PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)
Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname: SADIQ MUHAMMAD
Forenames: LIAQAT ALI
Address: 04277257 Company Name: TO SCM
Home telephone number: 90195001.

Place of examination: [illegible] Date: 26/3/2023
If a dependant enters employee's name here
Surname:
Forenames:
Birth date: 1/8/76 Nationality: Pakistani Country of birth: Pakistan Religion: Muslim.
☒ Male ☐ Female ☒ Married ☐ Single ☐ Separated /Divorced
Relationship to employee ☐ Wife ☐ Son ☐ Daughter Number of children: 4.
Reason for examination: Pre-Employment ☐ Periodic medical check-up ☐ Pre-Overseas ☐
Job: Operates
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		√	42. Awarded benefits for industrial injury/illness		√
4. Any ear discharge		√	24. Abnormal heartbeat		√	43. Treated for a mental condition, e.g. depression		√
5. Asthma/bronchitis		√	25. High blood pressure		√	44. Treated for problem drinking or drug abuse		√
6. Hayfever /other significant allergy		√	26. Stroke		√	45. Exposed to toxic substance or noise		√
7. Any skin trouble		√	27. Serious chest pain		√	FOR WOMEN ONLY Have you ever had:-		
8. Tuberculosis		√	28. Any blood disease		√	46. An abnormal smear		
9. Shortness of breath		√	29. Kidney disease		√	47. Any gynaecological treatment		
10. Coughed/vomited blood		√	30. Blood in urine		√	48. Are you pregnant?		
11. Severe abdominal pain		√	31. Painful passage of urine		√	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
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? 4-5 daily
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: 26/3/2023. Signature of Applicant: [signature]

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)

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
175 Cm	91 kg	29	140/90	77 /mins.	L R N	DISTANT R L: Uncorrected 6/6 6/6; Corrected — NEAR R L	~	

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
—		1. Urinalysis				
—		2. Hb, Bloodcount, ESR		—		7. Audiogram
—		3. LFT, RFT, RBS				8. Lung Function
—		4. Drug Screen				9. Chest X-Ray
—		5. Lipids (40 years +)		—		10. ECG
—		6. Sickle Cell test	15.6	—		11. CVS risk for 40 yrs. & above
						12. HIV, Hepatitis screening

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

– Lyn – Diet, exercise advice
– Borderline B.P.; f/u in life.

FIT

ASSESSMENT:

[✓] FIT ALL AREAS [ ] FIT WITH RESTRICTION [ ] TEMPORARY UNFIT [ ] UNFIT

Date: 27/3/23 Name (Block Capitals): Dr. / Nurse Signature: [signature]

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي
Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

LIAQAT ALI SADIQ MUHAMMAD
0013597 # 45 Y(M) 00484
78793 <Blank> 26/03/23 09:28

Emplo...	
Name:	Date: 26/3/23.
I. D No	Department/Company: T.O.
	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 chan :e 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, Liaqat (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: [signature] Date: 26/3/23.

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:	LIAQAT ALI SADIQ MUHAMMAD	**Doc No:**	0031839
Age:	46 Y **Nationality:** PAKISTANI	**File No:**	0013687
Gender:	M	**Bill No:**	0048420
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	26/03/2023
GSM No.:	90195001	**Time:**	12:42

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
COMPLITE BLOOD COUNT		
RBC	5.7 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	16.8 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	50.0 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.6 pg	27 - 33 pg
MCHC	32.4 g/dl	29.6 - 35.6 %
WBC COUNT	8.4 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	64 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	03 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	11	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**311 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	57 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.96 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**32.4 U/L**	0 - 35.0 U/L
S.G.P.T.	**42.0 U/L**	10 - 45 U/L

Medical Technologist

Peace Land Medical Center
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GSM No.:	90195001	**Time:**	12:42

Test	Result	Normal Range
ALBUMIN	**4.3 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.9 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.19 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**23.0 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.89 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**5.4 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**202 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**180.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**50.0 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**116.0 mg/dl**	< 100 mg/dl
VLDL	**36.0 mg/dl**	2.0 - 30 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	
Bilirubin	Negative	

.....
Medical Technologist

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Gender:	M	**Bill No:**	0048420
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	26/03/2023
GSM No.:	90195001	**Time:**	12:42

Test	Result	Normal Range
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	
PHENCYCLIDINE(PCP)	NEGATIVE	
METHAMPHETAMINE(MET)	NEGATIVE	

Medical Technologist

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GSM No.:	90195001	**Time:**	12:42

Test	Result	Normal Range
TRAMADOL(TRA)	NEGATIVE	
BARBITURATES(BAR)	NEGATIVE	
BENZODIAZEPINES(BZO)	NEGATIVE	
MEDTHODONE(MED)	NEGATIVE	
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE	
MARIJUANA(THC)	NEGATIVE	
RANDOM BLOOD SUGAR	**118.0 mg/dl**	80 - 120 mg/dl

PEACE LAND MEDICAL CENTER

Medical Technologist

2016-11-12 13:39:37

6Channel+1 Rhythm Report

Hospital:PLMS

Confirmed by:

LIAQAT ALI SADIQ MUHAMMAD

00484

28/03/23 09:29

Heart Rate : 77 BPM

PR Int.: 140 ms

QRS Dur.: 76 ms

QT/QTc: 384/435 ms

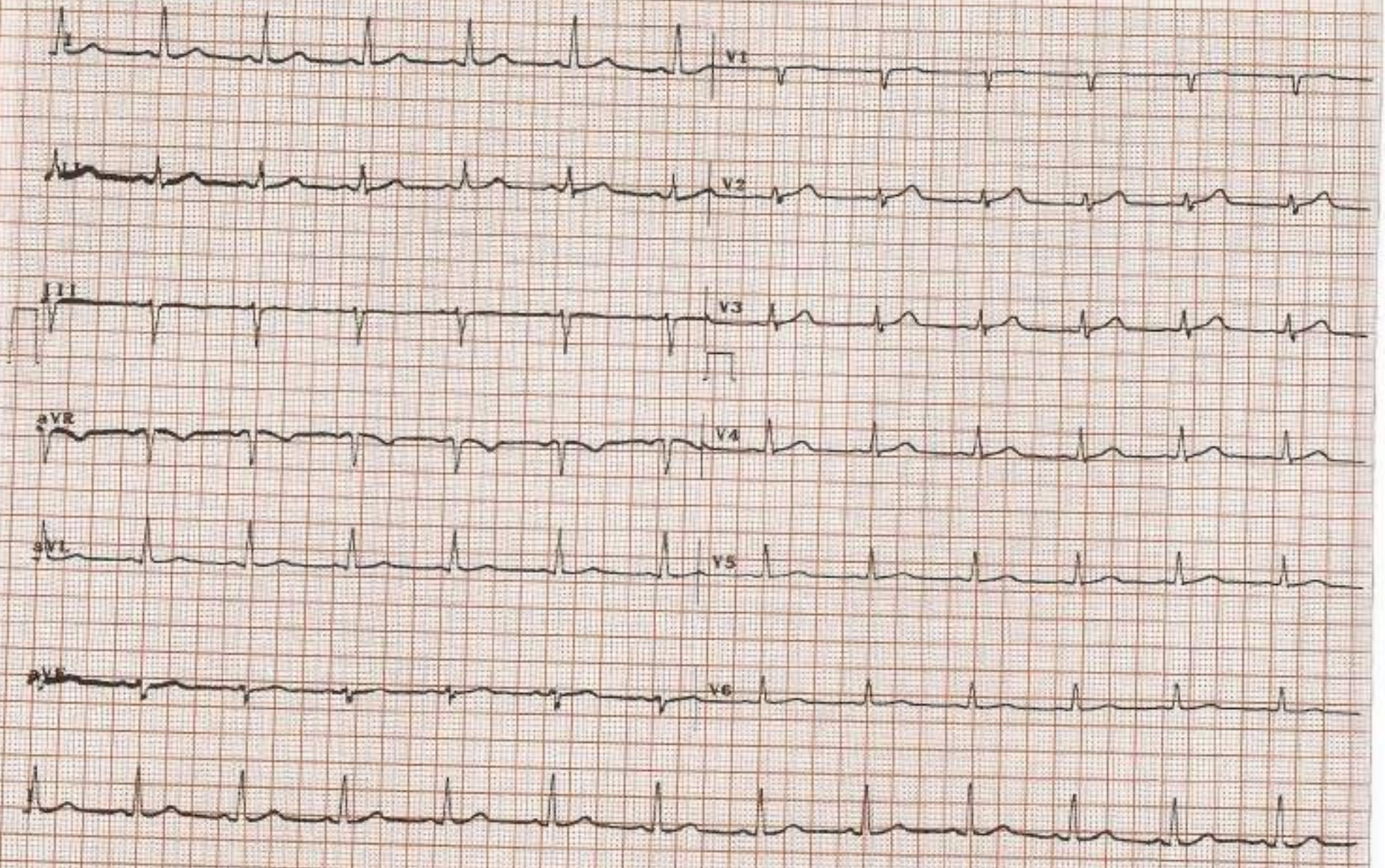
P-R-T axes: 42 -1 24

** Analysis Result ** (Unconfirmed Report)

NORMAL SINUS RHYTHM

NORMAL AXIS

[NORMAL ECG]



0.1Hz- 100Hz,AC50Hz,EMG.PM.Qik. 10.0/5.0mm/mV. 25.0mm/sec. CARDIO-M PLUS 1.13.30 Medical Econet Gm

Results

Copy Results

Estimated 10-year Global CVD Risk

15.6%

Risk Category

Moderate Risk

Estimated Vascular Age

64 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)

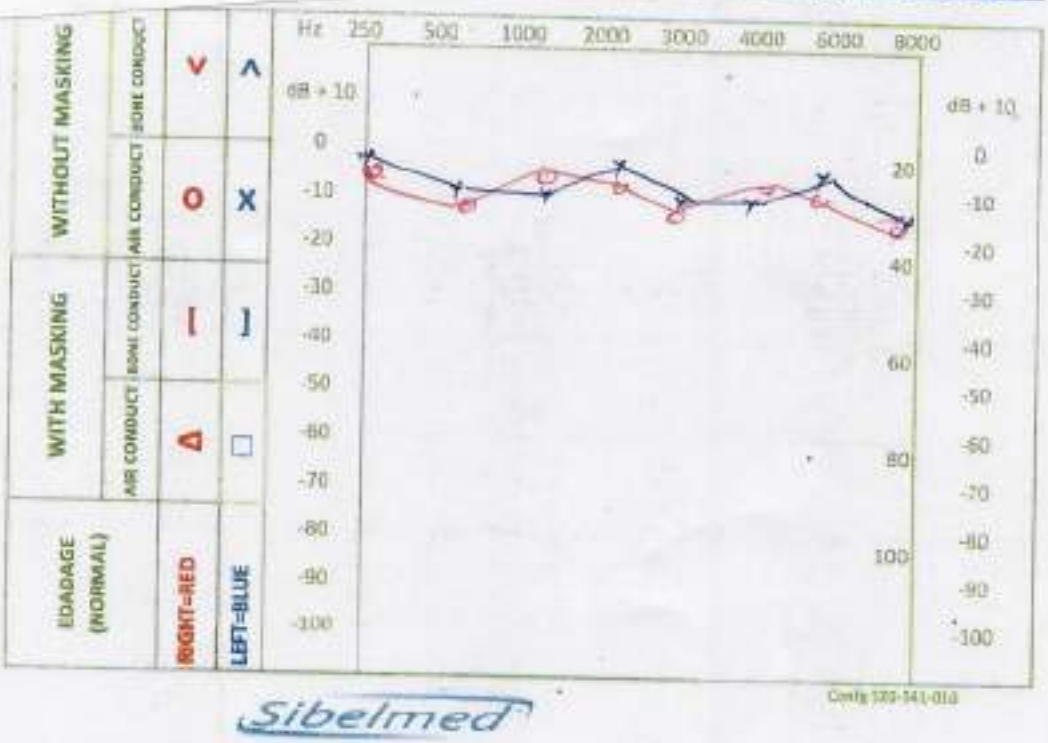
TChol <5 mmol/L (<194 mg/dL)

مركز بلاد السلام الطبي
Peace Land Medical Center

LIAQAT ALI SADIQ MUHAMMAD
0013887 0484
26/03/23 09:29
78706

AUDIOMETRY TEST REPORT

		COMPANY	To.
DER		OCCUPATION	operator
		DATE	26/3/23



INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
- NORMAL
- HEARING LOSS
- RIGHT
- LEFT

ص.ب ١٤٠٣، الرمز البريدي ١٣٣، دوار العذيبة مبنى أبراج 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 هاتف: ٢٤٦١٧١١٧ / ٢٤٦١٧١٤٨ / ٢٤٦١٧١٤٩

مركز فرح للخدمات الطبية
FARAH MEDICAL SERVICE CENTER
عضو مختبرات مجموعة سلطان ميديكا
Member of Sultan Medica™ Group

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

X-RAY REPORT

Doc No.	PAT009977
Date:	26-03-23
Name:	LIAQAT ALI SADIQ MUHAMMAD
Sex:	MALE
Referred By:	DR. SHIMA
Age/DOB	11-Aug-1976
X-Ray:	CHEST X-RAY

REPORT

Normal heart and mediastinal shadow

Both lungs are clear

Normal pleural spaces

IMPRESSION:

NORMAL STUDY

Signature: .....

Seal

18th Nov. Street, Muscat • Tel: (968) 24493737 • Fax: (968) 24493310 • Mob: (968) 95230224 • P.O. Box: 706 Postal code 111, Seeb
Email: sultan@sultanmedica.com • www.sultanmedica.com

مـركـز بـلاد الـسـلام الـطـبـي
Peace Land Medical Center

Fitness for work certificate

LIAQAT ALI SADIQ MUHAMMAD
00484
78769
28/03/23 09:29

Employee Data		Date	
Name		Department/Company	
I.D No.		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*	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 27/3/23
Name of health advisor Signature			

Dr. MOHAMMED NAJIB KHAN
General Practitioner
MOH Lic. No. 4404

PEACE LAND MEDICAL CENTER

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