PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	
Forenames	IRSHAD HUSSAIN
Address	102206015 Company Name: Truckman
Home telephone number	97310395
Forenames:	
Country of birth: Pakistan	Religion: Muslim

Place of examination: muscat Date: 19/1/23

If a dependant enters employee's name here:
Surname:

Birth date: 8/8/80 Nationality: pakistani

[√] Male [ ] Female [√] Married [ ] Single [ ] Separated /Divorced

Relationship to employee: [ ] Wife [ ] Son [ ] Daughter

Number of children: 1

Reason for examination: Pre-Employment [ ] Periodic medical check-up [√] Pre-Overseas [ ]

Job: H-D-D

Area:

Name and address of family doctor (1) (2)

List your last 3 jobs (1) (2) (3)

DO YOU HAVE OR HAVE YOU HAD: - (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments?)

	Y	N		Y	N		Y	N
1. Sinus trouble		√	21. Cancer		√	HAVE YOU EVER BEEN: -		
2. Neck swelling/glands		√	22. Heart Disease		√	41. Rejected for employment or insurance for medical reasons		√
3. Difficulty in vision		√	23. Rheumatic fever		√			
4. Any ear discharge		√	24. Abnormal heartbeat		√	42. Awarded benefits for industrial injury/illness		√
5. Asthma/bronchitis		√	25. High blood pressure		√			
6. Hayfever /other significant allergy		√	26. Stroke		√	43. Treated for a mental condition, e.g. depression		√
7. Any skin trouble		√	27. Serious chest pain		√			
8. Tuberculosis		√	28. Any blood disease		√	44. Treated for problem drinking or drug abuse		√
9. Shortness of breath		√	29. Kidney disease		√			
10. Coughed/vomited blood		√	30. Blood in urine		√	45. Exposed to toxic substance or noise		√
11. Severe abdominal pain		√	31. Painful passage of urine		√			
12. Stomach ulcer		√	32. Diabetes		√	FOR WOMEN ONLY		
13. Recurrent indigestion		√	33. Headaches/migraine		√	Have you ever had:-		
14. Jaundice or hepatitis		√	34. Dizziness/fainting		√	46. An abnormal smear		
15. Gall Bladder disease		√	35. Epilepsy		√	47. Any gynaecological treatment		
16. Marked change in bowel Habits		√	36. Joints/spinal trouble		√			
17. Blood in stools (motions)		√	37. Surgical operation		√	48. Are you pregnant?		
18. Marked change in weight		√	38. Serious accident/fracture		√	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
19. Varicose veins		√	39. Tropical disease		√			
20. Lump in breast/armpit		√	40. Fear of heights		√			

How much tobacco each day? NIL Average daily alcohol consumption NIL

Have you ever taken elicited drugs? ( )

FAMILY HISTORY: Diabetes (H) Tuberculosis ( ) Epilepsy ( ) Asthma ( ) Eczema ( )
Heart disease ( ) High blood pressure ( ) Stroke ( ) Blood Disease ( ) Cancer ( )

PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-

I declared these statements to be true to the best of my knowledge and belief and I agree that the result of this medical examination in general terms may be revealed to the Company if required, and the details sent to my own doctor if this is considered necessary by the examining medical officer.

Date: 19/1/23 Signature of Applicant:

PEACE LAND MEDICAL CENTER

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
√		1. Eyes & Pupils	
√		2. E.N.T.	
√		3. Teeth & Mouth	
√		4. Lungs & Chest	
√		5. Cardiovascular System	
√		6. Abdo. Viscera	
√		7. Hernial Orifices	
		8. Anus & Rectum	
√		9. Genito-urinary	
√		10. Extremities	
√		11. Musculo-skeletal	
√		12. Skin & Varicose Vns.	
√		13. C.N.S.	
		14. Breast	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
165	72	26.45	137/82	67 /mins.	L N R	Uncorrected 6/6	6/6			N	
						Corrected					

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
	/	1. Urinalysis	RBS		
/		2. Hb, Bloodcount, ESR			7. Audiogram
	/	3. LFT, RFT, RBS	TF-BS HbA1C: 9.4%		8. Lung Function
		4. Drug Screen			9. Chest X-Ray
		5. Lipids (40 years +)		√	10. ECG
/		6. Sickle Cell test		9.4%	11. CVS risk for 40 yrs. & above (H.R)
					12. HIV, Hepatitis screening

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

1 Internist consultation → DM on med
4 LSM (Lnt, exercise & diet) & RFR
2, Review & MFU 3m later by internist (as above)

ASSESSMENT:

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

Dr. Shima [illegible] Cardiologist Specialist MOH Lic. No. 21962

Date: 26/1/23 Name (Block Capitals): Dr. / Nurse: Signature:

PEACE LAND MEDICAL CENTER C.R. # 18819

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Peace Land

Epworth Screening Questionnaire for Sleep Apnoea

IRSHAD HUSSAIN
42 Y(M) «Blank»
19/01/23 09:42
0109693
PEACELAND
75098 Std 0045847

Date:	19/1/23
Department/Company:	Turkoman
Occupation:	H.D.D

This questionnaire will help identify if you have any health condition which may need a more detailed medical assessment as part of your fitness to work determination. If you have any queries please contact your local Health Services staff. All information provided on this form and during consultations remains strictly confidential. When further clinical evaluation is required following completion of a screening questionnaire, the details should be recorded on Q1 and E1 forms.

How likely are you to **fall asleep** in the following situations? (use 0 to 3 score as shown below)

0 Would never doze

1 Slight chance of dozing

2 Moderate chance of dozing

3 High chance of dozing

0	sitting and reading
0	watching TV
0	sitting inactive in a public place (e.g. theatre or meeting)
0	as a passenger in the car for an hour without a break
0	Lying down to rest in the afternoon when circumstances permit
0	Sitting a talking with someone
0	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic

Total: 0

If you score a total of 15 or more you should seek advice from medical personnel on site before continuing to drive or commencing work in the workplace.

Declaration: I [redacted] (Print name) certify that to the best of my knowledge the above information supplied is true and correct.

PEACE LAND MEDICAL CENTER

Signature: [redacted] Date: 19/1/23

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

LAB RESULT

Name:	IRSHAD HUSSAIN	**Doc No:**	0029575
Age:	42 Y **Nationality:** PAKISTANI	**File No:**	0009993
Gender:	M	**Bill No:**	0045843
Ref. By:	DR.SHIMA	**Date:**	19/01/2023
GSM No.:	97310395	**Time:**	15:06

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.2 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	14.7 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	41.8 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	28.1 pg	27 - 33 pg
MCHC	35.1 g/dl	29.6 - 35.6 %
WBC COUNT	8.7 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	60 %	40-75 %
LYMPHOCYTE	37 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	02 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**203 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	75 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**1.0 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**15.7 U/L**	0 - 35.0 U/L
S.G.P.T.	**17.9 U/L**	10 - 45 U/L

Medical Technologist

Peace Land Medical Center
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Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name:	IRSHAD HUSSAIN	**Doc No:**	0029575
Age:	42 Y **Nationality:** PAKISTANI	**File No:**	0009993
Gender:	M	**Bill No:**	0045843
Ref. By:	DR.SHIMA	**Date:**	19/01/2023
GSM No.:	97310395	**Time:**	15:06

Test	Result	Normal Range
GGT	30.7 U/L	0 - 55.0 U/L
ALBUMIN	5.0 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	6.9 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.18 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	35.0 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.89 mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	3.8 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	180 mg/dl	0.0 - 200 mg/dl
Triglyceride	157.0 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	49.0 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	99.6 mg/dl	< 100 mg/dl
VLDL	31.4 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	181.2 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	5 ml	
Colour	Yellow	
Sp. Gravity	1.015	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	(++)	
Ketones	Negative	

Medical Technologist

PEACE LAND MEDICAL CENTER

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LAB RESULT

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Age:	42 Y **Nationality:** PAKISTANI	**File No:**	0009993
Gender:	M	**Bill No:**	0045843
Ref. By:	DR.SHIMA	**Date:**	19/01/2023
GSM No.:	97310395	**Time:**	15:06

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

Medical Technologist

PEACE LAND MEDICAL CENTER

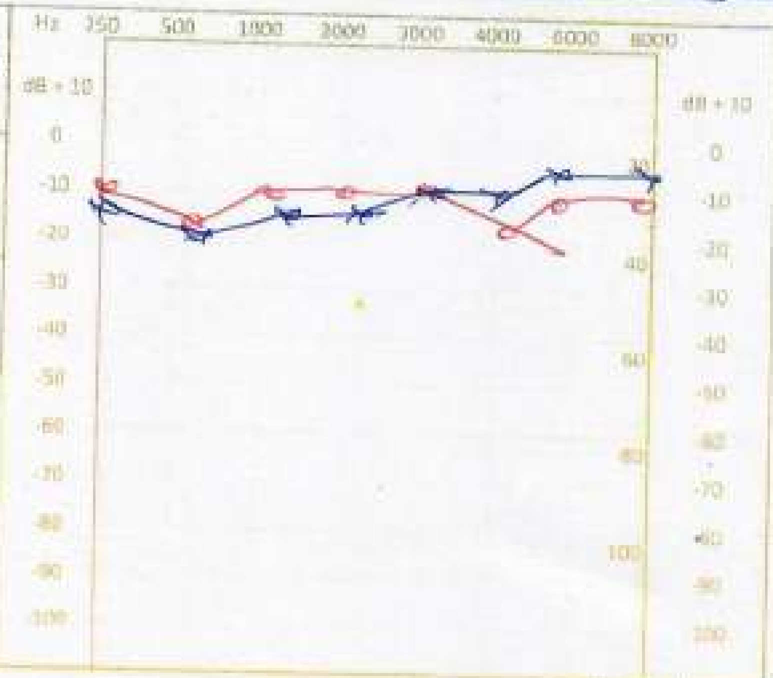
مركز بلاد السلام الطبي
Peace Land Medical Center

IRSHAD HUSSAIN
42 Y(M) «Blank»
19/01/23 09:42
0009983
78098
Bil #
0045943
PEACELAND

[A]UDIOMETRY TEST REPORT

COMPANY	
OCCUPATION	Tariq Omar HOD
DATE	19/1/23

WITHOUT MASKING	BONE CONDUCT	V	^
	AIR CONDUCT	O	X
WITH MASKING	BONE CONDUCT	[	]
	AIR CONDUCT	Δ	□
EDADAGE (NORMAL)		RIGHT=RED	LEFT=BLUE



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT

- [x] NORMAL
- [ ] HEARING LOSS
- [ ] RIGHT
- [ ] LEFT

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
رقم الترخيص: 2275

2023-01-19 09:45:07

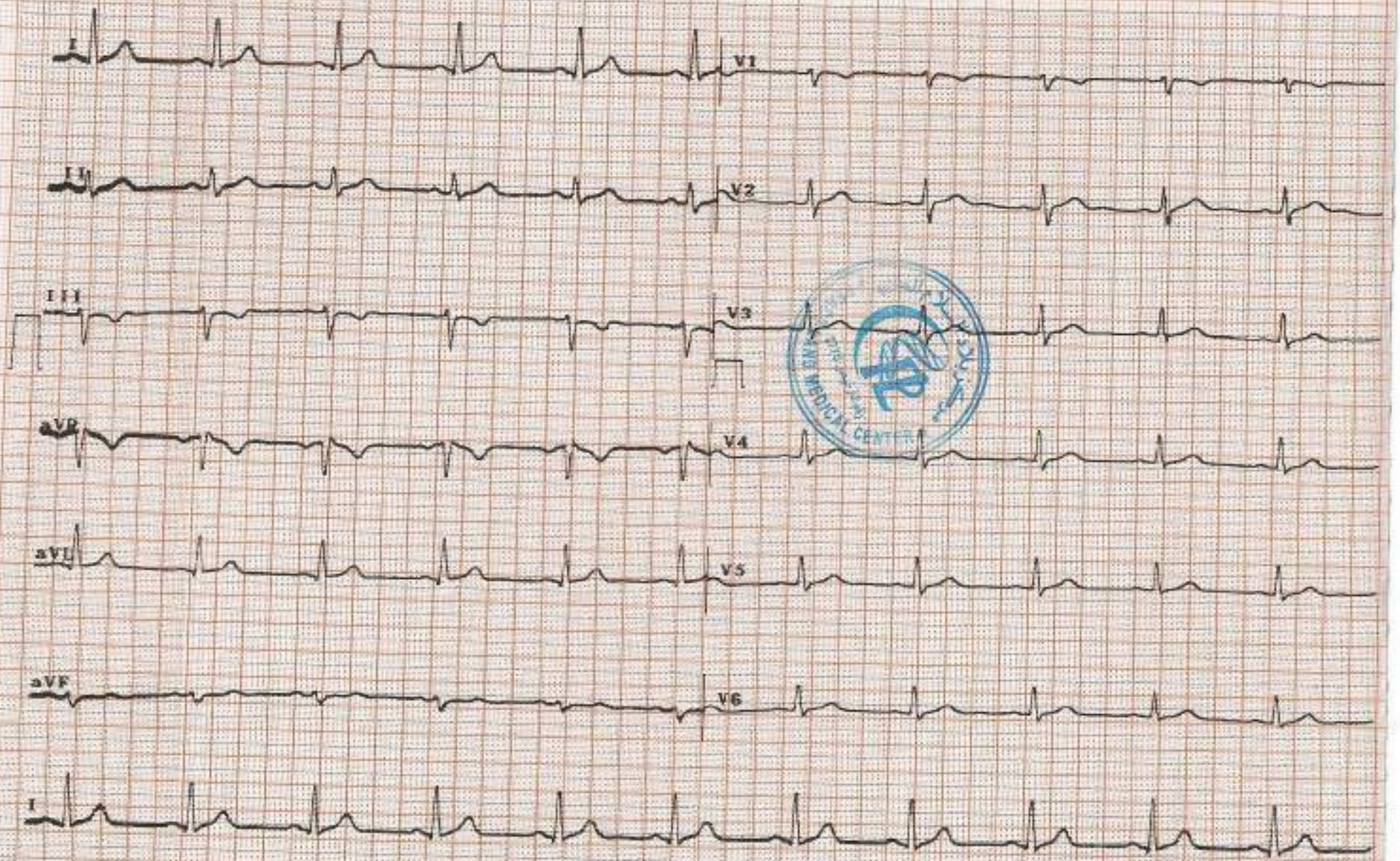
6Channel+1 Rhythm Report

Hospital:PLMS
Confirmed by:

IRSHAD HUSSAIN
42 Y(M) <Blank> 19/01/23 09:42
0009993
PEACELAND
75093 Bla 0045843

Heart Rate : 67 BPM
PR Int.: 150 ms
QRS Dur.: 112 ms
QT/QTc: 392/412 ms
P-R-T axes: 19 -8 6

** Analysis Result ** (Unconfirmed Report)
NORMAL SINUS RHYTHM
NORMAL AXIS
[NORMAL ECG]



0.1Hz- 100Hz,AC50Hz,EMG.PM.Qik. 10.0/5.0mm/mV. 25.0mm/sec. CARDIO-M PLUS 1.12.20 Medical

Results

Copy Results

Estimated 10-year Global CVD Risk

9.4%*

Risk Category

High Risk*

Estimated Vascular Age

54 Years*

*Due to this patient being diabetic, they are placed in the High Risk Category and should be treated based on the following guidelines.

Treatment Guidelines

ATP-III (2004)
Treatment Targets
LDL <100 mg/dL (<2.59 mmol/L)
Non-HDL <130 mg/dL (<3.37 mmol/L)

CCS (2009)
Treatment Targets
LDL <2 mmol/L (<77 mg/dL) or ≥50 % decrease in LDL-C
apoB <0.8 g/L (80 mg/dL)

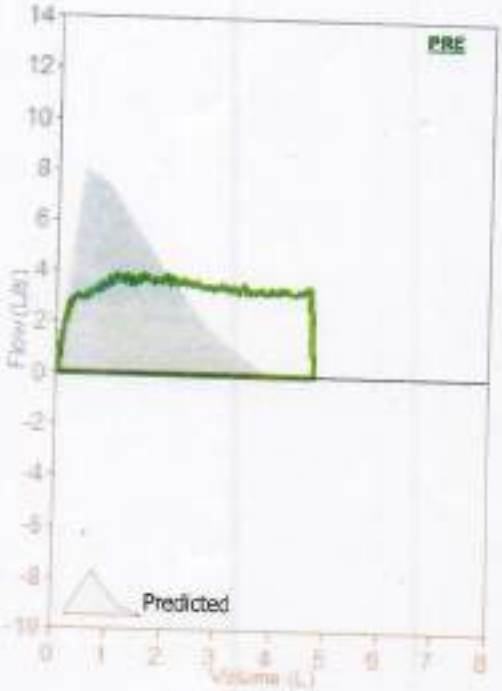
ESC (2007, see Info for more)
Treatment Targets
LDL <2-2.5 mmol/L (<80-100 mg/dL)
TChol <4-4.5 mmol/L (<155-175 mg/dL)

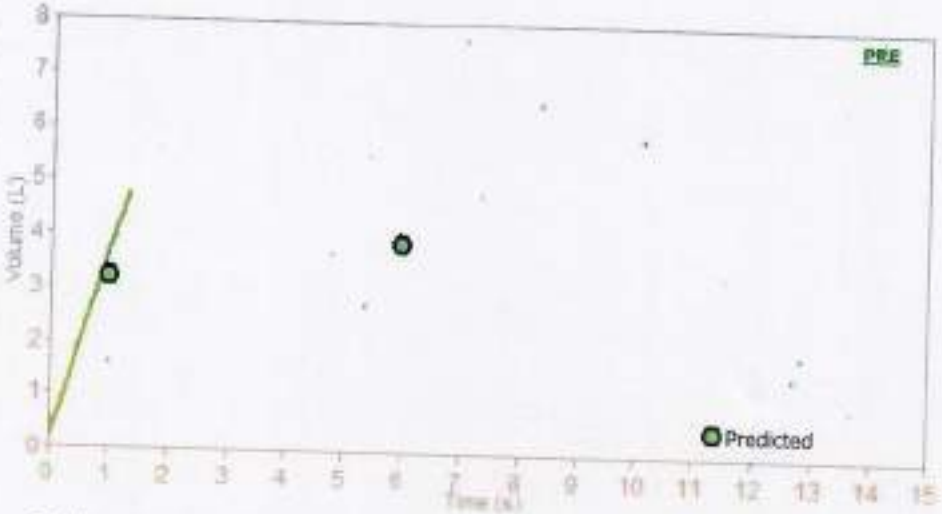
Pulmonary Function Test Results

Visit date 19/01/2023

Patient code	102206015	Age	42
Surname	HUSSAIN	Gender	Male
Name	IRSHAD	Height, cm	165
Date of birth	18/08/1980	Weight, kg	72
Ethnic group	Not defined	BMI	26.45
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 19/01/2023 12:26:32

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	2.84	3.89	4.75*	122	1.34	4.75			*		
FEV1	L	2.37	3.23	3.73*	115	0.95	3.73			*		
FEV1/FVC	%	73.6	83.7	78.5*	94	-0.85	78.5			*		
PEF	L/s	4.63	8.05	3.91*	49	-1.99	3.91			*		
ELA	Years		42	42	100		42					
FEF2575	L/s	1.73	3.51	3.61	103	0.09	3.61					
FET	s		6.00	1.31	22		1.31					
FIVC	L	2.84	3.89									
FEV1/VC	%	73.6	83.7									

*Best values from all loops - BTPS 1.097 24 °C (75.2 °F) - Predicted Knudson

Conclusion / Medical report

Signature

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

nmc specialty hospital,al-hail

P.O BOX : 613, Postal Code : 133
al-hail
24269222

Medical Report

Ref.No: 0000147/MED/NMC/2023

NAME: *IRSHAD HUSSAIN*			
AGE : *42 Y*	**DOB :** *08/18/1980*	**GENDER :** *M*	**NATIONALITY :** *PAKISTANI*
FILE NO : *58092989*	**ResidentCardNo :** *102206015*	**Emp No :**	

To Whom it may Concern

This is to inform that Mr IRSHAD HUSSAIN was found to have high blood sugar during PDO medical check up done at Peace Land Medical Center on 19.01.2023. He is apparently asymptomatic and not on any regular medicines. His clinical examination is with in normal limits and has no signs of complications of DM. His Hba1c is 9.4%. Now he is being advised to start Metformin along with diet and lifestyle modification. Need to be under follow up for monitoring and optimization of treatment. NO ABSOLUTE CONTRAINDICATIONS FOR CONTINUING HIS WORK.

ON EXAMINATION:

INVESTIGATION:

DIAGNOSIS:
Diabetes Mellitus

TREATMENT GIVEN:

FURTHER PLAN:

DR NISANTH KALLINKEEL
GENERAL MEDICINE
(Name with seal)

Place : nmc specialty hospital,al-hail

DEPARTMENT OF LABORATORY MEDICINE

File No:	50092989	**Report No:**	0075334		
Name:	IRSHAD HUSSAIN	**Sample Date:**	23/01/2023	**Time:**	13:32
Address:		**Received By:**			
Gender:	M **Age:** 42 Y **Nationality:** PAKISTANI	**Received Date:**		**Time:**	
GSM No.:	97310395 **ID Card No.:** 102206015	**Report Date:**	23/01/2023	**Time:**	14:51
Ref. By:	DR NISANTH KALLINKEEL	**Bill No:**	0209582	**Bill Date:**	23/01/2023

INVESTIGATION	RESULT	REFERENCE RANGE
RANDOM BLOOD SUGAR	8.71 mmol/L	4.11 -7.9mmol/L
HbA1C	9.4 %	NORMAL : < 6.0 GOOD DIABETES CONTROL : <7 FAIR DIABETES CONTROL : 7-8 POOR DIABETES CONTROL : >8

Verified By:

Approved By:

11011

Lab Technologist

Specialist Pathologist

MOH License No:

Electronically signed at: 1/23/2023 2:51:00

Printed at: 23/01/2023 4:42:26 PM

مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	26.1.23
Name	IRSHAD HUSSAIN	Department\Company	TRUCK OMAN
I.D No.	10220601 5	Occupation	HDD

Type of Medical Evaluation Mark those applying √

A1 Aircraft refuelling		A6 Fire / Emergency response team work	
A2 Breathing apparatus		A7 Professional driving	✓
A3 Business traveller		A8 Remote location work	✓
A4 Catering and food preparation		A9 Transfers – group A country	
A5 Crane or forklift driving & all heavy vehicles		A10 Transfers – group B country	

Health Advisor Statement : The above named person has been examined according to the statements laid down in "Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work". At this time his/her fitness to work status for the above tasks is as follows.

Fit with no restrictions			✓
Fit with following restriction(s)			
The employee is fit for above work but should avoid the following task(s)	*Temporary restriction*	*Permanent restriction*	FIT
Work near moving machinery or sharp edges			
Working at height			
Puling, 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			
Name of health advisor Signature			Date 26.1.23

FIT

Dr. Shima Seyedabolfazl Jafari
Cardiologist Specialist
MOH Lic. No. 21962