PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname: SINGH

Forenames: SUKHWINDER

Address: 103701251 Company Name: Touchawan

Home telephone number: 96381637

Place of examination: Qut Date: 9/1/2023

If a dependant enters employee's name here:

Surname:

Forenames:

Birth date: 28/6/87 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-Overseas ☐

Job: Operator

Area:

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

List your last 3 jobs (2) (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		√			
16. Marked change in bowel habits		√	36. Joints/spinal trouble		√	47. Any gynaecological treatment		
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: 9/1/2023 Signature of Applicant: [signature]

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 L	VISION NEAR R L	Colour Vision	Blood Group
173	83	27.7	140/90	80 /mins.	L N R	Uncorrected 6/6 6/6 Corrected		N	

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.) ⊕ HTN

1, LSM & RFR (diet, exercise & diet)

2, Review & MFU 1m later by internist (HTN)

3, Take the medications properly

ASSESSMENT:

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

Date: 10/1/23 Name (Block Capitals): Dr. / Nurse Signature:

PEACE LAND MEDICAL CENTER

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

SUKHWINDER SINGH
35 Y(M) «Client» 09/01/23 09:50
0038230
74842 Bill # 0045490
PEACELAND

Employee	
Name:	Date: 9/1/2023
I. D No.	Department/Company: T-O
	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 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, Sukhwinder Singh, hereby certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Sukhwinder Singh 9/1/2023

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:	SUKHWINDER SINGH	**Doc No:**	0029249
Age:	35 Y **Nationality:** INDIAN	**File No:**	0039230
Gender:	M	**Bill No:**	0045480
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	10/01/2023
GSM No.:	96381627	**Time:**	09:17

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.4 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	15.7 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	47.0 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	86 fl	84-94 fl
MCH	27.5 pg	27 - 33 pg
MCHC	32.3 g/dl	29.6 - 35.6 %
WBC COUNT	7.3 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	**176 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	61 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**1.2 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**32.4 U/L**	0 - 35.0 U/L
S.G.P.T.	**45.0 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: SUKHWINDER SINGH
Age: 35 Y **Nationality:** INDIAN
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 96381627

Doc No: 0029249
File No: 0039230
Bill No: 0045480
Date: 10/01/2023
Time: 09:17

Test	Result	Normal Range
GGT	36.9 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	0.19 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	25.8 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.77 mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	5.3 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	205 mg/dl	0.0 - 200 mg/dl
Triglyceride	165.8 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	58.9 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	113.0 mg/dl	< 100 mg/dl
VLDL	33.1 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	

Medical Technologist

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LAB RESULT

Name:	SUKHWINDER SINGH	**Doc No:**	0029249
Age:	35 Y **Nationality:** INDIAN	**File No:**	0039230
Gender:	M	**Bill No:**	0045480
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	10/01/2023
GSM No.:	96381627	**Time:**	09:17

Test	Result	Normal Range
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	
RANDOM BLOOD SUGAR	**92.8 mg/dl**	80 - 120 mg/dl

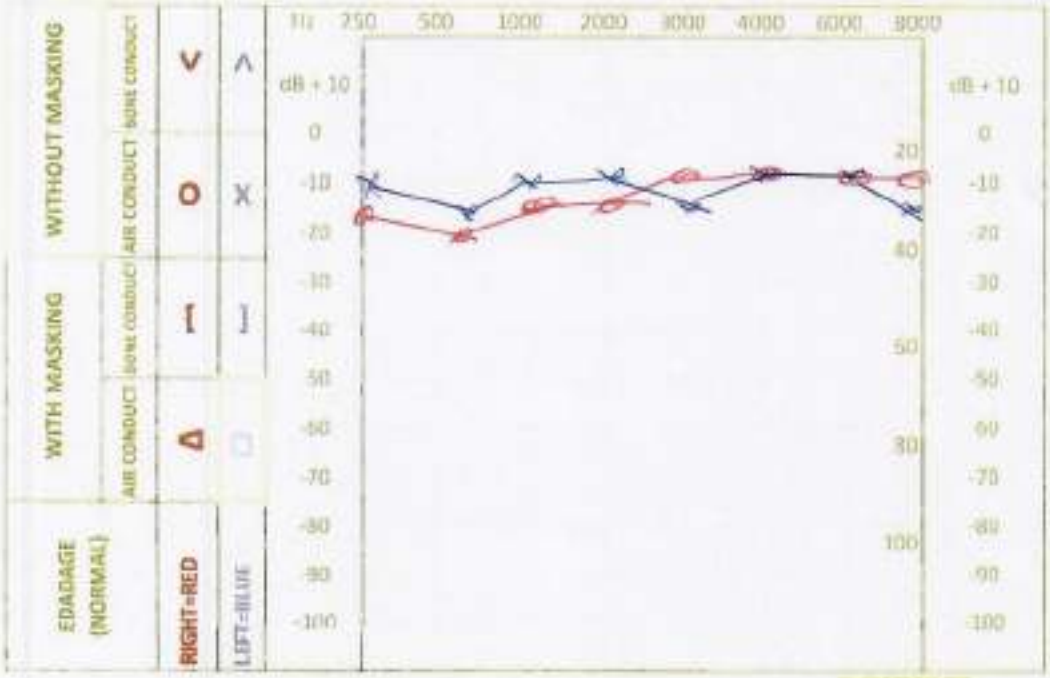
Medical Technologist

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

SUKHWINDER SINGH
35 Y(M) «Blank»
09/01/23 09:50
0039230
74842
Bill # 0048480
PENCELAND

TEST REPORT

NAME		COMPANY	T.O
AGE		OCCUPATION	Operator
REF. BY		DATE	9/1/2023



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INTERPRETATION
X LEFT EAR
O RIGHT EAR

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

PEACE LAND MEDICAL CENTER

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
(رقم الترخيص 2175)

P.O. Box 1403, Postal Code : 133, Al Aza ba, Roundabout al Sehwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149

مركز بلاد السلام الطبي
Peace Land Medical Center

Peace Land
بلاد السلام

Date: 10/1/23

Mr. SUKHWINDER SINGH

℞

1. Valsartan tab 80mg #30
   #1 PO OD [1-0-0]

2. Amlodipine tab 5mg #30
   #1 PO OD [1-0-0]

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 Shawa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف: ٢٤٦١٧١١٧ / ٢٤٦١٧١٤٨ / ٢٤٦١٧١٤٩

مركز بلاد السلام الطبي
Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	10/1/23
Name	SUKHWINDER SINGH	Department/Company	Truck Oman
I.D No.	103701281	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)			FIT
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 10/1/23
Name of health advisor Signature			

Dr. Shima ... Cardiologist Specialist MOH Lic No. 31962