



PEACE LAND MEDICAL CENTER



MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname	SINHA
Forenames	BARWAN SINGH BULAKHAN
Address	83583234 - TRUCK OMAR
Home telephone number	92069652

Place of examination: MUSCAT	Date: 23/10/2022
If a dependant enter employee's name here: Surname:	
Birth date: 17/12/84	Nationality: INDIAN
Forenames:	Country of birth: INDIA
Religion: SIKH	Relationship to employee:
☒ Male ☐ Female	☒ Married ☐ Single ☐ Separated / Divorced
Reason for examination	Pre-Employment ☐ Periodic medical check-up ☒ Pre-Overseas ☐ Job: I.A.O.D
Name and address of family doctor	Area:

List your last 3 jobs
(1)
(2)
(3)

Are you a Registered Disabled Person? (UK only) ☐	Do you belong to any Medical Insurance Scheme? ☐
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DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)	Y	N
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1. Sinus trouble	Y	N	21. Cancer	Y	N
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/armpit			40. Fear of heights		

How much tobacco each day? NO	Average daily alcohol consumption NO
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Have you ever taken illicit drugs? ()	
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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: 23/10/2022	Signature of Applicant:
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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. 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 L R	VISION DISTANT R L NEAR R L Uncorrected Corrected	Colour Vision	Blood Group
176	93	30.2	118 82	70/min.	N	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 +)	7TC, 9TC			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.)

4 LSM & RFR (Int, Exercise & diet)

ASSESSMENT:

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

Date: 24/10/22 Name (Block Capitals): Dr. / Nurse

Dr. Shura Sayedabbillah Jafar
General Specialist
MOH No. 2190



REVIEW/CONSULTATION

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

Signature:



Epworth Screening Questionnaire for Sleep Apnoea

SARWAN SINGH SULA KHAN SINGH 37 Y(M) «Bimbi» 23-10-22 10:17		PEACELAND	Date: 23/10/2022
Employee Data	 72611	0030544 0042340	Department/Company: TRUCK DRIVER
Name:			Occupation: I.T. D.D.
I.D No.			

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

Signature: [Signature] Date: 23/10/2022







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: SARWAN SINGH SULAKHAN SINGH
Age: 37 Y Nationality: INDIAN
Gender: M
Ref. By: DR.SHIMA
GSM No.: 92069652

Doc No: 0026256
File No: 0036544
Bill No: 0042346
Date: 23/10/2022
Time: 15:41

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
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	15.2 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	45.6 %	Male 39.30 - 50.00 % Female 37 - 47 %
MCV	84 fl	84-94 fl
MCH	27.2 pg	27 - 33 pg
MCHC	33.3 g/dl	29.6 - 35.6 %
WBC COUNT	7.7 10^9 d/l	5.0 - 11.0 $10^9/l$
DIFFERENTIAL COUNT		
NEUTROPHIL	65 %	40-75 %
LYMPHOCYTE	33 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	01 %	2-8%
BASOPHIL	00 %	0-1%
ESR	09	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	206 $10^9/l$	156 - 342 $10^9/l$
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	108 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.56 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	26.1 U/L	0 - 35.0 U/L
S.G.P.T.	37.1 U/L	10 - 45 U/L



Medical Technologist



Peace Land Medical Center
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Date: 23/10/2022
Time: 15:41

Test	Result	Normal Range
GGT	19.9 U/L	0 - 55.0 U/L
ALBUMIN	4.6 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	6.9 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.12 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	18.7 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.92 mg/dl	0.70 - 1.30 mg/dl
S.URIC ACID	7.1 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	210 mg/dl	0.0 - 200 mg/dl
Triglyceride	185.5 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	55.9 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	117.0 mg/dl	< 100 mg/dl
VLDL	37.1 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	90.0 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	
Ketones	Negative	





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Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	2-4	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
STOOL ROUTINE ANALYSIS		
PHYSICAL		
Colour	Brownish	
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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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	





مركز بلاد السلام الطبي Peace Land Medical Center

SARWAN SINGH SULAKHAN SINGH
27 Y (M) «Blank» 23-10-22 10:17



0038544

BI # 0042346

PEACE LAND
ER

DIOMETRY TEST REPORT

COMPANY

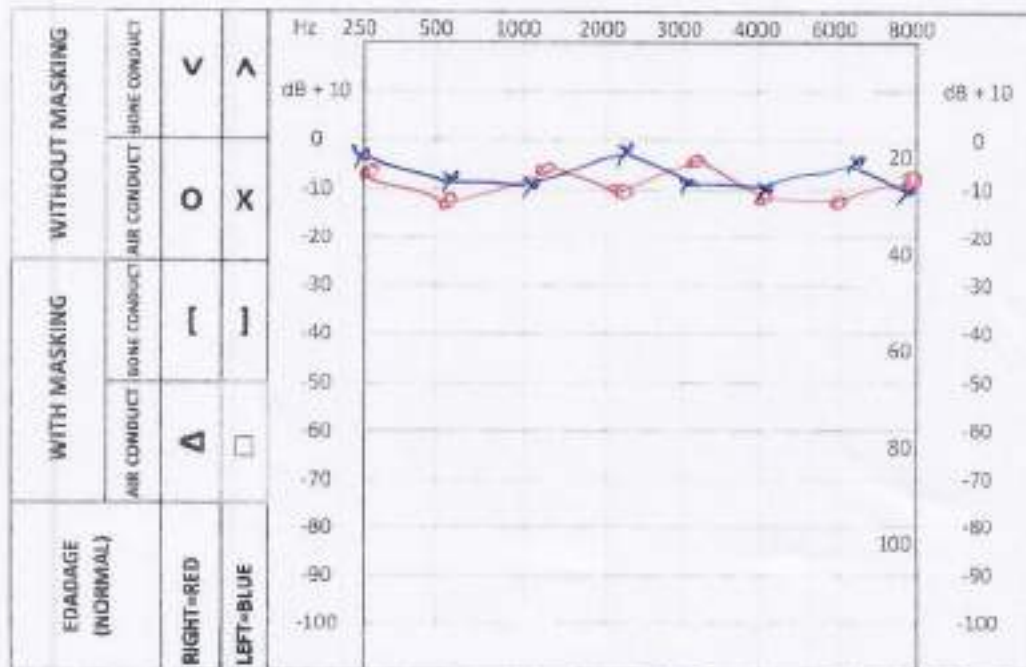
Backman

OCCUPATION

H.D.D

DATE

23/10/22



Contig 302-441-018

Sibelmed

INTERPRETATION

X LEFT EAR

O RIGHT EAR

RESULT

☒ NORMAL

☐ HEARING LOSS

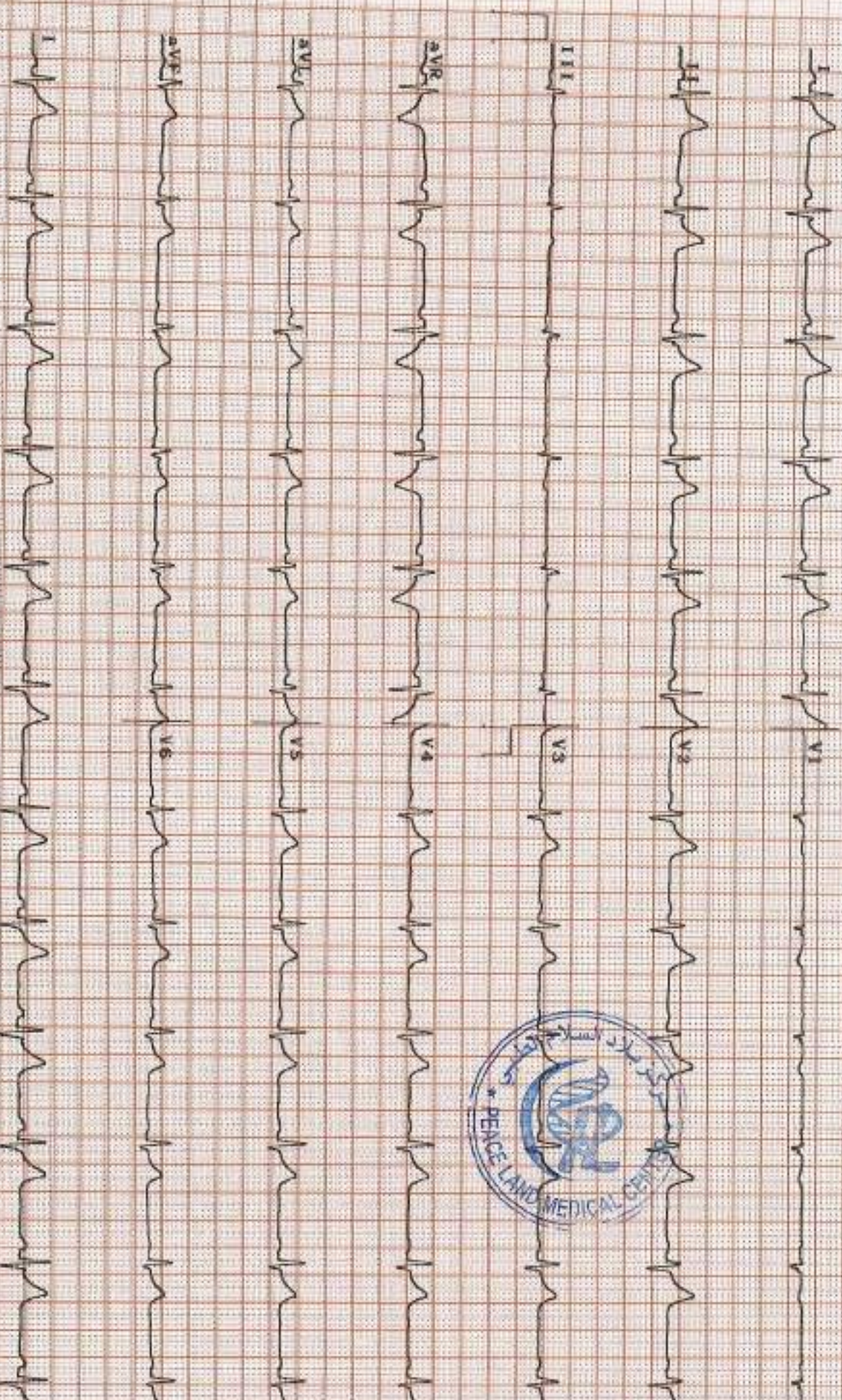
☐ RIGHT

☐ LEFT



SARHAN SNGH SULTAN SNGH
37 Y (M) *6866b 23.10.22 0.7
0008644
PEACE LAND
72811
BI# 0002344

Heart Rate : 70 BPM
PR Int.: 146 ms
QRS Dur.: 84 ms
QT/QTc: 358/387 ms
P-R-T axes: 9 57 33
** Analysis Result ** (Unconfirmed Report)
NORMAL SINUS RHYTHM
NORMAL AXIS
[NORMAL ECG]



Pulmonary Function Test Results

Visit date 23/10/2022

Patient code 83583234

Surname SINGH

Name SARWAN

Date of birth 17/12/1984

Ethnic group Not defined

Smoke

Patient group

Age 37

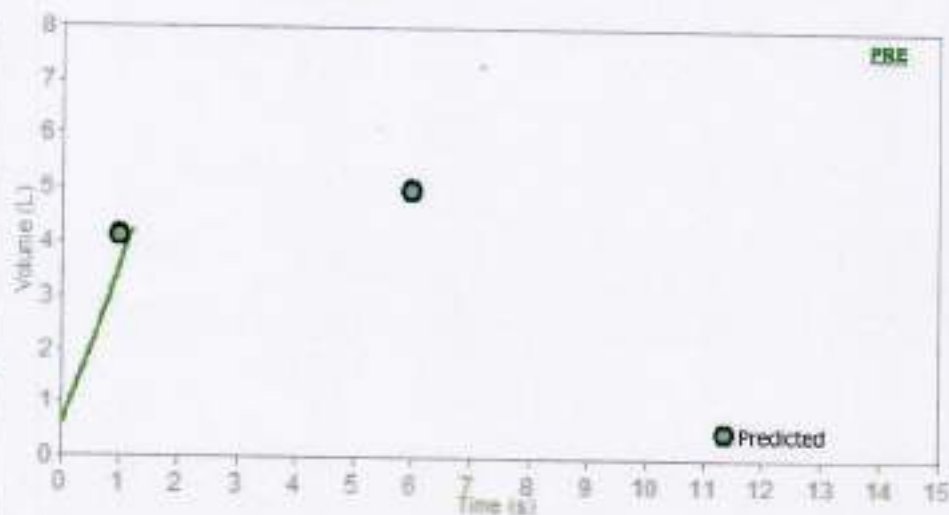
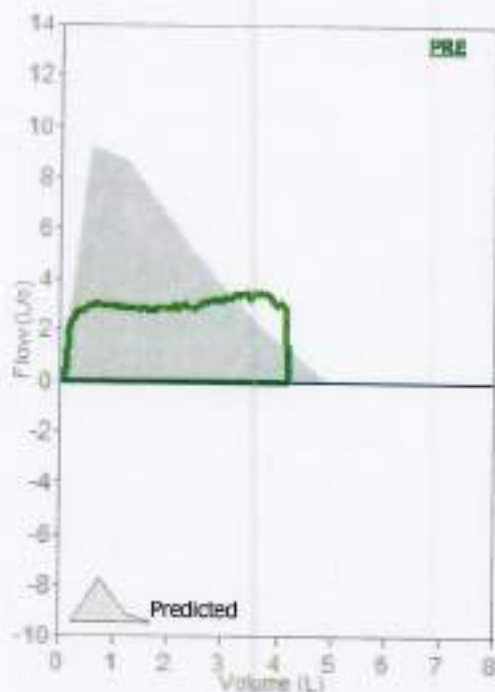
Gender Male

Height, cm 176

Weight, kg 93

BMI 30.02

Pack-Year



Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 23/10/2022 14:52:32

Parameters	LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.92	4.97	4.21*	85	-1.19	4.21		*		
FEV1	L	3.25	4.11	3.61*	88	-0.95	3.61		*		
FEV1/FVC	%	72.9	83.0	85.7*	103	0.43	85.7		*		
PEF	L/s	5.84	9.26	3.61*	39	-2.72	3.61		*		
ELA	Years		37	54	146		54				
FEF2575	L/s	2.55	4.33	3.04	70	-1.19	3.04				
FET	s		6.00	1.22	20		1.22				
FVC	L	3.92	4.97								
FEV1/VC	%	72.9	83.0								

*Best values from all loops - BTPS 1.087 26 °C (78.8 °F) - Predicted Knudson

Conclusion / Medical report

Signature



Instrument used

Minispir S S/N C11507

Last calibration check 01/11/2021 09:35:10



مركز فروع الخدمات الطبية
FARAH MEDICAL SERVICE CENTER

عضو مختبرات مجموعة سلطان مديكا
Member of Sultan Medical Group



Patient		Doctor	
Patient No.		Transaction	
Age		Date/Time	
Gender		Serial	

X-RAY REPORT

Doc No: PAT009202
Date: 23-10-22
Name: SARWAN SINGH SULAKHAN SINGH
Sex: MALE
Referred By: DR. SHIMA
Age/DOB: 17-Dec-1984
X-Ray: CHEST PA

REPORT

Normal heart size
Both lung fields are clear
Normal pleural spaces

Impression:
NORMAL STUDY

Signature:

Seal





مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date 24/10/22	
Name SARWAN SINGH SULKHAN		Department/Company Truck Oman SLB	
I.D No. 83583234		Occupation HDD	
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	Permanent 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		Date 24/10/22	
Permanently Unfit			
Name of health advisor Signature		 Dr. Shamsa Saadabadi, MBChB General Practitioner MOH Lic. No. 21962	