

OUTSIDE DESCRIPTION

NAME: \_\_\_\_\_

→ sugar detected  
in urine and High FBS  
for HbA1c and  
Intensif Conculker

29922

**TINE/PERIODIC EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)**

Development Oman  
MEDICAL DEPARTMENT

Surname/Forenames: **IRSHAD HUSSAIN**

Nationality: **PAKISTANI** D.O.B: **15-08-1980**

COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Mobile No. **97310395** Address: **102206015** Company Number: **6852** 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: **3**

Reason for Examination (tick as appropriate)

Periodic Medical Examination  Final / Retirement  Other Reason:

**Employee only**

B Present Job and Location: **HD DRIVER** 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 migraines		✓	
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 your 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: **12-01-2025**

Signature of Applicant: **[Signature]**

2025-01-12

102206015

IRSHAD HUSSAIN

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	
✓		1. Eyes & Pupils
✓		2. E.N.T.
✓		3. Teeth & Mouth
✓		4. Lungs & Chest
✓		5. Cardiovascular System
✓		6. Abdo. Viscera
✓		7. Hemial Orifices
		8. Anus & Rectum
✓		9. Genito-urinary
✓		10. Extremities
✓		11. Musculo-skeletal
✓		12. Skin & Varicose Vns.
✓		13. C.N.S.


HEIGHT cm 165	WEIGHT kg 70	BMI 25.7	B.P. $\frac{120}{80}$ mmhg	PULSE 72 /mins.	HEARING L N R N	VISION DISTANT R L Uncorrected 6/6   6/6 Corrected	NEAR R L	Color Vision ✓ 1. Normal 2. Abnormal
---------------------	--------------------	-------------	----------------------------------	--------------------	-----------------------	--	-------------	--

LABORATORY AND OTHER SPECIAL INVESTIGATIONS		N	A
1. Urinalysis			
2. Hb, Blood count, ESR			
3. LFT, RFT, RBS			
4. Drug Screen			
5. Lipids (40 years +)			
6. Sickle 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.)

ASSESSMENT AND RECOMMENDATIONS:  
 FIT ALL AREAS     FIT WITH RESTRICTION     TEMPORARY UNFIT     UNFIT

Date: 19/01/2025    Signature:         

REVIEW/CONSULTATION  
 Date: 19/01/2025  
 Name (Block Capitals): Dr. / Nurse  
 - Reviewed  
 - HbA1c 9.5% - Diabetic medications restarted.  
 - Diet and life style modifications  
 - Regular followup  
 Signature: 





مركز بلاد السلام الطبي  
Peace Land Medical Center

**Epworth Screening Questionnaire for Sleep Apnoea**

NAME: <u>IRSHAD HUSSAIN</u>	COMPANY: <u>TRUCKMAN EQUIPMENT RENTAL</u>
ID No: <u>102206015</u>	OCCUPATION: <u>MD DRIVER</u>
Mob.No: <u>97310395</u>	GENDER: <u>M / F</u> DATE: <u>21/12/2025</u>

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

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

- 0 - Would never doze
- 1 - Slight chance of dozing
- 2 - Moderate chance of dozing
- 3 - High chance of dozing

Sitting and reading

Watching TV

Sitting inactive in a public place (e.g. Theatre or meeting)

As a Passenger in the car for an hour without a break

Lying down to rest in the afternoon when circumstances permit

Sitting and talking with someone

Sitting quietly after lunch without alcohol

In a car, while stopped for a few minutes in traffic

Total: 0

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

Declaration: I IRSHAD HUSSAIN (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: \_\_\_\_\_ Date: 21/12/2025

*Handwritten signature/initials*



**nmc specialty hospital,al-hail**

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

**Medical Report**

Ref.No: 0000183/MED/NMC/2025

NAME: IRSHAD HUSSAIN 6852			
AGE : 44 Y	DOB : 08/18/1980	GENDER : M	NATIONALITY : PAKISTANI
FILE NO : 50092989	ResidentCardNo : 102206015	Emp No : 6852	

**To Whom it may Concern**

This is to inform that Mr IRSHAD HUSSAIN 6852 was found to have high blood sugar during his PDO medical checkup done at Peace Land Medical center. He had history of DM , but discontinued his medicines by self. Now his HbA1c is 9.5%. His diabetic medication is restarted along with advice regarding diet and life style modification, Strict compliance to treatment and regular follow up. No absolute contraindication for continuing his work, provided adhering to treatment plan.

**ON EXAMINATION:**

**INVESTIGATION:**

HbA1C

**DIAGNOSIS:**

Type 2 Diabetes Mellitus With Hyperglycemia

**TREATMENT GIVEN:**

**FURTHER PLAN:**

Repeat HbA1c after 3 month

**DR NISANTH KALLINKEEL**

**GENERAL MEDICINE**

(Name with seal)

*Signature*  
DR. NISANTH KALLINKEEL  
Specialist - Internal Medicine  
MOH Lic. No. 16847  
Home Availability: Sun-2:30 - 4:30 P.M.

19/01/2025



Place : nmc specialty hospital,al-hail

DEPARTMENT OF LABORATORY MEDICINE

<b>File No:</b> 50092989	<b>Report No:</b> 0143081
<b>Name:</b> IRSHAD HUSSAIN 6852	<b>Sample Date:</b> 19/01/2025 <b>Time:</b> 9:32
<b>Address:</b>	<b>Received By:</b>
<b>Gender:</b> M <b>Age:</b> 44 Y <b>Nationality:</b> PAKISTANI	<b>Received Date:</b> <b>Time:</b>
<b>GSM No.:</b> 97310395 <b>ID Card No.:</b> 102206015	<b>Report Date:</b> 19/01/2025 <b>Time:</b> 10:42
<b>Ref. By:</b> DR NISANTH KALLINKEEL	<b>Bill No:</b> 0350124 <b>Bill Date:</b> 19/01/2025

INVESTIGATION	RESULT	REFERENCE RANGE
HbA1C	9.50 %	NORMAL : < 6.0 GOOD DIABETES CONTROL : <7 FAIR DIABETES CONTROL : 7-8 POOR DIABETES CONTROL : >8



Verified By:

Approved By:



10589

Lab Technologist

Specialist Pathologist

MOH License No: 17976

Electronically signed at 19/01/2025 10:42:00

NMC Healthcare LLC

Q.R. No: 1658137

19/01/2025 10:42:00



Peabland Medical Service LLC, Mukhaizna  
CR No.:2/13627/9, P.O.Box: 1403,  
Postal Code: 133,  
Occidental Camp Mukhaizna, Sultanate of Oman

**PATIENT DETAILS :**

Patient ID : 24922	Doc No : 11877
Name : IRSHAD HUSSAIN	Doc Date : 2025-01-12T11:38:00
Age : 44Y	Bill No : 33264
Gender : Male	Date : 12/01/2025 11:36 AM
Nationality : PAKISTANI	Customer : TRUCKOMAN EQUIPMENT RENTAL LLC
GSM No : 97310395	Ref by : DR.HASHIM ABDALLAH

**TEST RESULT : PDOM PDO MEDICAL CHECKUP**

Test	Result	Normal Range	Detailed Description
<b>PDO MEDICAL CHECKUP</b>			
<b>LIVER FUNCTION TEST</b>			
ALKALINE PHOSPHATASE	48 u/l	44-147 U/L	
T. BILIRUBIN	0.3 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.1 mg / dl	up to 0.4 mg /dl	
INDIRECT BILIRUBIN	0.2 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	13 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	30 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	7 g /dl	New born 5.2 - 9.1 g /dl Children 5.4 - 8.7 g /dl Adult 6.7 - 8.7 g /dl	
ALBUMIN	4.3 g / dl	3.6 - 5.5 g/dl	
<b>RENAL FUNCTION TEST</b>			
UREA	27 mg / dl	10-50 mg /dl	
S.CREATININE	0.8 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	5.9 mg / dl	3.4 - 7.2 mg /dl	
FASTING BLOOD SUGAR	256 mg/dl	70 - 110 mg/dl	
<b>URINE ROUTINE ANALYSIS</b>			
<b>PHYSICAL</b>			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.020		
pH	Acidic		
Appearance	Clear		
<b>CHEMICAL</b>			
Nitrite	Negative		
Protein	Negative		
Glucose	(++)		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
<b>MICROSCOPIC.</b>			
PUS_CELLS	1-2		
EPITHELIAL CELLS.	1-2		
RBCS	1-2		

Reported By:  
Lab Technician

Verified By:  
Lab Technician

Approved By:  
Lab Technician

Sr. Lab Technologist

Sr. Lab Technologist

Sr. Lab Technologist

Printed at: 12/01/2025 11:38:11

Signed at: 12/01/2025 11:38:10

CASIS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
<b>COMPLETE BLOOD COUNT</b>		
RBC	6 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu
HAEMOGLOBIN	16 gm %	Male 13 - 18 gm % Female 11 - 15 gm %
HCT	48 %	Male 42 -52 % Female 37 -47 %
MCV	79 fl	76 - 96 fl
MCH	26 pg	27 - 33 pg
MCHC	33 %	32 - 36 %
WBC COUNT	7000 cells/cumm	4000 - 11 000 cells / cu mm
<b>DIFFERENTIAL COUNT</b>		
NEUTROPHIL	50 %	40-75 %
LYMPHOCYTE	40 %	20-45 %
EOSINOPHIL	2 %	1-6 %
MONOCYTE	8 %	2-8%
BASOPHIL	0 %	0-1%
PLATELET	1.7 lakhs/cumm	1.5 - 4.5 lakhs / cu mm
<b>LIPID PROFILE</b>		
Total Cholesterol	186 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl
Triglyceride	267 mg/dl	Normal 0.0 - 150 mg/dl
HDL - CHOL	68 mg/dl	35.0 - 79.0 mg /dl
LDL - CHOL	147 mg/dl	< 130 mg/dl

Remarks:

2022-01-04 08:03:18

Name : arshad

Sex : Age :

Section: 12

RoomID:

BedID:

ID:

Operator: PEACELAND MEDICAL SERVT/QTc

Custom1:

Custom2:

Custom3:

AUTO 5mm/mV

Data for reference only:

HR : 63 bpm  
 PR Interval : 165 ms  
 P Duration : 111 ms  
 QRS Duration : 103 ms  
 T Duration : 189 ms  
 P/QRS/T Axis : 383/390 deg  
 P/QRS/T Axis : 36.5/-16.8/-4.2 deg  
 R(V5)/S(VI) : 0.70/0.63 mV  
 R(V5)+S(VI) : 1.33 mV

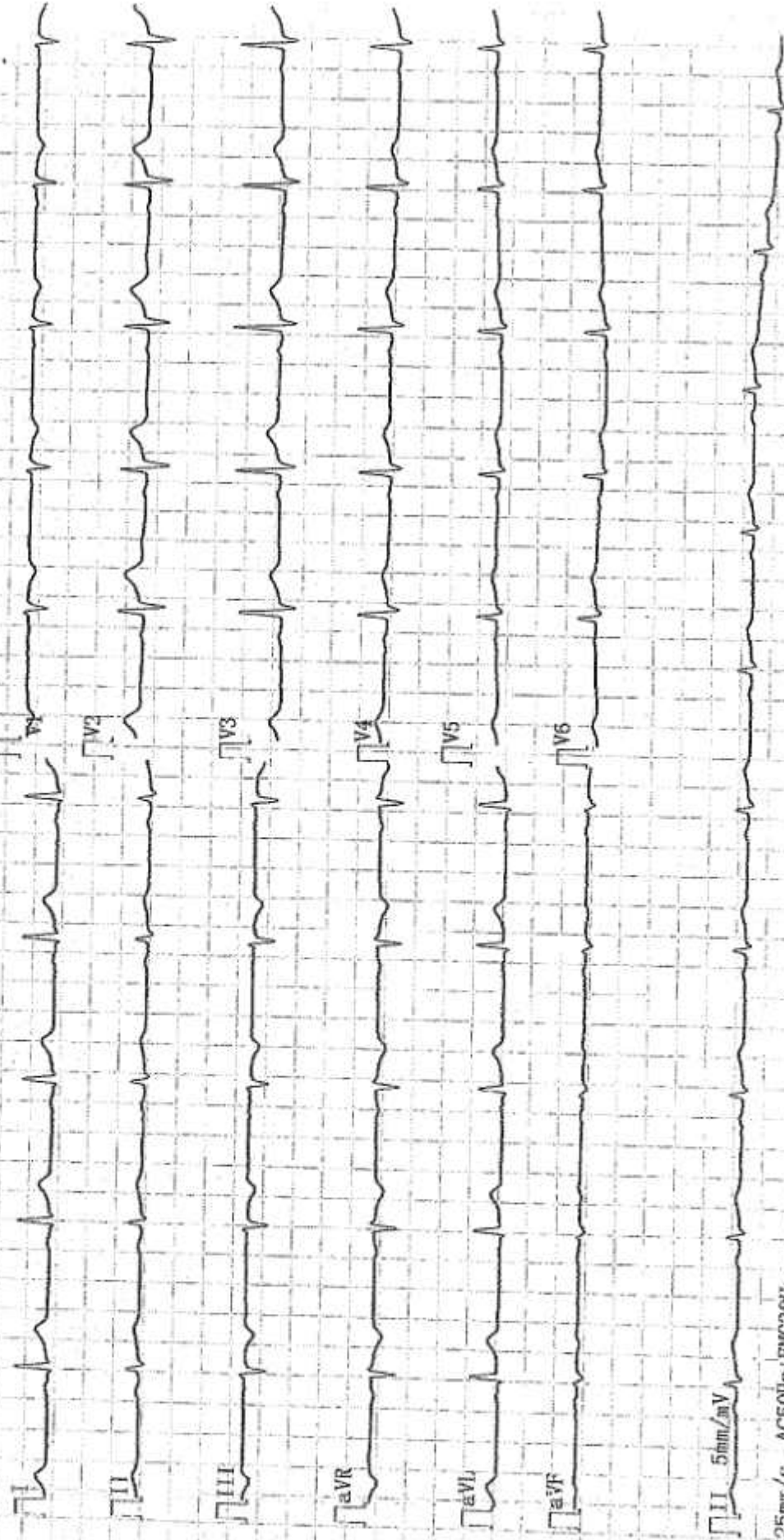
<< Conclusions >>

Normal Sinus Rhythm;  
Longitudinal Left axis deviation;

\*\*Report need physician confirm\*\*

Physician:

5mm/mV



5mm/mV

25mm/s AC50Hz+EMG30Hz



PATIENT 24922

Estimated 10-year Global CVD Risk

5.60%

Risk Category

High Risk

Estimated Vascular Age

45 Years

Treatment Guidelines

A7P-III (2004)

LDL <100 mg/dL (<2.59 mmol/L)

Non-HDL <130 mg/dL (<3.37 mmol/L)

CCS (2009)

LDL <2 mmol/L (<77 mg/dL) or  $\geq 50$  % decrease in LDL-C  
apoB <0.8 g/L (80 mg/dL)

FSC (2007, see info for more)

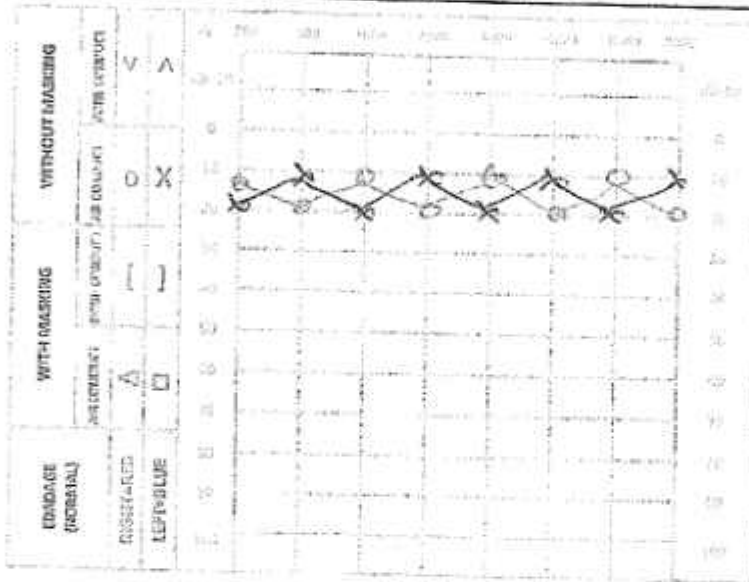
LDL <2-2.5 mmol/L (<80-100 mg/dL)

IChol <4-4.5 mmol/L (<155-175 mg/dL)



مركز بلاد السلام الطبي  
Peace Land Medical Center

AUDIOMETRY TEST REPORT			
NAME: IRSHAD HUSSAIN		COMPANY: TRUCK OMAN EQUIPMENT RENTAL	
AGE: 15-08-1980	GENDER: M/F	OCCUPATION: HD. DRIVER.	
REF. BY:	DATE: / /		



Sibelmed

INTERPRETATION  
O RIGHT EAR  
X LEFT EAR

RESULT  
 NORMAL  
 HEARING LOSS  
RIGHT  
 LEFT

مركز بلاد السلام الطبي  
PO Box 1403, Postal Code: 115 Al Khatla Roundabout at Sawa Tower, Durrate of Oman  
Tel: 2461157 / 2461148 / 2461140 / 1111111 / 1111111 / 1111111 / 1111111



# مرکز بلاد السلام الطبي Peace Land Medical Center

## Fitness for work certificate

Employee Data		Date 12/01/2025	
Name PRSHAD HUSSAIN		Department/Company TRUCK OMAN EQUIPMENT RENTAL	
ID No. 102206015		Occupation H D DRIVER	
Type of Medical Evaluation Mark those applying ✓			
A1 Aircraft refuelling	<input type="checkbox"/>	A6 Fire / Emergency response team work	<input type="checkbox"/>
A2 Breathing apparatus	<input type="checkbox"/>	A7 Professional driving	<input type="checkbox"/>
A3 Business traveller	<input type="checkbox"/>	A8 Remote location work	<input type="checkbox"/>
A4 Catering and food preparation	<input type="checkbox"/>	A9 Transfers - group A country	<input type="checkbox"/>
A5 Crane or forklift driving & all heavy vehicles	<input type="checkbox"/>	A10 Transfers - group B country	<input type="checkbox"/>
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 <input type="checkbox"/>			
Fit with following restriction(s) <input type="checkbox"/>			
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	<input type="checkbox"/>	<input type="checkbox"/>	
Working at height	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting, pushing, or carrying weight over ___ Kg	<input type="checkbox"/>	<input type="checkbox"/>	
Ascend/descend ladders or stairs	<input type="checkbox"/>	<input type="checkbox"/>	
Operate motor vehicles, forklifts or heavy machinery	<input type="checkbox"/>	<input type="checkbox"/>	
Use of a respirator	<input type="checkbox"/>	<input type="checkbox"/>	
Repetitive twisting of valves or wrenches	<input type="checkbox"/>	<input type="checkbox"/>	
Flying	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	
Temporary Unfit until		Date	
Permanently Unfit		Date	
Name of health advisor Signature			