PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname

Forenames SUKHJINDER SINGH

Address 77206011 - TRUCK OMAN

Home telephone number 79018540

Place of examination : MUSCAT Date : 20/10/22

If a dependant enter employee's name here:
Surname:

Forenames:

Birth date: 12/2/85 Nationality: INDIAN Country of birth: INDIA Religion: SINGH

[√] Male [ ] Female [√] Married [ ] Single [ ] Separated /Divorced

Relationship to employee [ ] Wife [ ] Son [ ] Daughter

Number of children: 3

Reason for examination Pre-Employment [ ] Periodic medical check-up [√] Pre-Oversees [ ]

Job: HDD

Area:

Name and address of family doctor

List your last 3 jobs
(1)
(2)
(3)

Are you a Registered Disabled Person? (UK only) [ ]

Do you belong to any Medical Insurance Scheme? [ ]

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? NIL

Average daily alcohol consumption NO

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 if required, and the details sent to my own doctor if this is considered necessary by the examining medical officer.

Date: 20/10/22 **Signature of Applicant:** Sukhjinder

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

N = Normal A = Abnormal (please describe)

N	A	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
178	89	28	138/86	70 /mins.	L N R	Uncorrected				✓	
						Corrected	6/6	6/6			

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 +) — FBS, TTL, TLDL			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.)

1, LSM VRFR (Lwr. Exercise & diet)
> MFU 2 month later for DLP & Uric Acid
> Please take the meds properly as advised

ASSESSMENT:

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

Date: 2/11/22 Name (Block Capitals): Dr. / Nurse [illegible] Signature:

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Peace Land

Epworth Screening Questionnaire for Sleep Apnoea

Employee Data	
Name: Sukhjender Singh	Date: 20/10/22
I. D No. 77206011 Tel #	Department/Company: Trust Oman
	Occupation : L/TP

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.

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

Signature: [signature] Date: 20/10/22

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

LAB RESULT

Name:	SUKHJINDER SINGH	**Doc No:**	0026175
Age:	37 Y **Nationality:** INDIAN	**File No:**	0036467
Gender:	M	**Bill No:**	0042266
Ref. By:	DR.SHIMA	**Date:**	20/10/2022
GSM No.:	79018540	**Time:**	11:07

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.7 10"12/l	Male 4.38 -5.78 10"12/l Female 4.0- 5.0 10"12/l
HAEMOGLOBIN	16.8 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	50.0 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	85 fl	84-94 fl
MCH	27.5 pg	27 - 33 pg
MCHC	32.4 g/dl	29.6 - 35.6 %
WBC COUNT	6.5 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	64 %	40-75 %
LYMPHOCYTE	29 %	20-45 %
EOSINOPHIL	03 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**245 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	79 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.78 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**26.1 U/L**	0 - 35.0 U/L
S.G.P.T.	**44.0 U/L**	10 - 45 U/L

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Medical Technologist

Peace Land Medical Center
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Gender:	M	**Bill No:**	0042266
Ref. By:	DR.SHIMA	**Date:**	20/10/2022
GSM No.:	79018540	**Time:**	11:07

Test	Result	Normal Range
GGT	**52.8 U/L**	0 - 55.0 U/L
ALBUMIN	**4.8 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.8 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.18 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**28.4 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.84 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**9.0 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**290 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**300.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**77.8 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**152.2 mg/dl**	< 100 mg/dl
VLDL	**60.0 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	97.9 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.030	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	

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Ref. By:	DR.SHIMA	**Date:**	20/10/2022
GSM No.:	79018540	**Time:**	11:07

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

Medical Technologist

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Peace Land Medical Center

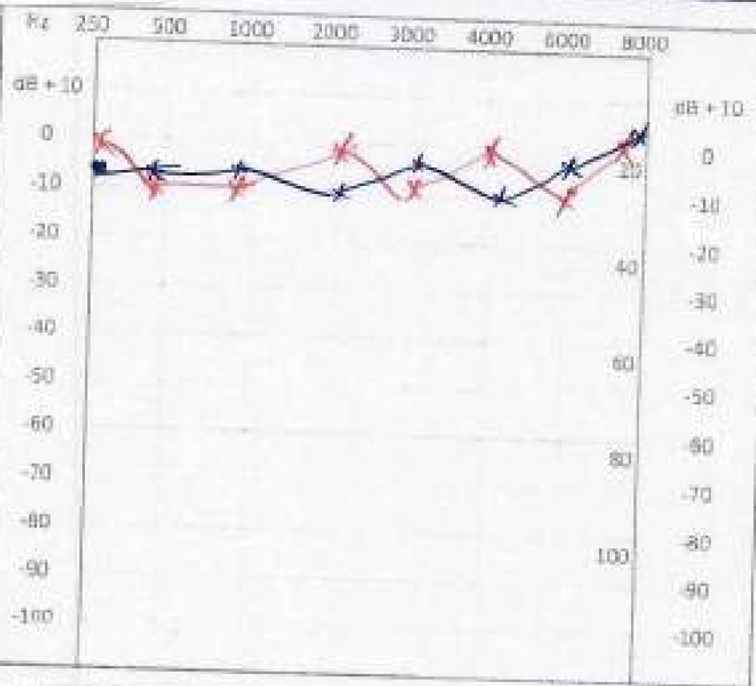
Peace Land
بلاد السلام

SUKHJINDER SINGH
37 Y(M) «Blank» 20/10/22 08:24
0036487
72530 Bl # 004228
PEACELAND

AUDIOMETRY TEST REPORT

NAME		COMPANY	
AGE		OCCUPATION	H-DD
REF.		DATE	20/10/22

WITHOUT MASKING	BONE CONDUCT	<	>
	AIR CONDUCT	O	X
WITH MASKING	BONE CONDUCT	[	]
	AIR CONDUCT	Δ	□
EDADAGE (NORMAL)		RIGHT=RED	LEFT=BLUE



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
- [x] NORMAL
- [ ] HEARING LOSS
- [ ] RIGHT
- [ ] LEFT

PEACE LAND MEDICAL CENTER

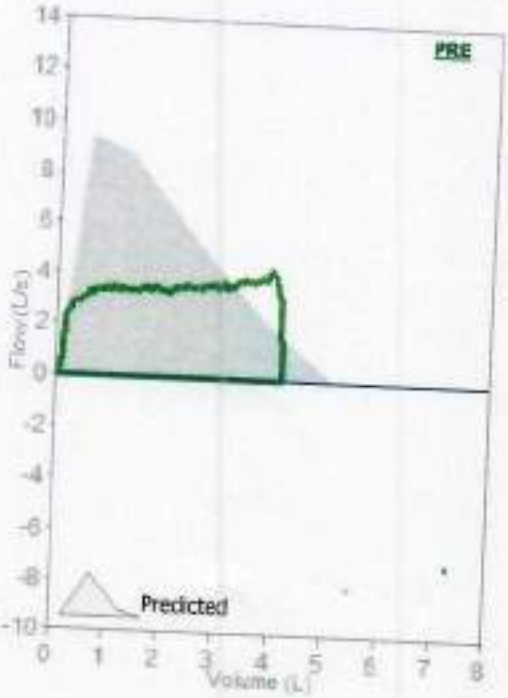
ص.ب ١٤٠٣، الرمز البريدي: ١٣٣ دوار العذيبة مبنى ابراج الصحوة مبنى ٢، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 ٢٤٦١٧١٤٩/٢٤٦١٧١٤٨/٢٤٦١٧١١٧ : هاتف

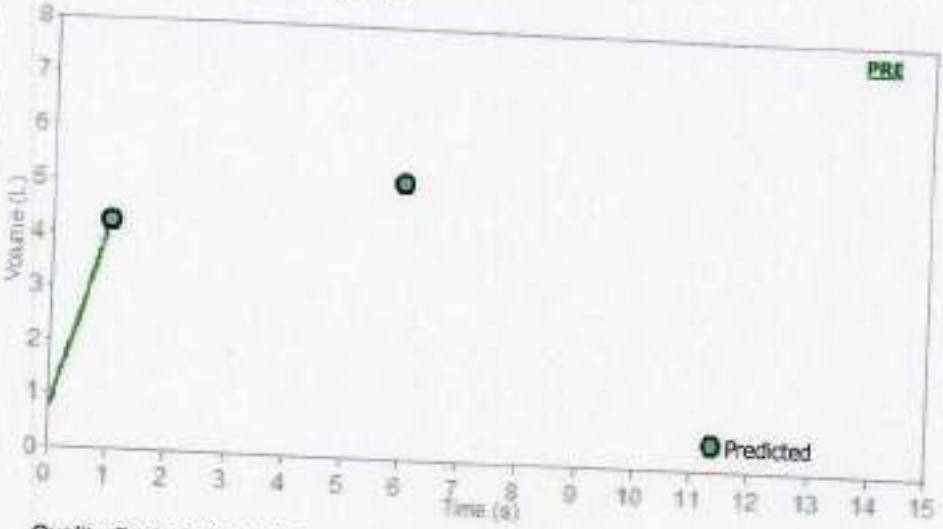
Pulmonary Function Test Results

Visit date 20/10/2022

Patient code	77206011	Age	37
Surname	SINGH	Gender	Male
Name	SUKHJINDER	Height, cm	178
Date of birth	12/02/1985	Weight, kg	89
Ethnic group	Not defined	BMI	28.09
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 20/10/2022 10:26:44

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	4.09	5.14	4.17*	81	-1.52	4.17			*		
FEV1	L	3.38	4.24	4.17*	98	-0.14	4.17			*		
FEV1/FVC	%	72.6	82.8	100.0*	121	2.78	100.0			*		
PEF	L/s	6.03	9.44	4.37*	46	-2.44	4.37			*		
ELA	Years		37	39	105		39					
FEF2575	L/s	2.66	4.45	3.53	79	-0.85	3.53					
FET	s		6.00	0.98	16		0.98					
FIVC	L	4.09	5.14									
FEV1/VC	%	72.6	82.8									

*Best values from all loops - BTPS 1.082 27 °C (80.6 °F) - Predicted Knudson

Conclusion / Medical report

Signature

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Instrument used
Minispir S S/N C11507
Last calibration check 01/11/2021 09:35:10

nmc specialty hospital,al-hail

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

Medical Report

Ref.No: 0000070/MED/NMC/2022

NAME: *SUKHJINDER SINGH*			
AGE : *37 Y*	**DOB :** *02/12/1985*	**GENDER :** *M*	**NATIONALITY :** *INDIAN*
FILE NO : *50087714*	**ResidentCardNo :** *77206011*	**Emp No :**	

To Whom it may Concern

This is to inform that Mr SUKHJINDER SINGH was found to have elevated lipids and uric acid during PDO medical test done at Peace Land Medical Center on 20.10.2022. He is apparently asymptomatic and not on any regular medicines. Now he is being advised to start medications (Rosuvastatin and Allopurinol) along with diet modification and exercise. Need to be under follow up for monitoring and optimization of treatment. NO ABSOLUTE CONTRAINDICATION FO CONTINUING HIS WORK.

ON EXAMINATION:

INVESTIGATION:

DIAGNOSIS:
Dyslipidemia,Hyperuricemia

TREATMENT GIVEN:

FURTHER PLAN:

DR NISANTH KALLINKEEL
GENERAL MEDICINE
(Name with seal)

Place : nmc specialty hospital,al-hail

nmc specialty hospital, Al Hail
C.R. No: 1948157
Sultanate of Oman
RECEPTION

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

Fitness for work certificate

Employee Data			
Name	SUKHJINDER SINGH	Date	2/11/22
I.D No.	7720611	Department/Company	truck Oman
		Occupation	HDD

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			
Name of health advisor Signature		Date	2/11/22

FIT

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