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	YUDHVEER SINGH AWANA
Address	10435-2262 Company Name: TRACO OMAN
Home telephone number	91076940

Place of examination: MUSCAT Date: 27/12/22

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

Birth date: 10/5/88 Nationality: INDIAN Country of birth: INDIA Religion: HINDU

☑ 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 Job: CRANE OPERATOR
Pre-Overseas ☐ 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		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 Have you ever had:-		
13 Recurrent indigestion		√	33 Headaches/migraine		√			
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 (mahong)		√	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? ( )

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: 27/12/2022 Signature of Applicant: 

PEACE LAND MEDICAL CENTER

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
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 Hernial Orifices	
		8 Anus & Rectum	
√		9 Genito-urinary	
√		10. Extremities	
√		11. Musculo-skeletal	
√		12. Skin & Varicose Vns	
√		13. C.N.S.	
		14. Breast	

HEIGHT	WEIGHT	BMI	B.P	PULSE	HEARING	VISION				Colour Vision	Blood Group
						DISTANT		NEAR			
						R	L	R	L		
167 cm	72 kg	25	132/76	78 /mins.	L R N	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 +)				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.)

FIT

PEACE LAND MEDICAL CENTER

ASSESSMENT:

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

Date 28/12/22 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

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

مـركـز بـلاد الـسـلام الـطـبي

Peace Land Medical Center

Peace Land

Epworth Screening Questionnaire for Sleep Apnoea

YUDHVEER SINGH AVTAR
37 Y(M) <Blank>
27/12/22 08:32
0012199
74049
PEACELAND
0045520

Employee D:	Date: 27/12/2022
Name:	Department/Company: TRUCK OMAN
I. D No.	Occupation : CRAINE 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 D1 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 & 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: 27/12/2022

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

LAB RESULT

Name:	YUDHVEER SINGH AVTAR	**Doc No:**	0028793
Age:	37 Y **Nationality:** INDIAN	**File No:**	0012198
Gender:	M	**Bill No:**	0045030
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	27/12/2022
GSM No.:	71076940	**Time:**	15:07

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.2 x10^12/L	Male 4 36 -6.0 x 10^12/L Female 4 0- 5.2x10^12/L
HAEMOGLOBIN	15.0 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	43.8 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	28 7 pg	27 - 33 pg
MCHC	33 3 g/dl	29.6 - 35 6 %
WBC COUNT	7 1 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	62 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	03 %	1-6 %
MONOCYTE	05 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**262 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	58 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**1.0 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**34.0 U/L**	0 - 35.0 U/L
S.G.P.T.	**43.0 U/L**	10 - 45 U/L

PEACE LAND MEDICAL CENTER

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:	YUDHVEER SINGH AVTAR	**Doc No:**	0028793
Age:	37 Y **Nationality:** INDIAN	**File No:**	0012198
Gender:	M	**Bill No:**	0045030
Ref. By:	DR MOHAMMED AKBAR KHAN	**Date:**	27/12/2022
GSM No.:	71076940	**Time:**	15:07

Test	Result	Normal Range
GGT	**21.6 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	**24.2 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.82 mg/dl**	0.70 - 1.30 mg/dl
S.URIC ACID	**3.5 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**215 mg/dl**	0.0 - 200 mg/dl
Triglycende	**200.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**62.5 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**112.5 mg/dl**	< 100 mg/dl
VLDL	**40.0 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	92.3 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.015	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

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:	YUDHVEER SINGH AVTAR	**Doc No:**	0028793
Age:	37 Y **Nationality:** INDIAN	**File No:**	0012198
Gender:	M	**Bill No:**	0045030
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	27/12/2022
GSM No.:	71075940	**Time:**	15:07

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	

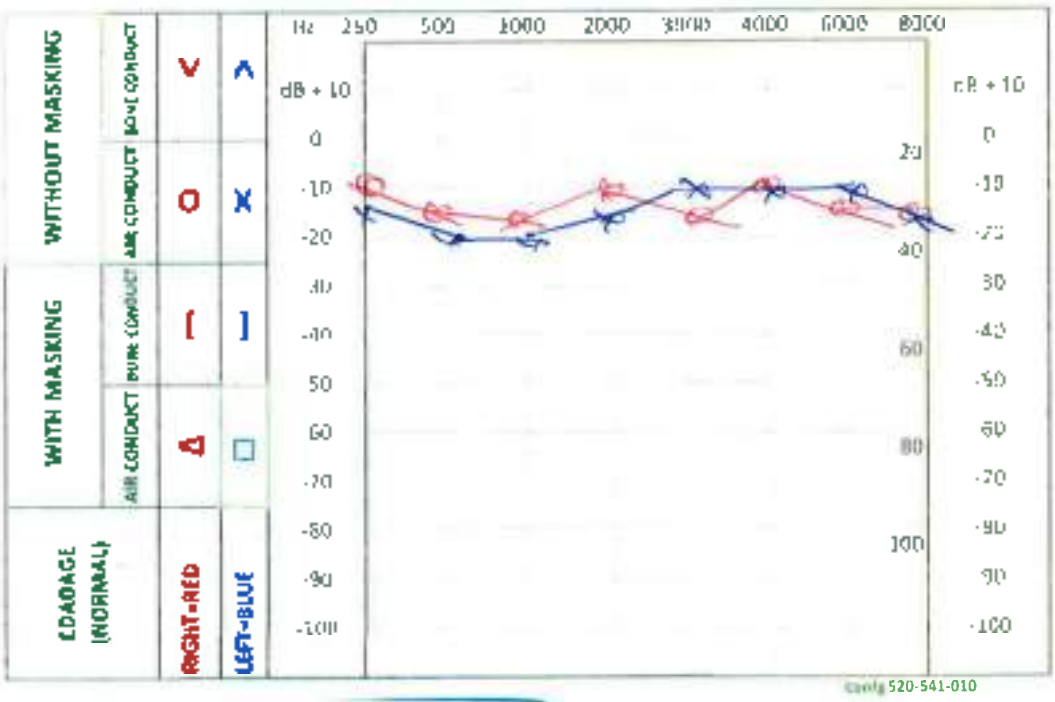
مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

.....
Medical Technologist

YUDHVEER SINGH AVTAR
37 Y(M) «Blank» 27/12/22 09:32
0012198
74549 Bill # 0046030 PEACELAND

AUDIOMETRY TEST REPORT

	COMPANY	Trade Omen
NER	OCCUPATION	Crane Operator
	DATE	27 / 12 / 22



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
NORMAL
HEARING LOSS
RIGHT
LEFT

PEACE LAND MEDICAL CENTER

مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	28/12/22
Name	Yuchveer	Department/Company	Truck driver
I.D No.	104752262	Occupation	Crane 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 requirements 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 restrictions			
The employee is fit for above work but should avoid the following task(s)	Temporary restriction	Permanent restriction	FIT
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 28/12/22
Name of health advisor Signature			

PEACE LAND MEDICAL CENTER