PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	
Forenames	UTTAM SINGH
Address	101706721 Company Name: Truckomen
Home telephone number	98273072
Forenames:	
Country of birth: India	Religion: Sikh

Place of examination: muscat Date: 18/4/23

If a dependant enters employee's name here:
Surname:

Birth date: 5/1/1977 Nationality: Indian

☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated /Divorced

Relationship to employee: ☐ Wife ☐ Son ☐ Daughter

Number of children: 3

Reason for examination: Pre-Employment ☐ Periodic medical check-up ☑ Pre-Overseas ☐

Job: Crane Operator

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?)

	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? (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.

Date: 18/4/23 Signature of Applicant: Uttam Singh

PEACE LAND MEDICAL CENTER

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N	A	PHYSICAL EXAMINATION
√		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
166	96	34	136/84	76/mins.	L N R	Uncorrected 6/6	6/6			N	
						Corrected					

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS
✓		1. Urinalysis
✓		2. Hb, Bloodcount, ESR
✓		3. LFT, RFT, RBS
		4. Drug Screen
✓		5. Lipids (40 years +)
✓		6. Sickle Cell test

7.9

N	A	
✓		7. Audiogram
		8. Lung Function
		9. Chest X-Ray
✓		10. ECG
✓		11. CVS risk for 40 yrs. & above
		12. HIV, Hepatitis screening

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

- LBM - Diet counsin, + wt advised
- HTN on Diet control / Exercise; FU in HC.

FIT

ASSESSMENT:

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

Date: 19/4/23 Name (Block Capitals): Dr. / Nurse

Signature

MUHAMMED AKBAR KHAN
General Practitioner
MOH Lic. No. 4404

REVIEW/CONSULTATION

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

مـركـز بـلاد الـسـلام الـطـبي
Peace Land Medical Center

Peace Land
بلاد السلام

Epworth Screening Questionnaire for Sleep Apnoea

UTTAM SINGH
[illegible] [illegible] 00491
77182 [illegible] 18/04/23 08 24

Date:	18/4/23.
Department/Company:	Toubomon
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, Uttam Singh (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Uttam Singh Date: 18/4/23

PEACE LAND MEDICAL CENTER مركز بلاد السلام الطبي

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:	UTTAM SINGH	**Doc No:**	0032520
Age:	46 Y **Nationality:** INDIAN	**File No:**	0041849
Gender:	M	**Bill No:**	0049180
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	18/04/2023
GSM No.:	98273072	**Time:**	12:57

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 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	15.2 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	45.2 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.7 pg	27 - 33 pg
MCHC	32.6 g/dl	29.6 - 35.6 %
WBC COUNT	11.0 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	66 %	40-75 %
LYMPHOCYTE	27 %	20-45 %
EOSINOPHIL	03 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	257 x 10^9/L	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	90 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.37 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	32.8 U/L	0 - 35.0 U/L
S.G.P.T.	36.5 U/L	10 - 45 U/L

Medical Technologist

Peace Land Medical Center
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Gender:	M	**Bill No:**	0049180
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	18/04/2023
GSM No.:	98273072	**Time:**	12:57

Test	Result	Normal Range
ALBUMIN	**4.7 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.9 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.15 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**37.1 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.89 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**6.0 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**167 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**142.3 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**55.0 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**83.6 mg/dl**	< 100 mg/dl
VLDL	**28.4 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	90.2 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	

PEACE LAND MEDICAL CENTER

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Medical Technologist

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Gender:	M	**Bill No:**	0049180
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	18/04/2023
GSM No.:	98273072	**Time:**	12:57

Test	Result	Normal Range
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	

PEACE LAND MEDICAL CENTER

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Medical Technologist

8 Channel + 1 Rhythm Report

Prescribed by:

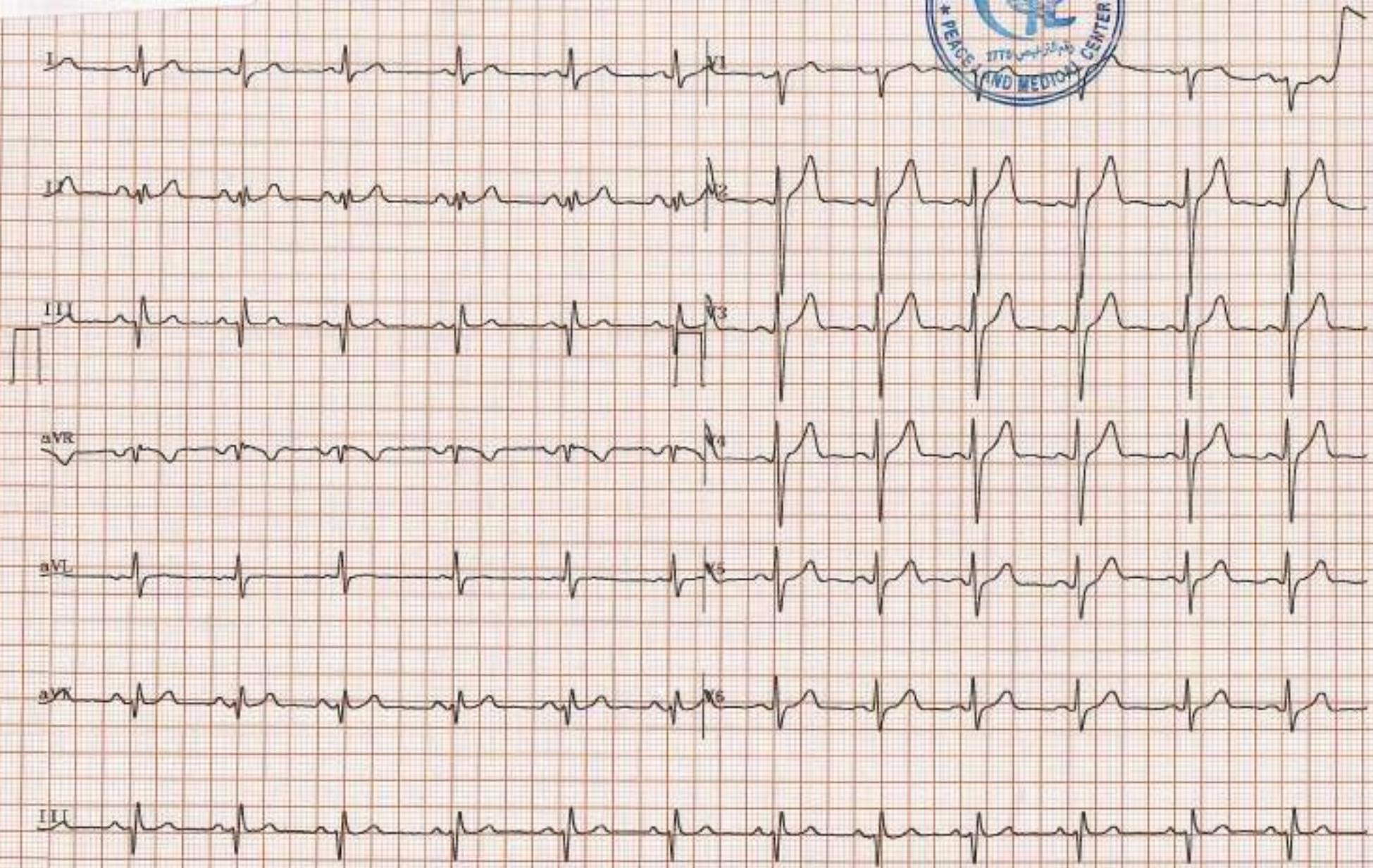
Hospital:

LITTAM SINGH

0049

17102 18/04/23 09:24

Heart Rate: 76bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 140 ms Normal Sinus Rhythm
QRS Dur.: 110 ms Normal Axis
QT/QTc: 380/426 ms [Normal ECG]
P-R-T axes:
62 29 53



0.1Hz- 150Hz,AC50Hz. All Channels:10.0mm/mV.25.0mm/sec. EKG2000 Ver5.05M.30 Bionet Co., Ltd.

Copy Results

Results

Estimated 10-year Global CVD Risk

7.9%

Risk Category

Low Risk

Estimated Vascular Age

51 Years

Treatment Guidelines

ATP-III (2004)
Treatment Targets
LDL <160 mg/dL (<4.14 mmol/L)
Non-HDL <190 mg/dL (<4.93 mmol/L)

CCS (2009)
Initiate Pharmacotherapy if
LDL >5 mmol/L (>193 mg/dL)
TChol/HDL-C >6 mmol/L (>231 mg/dL)

Treatment Targets
≥50 % decrease in LDL-C

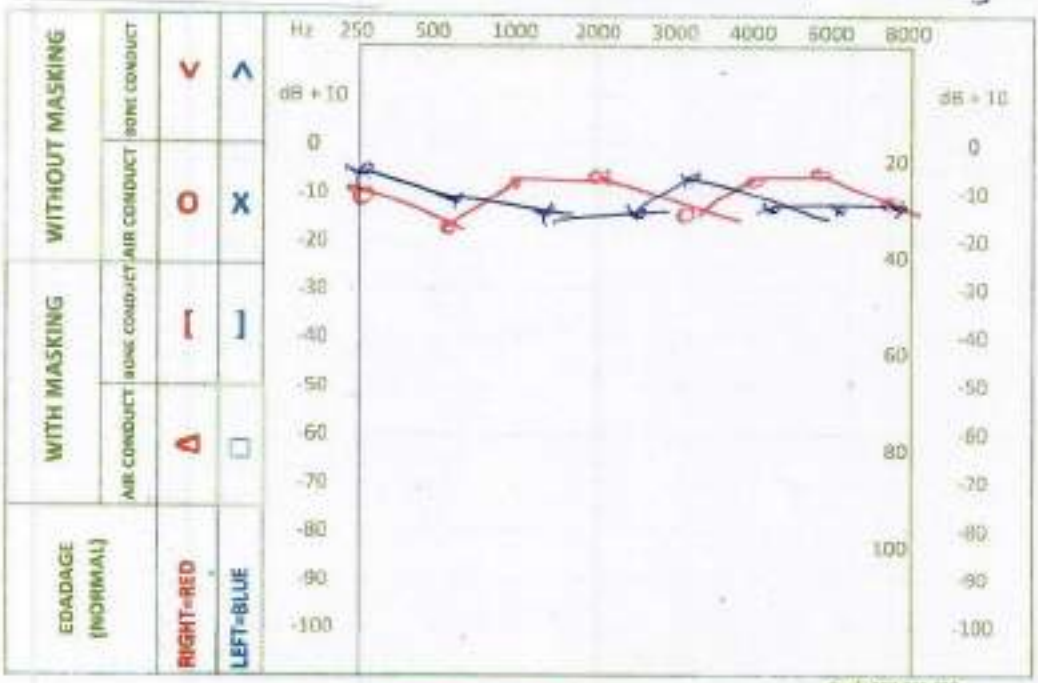
ESC (2007, see Info for more)
Treatment Targets
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

مركز بلاد السلام الطبي
Peace Land Medical Center

UTTAM SINGH
77102 18/04/23 08:24

IOMETRY TEST REPORT

COMPANY	T O
OCCUPATION	operator
DATE	18/4/23



Config 520-041-010

Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
NORMAL
HEARING LOSS
RIGHT
LEFT

PEACE LAND MEDICAL

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

مركز بلاد السلام الطبي
Peace Land Medical Center

Fitness for work certificate

UTTAM SINGH 00481 77182 18/04/23 08:24

Employee Data		Date	
Name		Department/Company	
I.D No.		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		
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)		

FIT

PEACE LAND MEDICAL CENTER

Temporary Unfit until	
Permanently Unfit	Date 19/4/23
Name of health advisor Signature	

Dr. [illegible] General Practitioner MOH Lic. No. 4404

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