1-35

PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname

Forenames SUDESH KUMAR

Address 10213507 – Tollekaran.

Home telephone number 92024996

Place of examination: aut Date 29/8/22

If a dependant enter employee's name here:

Surname: Forenames:

Birth date: 20/9/76 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: Operates. 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		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? ( )

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: 29/8/22 **Signature of Applicant:** [signature]

On Telmisartan 40mg
Amlodipine 5mg
Hydrochlorothiazide 12.5mg

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

N = Normal A = Abnormal (please describe)

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	Colour Vision	Blood Group
169	106	37.1	140/90	110/mins.	L A R N	DISTANT R L: Uncorrected 6/6 6/6; Corrected NEAR R L	N	

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis			✓	7. Audiogram (left) mild hearing loss
✓		2. Hb, Bloodcount, ESR		✓		8. Lung Function
✓		3. LFT, RFT, RBS				9. Chest X-Ray
✓		4. Drug Screen			✓	10. ECG (sinus tachy, LAD, nonST-T∆)
	✓	5. Lipids (40 years +)	↑TG	11	2	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.) ⊕ h/o of HTN on med. Telmisartan 40 OD, Amlodipine 5 OD, HCT
1. LSM URFR (wt, diet & exercise)
2. Regular F/u 2m later by his own physician (HTN, prediabetes)

ASSESSMENT: 3. ENT opinion for Lt side mild hearing loss

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

Dr. Shima Seyedsalehi Cardiologist Specialist MOH Lic. No. 21962

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Date: 30/6/22 Name (Block Capitals): Dr. / Nurse MOH Lic. No. 21962 Signature:

REVIEW/CONSULTATION

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

Epworth Screening Questionnaire for Sleep Apnoea

SUDESH KUMAR
45 Y(M) «Blank»
29.08.22 09:33
0034291
70877
PEACELAND

Employ	
Name:	Date: 29/8/2022
I. D No.	Department/Company: Truck Driver
	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, Sudesh (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: [signature] Date: 29/8/22

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:	SUDESH KUMAR	**Doc No:**	0023866
Age:	45 Y **Nationality:** INDIAN	**File No:**	0034291
Gender:	M	**Bill No:**	0039845
Ref. By:	DR.SHIMA	**Date:**	29/08/2022
GSM No.:	92024996	**Time:**	10:54

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
COMPLITE BLOOD COUNT		
RBC	5.7 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	44.9 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	**74 fl**	84-94 fl
MCH	**24.8 pg**	27 - 33 pg
MCHC	33.5 g/dl	29.6 - 35.6 %
WBC COUNT	11.0 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	61 %	40-75 %
LYMPHOCYTE	31 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	06 %	2-8%
BASOPHIL	00 %	0-1%
ESR	12	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**340 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	115 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**1.0 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**25.1 U/L**	0 - 35.0 U/L
S.G.P.T.	**27.6 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:	SUDESH KUMAR	**Doc No:**	0023866
Age:	45 Y **Nationality:** INDIAN	**File No:**	0034291
Gender:	M	**Bill No:**	0039845
Ref. By:	DR.SHIMA	**Date:**	29/08/2022
GSM No.:	92024996	**Time:**	10:54

Test	Result	Normal Range
GGT	**53.8 U/L**	0 - 55.0 U/L
ALBUMIN	**3.9 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.3 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.19 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**39.3 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**1.2 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**5.6 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**200 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**168.4 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**54.3 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**112.1 mg/dl**	< 100 mg/dl
VLDL	**33.6 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	**105.8 mg/dl**	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.020	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	

Medical Technologist

Peace Land Medical Center
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Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name:	SUDESH KUMAR	**Doc No:**	0023866
Age:	45 Y **Nationality:** INDIAN	**File No:**	0034291
Gender:	M	**Bill No:**	0039645
Ref. By:	DR.SHIMA	**Date:**	29/08/2022
GSM No.:	92024996	**Time:**	10:54

Test	Result	Normal Range
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	
STOOL ROUTINE ANALYSIS		
PHYSICAL		
Colour	Brownnish	
Consistency	Soft	
Reaction	Alkaline	
Mucus	NIL	
MICROSCOPIC		
Ova:	NIL	
Cyst:	NIL	
Pus Cells:	1-2 Cells/hpf	
RBCs	0-1 Cells/hpf	
Others	NIL	
Bacteria	NIL	
DRUG TESTING		
AMPHETAMINES(AMP)	NEGATIVE	
MORPHINE(MOP)	NEGATIVE	
COCAINE(COC)	NEGATIVE	

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Medical Technologist

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LAB RESULT

Name:	SUDESH KUMAR	**Doc No:**	0023866
Age:	45 Y **Nationality:** INDIAN	**File No:**	0034291
Gender:	M	**Bill No:**	0039845
Ref. By:	DR.SHIMA	**Date:**	29/08/2022
GSM No.:	92024996	**Time:**	10:54

Test	Result	Normal Range
PHENCYCLIDINE(PCP)	NEGATIVE	
METHAMPHETAMINE(MET)	NEGATIVE	
TRAMADOL(TRA)	NEGATIVE	
BARBITURATES(BAR)	NEGATIVE	
BENZODIAZEPINES(BZO)	NEGATIVE	
MEDTHODONE(MED)	NEGATIVE	
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE	
MARIJUANA(THC)	NEGATIVE	

PEACE LAND MEDICAL CENTER

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Medical Technologist

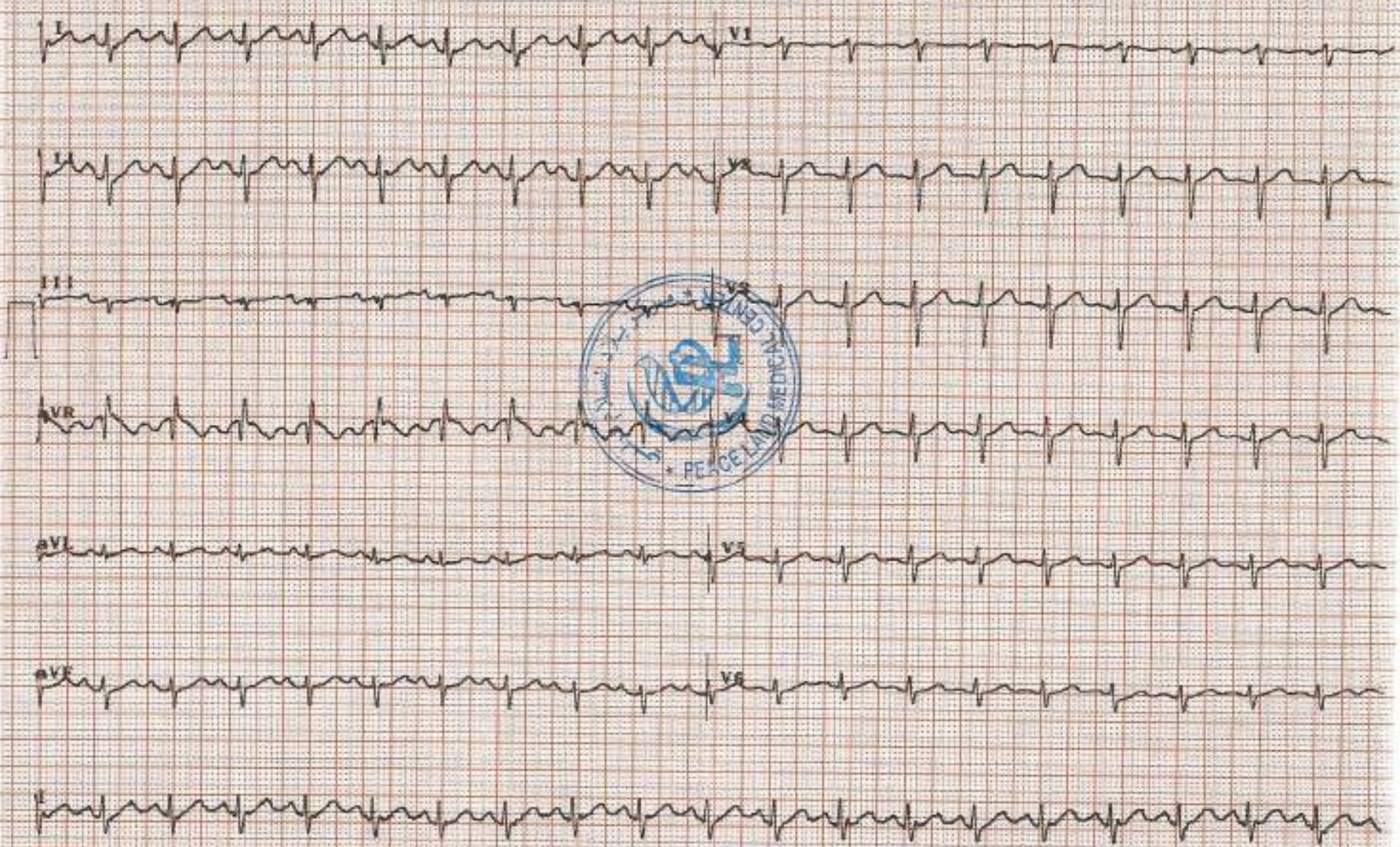
2022-08-29 08:40:17 6Channel+1 Rhythm Report Hospital:PLMS

Confirmed by:

ID:
Name:
Age:Years
Sex:
H:cm/W:0kg

Heart Rate : 120 BPM
PR Int.: 126 ms
QRS Dur.: 80 ms
QT/QTc: 354/499 ms
P-R-T axes:-10 -118 23

** Analysis Result ** (Unconfirmed Report)
ATRIAL FLUTTER
NORTHWEST AXIS
PROBABLE RVH
[MARKEDLY ABNORMAL ECG]



0.1Hz- 40Hz,AC50Hz.PM.Qik. 10.0/5.0mm/mV, 25.0mm/sec. CARDIO-M PLUS 1.13.30 Medical Econet GH

Estimated 10-year Global CVD Risk

11.2%

Risk Category

Moderate Risk

Estimated Vascular Age

57 Years

Treatment Guidelines

ATP-III (2004)
Treatment Targets
LDL <130 mg/dL (<3.37 mmol/L)
Non-HDL <160 mg/dL (<4.14 mmol/L)

CCS (2009)
Initiate Pharmacotherapy if
LDL >3.5 mmol/L (>135 mg/dL)
TChol/HDL-C >5 mmol/L (>193 mg/dL)
hsCRP >2 mg/L in men >50 years and women >60 years
FHx and moderate risk hsCRP

Treatment Targets
LDL <2 mmol/L (<77 mg/dL) or ≥50 % decrease in LDL-C
apoB <0.8 g/L (80 mg/dL)

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

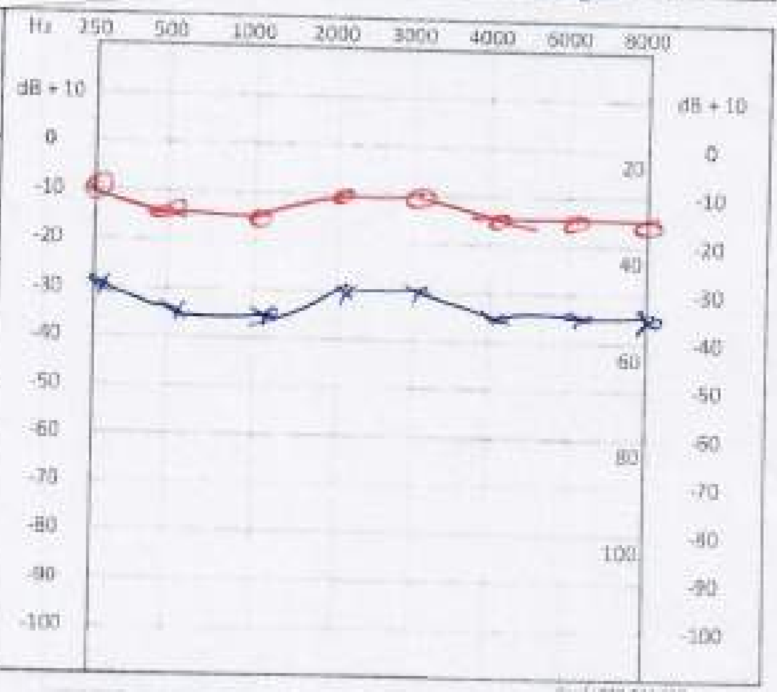
مـركـز بـلاد الـسـلام الـطـبي
Peace Land Medical Center

SUDESH KUMAR
46 Y(M) «Blank» 29/08/22 09:33
0034201
70677 Bil # 0039945
PEACELAND

NAM[E]		COMPANY	Tsck Oman
AGE		OCCUPATION	Operator
REF. B[Y]		DATE	29/8/22

[AUDIO]METRY TEST REPORT

WITHOUT MASKING	BONE CONDUCT	V	^
	AIR CONDUCT	O	X
WITH MASKING	BONE CONDUCT	[	]
	AIR CONDUCT	Δ	□
EDADAGE (NORMAL)		RIGHT–RED	LEFT–BLUE



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

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

مركز بلاد السلام الطبي * PEACE LAND MEDICAL CENTER *

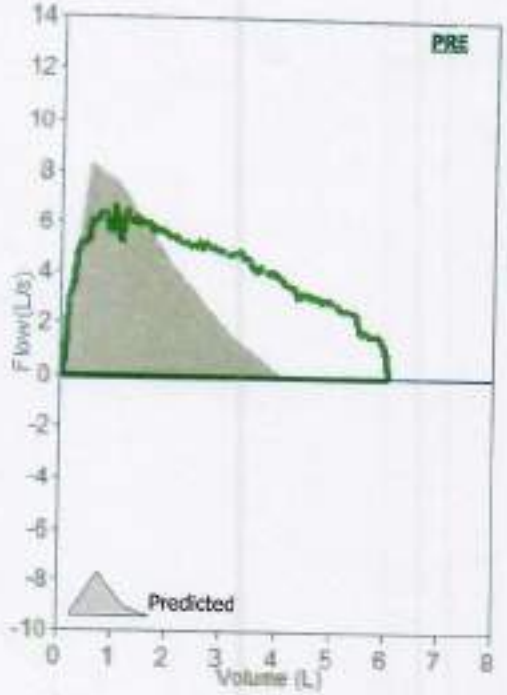
ص.ب ١٤٠٣، الرمز البريدي ١٣٣، دوار العذيبة مبنى ابراج الصحوة مبنى ٢، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba Roundabout at Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 ٢٤٦١٧١٤٩ / ٢٤٦١٧١٤٨ / ٢٤٦١٧١١٧ :هاتف

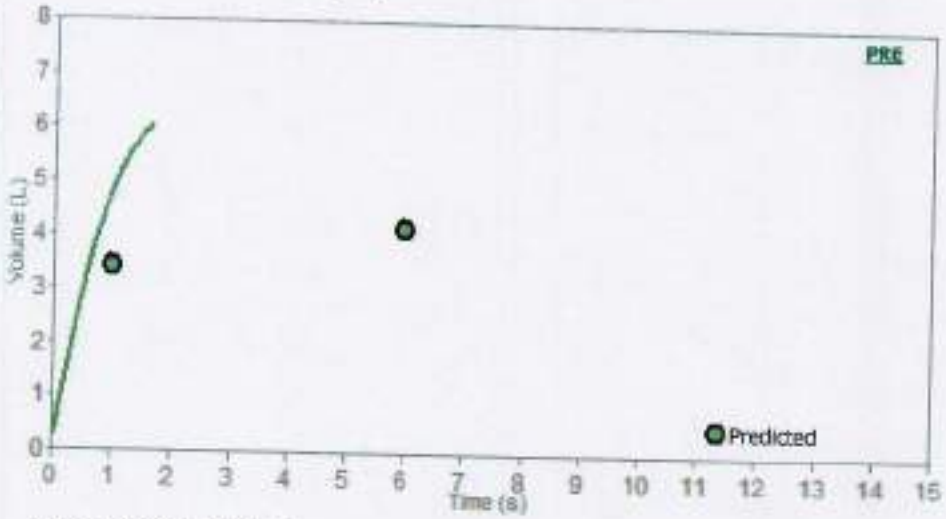
Pulmonary Function Test Results

Visit date 29/08/2022

Patient code	10213507	Age	45
Surname	KUMAR	Gender	Male
Name	SUDESH	Height, cm	169
Date of birth	20/09/1976	Weight, kg	106
Ethnic group	Not defined	BMI	37.11
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 29/08/2022 11:11:25

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.09	4.14	6.05*	146	2.99	6.05			*		
FEV1	L	2.55	3.41	4.87*	143	2.79	4.87			*		
FEV1/FVC	%	72.7	82.9	80.5*	97	-0.38	80.5			*		
PEF	L/s	4.90	8.32	6.71*	81	-0.77	6.71			*		
ELA	Years		45	45	100		45					
FEF2575	L/s	1.85	3.63	4.58	126	0.87	4.58					
FET	s		6.00	1.63	27		1.63					
FIVC	L	3.09	4.14									
FEV1/VC	%	72.7	82.9									

*Best values from all loops - BTPS 1.092 25 °C (77 °F) - Predicted Knudson

Conclusion / Medical report

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

Signature

Instrument used
Minispir S S/N C11507
Last calibration check 01/11/2021 09:35:10

MIR

مركز بلاد السلام الطبي
Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	30/8/22
Name	SUDESH KUMAR	Department/Company	Truck Oman
I.D No.	10213357	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			
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 30/8/22
Name of health advisor Signature			Dr. Shima Sayedabdollah Jafar, Medical Specialist, MOH Lic. No. 21062

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العزيزة مقابل أبراج السحوة جنوب ٢ سلطنة عمان
P.O. Box 1403 Postal Code : 133, Al Azaiba, Roundabout at Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149