PEACE LAND MEDICAL CENTER

T.O.F-3

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	
Forenames	KULWANT SINGH
Address 9471851S	Company Name: T.O.F
Home telephone number	95945091

Place of examination: FARHA Date: 4/3/23.

If a dependant enters employee's name here:
Surname: Forenames:

Birth date: 8/9/84 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: OPERATOR. Area:

Name and address of family doctor (1) (2)

List your last 3 jobs (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
1. Sinus trouble		√
2. Neck swelling/glands		√
3. Difficulty in vision		√
4. Any ear discharge		√
5. Asthma/bronchitis		√
6. Hayfever /other significant allergy		√
7. Any skin trouble		√
8. Tuberculosis		√
9. Shortness of breath		√
10. Coughed/vomited blood		√
11. Severe abdominal pain		√
12. Stomach ulcer		√
13. Recurrent indigestion		√
14. Jaundice or hepatitis		√
15. Gall Bladder disease		√
16. Marked change in bowel habits		√
17. Blood in stools (motions)		√
18. Marked change in weight		√
19. Varicose veins		√
20. Lump in breast/armpit		√
21. Cancer		√
22. Heart Disease		√
23. Rheumatic fever		√
24. Abnormal heartbeat		√
25. High blood pressure		√
26. Stroke		√
27. Serious chest pain		√
28. Any blood disease		√
29. Kidney disease		√
30. Blood in urine		√
31. Painful passage of urine		√
32. Diabetes		√
33. Headaches/migraine		√
34. Dizziness/fainting		√
35. Epilepsy		√
36. Joints/spinal trouble		√
37. Surgical operation		√
38. Serious accident/fracture		√
39. Tropical disease		√
40. Fear of heights		√

HAVE YOU EVER BEEN: -	Y	N
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? Average daily alcohol consumption

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: Signature of Applicant: Kulwant Singh

00411752 00181035

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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
161	72	27	126/76	75 /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. CVS risk for 40 yrs. & above
—		6. Sickle Cell test			12. HIV, Hepatitis screening

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

H LSM (Wt, Exercise & diet)

ASSESSMENT:

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

Date: 9.3.23 Name (Block Capitals): Dr. / Nurse Dr. Shima Seyedsholeh Jafar Cardiologist Specialist MOH Lic. No. 21962 Signature:

REVIEW/CONSULTATION

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

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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: KULWANT SINGH
Age: 38 Y **Nationality:** INDIAN
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 95945091

Doc No: 0031058
File No: 0040606
Bill No: 0047473
Date: 09/03/2023
Time: 10:36

Test	Result	Normal Range
TRUCKOMAN-MEDICAL CHECKUP BELOW 40 YRS ON SITE		
COMPLITE BLOOD COUNT		
RBC	5.7 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	15.1 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	45.9 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	**81 fl**	84-94 fl
MCH	**25.6 pg**	27 - 33 pg
MCHC	32.0 g/dl	29.6 - 35.6 %
WBC COUNT	8.7 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	63 %	40-75 %
LYMPHOCYTE	31 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**353 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	**0.44 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**26.6 U/L**	0 - 35.0 U/L
S.G.P.T.	**37.5 U/L**	10 - 45 U/L

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Medical Technologist

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:	KULWANT SINGH	**Doc No:**	0031058
Age:	38 Y **Nationality:** INDIAN	**File No:**	0040606
Gender:	M	**Bill No:**	0047473
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	09/03/2023
GSM No.:	95945091	**Time:**	10:36

Test	Result	Normal Range
GGT	**25.0 U/L**	0 - 55.0 U/L
ALBUMIN	**3.6 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**8.0 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.15 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**27.2 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.76 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**4.8 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**180 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**150.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**52.0 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**98.0 mg/dl**	< 100 mg/dl
VLDL	**30.0 mg/dl**	2.0 - 30 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	

مركز بلاد السلام الطبي
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Medical Technologist

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Sultanate of Oman
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LAB RESULT

Name:	KULWANT SINGH	**Doc No:**	0031058
Age:	38 Y **Nationality:** INDIAN	**File No:**	0040606
Gender:	M	**Bill No:**	0047473
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	09/03/2023
GSM No.:	95945091	**Time:**	10:36

Test	Result	Normal Range
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
RANDOM BLOOD SUGAR	**80.0 mg/dl**	80 - 120 mg/dl

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Medical Technologist

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Peace Land Medical Center

Peace Land
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Epworth Screening Questionnaire for Sleep Àpnoea

Employee Data	
Name: KULWANT SINGH	Date: 4/3/2023
	Department/Company: TRUK OMAN
I. D No. 94718515 Tel #	Occupation: OPERATOR

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 chan‿e 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 Kulwant (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Kulwant Singh Date: 4/3/2023

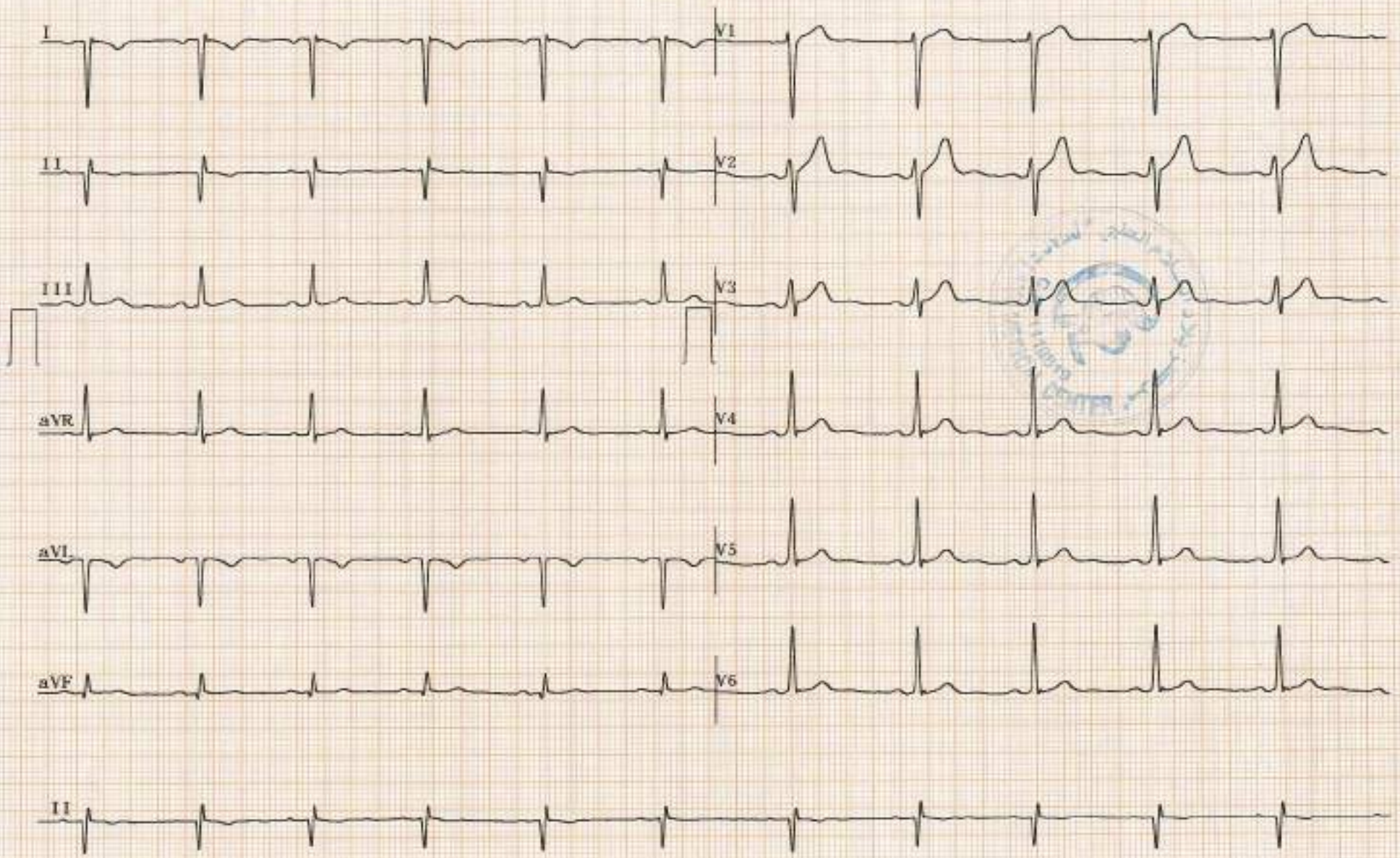
P.O. Box 1409, Postal Code 133, Al Azaiba, ... Sultanate of Oman
Tel: 24612157 / 24617446 / 24611446

2023-03-04 09:48:54 6 Channel + 1 Rhythm Report Hospital:CCED FARHA
Prescribed by:

ID : 94718515
Name:
yrs. /
cm / kg

Kulwant Singh

Heart Rate: 68bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 160 ms Normal Sinus Rhythm
QRS Dur.: 78 ms Right Axis Deviation
QT/QTc: 362/385 ms High lateral MI
P-R-T axes: [Markedly Abnormal ECG]
133 165 163



0.1Hz- 40Hz,AC50Hz. All Channels:10.0mm/mV.25.0mm/sec. CARDIO-M Ver5.11M.30 Medical Econet GmbH.

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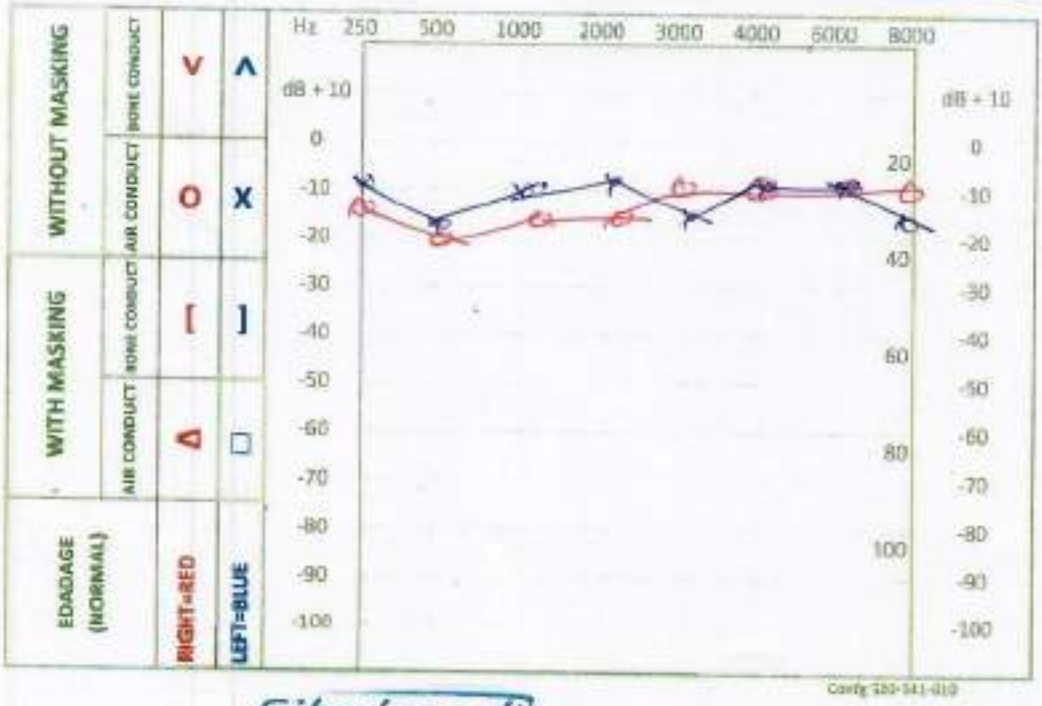
AUDIOMETRY TEST REPORT

NAME	KULWANT SINGH			COMPANY	TRUCK DRIVER
AGE		GENDER		OCCUPATION	OPERATOR
REF. BY				DATE	4/3/2023



Sibelmed

INTERPRETATION
- X LEFT EAR
- O RIGHT EAR

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

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

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Fitness for work certificate

Employee Data			Date /03/2023
Name	KULWANT SINGH		Department/Company TRUCK OMAN
I.D No.	94718515		Occupation OPERATOR

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 9 /03/2023
Name of health advisor Signature			Dr. Shima Seyed Abdullah Jafar MOH Lic. No. 21062

FIT

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
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