PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	WAZIR SINGH
Forenames	GURBACHAN SINGH
Address	76103261 Company Name: T.O
Home telephone number	97190315

Place of examination: [illegible] Date: 16/3/2023

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

Birth date: 20/11/65 Nationality: Indian Country of birth: Indian 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: Driver

Area:

Name and address of family doctor
(1) (2)

List your last 3 jobs
(2) (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? No

FAMILY HISTORY: Diabetes ( ) Tuberculosis ( ) Epilepsy ( ) Asthma ( ) Eczema ( )
Nil 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: 16/3/2023 Signature of Applicant: [signature]

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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)	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. Muscolo-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
165	96	35	132/84	86 /mins.	L N R	Uncorrected 6/6	6/6			N	
						Corrected					

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
—		1. Urinalysis			7. Audiogram
—		2. Hb, Bloodcount, ESR			8. Lung Function
—		3. LFT, RFT, FBS			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.)

→ GM - Diab exercise, & wt advised.

FIT

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PEACE LAND MEDICAL CENTER
رقم الترخيص 2770

ASSESSMENT:

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

Date: 18/3/13 Name (Block Capitals): Dr. / Nurse Signature:

Dr. MUHAMMED AKBAR KHAN
General Practitioner
MOH Lic. No. 4404

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Peace Land
بلاد السلام

Epworth Screening Questionnaire for Sleep Apnoea

GURBACHAN SINGH WAZIR SINGH
0040983 # 37 Y(M) [illegible] 00479
76521 [illegible] 16/03/23 13:04

Employ[ee]	
Name:	Date: 16/3/2023.
I. D No.	Department/Company: Y.O
	Occupation: H. Driver

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, Gurbachan (Print name) declare that to the best of my knowledge the above information supplied by me is true and correct.

Signature: [signature] Date: 16/3/2023

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:	GURBACHAN SINGH WAZIR SINGH	**Doc No:**	0031404
Age:	37 Y **Nationality:** INDIAN	**File No:**	0040963
Gender:	M	**Bill No:**	0047969
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	16/03/2023
GSM No.:	97190315	**Time:**	16:13

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.6 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	15.7 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	46.0 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.9 pg	27 - 33 pg
MCHC	34.0 g/dl	29.6 - 35.6 %
WBC COUNT	9.7 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	64 %	40-75 %
LYMPHOCYTE	32 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**277 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	84 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.58 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**23.0 U/L**	0 - 35.0 U/L
S.G.P.T.	**26.1 U/L**	10 - 45 U/L

Medical Technologist

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LAB RESULT

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Age:	37 Y **Nationality:** INDIAN	**File No:**	0040963
Gender:	M	**Bill No:**	0047969
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	16/03/2023
GSM No.:	97190315	**Time:**	16:13

Test	Result	Normal Range
ALBUMIN	**4.2 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.9 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.18 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**30.6 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**1.0 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**7.0 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**153 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**160.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**36.5 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**84.5 mg/dl**	< 100 mg/dl
VLDL	**32.0 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	97.0 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.015	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	
Urobilinogen	Normal	

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LAB RESULT

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Age:	37 Y **Nationality:** INDIAN	**File No:**	0040963
Gender:	M	**Bill No:**	0047969
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	16/03/2023
GSM No.:	97190315	**Time:**	16:13

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	

Medical Technologist

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مركز بلاد السلام الطبي

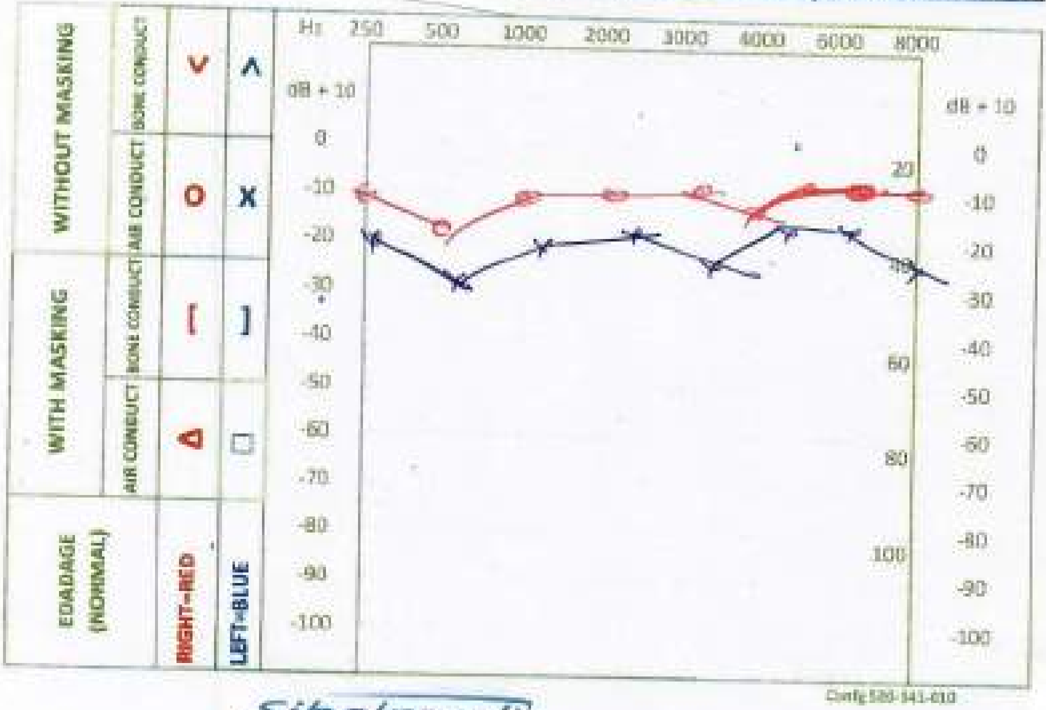
Peace Land Medical Center

Peace Land
بلاد السلام

GURBACHAN SINGH WAZIR SINGH
37 YRS
78521
15/03/23 13:04
00479

TEST REPORT

NAME		COMPANY	T.O
AGE		OCCUPATION	Driver
REF. BY		DATE	16/3/23



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT

- [✓] NORMAL
- [ ] HEARING LOSS
- [ ] RIGHT
- [ ] LEFT

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 al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 ٢٤٦١٧١٤٩/٢٤٦١٧١٤٨/٢٤٦١٧١١٧ :هاتف

مركز بلاد السلام الطبي

Peace Land Medical Center

Peace Land
بلاد السلام

Fitness for work certificate

GURBACHAN SINGH WAZIR SINGH
76521 16/03/23 13:04

Employee Data		Date	
Name		Department/Company	
I.D No.		Occupation	Doctor

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*	FIT
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			Date 18/3/23
Name of health advisor Signature			

Dr. MOHAMMED ANWAR ASARI
General Practitioner
MOH Lic. No. 4404

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