PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

#6490

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	
Forenames	TAHIR SINGH.
Address 111102534	Company Name: Trukomen
Home telephone number	94292895.

Place of examination: muscat	Date: 22/5/23		
If a dependant enters employee's name here: Surname:		Forenames:	
Birth date 2/4/1982	Nationality: Indian	Country of birth: India.	Religion: Sikh.
☑ Male ☐ Female	☑ Married ☐ Single ☐ Separated /Divorced	Relationship to employee: ☐ Wife ☐ Son ☐ Daughter	Number of children: 1
Reason for examination: Pre-Employment ☐ Pre-Overseas ☐	Periodic medical check-up ☑	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 Have you ever had:-		
13. Recurrent indigestion		√	33. Headaches/migraine		√			
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: 22/5/23

Signature of Applicant: Tahir Singh

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	WEIGHT	BMI	B.P.	PULSE	HEARING	VISION				Colour Vision	Blood Group
						DISTANT		NEAR			
cm	kg			/mins.		R	L	R	L		
164	71	26	130/80	72	L R N	Uncorrected Corrected	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 +)	3.9	✓		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.)

USM - Dietary exercise advised

FIT

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
2775 ذ.م.م

ASSESSMENT:

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

Date: 23/5/23 Name (Block Capitals): Dr. / Nurse Signature:

Dr. MOHAMMED 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

Epworth Screening Questionnaire for Sleep Apnoea

JAGIR SINGH-6790

00502

22/05/23 08:21

Date: 22/5/23.

Department/Company: Truckman.

Occupation: Operators.

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	

If you score a total of [illegible] or more you should seek advice from medical personnel on site before continuing to drive [illegible] machinery in the workplace.

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

Signature: Jagir Singh Date: 22/5/23

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: JAGIR SINGH-6790
Age: 41 Y **Nationality:** INDIAN
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 94292895

Doc No: 0033569
File No: 0015385
Bill No: 0050261
Date: 22/05/2023
Time: 16:21

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 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	13.9 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	40.2 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	86 fl	84-94 fl
MCH	28.3 pg	27 - 33 pg
MCHC	30.2 g/dl	29.6 - 35.6 %
WBC COUNT	7.8 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	54 %	40-75 %
LYMPHOCYTE	40 %	20-45 %
EOSINOPHIL	03 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**251 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	70 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.58 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**18.2 U/L**	0 - 35.0 U/L
S.G.P.T.	**18.1 U/L**	10 - 45 U/L

Medical Technologist

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

LAB RESULT

Name:	JAGIR SINGH-6790	**Doc No:**	0033569
Age:	41 Y **Nationality:** INDIAN	**File No:**	0015385
Gender:	M	**Bill No:**	0050261
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	22/05/2023
GSM No.:	94292895	**Time:**	16:21

Test	Result	Normal Range
ALBUMIN	**4.5 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.1 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.18 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**36.7 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.91 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**5.2 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**156 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**101.2 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**55.2 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**80.6 mg/dl**	< 100 mg/dl
VLDL	**20.2 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	82.6 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	

Medical Technologist

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LAB RESULT

Name:	JAGIR SINGH-6790	**Doc No:**	0033569
Age:	41 Y **Nationality:** INDIAN	**File No:**	0015385
Gender:	M	**Bill No:**	0050261
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	22/05/2023
GSM No.:	94292895	**Time:**	16:21

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

2023-05-22 08:35:42 6 Channel + 1 Rhythm Report Hospital:
Prescribed by:

Heart Rate: 69bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 170 ms Normal Sinus Rhythm
QRS Dur.: 78 ms Normal Axis
QT/QTc: 364/388 ms [Normal ECG]
P-R-T axes:
20 54 45

I
II
III
aVR
aVL
aVF
III
V1
V2
V3
V4
V5
V6

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

Results

Copy Results

Estimated 10-year Global CVD Risk

3.9%

Risk Category

Low Risk

Estimated Vascular Age

40 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)

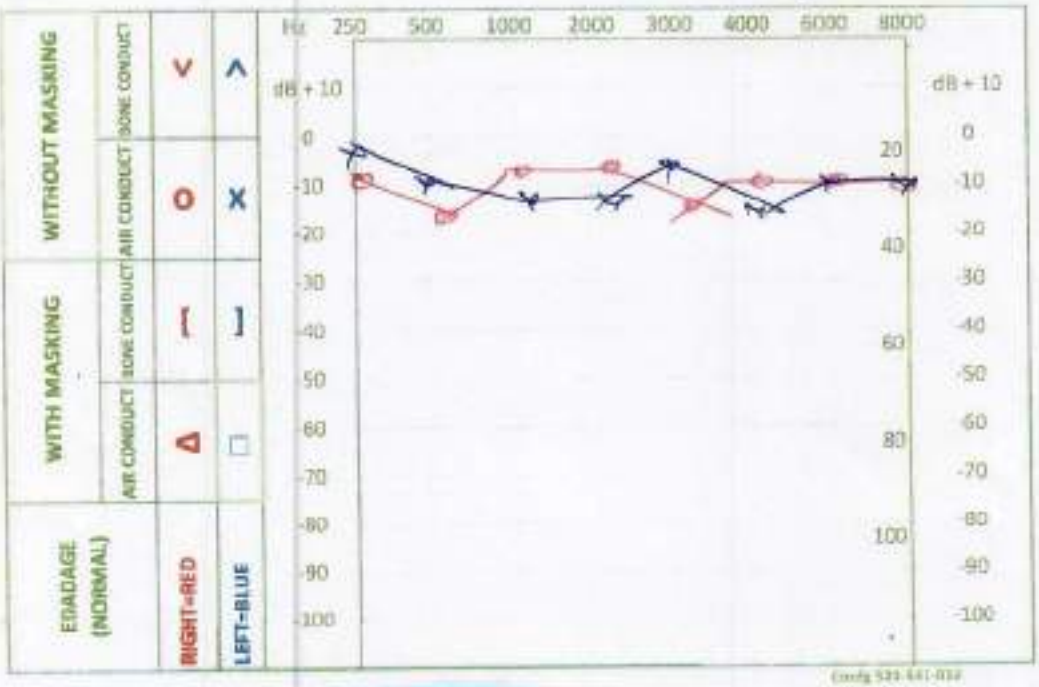
مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land
بلاد السلام

JAGIR SINGH-6790

77784 22/05/23 09:21

TRY TEST REPORT

NAME		COMPANY	
AGE		OCCUPATION	Operator
REF. BY		DATE	22/5/23



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

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

PEACE LAND MEDICAL CENTER

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ جوار الغبيه مبنى اراج الصحوة شارع ٢ سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149

مركز بلاد السلام الطبي
Peace Land Medical Center

Fitness for work certificate

JAGR SINGH-6700 00502 22/05/23 08:21

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*	FIT
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)			
Temporary Unfit until			
Permanently Unfit			Date 23/5/23
Name of health advisor Signature			

PEACE LAND MEDICAL CENTER

Dr. MOHAMMED AZHAR
General Practitioner
MOH Lic. No. 4404

P.O. Box 1483 Postal Code : 133, Al Azaiba, Roundabout at Sahwa Tower, Sultanate of Oman
Tel: 24617137 / 24617146 / 24617549