PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

MOHAMMED ABU SAYED
31 Y(M) «Blank»
11/11/21 09:26
0024318
63753
PEACELAND

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname
Forenames
Address 11036394
Home telephone number 94439917
TRUCKMAN

Place of examination MUSCAT Date 11/11/21

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

Birth date 8/4/90 Nationality: BANGLADESH Country of birth: BANGLADESH Religion Muslim

☐ 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 MECHANIC
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			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		
8. Tuberculosis			28. Any blood disease			Have you ever had:-		
9. Shortness of breath			29. Kidney disease			46. An abnormal smear		
10. Coughed/vomited blood			30. Blood in urine			47. Any gynaecological treatment		
11. Severe abdominal pain			31. Painful passage of urine			48. Are you pregnant?		
12. Stomach ulcer			32. Diabetes			49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
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? Sometimes 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: 11/11/21 **Signature of Applicant:** Sayed

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 (MMHG)	PULSE	HEARING	VISION	Colour Vision	Blood Group
165	74	27.2	115/73	75 /mins.	L 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
✓		2. Hb. Bloodcount, ESR		✓		8. Lung Function
✓		3. LFT, RFT, RBS				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.)

ASSESSMENT:

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

Date: 11/11/2021 Name (Block Capitals): Dr. / Nurse Signature:

[Stamp: PEACE LAND MEDICAL CENTER] [Stamp: Dr. ABDULRAHMAN ABDULLAH, General Practitioner, MOH License No. 19486]

REVIEW/CONSULTATION

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

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:	MOHAMMED ABU SAYED		
Age:	31 Y **Nationality:** BANGLADESHI	**Doc No:**	0013697
Gender:	M	**File No:**	0024316
Ref. By:	DR. EMAD OMER	**Bill No:**	0029098
GSM No.:	94439917	**Date:**	11/11/2021
		Time:	14:32

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.1 10"9/l	Male 4.38 -4.98 10"2/l Female 4.5- 5.5 10"12/l
HAEMOGLOBIN	13.6 gm %	Male 13 - 16 gm % Female 11 - 14 gm %
HCT	38.4 %	Male 39.30 -44.10 % Female 37 -47 %
MCV	70 fl	84-94 fl
MCH	24.7 pg	27 - 33 pg
MCHC	35.3 g/dl	29.6 - 35.6 %
WBC COUNT	8.7 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	60 %	40-75 %
LYMPHOCYTE	37 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	02 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	267 10"9/l	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	53 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.58 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	13.8 U/L	0 - 35.0 U/L
S.G.P.T.	21.3 U/L	10 - 45 U/L

C.R: 1118819 MEDICAL CENTER

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Medical Technologist

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Ref. By:	DR. EMAD OMER	**Bill No:**	0029098
GSM No.:	94439917	**Date:**	11/11/2021
		Time:	14:32

Test	Result	Normal Range
GGT	43.3 mg/dl	0 - 55.0 mg/dl
ALBUMIN	4.2 mg/dl	3.50 - 5.20 mg/dl
TOTAL PROTEIN	7.0 mgd/l	6 - 8 mgd/l
S. BILIRUBIN DIRECT	0.14 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	32.6 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.96 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	180 mg/dl	0.0 - 200 mg/dl
Triglyceride	128.5 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	55.0 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	99.3 mg/dl	< 100 mg/dl
VLDL	25.7 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	92.3 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	

C.R: 1118819 PEACE LAND MEDICAL CENTER

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		Time:	14:32

Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	2-3	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	Nil	
CRYSTALS	Nil	
BACTERIA	Nil	
OTHERS	Nil	

مركز بلاد السلام الطبي
C.R: 1176919
AND MEDICAL CENTER

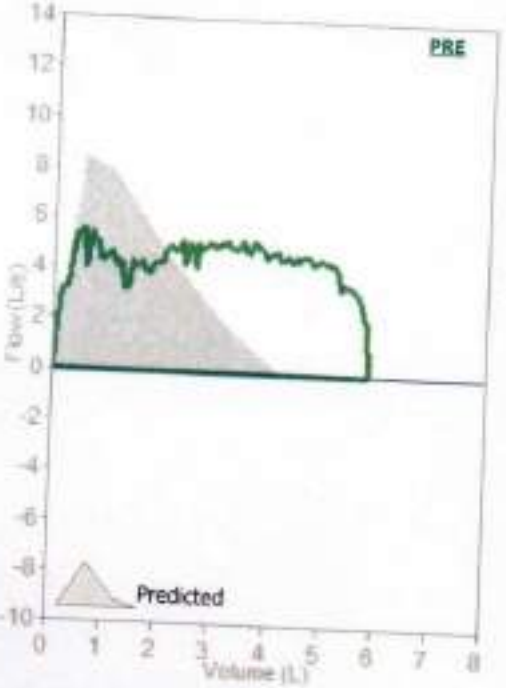
Medical Technologist

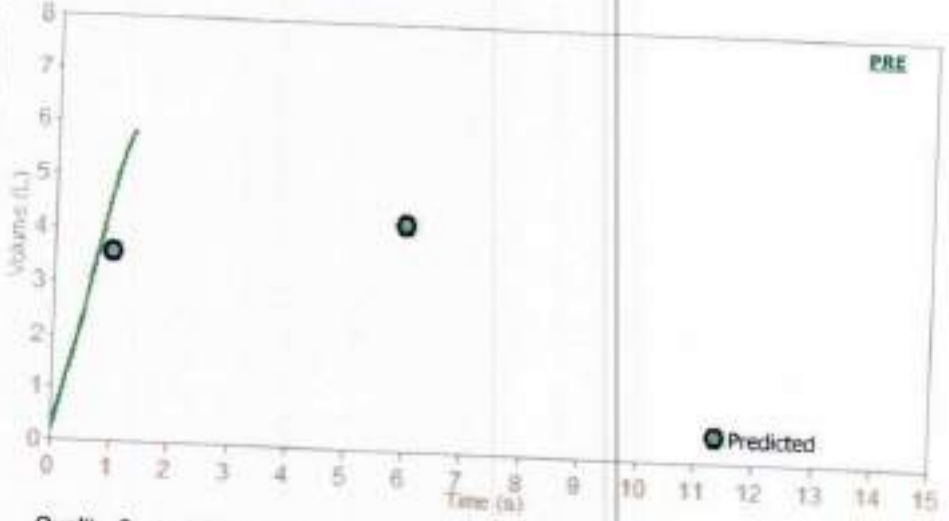
Pulmonary Function Test Results

Visit date 11/11/2021

Patient code	110363948	Age	31
Surname	SAYED	Gender	Male
Name	MOHAMMED ABU	Height, cm	165
Date of birth	08/04/1990	Weight, kg	74
Ethnic group	Not defined	BMI	27.18
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 11/11/2021 09:41:13

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.17	4.22	5.82*	138	2.51	5.82			*		
FEV1	L	2.69	3.55	4.75*	134	2.29	4.75			*		
FEV1/FVC	%	74.9	85.1	81.6*	96	-0.57	81.6			*		
PEF	L/s	5.01	8.43	5.93*	70	-1.20	5.93			*		
ELA	Years		31	31	100		31					
FEF2575	L/s	2.13	3.91	4.70	120	0.73	4.70					
FET	s		6.00	1.35	23		1.35					
FIVC	L	3.17	4.22									
FEV1/VC	%	74.9	85.1									

*Best values from all loops - BTPS 1.111 21 °C (69.8 °F) - Predicted Knudson

Conclusion / Medical report

Signature

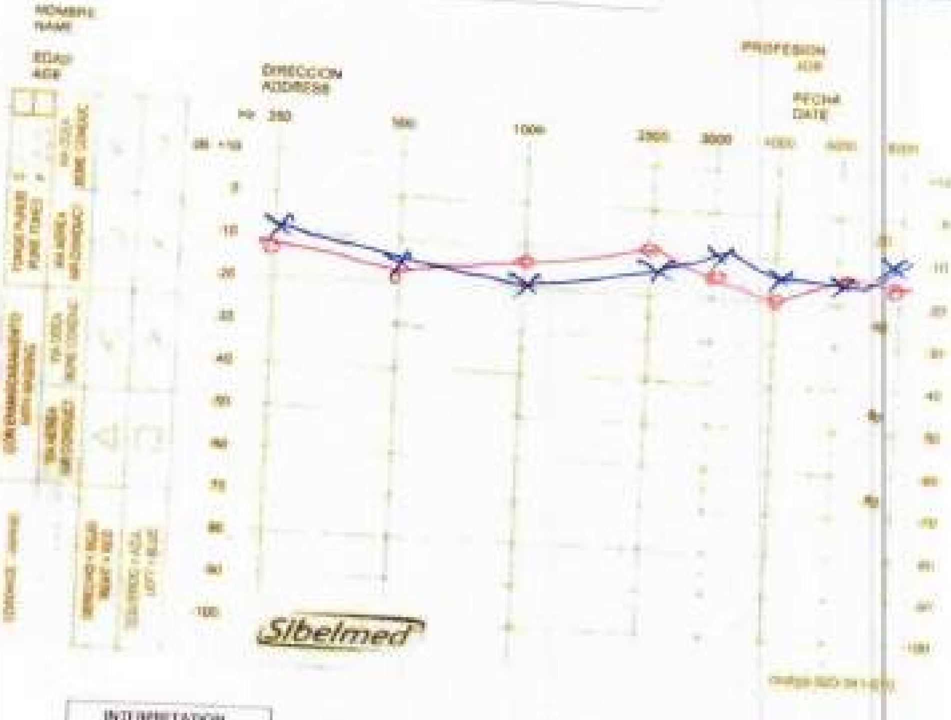
Instrument used
Minispir S S/N C11507
Last calibration check 01/11/2021 09:35:10

Peace Land Medical Center

AUDIOMETRY TEST REPORT

Name:	MOHAMMED ABU SAYED		
Gender:	M	Company	TRUCCOMAN
Ref By:	Dr. Emad Omer	Occupation	MECHANIC
		Date:	11.11.21

MOHAMMED ABU SAYED
31 Y(M) «Blank» 11/11/21 09:29
0024316
83753 Bil # 0029098
PEACELAND



INTERPRETATION
✕ LEFT EAR
O RIGHT EAR

RESULT
☑ Normal
☐ Hearing Loss
☐ Left ☐ Right

مركز بلاد السلام الطبي
C.R. 1116019
MEDICAL CENTER

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land

Fitness for work certificate

Employee Data		Date	11/11/2021
Name	MOHAMMED ABU SAYED	Department/Company	TRUCK Oman
I.D No.	110263948	Occupation	Mechanic

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 machinary			
Use of a respirator			
Repetitive twisting of valves or wrenches			
Flying			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			
Name of health advisor Signature		Date	11/11/2021

P.O. Box 1102, Postal Code 133, Al Azaiba, Round about Sahwa Tower, Sultanate of Oman