



**Fitness to Work Certificate**

Employee Data		Date 27/08/2024
Last Name <b>SINAH</b>		First Name <b>SUCHA</b>
I.D No. <b>86268025</b>	Age <b>46</b>	Occupation <b>OPERATOR</b>
Type of Medical Evaluation		Mark those applying
A1 Aircraft refueling		A6 Emergency response team work
A2 Breathing apparatus		A7 Professional driving
A3 Business traveler		A8 Remote location work
A4 Catering and food preparation		A9 Transfers- group A country
A5 Crane or forklift driving		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 their fitness to work status for the above tasks is as follows

Fit with no restrictions	<b>FIT</b>		✓
Fit with following restrictions			
The employee is fit for above work but should avoid the following tasks			
Work near moving machinery or sharp edges		Operate motor vehicles, forklifts or heavy machinery	
Working at height		Use a respirator	
Pull push carry weight over      Kg		Repetitive twisting of valves or wrenches	
Ascend/descend ladders or stairs		Flying	
Other(Specify)			
These restrictions are permanent			
These restrictions are temporary until		(date)	
Temporary Unfit until		(date)	
Permanently Unfit			
Date 27/08/2024	Signature 	Print Name	


  
 Dr. WAZAM FAIDAL IBRAHIM ALNOUR  
 General Practitioner      Lic. No. 10276      Kofe Assab


  
 الـدكتور / دكتور / دكتور  
 IBRAHIM ALNOUR  
 Kofe Assab


  
 C.R. 1126042  
 Sulaymaniyah  
 SUDAN  
 NILE MEDICAL COMPLEX



# Al Nile Medical Complex

## مجمع النيل الطبي

Mr. SUCHA SINGH TARSEM S



Petroleum Development Oman  
MEDICAL DEPARTMENT

Surname/  
Forenames

24014024 DOB: 05/04/1978

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Nationality **INDIAN**

Mobile No. **71126772**

Home/Leave Address:

**ADAM / INDIA**

Company Number:

Reference Indicator:

### Personal Details

A  Male  Female

Married  Single  Separated / Divorced / Widow(er)

Home/Leave Address: **ADAM / INDIA**

Relationship to employee

Wife  Son  Daughter

No of children **2**

Reason for Examination (tick as appropriate)

Periodic Medical Examination  Final / Retirement  Other Reason

### Employee only

B Present Job and Location  
**OPERATOR / ADAM**

Next Job and Location **OPERATOR / ADAM**

Are you a registered person with special needs?

Do you belong to any Medical Insurance Scheme?

**Previous Medical History:** All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.

Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' please describe

	N	Y	Description
Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?		<input checked="" type="checkbox"/>	
1 Ear, nose, eye or throat problems		<input checked="" type="checkbox"/>	
2 Chest problems like asthma, bronchitis, other bad cough		<input checked="" type="checkbox"/>	
3 Heart abnormality, chest pains		<input checked="" type="checkbox"/>	
4 Abdominal pains, abnormal bowel motions		<input checked="" type="checkbox"/>	
5 Urogenital problems (kidney disease, menstrual disorder)		<input checked="" type="checkbox"/>	
6 Skin trouble or allergies		<input checked="" type="checkbox"/>	
7 Epileptic fits, dizzy spells or migraine		<input checked="" type="checkbox"/>	
8 History of mental illness, depression anxiety		<input checked="" type="checkbox"/>	
9 Diabetes, thyroid disease		<input checked="" type="checkbox"/>	
10 Blood disorder e.g., anaemia, blood cancer e.g., leukaemia		<input checked="" type="checkbox"/>	
11 Any history of accidents or fractures		<input checked="" type="checkbox"/>	
12 Have you had any serious allergies		<input checked="" type="checkbox"/>	
13 Do any dependants have a significant ongoing illness?		<input checked="" type="checkbox"/>	
14 Any family history of cancers		<input checked="" type="checkbox"/>	
Do you take any regular medicines, or have your taken in the past?		<input checked="" type="checkbox"/>	
Do you smoke? If yes, what and how much each day?		<input checked="" type="checkbox"/>	
Do you drink alcohol? If yes, what is your average weekly intake?		<input checked="" type="checkbox"/>	
Have you ever taken elicited/recreational drugs?		<input checked="" type="checkbox"/>	
Are you doing regular sports or physical activities?		<input checked="" type="checkbox"/>	

**STATEMENT** I have read the above questions and the above answers are correct and no information concerning my present or past state of health has been withheld. I understand and agree that this form will be held as a confidential record by the concerned medical institute and may be copied (by paper or secure electronic transmission) to PDO the Occupational Health Services for the purpose of Health Surveillance and other Occupational Health review.

Date: **27/8/24**

Signature of Applicant: **Sueha Singh**



FOR COMPLETION BY EXAMINING DOCTOR

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. Hemial Orifices
✓		8. Anus & Rectum
✓		9. Genito-urinary
✓		10. Extremities
✓		11. Musculo-skeletal
✓		12. Skin & Varicose Vns.
✓		13. C.N.S.

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION
173	87.6	29	120/80	70/min.	L N R N	DISTANT NEAR R L R L Uncorrected Corrected

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
✓		1. Urinalysis	✓	
✓		2. Hb, Blood count, ESR		
✓		3. LFT, RFT, RBS		
		4. Drug Screen	✓	
✓		5. Lipids (40 years +)	✓	
		6. Sickle Cell test		

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS     FIT WITH RESTRICTION     TEMPORARY UNFIT     UNFIT

Date: \_\_\_\_\_ Name (Block Capitals): Dr. \_\_\_\_\_



Signature

REVIEW/CONSULTATION

Date: \_\_\_\_\_ Name (Block Capitals): Dr. \_\_\_\_\_

Signature \_\_\_\_\_





Employee Data	DATE 27/8/24
NAME: Mr. SUCHA SINGH	Company: TRUCK OMAN
ID No. 24014024	Occupation: OPERATOR

### The Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations? You should rate your chances of dozing off, not just feeling tired. Even if you have not done some of these things recently try to determine how they would have affected you. For each situation, decide whether or not you would have:

- No chance of dozing =0
- Slight chance of dozing =1
- Moderate chance of dozing =2
- High chance of dozing =3

Write down the number corresponding to your choice in the right-hand column. Total your score below.

Situation	Chance of Dozing
Sitting and reading	• 0
Watching TV	• 1
Sitting inactive in a public place (e.g., a theater or a meeting)	• 0
As a passenger in a car for an hour without a break	• 0
Lying down to rest in the afternoon when circumstances permit	• 3
Sitting and talking to someone	• 0
Sitting quietly after a lunch without alcohol	• 0
In a car, while stopped for a few minutes in traffic	• 0

Total Score =

1

#### Analyze Your Score

##### Interpretation:

- 0-7: It is unlikely that you are abnormally sleepy.
- 8-9: You have an average amount of daytime sleepiness.
- 10-15: You may be excessively sleepy depending on the situation. You may want to consider seeking medical attention.
- 16-24: You are excessively sleepy and should consider seeking medical attention.

Reference: Johns MW. A new method for measuring daytime sleepiness: The Epworth Sleepiness Scale.







Mr. SUCHA SINGH TARSEM S1



24014024 DOB: 05/04/1978

## FRAMINGHAM RISK SCORE.

### Results

Copy 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)

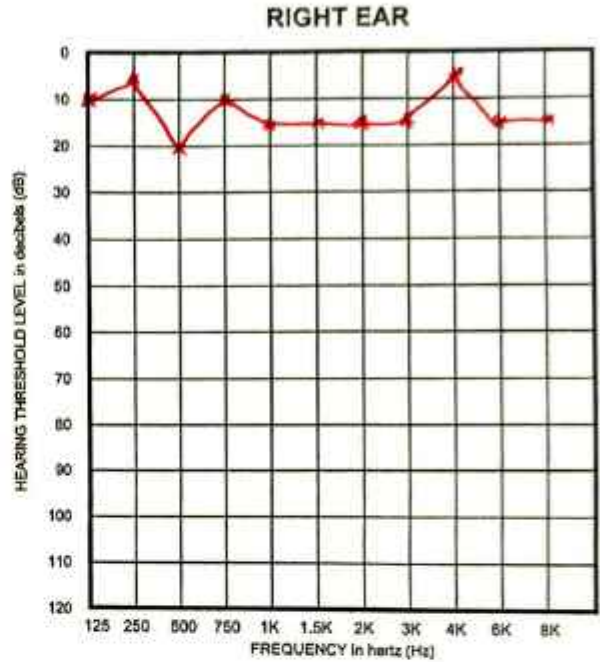
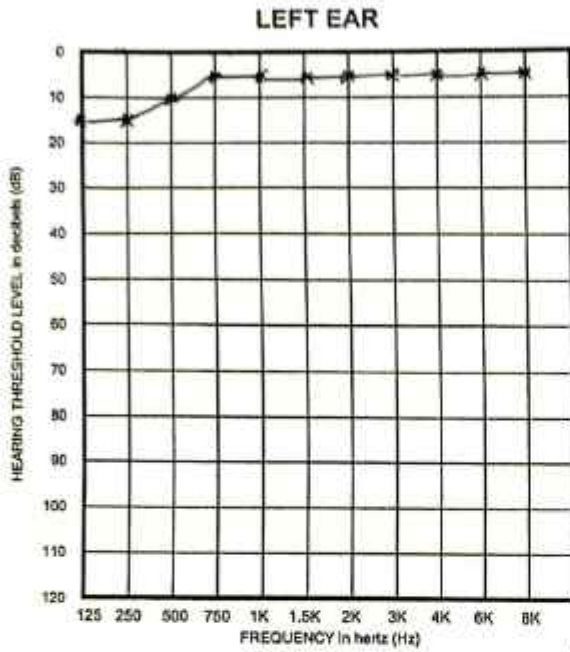
TChol <5 mmol/L (<194 mg/dL)

*Handwritten initials*



Mr. SUCHA SINGH TARSEM S:  
Patient Id :   
Name :   
Consultant : 24014024 DOB: 05/04/1978

Age / Gender : Male  
Report Date : 27/8/24



PURE TONE AVERAGE (500-1000-2000 Hz)		
Ear	Air	Bone
RIGHT		
LEFT		

Provisional Diagnosis: Bilateral Hearing Sensitivity within normal limits

مجمع النيل الطبي  
الطبيب / استشاري طب الأذن والحنجرة  
استشارية أوتولوغيا و آذن و حنجرة  
402 - 403

مجمع النيل الطبي  
Signature Audiologist  
AL NILE MEDICAL COMPLEX

P.O.Box, 300  
Nizwa, P.C. 671  
Sultanate of Oman  
Al Nile Medical Complex

300  
البريد الإلكتروني: 671 - نوى  
سلطنة عمان  
مجمع النيل الطبي



SID NO. : 01034589  
Patient ID : 24014024  
Name : Mr. SUCHA SINGH TARSEM SINGH  
Age / Gender : 46 Y / Male  
Referrer : TRUCK OMAN  
Consultant : Dr. WEAM FAISAL IBRAHIM




Collection Date & Time : 27/08/2024 09:04:21  
Received Date & Time : 27/08/2024 09:08:07  
Reported Date & Time : 27/08/2024 09:32:53

National ID : 86268025

Partial Test Report

Test Name ( Method/Specimen)	Result	Biological Reference
TRIGLYCERIDE ( GPO- Bichromatic end Point/ serum )	103.8 mg/dl	male:40-160 mg/dl female: 35-135 mg/dl
CHOLESTEROL ( CHOD-PAP/ serum )	145.6 mg/dl	<200 mg/dl
HDL CHOLESTEROL ( Direct / immunoprecipitation/ serum )	42.44 mg/dl	40-60
LDL CHOLESTEROL ( Calculated/ serum )	82.0 mg/dl	UP TO 150 mg/dl
<b>CLINICAL PATHOLOGY</b>		
<b>PDO FITNESS TO WORK(41-50) yrs</b>		
<b>URINE ANALYSIS</b> Microscopy/Urine		
<b>Physical</b>		
Color	Yellow	
Transparency	Clear	
<b>Chemical</b>		
Specific Gravity	1.030	
PH	Acidic	
Glucose	NIL	
Acetone	NIL	
Bilirubin	NIL	
Blood	NIL	
Urobilinogen	NIL	
Protein	NIL	
Nitrate	NIL	
<b>Microscopic</b>		
Leukocytes	NIL	
Pus Cells	2-4	

  
**Hajer Muhammad Hussin**  
Technician  
MOH License No 9245





SID NO. : 01034589  
Patient ID : 24014024  
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Age / Gender : 46 Y / Male  
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Partial Test Report

Test Name ( Method/Specimen)	Result	Biological Reference
Erythrocytes	1-2 /hpf	0 - 2
Squamous Epithelial Cell	few /hpf	
Crystal	NIL	
Cast	NIL	
Bacteria	NIL	
Others	NIL	

HAEMATOLOGY

PDO FITNESS TO WORK(41-50) yrs

Complete blood count (CBC)

Haemoglobin ( Electrical Impedance/ EDTA )	16.4 gm/dl	13 - 18
TOTAL LEUCOCYTES COUNT	5940 Cells / Cumm	4000 - 11000
<b>DIFFERENTIAL COUNT</b> EDTA		
Neutrophil	49 %	45 - 70
Lymphocytes	43 %	15 - 45
Eosinophils	1 %	1 - 6
Monocyte	8 %	2 - 8
Basophils	0.3 %	less than 1
PACKED CELL VOLUME (HCT)	51.30 %	less than 54
RBC COUNT ( Electrical Impedance/ EDTA )	<b>6.08 millions/mm</b>	4.5 - 5.5
MCV	84.3 fl	81.8 - 95.5
MCH	<b>26.9 pg</b>	27 - 32.3
MCHC ( Electrical Impedance/ EDTA )	<b>31.9 g/dL</b>	32.4 - 35
PLATELET COUNT ( Electrical Impedance/ EDTA )	204000 cu.mm	150,000 - 450,000

Hajer Muhammad Hussin

Technician

MOH License No 9245





SID NO. : 01034589  
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Partial Test Report

Test Name ( Method/Specimen)	Result	Biological Reference
RDW-CV	13 %	11 - 16
RDW-SD	40 fl	35 - 56
ESR(AUTOMATED) ( ( Automated )/ EDTA Blood )	1 mm/hr	< 15

**Hajer Muhammad Hussin**  
Technician  
MOH License No 9245





SID NO. : 01034589  
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Page : 1 of 1

Collection Date & Time : 27/08/2024 09:04:21  
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 Reported Date & Time : 28/08/2024 13:16:52

National ID : 86268025

Partial Test Report

Test Name ( Method/Specimen)	Result	Biological Reference
<b>HAEMATOLOGY</b>		
<b>PDO FITNESS TO WORK(41-50) yrs</b>		
SICKLING TEST	NEGATIVE	NEGATIVE

**Hajer Muhammad Hussin**  
 Technician  
 MOH License No 9245



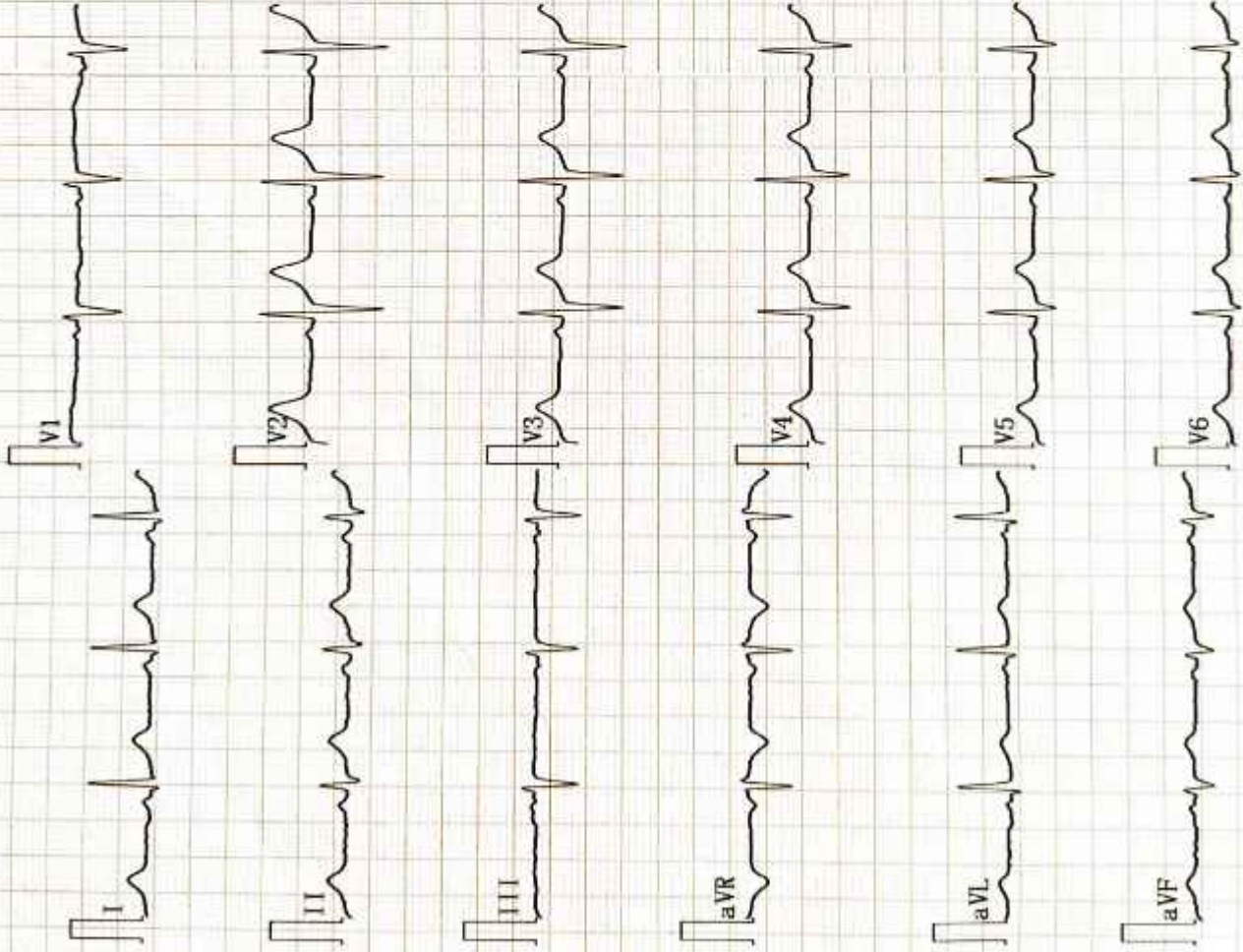
AUTO 10mm/mV

10mm/mV

2024-08-26 20:51:40  
 Name : SUCHA SINGH TARSEM  
 Sex : Male Age : 46  
 Section: DR. weam  
 RoomID:  
 BedID:  
 ID:  
 Operator: SMITHA  
 Custom1:  
 Custom2:

Data for reference only:

HR : 80  
 PR Interval : 130  
 P Duration : 115  
 QRS Duration : 76  
 T Duration : 181  
 QT/QTc : 354/409  
 P/QRS/T Axis deg : 39.5/-15.3/36.3  
 R(V5)/S(V1) mV : 0.67/0.61  
 R(V5)+S(V1) mV : 1.27



10mm/mV 25mm/s

aVR

aVL

aVF

V1

V2

V3

V4

V5

V6

<< Conclusions >>

Normal Sinus Rhythm,  
 Muddling Left axis deviation;

\*\*Report need physician confirm\*\*



Mr. SUCHA SINGH TARSEM S.



24014024 DOB: 05/04/1976



Physician Signature

25mm/s AC50Hz+EMG25Hz+DF\*TO. 5Hz