PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	AJAIB
Forenames	PRATAP SINGH
Address	10435236 – Tourkonas
Home telephone number	95627190[illegible]

Place of examination: [illegible] Date: 30/6/22

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

Birth date: 28/5/82 Nationality: Indian Country of birth: India Religion: Sikh

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

Relationship to employee: ☐ Wife ☐ Son ☐ Daughter Number of children:

Reason for examination: Pre-Employment ☑ Periodic medical check-up ☐ Pre-Oversees ☐ Job: Operator

Name and address of family doctor

Area:

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

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: 30/6/22 Signature of Applicant: [signature]

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
168	75	26.6	142/93	70 /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 +)		6.7%		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.)

HTN On medications.

ASSESSMENT:

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

Date: 13/7/20 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

PARTAP SINGH AJAIB
40 Y(M) «Blank»
30/06/22 10:18
0032520
Bill # 0037957
PEACELMD
88318

Employee Deta	Date: 30/6/22
Name:	Department/Company: Truck Oman
I. D No.	Occupation: operators

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

Signature: _____ Date: 30/6/2022

PEACE LAND MEDICAL CENTER

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:	PARTAP SINGH AJAIB	**Doc No:**	0022031
Age:	40 Y **Nationality:** INDIAN	**File No:**	0032520
Gender:	M	**Bill No:**	0037957
Ref. By:	ABDULRAHMAN ABDULLATEIF ABDULRAHMAN ZEINELDEEN	**Date:**	30/06/2022
GSM No.:	95627106	**Time:**	15:28

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.3 10^12/l	Male 4.38 -5.78 10^12/l Female 4.0- 5.0 10^12/l
HAEMOGLOBIN	13.0 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	**37.3 %**	Male 39.30 -50.00 % Female 37 -47 %
MCV	**70 fl**	84-94 fl
MCH	**23.5 pg**	27 - 33 pg
MCHC	34.1 g/dl	29.6 - 35.6 %
WBC COUNT	5.0 10^9 d/l	5.0 - 11.0 10^9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	52 %	40-75 %
LYMPHOCYTE	45 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	02 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**214 10^9/l**	156 - 342 10^9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	66 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.44 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**17.5 U/L**	0 - 35.0 U/L

Medical Technologist

Peace Land Medical Center
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Tel: 24617117/24617148/24617149

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GSM No.:	95627106	**Time:**	15:28

Test	Result	Normal Range
S.G.P.T.	**20.9 U/L**	10 - 45 U/L
GGT	**22.3 U/L**	0 - 55.0 U/L
ALBUMIN	**4.2 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.8 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.17 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**31.4 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.89 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**5.5 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**188 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**80.4 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**76.0 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**96.0 mg/dl**	< 100 mg/dl
VLDL	**16.0 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	92.1 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Pale yellow	
Sp. Gravity	1.015	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	

Medical Technologist

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LAB RESULT

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Ref. By:	ABDULRAHMAN ABDULLATEIF ABDULRAHMAN ZEINELDEEN	**Date:**	30/06/2022
GSM No.:	95627106	**Time:**	15:28

Test	Result	Normal Range
Ketones	Negative	
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	2-3	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	

Medical Technologist

2022-08-30 10:24:58

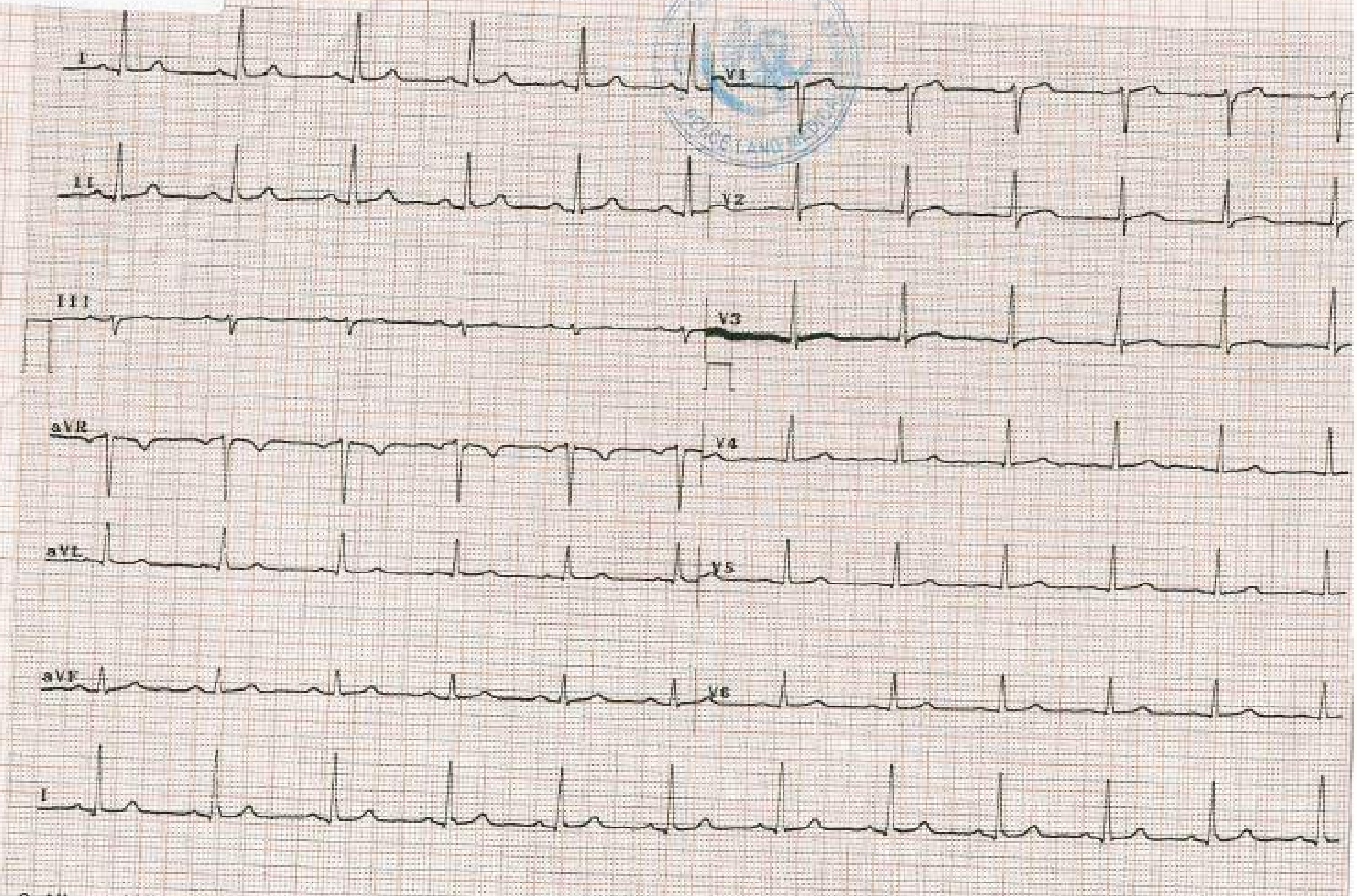
6Channel+1 Rhythm Report

Hospital:PLMS
Confirmed by:

PARTAP SINGH AJAB
40 Y(M) «Blank»
30/08/22 10:18
0032520
69319 Bi# 0037657
PEACELAND

Heart Rate : 70 BPM
PR Int.: 174 ms
QRS Dur.: 100 ms
QT/QTc: 406/437 ms
P-R-T axes: 51 24 39

** Analysis Result ** (Unconfirmed Report)
NORMAL SINUS RHYTHM
NORMAL AXIS
LAE(LEFT ATRIAL ENLARGEMENT)
[MODERATELY ABNORMAL ECG]



0.1Hz- 40Hz,AC50Hz.PM.Qik. 10.0/5.0mm/mV. 25.0mm/sec. CARDIO-M PLUS 1.13.30 Medical Econet Gm

Estimated 10-year Global CVD Risk

6.7%

Risk Category

Low Risk

Estimated Vascular Age

48 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)

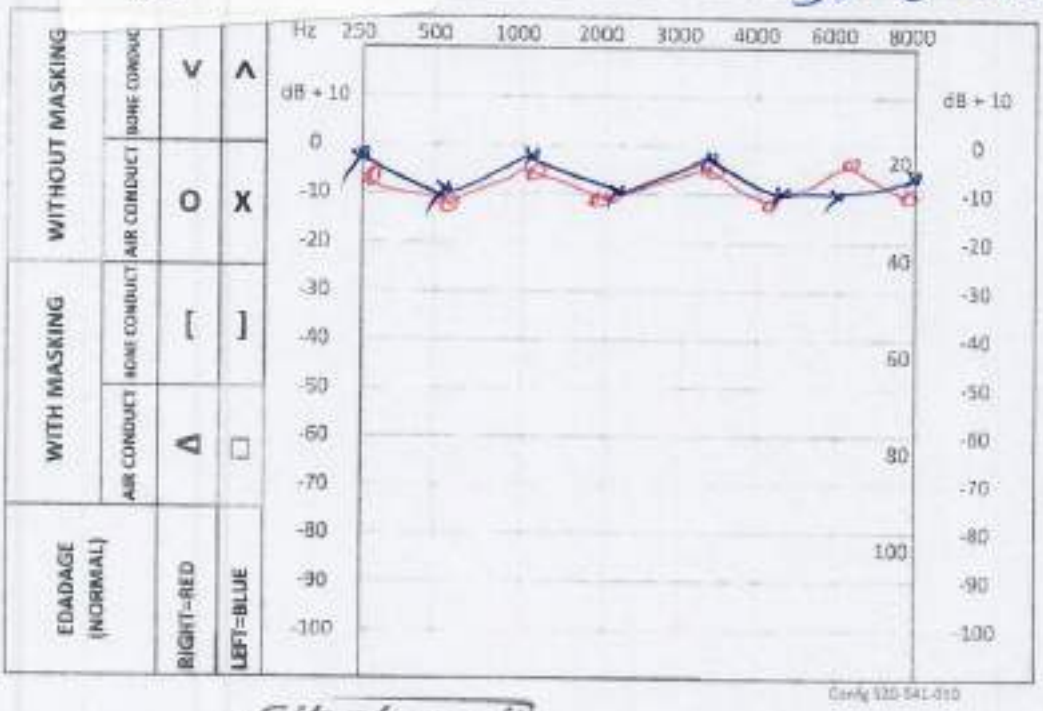
مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land
بلاد السلام

PARTAP SINGH AJAB
40 Y(M) <Bilan>
30/06/22 10:19
0032920
0037957
Bill #

NAME
AGE
REF.

METRY TEST REPORT

COMPANY	Tauh Oman
OCCUPATION	Operator
DATE	30/6/22



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

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

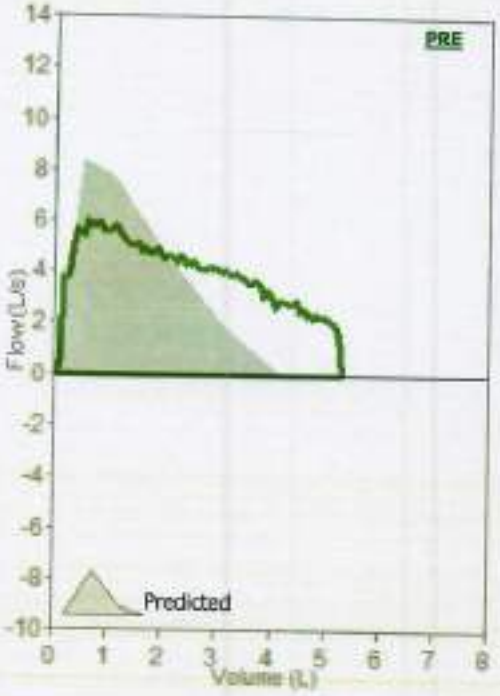
ص.ب ١٤٠٣ الرمز البريدي ١٣٣، دوار العذيبة مبنى لواح الصحوة مبنى ١، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف: ٢٤٦١٧١١٧/٢٤٦١٧١٤٨/٢٤٦١٧١٤٩

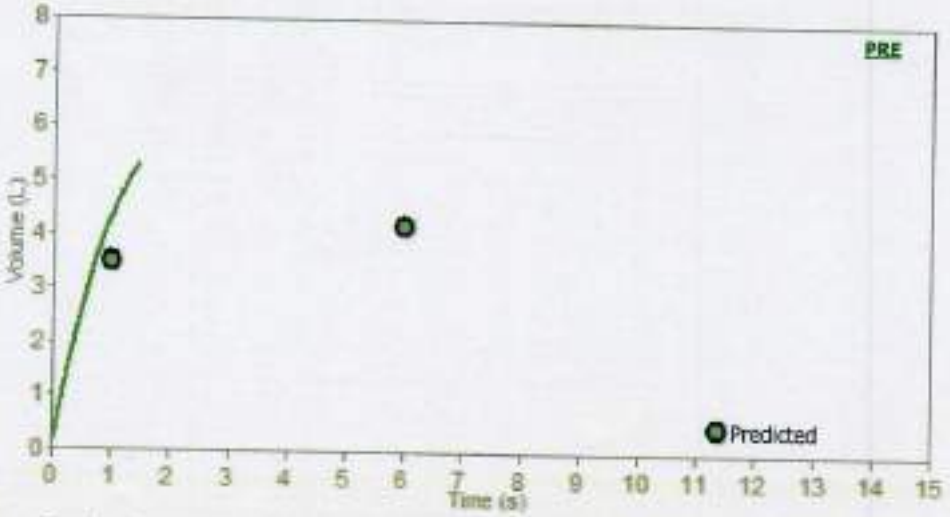
Pulmonary Function Test Results

Visit date 30/06/2022

Patient code	104352346	Age	40
Surname	SINGH	Gender	Male
Name	PRATAP	Height, cm	168
Date of birth	28/05/1982	Weight, kg	75
Ethnic group	Not defined	BMI	26.57
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 30/06/2022 11:57:25

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.15	4.21	5.30*	126	1.72	5.30			*		
FEV1	L	2.63	3.49	4.38*	126	1.70	4.38			*		
FEV1/FVC	%	73.4	83.6	82.6*	99	-0.16	82.6			*		
PEF	L/s	4.98	8.40	6.16*	73	-1.08	6.16			*		
ELA	Years		40	40	100		40					
FEF2575	L/s	1.98	3.76	4.19	112	0.40	4.19					
FET	s		6.00	1.43	24		1.43					
FIVC	L	3.15	4.21									
FEV1/VC	%	73.4	83.6									

*Best values from all loops - BTPS 1.063 31 °C (87.8 °F) - Predicted Knudson

Conclusion / Medical report

Signature

PEACE LAND MEDICAL CENTER

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

MIR

nmc specialty hospital,al-hail

P.O BOX : 613, Postal Code : 133 al-hail Sultanate of Oman

Medical Report

Consultant: DR SUMANT PAJANKAR/PULMONOLOGY Consultation Date : 04/07/2022 11:01:50

Personal Details

Name : PRATAP SINGH AJAEB	**Age :** 40Y2M / M	**File No :** 50079430
Consultation Date : 04/07/2022 11:01:50	**marital status :** N/A	**Id Card/L Card :** RC
Ref By :		**Occupation :**
Working Company :	**Customer :** TRUCKOMAN EQUIPMENT RENTAL LLC	**Policy No :**
Certificate No :	**Address :**	
Email Id :	**Nationality :** INDIA	**Phone :** 92867106

Chief Complaints

Symptoms

HYPERTENSION DETECTED DURING COMP HEALTH CHECK-UP

History Of Present Illness

HTN - newly detected.
No complaints

Past Medical History

Date	Diagnosis	Duration	Treatment
04/07/2022	NONE	1 Day	

Allergies and / or Adverse Drug Reactions

Allergy Category	Description	Remarks
General Allergies	None	

Physical Examination

Vital Information

Date	Time	Pulse/mt	BP/mmHg	Temp(F)	Temp(C)	Pain score	RR (bpm)	SPO2 (%)	Ht (cm)	Wt (kg)	BMI	Waist size	RBS	FBS	Remarks
04/07/2022	10:55AM	92 Regular	180/108mmHg	98.78	37.10	2-Hurts Little Bit	20	100	172	74	25.01				

System Review

Cardio Vascular Systems (Normal)

Respiratory Systems (Normal)

Provisional Diagnosis

No	Code	Working / Provisional Diagnosis	Remarks
1	-1	Hypertension	

Investigation

Sl No.	Date	Special Notes	Investigation	Remarks	Reference Consultant	Emergency	Billed/Not billed
1	04/07/2022		HAEMOGLOBIN				Billed
2	04/07/2022		FASTING BLOOD SUGAR				Billed

3	04/07/2022	CREATININE				Billed
4	04/07/2022	LIPID PROFILE				Billed
5	04/07/2022	SGPT (ALT)				Billed
6	04/07/2022	URINE ROUTINE				Billed

Prescription

Sl No.	Medicine	Dosage	Duration	Quantity	Remarks
1	Others(MICARDIS 40MGTABLETS) (Tablet)	0-0-1 (1 Mg) (Oral)	30 Day	30	
2	Others(KOFLET SYRUP (BIG) 200ML)	1-0-1 (10)	5 Day	1	
3	Others(OMCET - L TAB 5MG 20' S(Levocetirizine))	0-0-1 (1)	5 Day	1	
4	OMEPRAZOLE 20 mg hard capsule with gastro-resistant microgranules(OMIZ 20MG CAPSULES 14' S) (Capsule)	0-0-1 (1 Capsule) (Oral)	10 Day	10	Before Food

Advice

Follow with reports - explained.
Salt restricted diet.

PULMONOLOGY
DR SUMANT PAJANKAR

DEPARTMENT OF LABORATORY MEDICINE

File No:	50079430	**Report No:**	0055903		
Name:	PRATAP SINGH AJAIB	**Sample Date:**	04/07/2022	**Time:**	11:07
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 40 Y **Nationality:** INDIAN	**Report Date:**	04/07/2022	**Time:**	12:04
GSM No.:	92867106 **ID Card No.:** 104352346	**Bill No:**	0167871	**Bill Date:**	04/07/2022
Ref. By:	DR SUMANT PAJANKAR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
CREATININE	79.45 µ mol/L	Adults: MALE: 62 – 106 µ mol/L FEMALE: 44 - 80 µ mol/L
FASTING BLOOD SUGAR	5.41 mmol/L	4.11 - 6.05 mmol/L
HAEMOGLOBIN	13.20 gm/dl	Male : 13 -18 gm/dl Female:11-15 gm /dl childrens upto 1year-11.0 - 13.0 gm /dl upto12years-11.5 - 14.5 gm /dl cord blood:13 -19.5 gm /dl
LIPID PROFILE		
TOTAL CHOLESTEROL	5.20 mmol/L	< 5.18 mmol/L
HDL	1.47 mmol/L	>1.5 mmol/L
TRIGLYCERIDES	0.56 mmol/L	Desirable : <2.083 mmol/L Boderline high : 2.83 - 5.67 mmol/L Hypertriglyceridemia >5.65 mmol/L
LDL	3.78 mmol/L	< 2.6 mmol/L
VLDL	0.25 mmol/L	0.128-0.645mmol/L
SGPT (ALT)	15.08 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
URINE ROUTINE		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE

Verified By:

10195
Lab Technologist
MOH License No:
Electronically signed at: 7/4/2022 12:04:00

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 04/07/2022 12:08:00

مستشفى إن إم سي التخصصي
nmc specialty hospital

NMC Healthcare LLC
C.R.No: 38683,37
Plot No: 259, Block: 318
Building No: 812, Al Hail North
Sultanate of Oman
T: (+968) 2426 9222
F: (+968) 2426 9299
www.nmcoman.com

Printed at: 13/07/2022 9:36:25 AM

DEPARTMENT OF LABORATORY MEDICINE

File No:	50079430	**Report No:**	0055903		
Name:	PRATAP SINGH AJAIB	**Sample Date:**	04/07/2022	**Time:**	11:07
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 40 Y **Nationality:** INDIAN	**Report Date:**	04/07/2022	**Time:**	12:04
GSM No.:	92867106 **ID Card No.:** 104352346	**Bill No:**	0167871	**Bill Date:**	04/07/2022
Ref. By:	DR SUMANT PAJANKAR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE PH	7.5	<6.0
SPECIFIC GRAVITY	1.010	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	PALE YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	0-3
PUSCELLS	0-1 /hpf	0-5
EPITHELIAL CELLS	1-2 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	NIL	NIL

Verified By:

10195
Lab Technologist
MOH License No:
Electronically signed at: 7/4/2022 12:04:00

Approved By:

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Specialist Pathologist
MOH License No: 18178
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مستشفى ان ام سي التخصصي
nmc specialty hospital

NMC Healthcare LLC
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Plot No: 294, Block: 316
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Sultanate of Oman
T: (+968) 2426 9222
F: (+968) 2426 9299
www.nmcoman.com

Printed at: 13/07/2022 9:36:25 AM

Fitness for work certificate

Employee Data			Date	13/7/2021
Name	PRATAR SINGH		Department/Company	TO
I.D No.	104352346		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 13/7/2021
Name of health advisor Signature			

FIT

PEACE LAND MEDICAL CENTER