



PEACELAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Place of examination: MUSCAT		Date: 13/8/2025	Surname GURDEV SINGH																																																																																						
If a dependant enters employee's name here: Surname: 15/4/1987		Forenames: 102279795	Address TO																																																																																						
Birth date: 15/4/1987 Nationality: INDIAN		Country of birth: INDIA	Company Name: TO																																																																																						
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced		<input type="checkbox"/> Wife <input checked="" type="checkbox"/> Son <input type="checkbox"/> Daughter		Relationship to employee Number of children: 1																																																																																					
Reason for examination <input checked="" type="checkbox"/> Pre-Employment		Job: CRANE OPERATOR																																																																																							
PDO medical <input type="checkbox"/> 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?)																																																																																									
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How much tobacco each day? NO			Average daily alcohol consumption NO																																																																																						
Have you ever taken elicited drugs? (X)																																																																																									
FAMILY HISTORY: Diabetes (X) Tuberculosis (X) Epilepsy (X) Asthma (X) Eczema (X) Heart disease (X) High blood pressure (X) Stroke (X) Blood Disease (X) Cancer (X)																																																																																									
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. I am also aware that PDO reserve the right to dismiss me if it was found that I have purposely withheld important medical information																																																																																									
Date: 13/8/2025		Signature of Applicant: Gurdev Singh																																																																																							



PEACELAND 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	NEAR	Colour Vision	Blood Group													
185	85	24.84	110 / 60	68 /mins	L R N	Uncorrected Corrected	R L R L 6/6 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. Sickle Cell test																					

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

ASSESSMENT:

<input checked="" type="checkbox"/> FIT ALL AREAS	<input type="checkbox"/> FIT WITH RESTRICTION	<input type="checkbox"/> TEMPORARY UNFIT	<input type="checkbox"/> UNFIT
			
13/08/2025			
Date:	Name (Block Capitals): Dr. / Nurse	Signature: 	
			
REVIEW/CONSULTATION			

REVIEW/CONSULTATION

Name (Block Capitals): Dr. Nurse

UNFIT **U**

Date:

Name (Block Capitals): Dr. / Nurse

signature



مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: <u>13/8/2022</u>																
Name: <u>GURDEV SINGH</u>	PID: 23621 Age 38Y Male B.No: 80174	Department/Company: <u>TD</u>																
I. D No.	Spec.ID: 99838 SERUM 13/08/25 09:31	Occupation: <u>CRANE OPERATOR</u>																
<p>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.</p>																		
<p>How likely are you to fall asleep in the following situations? (use 0 to 3 score as shown below)</p>																		
<table> <tr> <td>0</td> <td>Would never doze</td> </tr> <tr> <td>1</td> <td>Slight chance of dozing</td> </tr> <tr> <td>2</td> <td>Moderate chance of dozing</td> </tr> <tr> <td>3</td> <td>High chance of dozing</td> </tr> </table>			0	Would never doze	1	Slight chance of dozing	2	Moderate chance of dozing	3	High chance of dozing								
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<p>Total <u>0</u></p>																		
<p>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.</p>																		
<p>Declaration: I, <u>Gurdev Singh</u> (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.</p>																		
<p>Signature: <u>Gurdev Singh</u> Date: <u>13/8/2022</u></p>																		



DEPARTMENT OF LABORATORY			
Patient ID	: 23621	Doc No	: 62989
Name	: GURDEV SINGH	Doc Date	: 13/08/2025 13:38
Age, Gender	: 38Y, Male	Bill No	: 80174
Nationality	: INDIAN	Bill Date	: 13/08/2025 09:23
GSM No	: 97468110	Approved Date	:
Doctor's Name	: DR.HASHIM ABDALLAH	Collected Time	: 13/08/2025 09:31
Customer	: TRUCKOMAN LLC-SAFA PROJECT	Received Time	: 13/08/2025 09:31

Test	Result	Unit	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS			
COMPLITE BLOOD COUNT			
RBC	5.1	x10 ¹² /L	Male 4.38 -6.0 x 10 ¹² /L Female 4.0- 5.2x10 ¹² /L
HAEMOGLOBIN	13.2	gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	39.9	%	Male 39.30 -50.00 % Female 37 -47 %
MCV	85	fL	84-94 fL
MCH	27.2	pg	27 - 33 pg
MCHC	32	g/dL	29.6 - 35.6 %
WBC COUNT	6.6	x 10 ⁹ /L	4.0 - 11.0 x 10 ⁹ /L
DIFFERENTIAL COUNT			
NEUTROPHIL	74	%	40-70 %
LYMPHOCYTE	20	%	20-45 %
EOSINOPHIL	02	%	1-6 %
MONOCYTE	04	%	2-8%
BASOPHIL	00	%	0-1%
PLATELET	154	x 10 ⁹ /L	150 - 450 x 10 ⁹ /L
SICKLE CELL TEST	NEGATIVE		
LIVER FUCTION TEST			
ALKALINE PHOSPHATASE	54	U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.92	mg/dl	0 - 2.0 mg/dl
S.G.O.T.	21.9	U/L	0 - 35.0 U/L
S.G.P.T.	23.8	U/L	10 - 45 U/L
ALBUMIN.	4.5	g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN.	7	g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.2	mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST			
UREA	26.9	mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.71	mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	4.8	mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE.			

Remarks:

Reported By:
Lab Tech

Sr. Lab Technologist

Verified By:
Lab Tech

Sr. Lab Technologist

Approved By:
Lab Tech





DEPARTMENT OF LABORATORY

Patient ID	: 23621	Doc No	: 62989
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Customer	: TRUCKOMAN LLC-SAFA PROJECT	Received Time	: 13/08/2025 09:31
Test	Result	Unit	Normal Range
Total Cholesterol	168	mg/dl	0.0 - 200 mg/dl
Triglyceride	117.1	mg/dl	0.0 - 150 mg/dl
HDL - CHOL	46.6	mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	98	mg/dl	< 100 mg/dl
VLDL	23	mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	92.5	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		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC			
PUS CELLS	1-2		
EPITHELIAL CELLS	1-2		
RBC	0-1		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NIL		
OTHERS	NIL		

Remarks:

Reported By:
Lab Tech

Sr. Lab Technologist

Verified By:
Lab Tech



Sr. Lab Technologist

Approved By:
Lab Tech



PEACELAND MEDICAL CENTER

AZAIBA

AUDIOMETRY REPORT

Name:

GURDEV SINGH
PID : 23621 Age 38Y Male B.No : 80174

Age(y):

Sex:

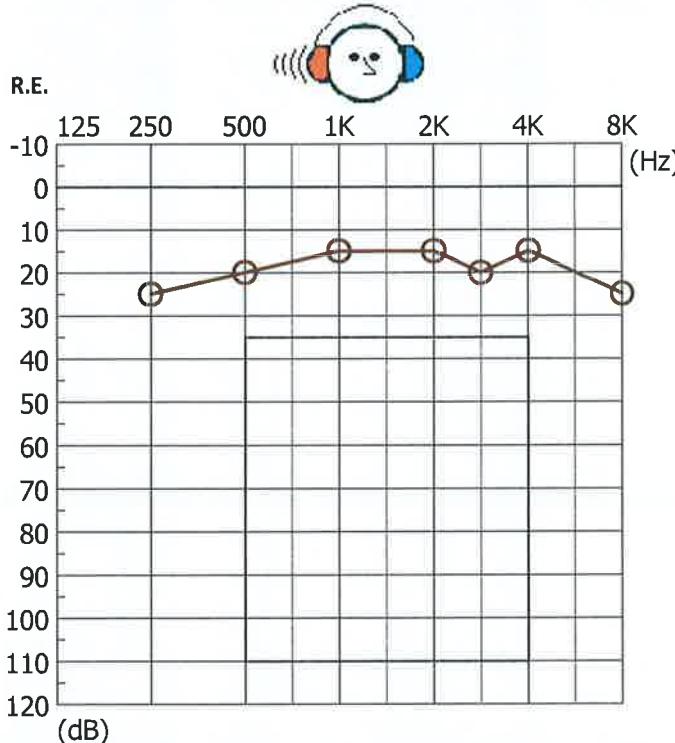
Height (cm):

Weight(Kg):

BMI:


Spec.ID : 99838 SERUM 13/08/25 09:31
Audio

R.E.



MINISTRY OF LABOUR AND SOCIAL AFFAIRS

R.E. L.E.

Hearing Loss (%) 0.0 0.0

Average dBs 17.5 12.5

Bilateral Loss (%) 0.0

Right ear Normal

Left ear Normal

COMMENTS:



SIBELMED W50

Test date: 13/08/2025

Reference: 23621

Technician:

Reason:

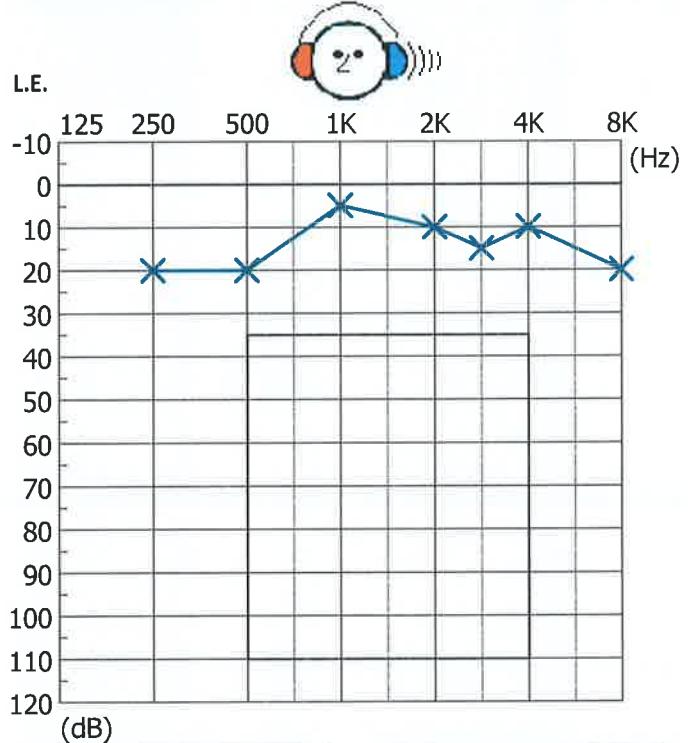
Origin:

Equipment:

Device serial numb.:

Flash Version:

L.E.



No Masking	R.E.	L.E.	With Masking	R.E.	L.E.
Air	○	✗	Air	△	□
Bone	<	>	Bone	■	▬
F.Field	∅	✳			
No response	○	✗			



مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		GURDEV SINGH PID : 23621 Age 38Y Male B.No : 80174	
Name		Date	13/08/2025
I.D No.		Department/Company	TO.
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			
Fit with following restriction(s)			
The employee is fit for above work but should avoid the following task(s)		Temporary restriction	
Work near moving machinery or sharp edges			
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			
 Name of Health General Practitioner : DR. HASHIM ABDALLAH MOH License No : 0087		 Date : 13/08/2025	