



PEACELAND MEDICAL CENTER

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



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

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	
If a dependant enters employee's name here: Surname:		Forenames: GURDEV SINGH		
Birth date: 15/4/1987		Nationality: INDIAN	Address: 102279795 Company Name: TO	
Home telephone number: 97468110				
Relationship to employee		Number of children: 1		
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced		
Reason for examination		Job: CRANE OPERATOR		
<input checked="" type="checkbox"/> Pre-Employment		Area:		
PDO medical		<input type="checkbox"/> Pre-Overseas		
Name and address of family doctor		List your last 3 jobs		
(1) (2)		(1) (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		
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		41. Rejected for employment or insurance for medical reasons
7. Any skin trouble		27. Serious chest pain		42. Awarded benefits for industrial injury/illness
8. Tuberculosis		28. Any blood disease		43. Treated for a mental condition, e.g. depression
9. Shortness of breath		29. Kidney disease		44. Treated for problem drinking or drug abuse
10. Coughed/vomited blood		30. Blood in urine		45. Exposed to toxic substance or noise
11. Severe abdominal pain		31. Painful passage of urine		FOR WOMEN ONLY Have you ever had:-
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		46. An abnormal smear
17. Blood in stools (motions)		37. Surgical operation		47. Any gynaecological treatment
18. Marked change in weight		38. Serious accident/fracture		48. Are you pregnant?
19. Varicose veins		39. Tropical disease		49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE
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? (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/min	L N R N	Uncorrected Corrected	R L 6/6 6/6	R L + +	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.)

ASSESSMENT:

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

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse


Signature:



مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Quest. for Sleep Apnoea

Employee Data	GURDEV SINGH PID : 23621 Age 38Y Male B.No : 80174	Date: 13/8/2025
Name:		Department/Company: TO
I. D No.	Spec.ID : 99838 SERUM 13/08/25 09:31	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

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

Signature: Gurdev Singh **Date:** 13/8/2025



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	Recieved 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		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

Verified By:
Lab Tech

Approved By:
Lab Tech

Sr. Lab Technologist



Sr. Lab Technologist

Printed at: 13/08/202513:55:56





DEPARTMENT OF LABORATORY

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Test	Result	Unit	Normal Range
Total Cholesterol	168		0.0 - 200 mg/dl
		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

Verified By:
Lab Tech

Approved By:
Lab Tech

Sr. Lab Technologist



Sr. Lab Technologist

Printed at: 13/08/202513:38:07



PEACELAND MEDICAL CENTER AZAIBA

AUDIOMETRY REPORT

Name:
Age(y):
Sex:
Height (cm):
Weight(Kg):
BMI:

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



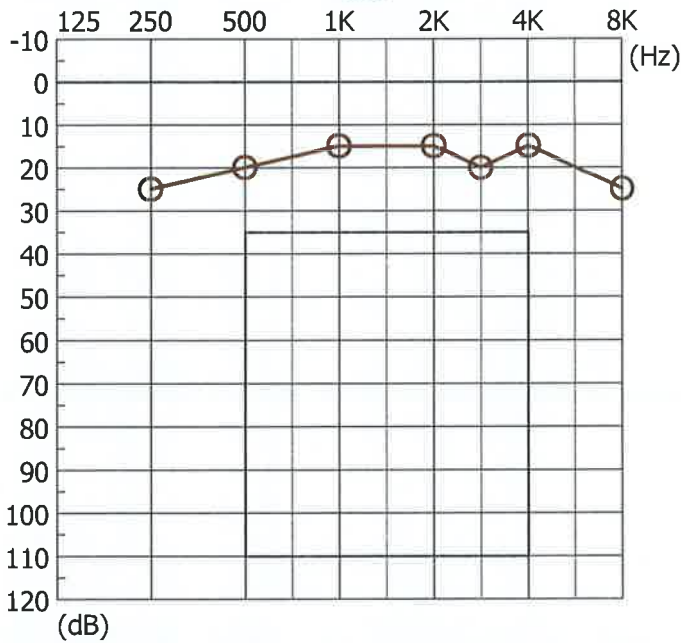
Spec ID : 99838 SERUM 13/08/25 09:31

Audio

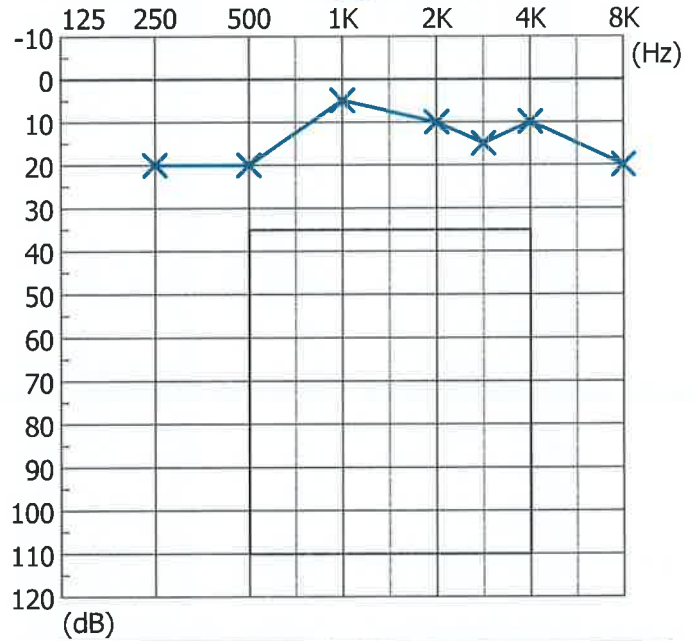
SIBELMED W50

Test date: 13/08/2025
Reference: 23621
Technician:
Reason:
Origin:
Equipment:
Device serial numb.:
Flash Version:

R.E.



L.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:

No Masking	R.E.	L.E.	With Masking	R.E.	L.E.
Air	○	×	Air	△	□
Bone	<	>	Bone	=	=
F.Field	∅	✕			
No response	⊗	⊗			





ص.ب: ١٤٠٣، الرمز البريدي: ١٣٣، دوار العذيبية، ميثر ابراج الصحوة، ميثر ٢، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
هاتف: ٢٤٦١٧١٤٩ / ٢٤٦١٧١٤٨ / ٢٤٦١٧١١٧
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