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Appendix 33: EX2 Form (Routine/Periodic Medical Examination)  
**JOINT/PERIODIC EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)**

Ref. No. 19847 Reg. Dt. 09/08/2023

Name MOHAMMAD ARMAN

Gender Male Nationality INDIAN

SOM Development Oman  
MEDICAL DEPARTMENTPLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Mobile No. 94490472

Address: 113614423

Surname/  
Forenames MOHAMMAD ARMAN

Nationality INDIAN #DOB: - 07/01/1989

Company Number: 1738

Reference Indicator:

**Personal Details**A  Male  Female Married  Single  Separated /Divorced /Widow(er)

Home/Leave Address:

Relationship to employee

 Wife  Son  Daughter No of Children:**Reason for Examination (tick as appropriate)**Periodic Medical Examination Final / Retirement Other Reason **Employee only**

B Present Job and Location: TYREMAN Next Job and Location:

Are you a registered person with special needs? Do you belong to any Medical Insurance Scheme? **Previous Medical History:** All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.**Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' please describe**

	N	Y	Description
Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?	✓		
1 Ear, nose, eye or throat problems	✓		
2 Chest problems like asthma, bronchitis, another bad cough	✓		
3 Heart abnormality, chest pains	✓		
4 Abdominal pains, abnormal bowel motions	✓		
5 Urogenital problems (kidney disease, menstrual disorder)	✓		
6 Skin trouble or allergies	✓		
7 Epileptic fits, dizzy spells or migraine	✓		
8 History of mental illness, depression anxiety	✓		
9 Diabetes, thyroid disease, history of Hypertension	✓		
10 Blood disorder e.g. anaemia, blood cancer e.g. leukaemia	✓		
11 Any history of accidents or fractures	✓		
12 Have you had any serious allergies	✓		
13 Do any dependants have a significant ongoing illness?	✓		
14 Any family history of cancers	✓		
Do you take any regular medicines, or have you taken in the past?	✓		
Do you smoke? If yes, what and how much each day?	✓		
Do you drink alcohol? If yes, what is your average weekly intake?	✓		
Have you ever taken elicited/recreational drugs?	✓		
Are you doing regular sports or physical activities?	✓		

**STATEMENT:** I have read the above questions and the above answers are correct and no information concerning my present or past state of health has been withheld. I understand and agree that this form will be held as a confidential record by PDO Medical Department, and may be copied (by paper or secure electronic transmission) to the Occupational Health Services for the purpose of Health Surveillance and other Occupational Health review.

Date: 09/08/2023

Signature of Applicant:





**Appendix 33: EX2 Form (Routine/Periodic Medical Examination)**  
**ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)**

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				PULSE	HEARING	VISION				Color Vision			
✓		1. Eyes & Pupils				L N	DISTANT		NEAR		✓ Normal			
✓		2. E.N.T.				R N	R L		R L		2. Abnormal			
✓		3. Teeth & Mouth					Uncorrected		6/6 6/6					
✓		4. Lungs & Chest					Corrected							
✓		5. Cardiovascular System												
✓		6. Abdo. Viscera												
✓		7. Hernial Orifices												
		8. Anus & Rectum												
✓		9. Genito-urinary												
✓		10. Extremities												
✓		11. Musculo-skeletal												
✓		12. Skin & Varicose Vns												
✓		13. C.N.S.												
HEIGHT cm		WEIGHT kg	BMI	B.P. mmhg	66/mins.		DISTANT NEAR							
171		70	23.94	130/90			R L	R L						
N	A				LABORATORY AND OTHER SPECIAL INVESTIGATIONS			N	A					
✓		1. Urinalysis						✓		7. Audiogram				
✓		2. Hb, Blood count, ESR											8. Lung Function	
✓		3. LFT, RFT, RBS											9. Chest X-Ray	
✓		4. Drug Screen											10. ECG	
✓		5. Lipids (40 years +)											11. CVS risk for 40 yrs. & above	
✓		6. Sickle Cell test											12. HIV, Hepatitis screening	

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

ASSESSMENT AND RECOMMENDATIONS:	
<input checked="" type="checkbox"/> FIT ALL AREAS	<input type="checkbox"/> FIT WITH RESTRICTION
<input type="checkbox"/> TEMPORARY UNFIT	<input type="checkbox"/> UNFIT
Date: 28-8-23 Name (Block Capitals): Dr. / Nurse	
REVIEW/CONSULTATION	
Date:	Name (Block Capitals): Dr. / Nurse



DR. SHAH FAISAL  
Signature: *DR*  
General Practitioner  
MOH Lic No. 22368

Signature:



**Peace Land Medical Center**  
 P.O.Box 1403, Postal Code: 133, Al Azaiba Al Sahwa Tower  
 Sultanate of Oman  
 Tel: 24617117/24617148/24617149

Name: MOHAMMAD ARMAN File No: 19847  
 Age: 34 Y Nationality : INDIAN Bill No: 25501  
 Gender: MALE Date: 09/08/2023  
 Ref.By: DR : SHIMA Time:  
 GSM No.: 94490472

Test	Result	Nomal Range
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**URINE ROUTINE ANALYSIS**

PHYSICAL		
Quantity	5 ml	5 ml
Colour	Yellow	Yellow
Sp. Gravity	1.020	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	Negative
Protein	Negative	Negative
Glucose	Negative	Negative
Ketones	Negative	Negative
Urobilinogen	Normal	Normal
Bilirubin	NIL	Negative
Blood	Negative	Negative
MICROSCOPIC		
PUS CELLS	1-2	2-4/ hpf
EPITHELIAL CELLS	1-2	2-4/ hpf
RBC'S	1-2	0-4/ hpf
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	

**STOOL ROUTINE ANALYSIS**

PHYSICAL		
Colour	Brownish	
Consistenc	Formed	
Reaction	Alkaline	
Mucus	NIL	
MICROSCOPIC		
Ova:	NIL	
Cyst:	NIL	
Plus Cells	1-2	
RBC;s	0-2	
Bacteria :	NIL	
Other :	NIL	

**COMPLETE BLOOD COUNT**

RBC	5.7	Male 4.38 - 4.98 10 12/l Female 4.5 - 5.5 10 12/l
HAEMOGLOBIN	16	Male 13 -16 gm % Female 11 - 14 gm %
HCT	47.00%	Male 39.30 -44.10 % Female 37-47 %
MCV	82	84-94 ft
MCH	29	26.3-31.9 pg

Medical Technologist

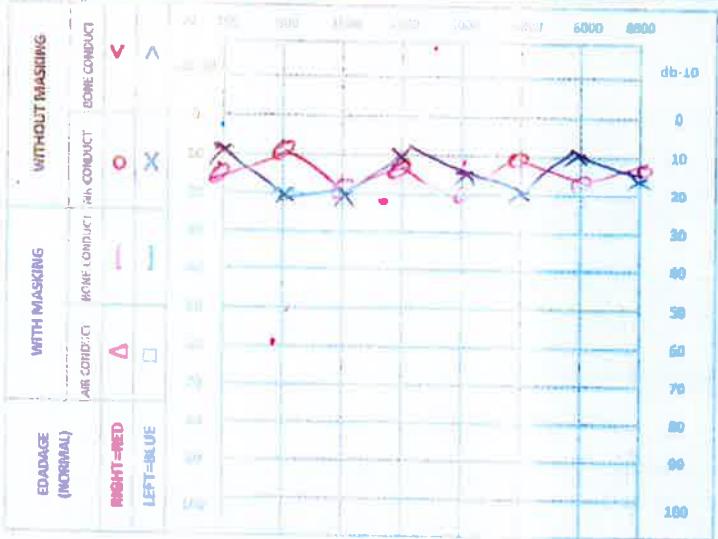
2775 (تماراز) مختبر  
AND MEDICAL

MCHC	34	29.6-35.6g/dl
WBC COUNT	5.5	( 4.0-11.0 ) 10 <sup>9</sup> /l
DIFFERENTIAL COUNT		
NEUTROPHIL	61%	53-69.7 %
LYMPHOCYTE	32%	23.9-37.9 %
EOSINOPHIL	2%	1-6 %
MONOCYTE	5%	2-10 %
BASOPHIL	0%	0-1%
PLATELET	150*	156-342 10 <sup>9</sup> /l
ESR	2	Male 0 - 22 mm / 1st hour
SICKLE CELL TEST	Negative	
BLOOD GROUP	O Rh Positive	Female 0 - 29 mm / 1st hour
FASTING BLOOD SUGAR	87 mg/dl	80-110 mg/dl
LIVER FUNCTION TEST		
ALKALINE PHOSPHATE	132 U/L	53-128U/L
S. BILIRUBIN TOTAL	1.1 mg/dl	0.0-2.0 mg/dl
· GGT	40 mg/dl	0.0-55.0 mg/dl
S.G.O.T	24 U/L	0.0-35.0 U/L
S.G.P.T	33 U/L	10-45 U/L
ALBUMIN	4 mg/dl	3.50-5.20 mg/dl
TOTAL PROTEIN	8 mg/dl	6-8.0 mg/dl
SERUM BILIRUBIN DIRECT	0.3 mg/dl	0.0-0.40 mg/dl
RENAL FUNCTION TEST		
UREA	27 mg/dl	18.0-55.0 mg/dl
S. CREATININE	0.9 mg/dl	0.70-1.30mg/dl
URIC ACID	6.1 mg/dl	3.4-7.2 mg/dl
LIPID PROFILE(CH, TG, HDL,LDL)		
Total Cholesterol	166 mg/dl	Normal < 200 mg/dl Borderline 200- 239 mg/dl High > 240 mg/dl
TG	108 mg/dl	Normal < 200 mg/dl Borderline 200- 250 mg/dl High > 250 mg/dl
HDL-CHOL	45 mg/dl	35.3-79 mg/dl Low Risk > 50 mg/dl Nomal Risk 35-50 mg/dl High Risk < 35 mg/dl
LDL-CHOL	99 mg/dl	<130 mg/dl
VLDL	22 mg/dl	5-40 mg/dl





AUDIOMETRY TEST REPORT			
NAME: MOHAMMAD AMRAN	COMPANY: TRUCK OWNER		
AGE: 34 Y	GENDER: M	OCCUPATION: TYREMAN	
REF. BY:	DATE: 09/08/2023		



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**INTERPRETATION**

RESULT  
 NORMAL  
 HEARING LOSS  
 RIGHT  
 LEFT





# Peace Land Medical Center

## Fitness for work certificate

Employee Data		Date 09/08/2023
Name MOHAMMAD ARMAN	Department/Company TRUCKMAN	
I.D No. 113614423	Occupation TYREMAN	
Type of Medical Evaluation Mark those applying ✓		
A1 Aircraft refuelling	A6 Fire / Emergency response team work	
A2 Breathing apparatus	A7 Professional driving	
A3 Business traveller	A8 Remote location work	✓
A4 Catering and food preparation	A9 Transfers – group A country	
A5 Crane or forklift driving & all heavy vehicles	A10 Transfers – group B country	
Health Advisor Statement: The above named person has been examined according to the statements laid down in "Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work". At this time his/her fitness to work status for the above tasks is as follows.		
Fit with no restrictions ✓		
Fit with following restriction(s)		
The employee is fit for above work but should avoid the following task(s)	Temporary restriction	Permanent restriction
Work near moving machinery or sharp edges		
Working at height		
Pulling, pushing, or carrying weight over _____ Kg.		
Ascend/descend ladders or stairs		
Operate motor vehicles, forklifts or heavy machinery		
Use of a respirator		
Repetitive twisting of valves or wrenches		
Flying		
Other (Specify)		
Temporary Until _____		
Permanently Until _____		
Name of health advisor Signature	DR. SHAH FAISAL General Practitioner MOH Lic No. 22368	Date 28-8-23 PR

