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

Ident 19847 Reg.Dr 09/08/2023
 Name MOHAMMAD ARMAN
 Gender Male Nationality INDIAN

Sum Development Oman
 MEDICAL DEPARTMENT

Surname/Forenames **MOHAMMAD ARMAN**
 Nationality **INDIAN** #DOB: **07/01/1989**

PLEASE COMPLETE YOUR PERSONAL
 DETAILS IN BLOCK CAPITALS

Mobile No. 94490472	Address: 113614423	Company Number: 1738	Reference Indicator:
Personal Details			
A <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced /Widow(er)	
Home/Leave Address:		Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	No of Children:
Reason for Examination (tick as appropriate)			
Periodic Medical Examination <input type="checkbox"/>		Final / Retirement <input type="checkbox"/>	Other Reason: <input type="checkbox"/>
Employee only			
B Present Job and Location: TYREMAN		Next Job and Location:	
Are you a registered person with special need <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme <input type="checkbox"/>	
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 illicit/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:	



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FOR COMPLETION BY EXAMINING DOCTOR OR NURSE													
Further details of medical history and recreational activities													
N = Normal A = Anormal (please describe)				PHYSICAL EXAMINATION									
N	A												
✓		1. Eyes & Pupils											
✓		2. E.N.T.											
✓		3. Teeth & Mouth											
✓		4. Lungs & Chest											
✓		5. Cardiovascular System											
✓		6. Abdo. Viscera											
✓		7. Hernial Orifices											
		8. Anus & Rectum											
✓		9. Genito-urinary											
✓		10. Extremities											
✓		11. Musculo-skeletal											
✓		12. Skin & Varicose Vns.											
✓		13. C.N.S.											
HEIGHT cm		WEIGHT kg		BMi	B.P.	PULSE	HEARING		VISION				Color Vision
171		70		23.94	130/90	66/mins.	L N	R N	DISTANT		NEAR		1. Normal
									Uncorrected	6/6	6/6		2. Abnormal
									Corrected				
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. Sickie 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: 28-8-22 Name (Block Capitals): Dr. / Nurse <div style="float: right;"> DR. SHAH FAISAL General Practitioner MOH Lic No. 22368 </div>													
REVIEW/CONSULTATION													
Date: Name (Block Capitals): Dr. / Nurse <div style="float: right;"> Signature: </div>													



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
Age: 34 Y Nationality : INDIAN
Gender: MALE
Ref.By: DR : SHIMA
GSM No.: 94490472

File No: 19847
Bill No: 25501
Date: 09/08/2023
Time:

Test	Result	Normal 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

رقم الترخيص: 2775

AND MEDICAL

MCHC	34	29.6-35.6g/dl
WBC COUNT	5.5	(4.0-11.0) 10 ⁹ /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 ⁹ /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.OT	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

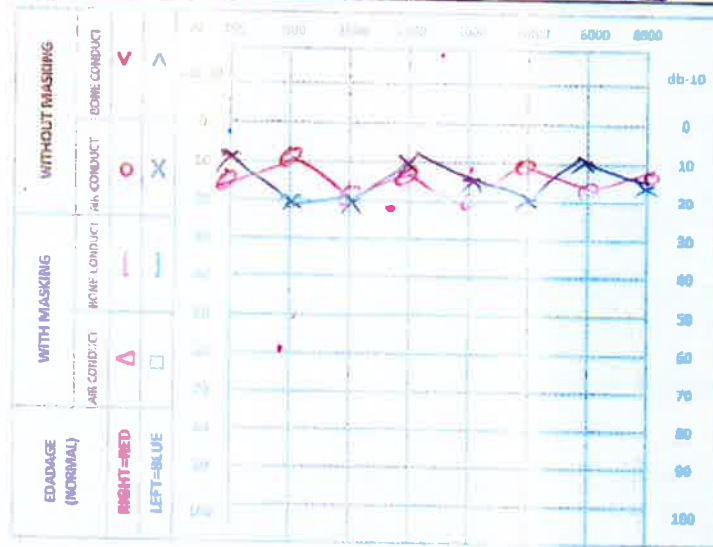
LIPID PROFILE(CH, TG, HDL,LDL)

Total Cholestrol	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 Normal 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 DRIVER	
AGE: 347	GENDER: M	OCCUPATION: TYRE MAN	
REF. BY:		DATE: 09/08/2023	



INTERPRETATION
 O RIGHT EAR
 X LEFT EAR

RESULT
☒ NORMAL
☐ HEARING LOSS
☐ RIGHT
☐ LEFT

Sibelmed





مرکز بلاد السلام الطبي Peace Land Medical Center

Fitness for work certificate

Employee Data		Date 09/08/2023	
Name MOHAMMAD ARMAN		Department/Company TRUCKERMAN	
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)		FII	
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 Unfit until			
Permanently Unfit			
DR. SHAH FAISAL General Practitioner MOH Lic No. 22368		Date	28-8-23
Name of health advisor Signature		RP	

