



# PEACE LAND MEDICAL CENTER

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

#6804

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

| Surname: <b>AL BADR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Forenames: <b>JUMA NASSER KHAMIS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Address: <b>2818652</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Home telephone number: <b>99644978</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Company Name: <b>Truckman</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Place of examination: <b>Muscat</b> Date: <b>5/3/23</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| If a dependant enters employee's name here: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Surname: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Birth date: <b>1/3/73</b> Nationality: <b>Omani</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Country of birth: <b>Oman</b> Religion: <b>Muslim</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated / Divorced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Relationship to employee: <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Number of children: <b>6</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Reason for examination: <input type="checkbox"/> Pre-Employment <input checked="" type="checkbox"/> Periodic medical check-up                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Job: <b>H.O.D.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Pre-Overseas: <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Name and address of family doctor: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| List your last 3 jobs: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| DO YOU HAVE OR HAVE YOU HAD: - (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments?)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| 1. Sinus trouble                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| 3. Difficulty in vision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| 4. Any ear discharge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 5. Asthma/bronchitis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 6. Hayfever (other significant allergy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| 7. Any skin trouble                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 8. Tuberculosis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 9. Shortness of breath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| 10. Coughed/vomited blood                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 11. Severe abdominal pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 12. Stomach ulcer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| 13. Recurrent indigestion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 14. Jaundice or hepatitis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 15. Gall Bladder disease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| 16. Marked change in bowel habits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| 17. Blood in stools (melena)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| 18. Marked change in weight                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| 19. Varicose veins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| 20. Lump in breast/armpit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 21. Cancer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| 22. Heart Disease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| 23. Rheumatic fever                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 24. Abnormal heartbeat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 25. High blood pressure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| 26. Stroke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| 27. Serious chest pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 28. Any blood disease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 29. Kidney disease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| 30. Blood in urine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| 31. Painful passage of urine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| 32. Diabetes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| 33. Headaches/migraine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 34. Dizziness/fainting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 35. Epilepsy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| 36. Joint/spinal trouble                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| 37. Surgical operation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 38. Serious accident/fracture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 39. Tropical disease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 40. Fear of heights                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| HAVE YOU EVER BEEN: -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| 41. Rejected for employment or insurance for medical reasons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| 42. Awarded benefits for industrial injury/illness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| 43. Treated for a mental condition, e.g. depression                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 44. Treated for problem drinking or drug abuse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| 45. Exposed to toxic substance or noise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| FOR WOMEN ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Have you ever had:-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 46. An abnormal smear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 47. Any gynaecological treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 48. Are you pregnant?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| How much tobacco each day? <b>NO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Have you ever taken illicit drugs? <b>NO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Average daily alcohol consumption: <b>NO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| FAMILY HISTORY: Diabetes ( ) Tuberculosis ( ) Epilepsy ( ) Asthma ( ) Scurvy ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Heart disease ( ) High blood pressure ( ) Stroke ( ) Blood Disease ( ) Cancer ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT: -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| I declare 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Date: <b>5/3/23</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Signature of Applicant: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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## 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. Hemat. Orifices                          |               |
| ✓                                                                                                                                                                       |              | 8. Anus & Rectum                            |               |
| ✓                                                                                                                                                                       |              | 9. Genito-urinary                           |               |
| ✓                                                                                                                                                                       |              | 10. Extremities                             |               |
| ✓                                                                                                                                                                       |              | 11. Musculo-skeletal                        |               |
| ✓                                                                                                                                                                       |              | 12. Skin & Varicose Vns.                    |               |
| ✓                                                                                                                                                                       |              | 13. C.N.S.                                  |               |
| ✓                                                                                                                                                                       |              | 14. Breast                                  |               |
| HEIGHT<br>cm                                                                                                                                                            | WEIGHT<br>kg | BMI                                         | S.P.          |
| 170                                                                                                                                                                     | 95           | 32.5                                        | 132/80        |
|                                                                                                                                                                         |              |                                             | PULSE         |
|                                                                                                                                                                         |              |                                             | 66 mins.      |
|                                                                                                                                                                         |              |                                             | HEARING       |
|                                                                                                                                                                         |              |                                             | L N           |
|                                                                                                                                                                         |              |                                             | R N           |
|                                                                                                                                                                         |              |                                             | VISION        |
|                                                                                                                                                                         |              |                                             | DISTANT       |
|                                                                                                                                                                         |              |                                             | NEAR          |
|                                                                                                                                                                         |              |                                             | Colour Vision |
|                                                                                                                                                                         |              |                                             | Blood Group   |
| N                                                                                                                                                                       | A            | LABORATORY AND OTHER SPECIAL INVESTIGATIONS |               |
| ✓                                                                                                                                                                       |              | 1. Urinalysis                               |               |
| ✓                                                                                                                                                                       |              | 2. Hb, Bloodcount, ESR                      |               |
| ✓                                                                                                                                                                       |              | 3. LFT, RFT, FBS                            |               |
| ✓                                                                                                                                                                       |              | 4. Drug Screen                              |               |
| ✓                                                                                                                                                                       |              | 5. Lipids (40 years +)                      |               |
| ✓                                                                                                                                                                       |              | 6. Biotin Cell test                         |               |
|                                                                                                                                                                         |              | 7. Audiogram                                |               |
|                                                                                                                                                                         |              | 8. Lung Function                            |               |
|                                                                                                                                                                         |              | 9. Chest X-Ray                              |               |
|                                                                                                                                                                         |              | 10. ECG                                     |               |
|                                                                                                                                                                         |              | 11. CVS risk for 40 yrs. & above            |               |
|                                                                                                                                                                         |              | 12. HIV, Hepatitis screening                |               |
| OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)                                                                              |              |                                             |               |
| 1. L.S.M & R.F.R (Int. Exercise & diet)                                                                                                                                 |              |                                             |               |
| 2. Check lipid profile 3m later                                                                                                                                         |              |                                             |               |
| 3. MFU 3m later in the LHC (BP) & (DLP)                                                                                                                                 |              |                                             |               |
| ASSESSMENT:                                                                                                                                                             |              |                                             |               |
| <input checked="" type="checkbox"/> FIT ALL AREAS <input type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT |              |                                             |               |
| Date: 6.3.23                                                                                                                                                            |              | Name (Block Capitals): Dr. / Nurse          |               |
| REVIEW/CONSULTATION                                                                                                                                                     |              | Signature:                                  |               |
| Date:                                                                                                                                                                   |              | Name (Block Capitals): Dr. / Nurse          |               |
|                                                                                                                                                                         |              | Signature:                                  |               |