



PEACE LAND MEDICAL CENTER



MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname
Forenames MAJIT SINGH
Address 106490009 - Toulk Oman
Home telephone number 97235230

Place of examination: mil-	Date: 21/1/22
If a dependant enter employee's name here:	
Surname:	Forenames:
Birth date: 28/10/89	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	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
1. Sinus trouble	21. Cancer
2. Neck swelling/glands	22. Heart Disease
3. Difficulty in vision	23. Rheumatic fever
4. Any ear discharge	24. Abnormal heartbeat
5. Asthma/bronchitis	25. High blood pressure
6. Hayfever /other significant allergy	26. Stroke
7. Any skin trouble	27. Serious chest pain
8. Tuberculosis	28. Any blood disease
9. Shortness of breath	29. Kidney disease
10. Coughed/vomited blood	30. Blood in urine
11. Severe abdominal pain	31. Painful passage of urine
12. Stomach ulcer	32. Diabetes
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/ampit	40. Fear of heights
How much tobacco each day? 6	
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: 21/1/22	Signature of Applicant: Majit 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. Hemial 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 /mins.	HEARING L R	VISION DISTANT NEAR Uncorrected Corrected	Colour Vision	Blood Group
169	77	27	111 70	76	L N R N	R 6/6 L 6/6	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. Sickie Cell test				12. HIV, Hepatitis screening

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

ASSESSMENT:

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

Date: 24/4/2024 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

EP	NAME: HANUT OMAM	Date: 21/4/2022
NI	21/04/22 10:02	Department/Company: Touchana
L	0035128	Occupation: Operator
	67480	
	0035422	

This questionnaire is for use 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 & 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, Hanut Omam (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Hanut Omam Date: 21/4/2022



Peace Land Medical Center

P.O. Box 1403, Postal Code: 133, Al Azaliba, Roundabout Al Sahwa Tower
Sultanate of Oman

Tel: 24617117/24617148/24617149

LAB RESULT

Name:	MANJIT SINGH	Doc No:	0019625
Age:	32 Y	Nationality:	INDIAN
Gender:	M	File No:	0030128
Ref. By:	ABDULRAHMAN ABDULLATEIF ABDULRAHMAN ZEINELDEEN	Bill No:	0035422
GSM No.:	97235230	Date:	21/04/2022
		Time:	11:15

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.6 10 ¹² /l	Male 4.38 -5.78 10 ¹² /l Female 4.0- 5.0 10 ¹² /l
HAEMOGLOBIN	15.0 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	45.2 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	74 fl	84-94 fl
MCH	24.4 pg	27 - 33 pg
MCHC	33.2 g/dl	29.6 - 35.6 %
WBC COUNT	9.8 10 ⁹ d/l	5.0 - 11.0 10 ⁹ /l
DIFFERENTIAL COUNT		
NEUTROPHIL	60 %	40-75 %
LYMPHOCYTE	35 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	314 10 ⁹ /l	156 - 342 10 ⁹ /l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	80 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.63 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	31.3 U/L	0 - 35.0 U/L



Medical Technologist

**Peace Land Medical Center**

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Gender: M
Ref. By: ABDULRAHMAN ABDULLATEIF ABDULRAHMAN ZEINELDEEN
GSM No.: 97235230

Doc No: 0019625
File No: 0030128
Bill No: 0035422
Date: 21/04/2022
Time: 11:15

Test	Result	Normal Range
S.G.P.T.	45.0 U/L	10 - 45 U/L
GGT	27.3 U/L	0 - 55.0 U/L
ALBUMIN	4.4 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	7.2 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.20 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	19.9 mg/dl	18.0 - 55.0 mg/dl
S. CREATININE	0.81 mg/dl	0.70 - 1.30 mg/dl
S. URIC ACID	7.0 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	158 mg/dl	0.0 - 200 mg/dl
Triglyceride	158.3 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	35.2 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	91.2 mg/dl	< 100 mg/dl
VLDL	31.6 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	92.0 mg/dl	74 - 100 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	



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		Time:	11:15

Test	Result	Normal Range
Ketones	Negative	
Urobilinogen	Normal	
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	



Medical Technologist



مركز بلاد السلام الطبي Peace Land Medical Center

MANJIT SINGH
32 Y(M) «Bina»

21/04/22 10:02



87480

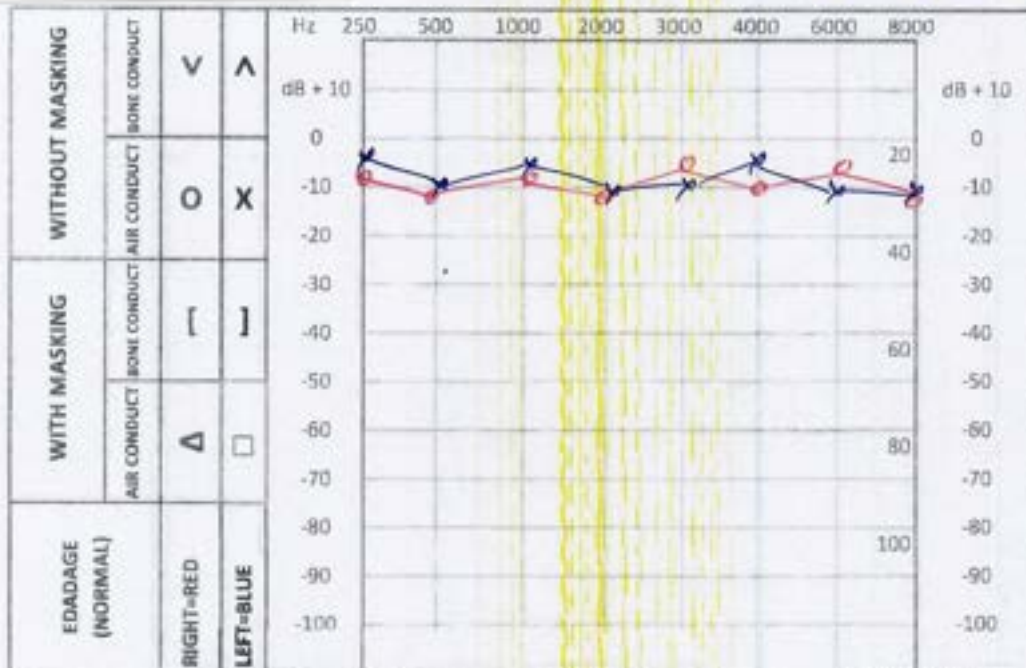
Bill #

0030128

0035422

UDIOMETRY TEST REPORT

COMPANY	Truck owner
OCCUPATION	Operator
DATE	21/4/22



INTERPRETATION

- X LEFT EAR
- O RIGHT EAR

RESULT

- ☒ NORMAL
- ☐ HEARING LOSS
- ☐ RIGHT
- ☐ LEFT

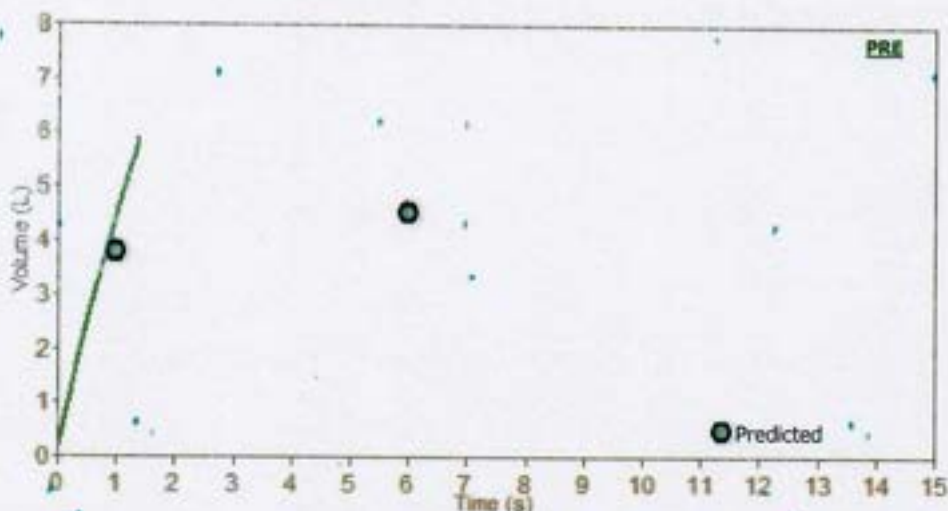
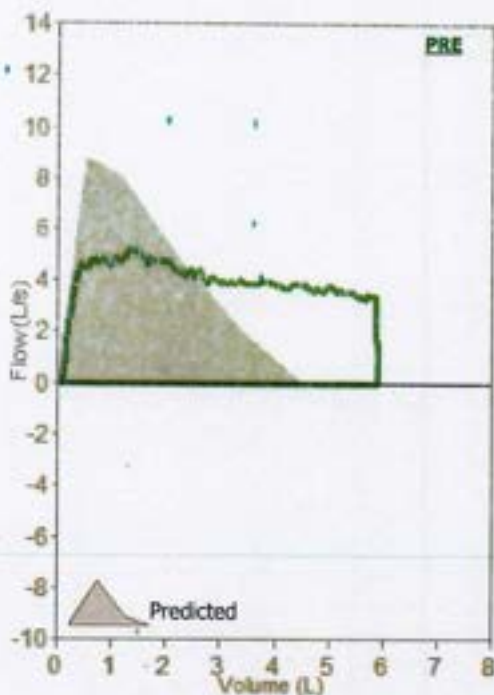


Pulmonary Function Test Results

Visit date 21/04/2022

Patient code 106490069
 Surname SINGH
 Name MANJIT
 Date of birth 28/10/1989
 Ethnic group Not defined
 Smoke
 Patient group

Age 32
 Gender Male
 Height, cm 169
 Weight, kg 77
 BMI 26.96
 Pack-Year



Quality Control Grade: F
 0 Acceptable trials

Interpretation
 Normal Spirometry

PRE Trial date 21/04/2022 10:44:45

Parameters	LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.48	4.53	5.91*	131	2.16	5.91		*		
FEV1	L	2.93	3.79	4.49*	118	1.34	4.49		*		
FEV1/FVC	%	74.3	84.5	76.0*	90	-1.37	76.0		*		
PEF	L/s	5.35	8.77	5.41*	62	-1.62	5.41		*		
ELA	Years		32	32	100		32				
FEF2575	L/s	2.38	4.11	4.16	101	0.05	4.16				
FET	s		6.00	1.38	23		1.38				
FVC	L	3.48	4.53								
FEV1/VC	%	74.3	84.5								

*Best values from all loops - BTPS 1.082 27 °C (80.6 °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

Fitness for work certificate

Employee Data		Date 24/4/2022	
Name MANJIT SINGH		Department/Company P.O.	
ID No.	10649064	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			FIT
Working at height			
Pulling, 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 24/4/2022
Name of health advisor Signature		 Dr. Abdulrahman Abdulhadi General Practitioner MoH License No. 10000	

