



PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname	NABI		
Forenames	MEHMOOD ANSAR GHULAM		
Address	79275909	Company Name:	TRUCK-DRIVER
Home telephone number	98290313		

Place of examination: MUSCAT Date: 11/12/22

If a dependant enters employee's name here:

Surname:

Forenames:

Birth date: 24/7/1987 Nationality: PAKISTANI

Country of birth: PAKISTAN

Religion: MUSLIM

☒ Male ☐ Female ☒ Married ☐ Single ☐ Separated / Divorced

Relationship to employee

Number of children: 1

Reason for examination

Pre-Employment

☐ Periodic medical check-up

Job: H.D.O

Pre-Overseas

Area:

Name and address of family doctor

List your last 3 jobs

(1)

(2)

(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		✓	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/ampit		✓	40. Fear of heights		✓			

How much tobacco each day? 3-4 daily

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: 11/12/22

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)				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	VISION		Colour Vision	Blood Group
181	115	35.1	138/80	78 /mins.	L N R	DISTANT R L Uncorrected 6/6 15/6 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.)

Lsm - Diet, exam advised.

FIT

ASSESSMENT:

☒ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT



Date: 12/12/2020 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

MEHMOOD ANSAR GHULAM NABI

35 Y(M) <Blank>

11/12/22 09:41



0038353

Bit#

004431

PEACE LAND

Date: 11/12/22

Department/Company:

Occupation: HDD

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

☐ sitting and reading

☐ watching TV

☐ sitting inactive in a public place (e.g. theatre or meeting)

☐ as a passenger in the car for an hour without a break

☐ Lying down to rest in the afternoon when circumstances permit

☐ Sitting & talking with someone

☐ Sitting quietly after lunch without alcohol

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

Signature: [Signature]

Date: 11/12/22



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: MEHMOOD ANSAR GHULAM NABI
Age: 35 Y **Nationality:** PAKISTANI
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 98290313

Doc No: 0028219
File No: 0038353
Bill No: 0044431
Date: 11/12/2022
Time: 12:49

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.7 $10^{12}/l$	Male 4.38 - 5.78 $10^{12}/l$ Female 4.0 - 5.0 $10^{12}/l$
HAEMOGLOBIN	16.0 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	27.0 pg	27 - 33 pg
MCHC	32.0 g/dl	29.6 - 35.6 %
WBC COUNT	6.0 10^9 d/l	5.0 - 11.0 $10^9/l$
DIFFERENTIAL COUNT		
NEUTROPHIL	63 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	05 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	263 $10^9/l$	156 - 342 $10^9/l$
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	102 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.67 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	21.7 U/L	0 - 35.0 U/L
S.G.P.T.	26.8 U/L	10 - 45 U/L



Medical Technologist



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: MEHMOOD ANSAR GHULAM NABI
Age: 35 Y Nationality: PAKISTANI
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 98290313

Doc No: 0028219
File No: 0038353
Bill No: 0044431
Date: 11/12/2022
Time: 12:49

Test	Result	Normal Range
GGT	50.5 U/L	0 - 55.0 U/L
ALBUMIN	4.3 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	6.4 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.15 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	35.0 mg/dl	18.0 - 55.0 mg/dl
S. CREATININE	1.2 mg/dl	0.70 - 1.30 mg/dl
S. URIC ACID	7.2 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	158 mg/dl	0.0 - 200 mg/dl
Triglyceride	180.0 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	39.0 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	83.0 mg/dl	< 100 mg/dl
VLDL	36.0 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	98.3 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	



Medical Technologist

Page 1

2 of 3



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: MEHMOOD ANSAR GHULAM NABI
Age: 35 Y **Nationality:** PAKISTANI
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 98290313

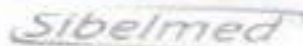
Doc No: 0028219
File No: 0038353
Bill No: 0044431
Date: 11/12/2022
Time: 12.49

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





NUMBER	COMPANY	
	OCCUPATION	HDD
	DATE	11/12/22



LEFT





مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date 12/14/22	
Name Mehmed Anwar		Department/Company Truck - owner	
ID No. 79275909	Occupation HOD		
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			
Lifting, 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 12/14/22	
Name of health advisor Signature			

