PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	
Forenames	MANJIT SINGH
Address	104352862 - TRUCKDRIVER
Home telephone number	96339731

Place of examination : MUSCAT	Date : 3/11/2022		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: 16/4/83	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: CRANE OPERATOR 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? 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: 3/11/2022 **Signature of Applicant:** MANJIT SINGH

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 cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
167	80	28.7	123/78	70 /mins.	L N R	Uncorrected 6/6	6/6			✓	
						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.)

1, LSM (↓ wt. Exercise & diet)

ASSESSMENT:

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

Dr. Shima Seyedabdollah Jafar
Cardiologist Specialist
MOH Lic. No. 21962

Date: 6/11/22 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

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

Epworth Screening Questionnaire for Sleep Apnoea

Employee Data	MANJIT SINGH 39 Y(M) «Blank» 73089 03/11/22 08:34 0037048 Bill # 0042885 PEACELAND	Date: 3/11/2022
Name:		Department/Company: TRUCK OMAN
I. D No.		Occupation : CRANE- 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 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
0	Total

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: MANJIT SINGH Date: 3/11/2022

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:	MANJIT SINGH	**Doc No:**	0026787
Age:	39 Y **Nationality:** INDIAN	**File No:**	0037046
Gender:	M	**Bill No:**	0042885
Ref. By:	DR.SHIMA	**Date:**	03/11/2022
GSM No.:	96339731	**Time:**	16:05

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	4.7 10"12/l	Male 4.38 -5.78 10"12/l Female 4.0- 5.0 10"12/l
HAEMOGLOBIN	13.4 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	40.2 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.9 pg	27 - 33 pg
MCHC	33.2 g/dl	29.6 - 35.6 %
WBC COUNT	5.8 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	60 %	40-75 %
LYMPHOCYTE	37 %	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	**218 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	126 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.56 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**32.3 U/L**	0 - 35.0 U/L
S.G.P.T.	**43.9 U/L**	10 - 45 U/L

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Medical Technologist

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Ref. By:	DR.SHIMA	**Date:**	03/11/2022
GSM No.:	96339731	**Time:**	16:05

Test	Result	Normal Range
GGT	**35.5 U/L**	0 - 55.0 U/L
ALBUMIN	**4.5 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.5 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.12 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**41.9 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**1.0 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**6.4 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**179 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**160.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**64.8 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**82.2 mg/dl**	< 100 mg/dl
VLDL	**32.0 mg/dl**	2.0 - 30 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	
Urobilinogen	Normal	

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Gender:	M	**Bill No:**	0042885
Ref. By:	DR.SHIMA	**Date:**	03/11/2022
GSM No.:	96339731	**Time:**	16:05

Test	Result	Normal Range
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-3	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
RANDOM BLOOD SUGAR	**113.4 mg/dl**	80 - 120 mg/dl

PEACE LAND MEDICAL CENTER

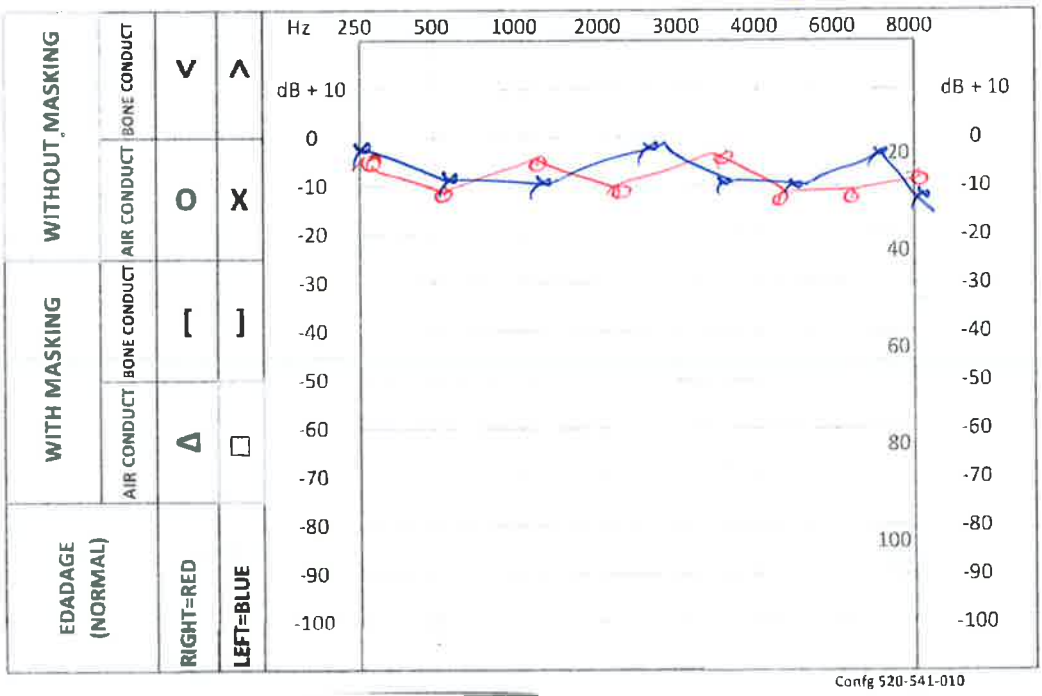
Medical Technologist

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land

MANJIT SINGH
39 Y(M) «Blank»
73069
03/11/22 08:34
0037046
Bill # 0042885
PEACELAND

AUDIOMETRY TEST REPORT

COMPANY	Toue Komen
OCCUPATION	operator
DATE	3/11/22



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
NORMAL
HEARING LOSS
RIGHT
LEFT

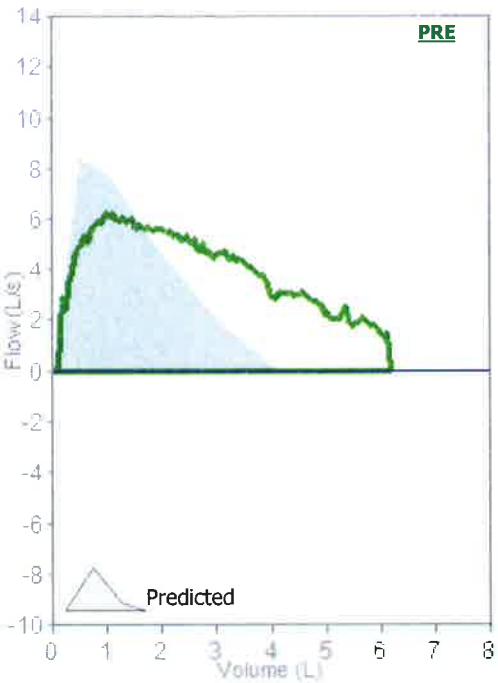
ص.ب : ١٤٠٣، الرمز البريدي : ١٣٣، دوار العذيبة مبنى البراج الصحوة مبنى ٢، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف : ٢٤٦١٧١١٧/٢٤٦١٧١٤٨/٢٤٦١٧١٤٩

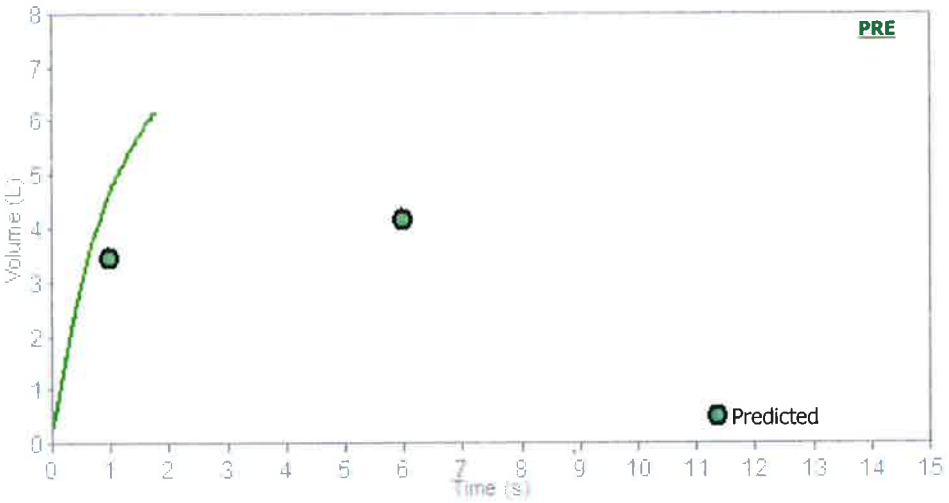
Pulmonary Function Test Results

Visit date 03/11/2022

Patient code	104352862	Age	39
Surname	SINGH	Gender	Male
Name	MANJIT	Height, cm	167
Date of birth	16/04/1983	Weight, kg	80
Ethnic group	Not defined	BMI	28.69
Smoke		Pack-Year	
Patient group			

FVC PRE FEV1 PRE FEV1% PRE





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 03/11/2022 09:55:17

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.10	4.15	6.18*	149	3.18	6.18			*		
FEV1	L	2.59	3.45	4.70*	136	2.38	4.70			*		
FEV1/FVC	%	73.7	83.9	76.1*	91	-1.26	76.1			*		
PEF	L/s	4.92	8.34	6.38*	76	-0.94	6.38			*		
ELA	Years		39	39	100		39					
FEF2575	L/s	1.96	3.74	4.24	113	0.47	4.24					
FET	s		6.00	1.77	30		1.77					
FIVC	L	3.10	4.15									
FEV1/VC	%	73.7	83.9									

*Best values from all loops - BTPS 1.087 26 °C (78.8 °F) - Predicted Knudson

Conclusion / Medical report

Signature

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

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

Fitness for work certificate

Employee Data		**Date**	6/11/22
Name	MANJIT SINGH	**Department/Company**	truckman
I.D No.	104352862	**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 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			FIT
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 (Specifiy)			
Temporary Unfit until			
Permanently Unfit			**Date** 6/11/22
Name of health advisor Signature			Dr. Shima Seyedabdollah Jafar, Cardiologist Specialist, MOH Lic. No. 21962

ص.ب : ١٤٠٣، الرمز البريدي : ١٣٣، دوار العذيبة مبنى اراج الصحوة مبنى ٢، سلطنة عمان
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