM No.:	95386531	**Time:**	10:44

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.3 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	13.9 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	42.9 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	89 fl	84-94 fl
MCH	28.2 pg	27 - 33 pg
MCHC	30.5 g/dl	29.6 - 35.6 %
WBC COUNT	7.6 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	65 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**340 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	86 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.43 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**34.2 U/L**	0 - 35.0 U/L
S.G.P.T.	**44.2 U/L**	10 - 45 U/L

PEACE LAND MEDICAL CENTER

Medical Technologist

Peace Land Medical Center
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Age:	45 Y **Nationality:** INDIAN	**File No:**	0014049
Gender:	M	**Bill No:**	0049593
Ref. By:	DR.SHIMA	**Date:**	04/05/2023
GSM No.:	95386531	**Time:**	10:44

Test	Result	Normal Range
ALBUMIN	**4.7 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.6 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.18 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**31.3 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**1.0 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**6.5 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**172 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**200.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**39.3 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**92.7 mg/dl**	< 100 mg/dl
VLDL	**40.0 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	87.6 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.020	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	
Urobilinogen	Normal	

Medical Technologis

Peace Land Medical Center
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LAB RESULT

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Age:	45 Y **Nationality:** INDIAN	**File No:**	0014049
Gender:	M	**Bill No:**	0049593
Ref. By:	DR.SHIMA	**Date:**	04/05/2023
GSM No.:	95386531	**Time:**	10:44

Test	Result	Normal Range
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	0-2	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	

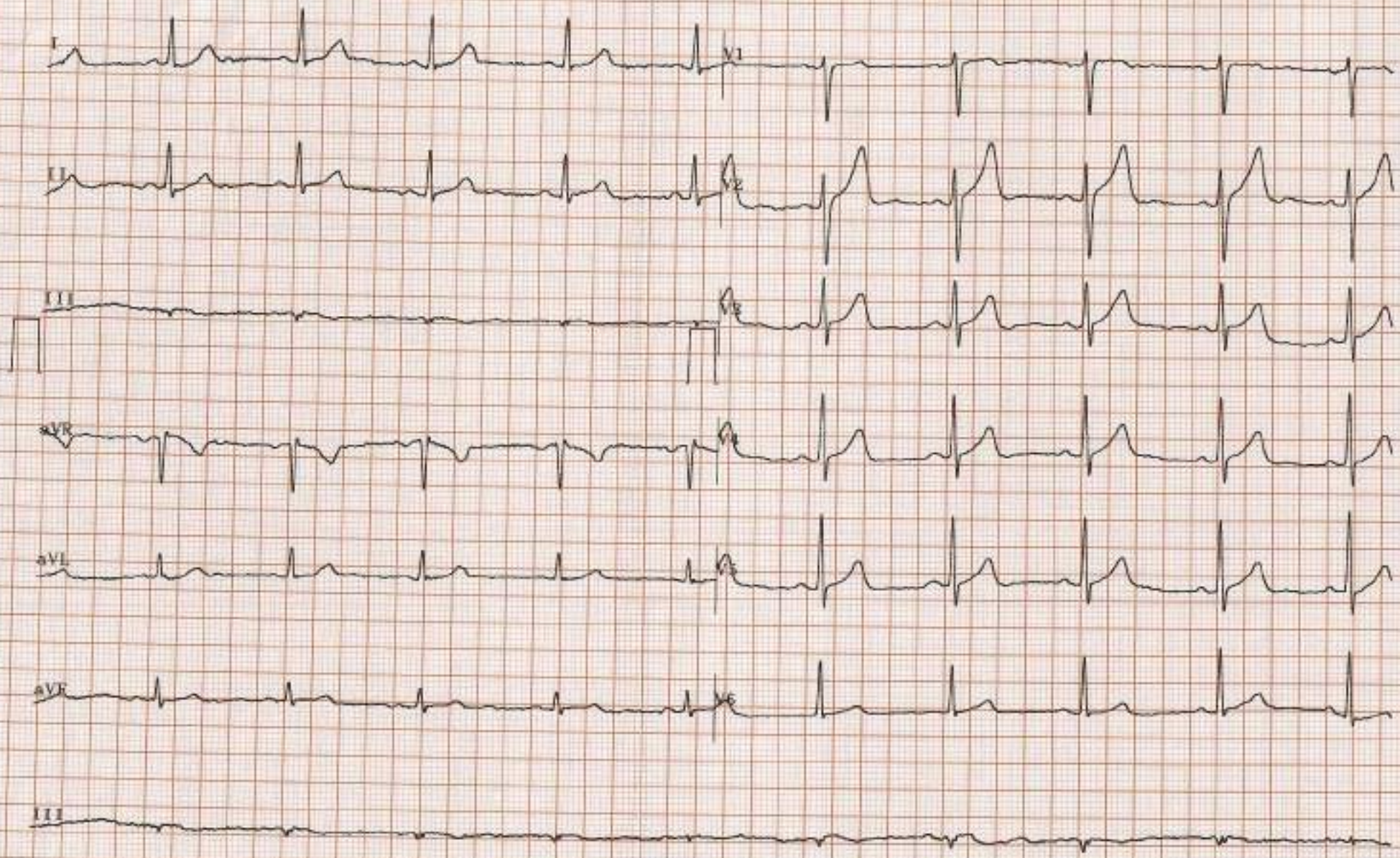
Medical Technologis

2023-05-03 10:30:13 6 Channel + 1 Rhythm Report Hospital:

Prescribed by:

TAJINDER SINGH

Heart Rate: 62bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 154 ms Normal Sinus Rhythm
QRS Dur.: 82 ms Normal Axis
QT/QTc: 404/407 ms [Normal ECG]
P-R-T axes:
23 21 19



0.1Hz- 150Hz, AC50Hz, All Channels: 10.0mm/mV, 25.0mm/sec, EKG2000 Ver5.05M.30 Bionet Co., Ltd.

Estimated 10-year Global CVD Risk

11.2%

Risk Category

Moderate Risk

Estimated Vascular Age

57 Years

Treatment Guidelines

ATP-III (2004)
Treatment Targets
LDL <130 mg/dL (<3.37 mmol/L)
Non-HDL <160 mg/dL (<4.14 mmol/L)

CCS (2009)
Initiate Pharmacotherapy if
LDL >3.5 mmol/L (>135 mg/dL)
TChol/HDL-C >5 mmol/L (>193 mg/dL)
hsCRP >2 mg/L in men >50 years and women >60 years
FHx and moderate risk hsCRP

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

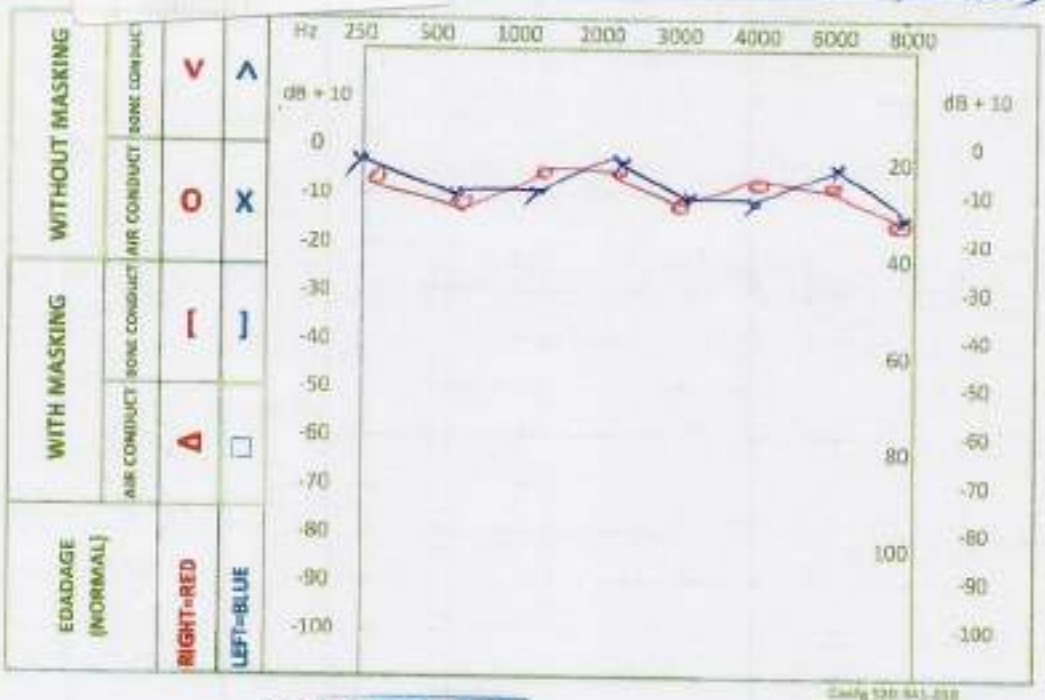
ESC (2007, see Info for more)
Treatment Targets
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

مركز بلاد السلام الطبي
Peace Land Medical Center

AUDIOMETRY TEST REPORT

NAME	TAJINDER SINGH
AGE	
REF.	
COMPANY	T-O-
OCCUPATION	H2O
DATE	31/5/2023

03/05/23 09:08



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
NORMAL
HEARING LOSS
RIGHT
LEFT

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العذيبة مبنى البراج 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 هاتف: ٢٤٦١٧١١٧/ ٢٤٦١٧١٤٨/ ٢٤٦١٧١٤٩

nmc specialty hospital,al-hail

P.O BOX : 613, Postal Code : 133
al-hail
24269222

Medical Report

Ref.No: 0000236/MED/NMC/2023

NAME: *TAJINDER SINGH 6386*			
AGE : *45 Y*	DOB : *04/15/1978*	GENDER : *M*	NATIONALITY : *INDIAN*
FILE NO : *50099547*	ResidentCardNo : *77686887*	Emp No :	

To Whom it may Concern

This is to inform that Mr TAJINDER SINGH was found to have high BP during his employment related check up. He is apparently asymptomatic and has no exercise limitation. Now he is advised to start medication along with diet and lifestyle modification and to be under follow up. No absolute contraindication for continuing his work, provided adhering to treatment.

ON EXAMINATION:

INVESTIGATION:

DIAGNOSIS:
Hypertension

TREATMENT GIVEN:
Tab TELCARD 40mg once daily for 30 days Tab AMLOPRESS 10 mg once daily for 30 days

FURTHER PLAN:
Monitor BP

DR NISANTH KALLINKEEL
GENERAL MEDICINE
(Name with seal)

Place : nmc specialty hospital,al-hail

Fitness for work certificate

Employee Data			Date	4/5/23
Name	JAGJINDER SINGH		Department/Company	TO
I.D No.	77686887		Occupation	HRD

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			
Use of a respirator			
Repetitive twisting of valves or wrenches			
Flying			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			Date 4/5/23
Name of health advisor Signature			Dr. Shiraz Abdollah Jafar Cardiologist Consultant MOH Lic. No.21962

FIT