PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

#6840

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	HOSEN MEDHA.
Forenames	NAYAN MEDHA MD
Address	115373033 - Truck Oman
Home telephone number	95570987

Place of examination : mut Date 19/9/22.

If a dependant enter employee's name here:

Surname: Forenames:

Birth date 2/6/96 Nationality: Bangladesh Country of birth Bangladesh Religion Muslim.

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

Relationship to employee: [ ] Wife [ ] Son [ ] Daughter Number of children:

Reason for examination Pre-Employment [ ] Periodic medical check-up [ ] Pre-Overseas [ ] Job: Rigger Area:

Name and address of family doctor	List your last 3 jobs
	(1)
	(2)
	(3)

Are you a Registered Disabled Person? (UK only) [ ] Do you belong to any Medical Insurance Scheme? [ ]

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

How much tobacco each day? No Average daily alcohol consumption No

Have you ever taken elicited drugs? ( )

FAMILY HISTORY: Diabetes ( ) 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: 19/9/22 Signature of Applicant: Nayan

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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	Colour Vision	Blood Group
162	45	17.1	120/78	70 /mins.	L R N	DISTANT R 6/6 L 6/6 NEAR R L Uncorrected Corrected	N	

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis		✓		7. Audiogram
✓		2. Hb, Bloodcount, 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.)

1, Diet rich in protein

ASSESSMENT:

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

Cardiologist Specialist MOH Reg. No. 21952

Date: 19,9,23 Name (Block Capitals): Dr. / Nurse Signature:

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REVIEW\CONSULTATION

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

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:	NAYAN MEDHA MD HOSEN MEDHA	**Doc No:**	0024854
Age:	26 Y **Nationality:** BANGLADESHI	**File No:**	0035208
Gender:	M	**Bill No:**	0040885
Ref. By:	DR.SHIMA	**Date:**	19/09/2022
GSM No.:	95570987	**Time:**	15:43

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.2 10"12/l	Male 4.38 -5.78 10"12/l Female 4.0- 5.0 10"12/l
HAEMOGLOBIN	16.3 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	46.2 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	**82 fl**	84-94 fl
MCH	28.9 pg	27 - 33 pg
MCHC	35.2 g/dl	29.6 - 35.6 %
WBC COUNT	6.3 10^9 d/l	5.0 - 11.0 10^9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	64 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**253 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	56 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.51 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**10.0 U/L**	0 - 35.0 U/L
S.G.P.T.	**18.2 U/L**	10 - 45 U/L

Medical Technologist

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Test	Result	Normal Range
GGT	**11.4 U/L**	0 - 55.0 U/L
ALBUMIN	**4.5 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.0 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.11 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**27.7 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.84 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**6.6 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**159 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**125.8 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**48.5 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**85.4 mg/dl**	< 100 mg/dl
VLDL	**25.1 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	85.8 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	Negative	
Ketones	Negative	

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

Medical Technologist

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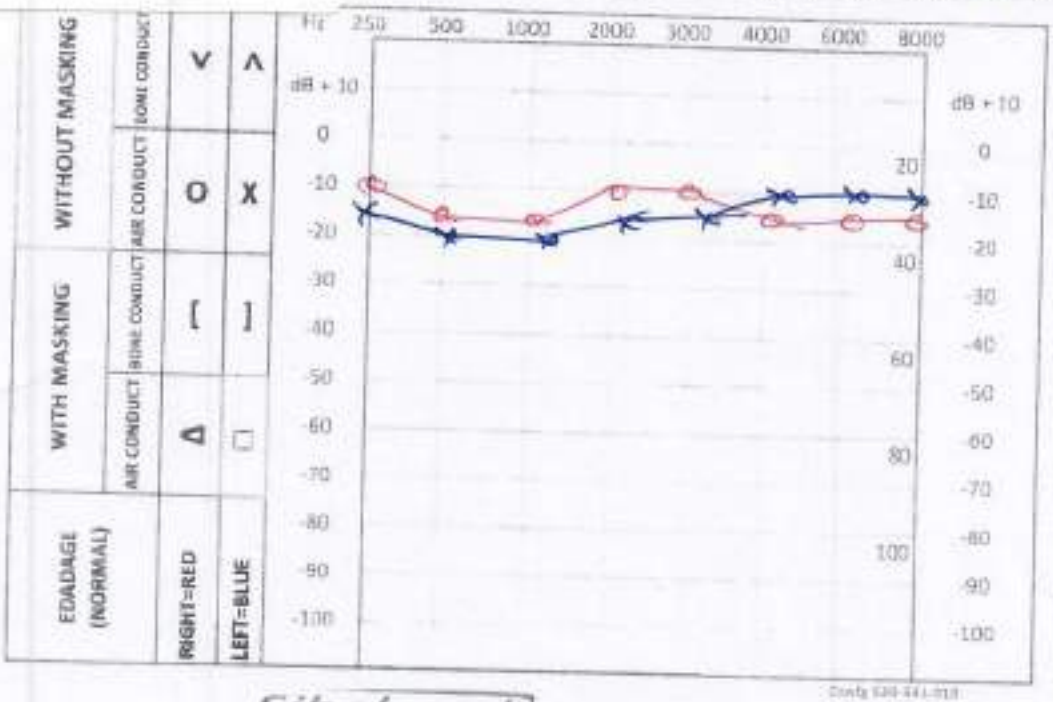
مركز بلاد السلام الطبي
Peace Land Medical Center

NAYAN MEDHA MD HOSEN MEDHA
28 Y(M) «Blank» 19/09/22 11:06
0035208
71539 Bill # 0040885
PEACELAND

AUDIOMETRY TEST REPORT

ENDER		COMPANY	Trueroman
		OCCUPATION	Right
		DATE	19/9/22



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

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

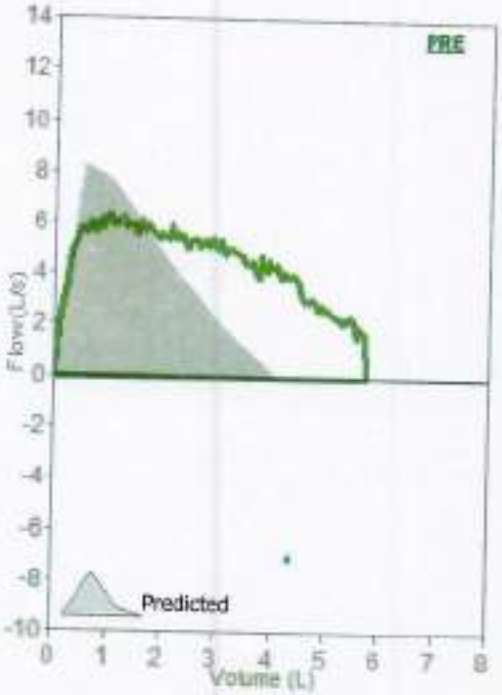
ص.ب ١٤٠٣، الرمز البريدي ١٣٣، دوار العذيبة مبنى أبراج الصحوة مبنى ١، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف: ٢٤٦١٧١١٧/ ٢٤٦١٧١٤٨/ ٢٤٦١٧١٤٩

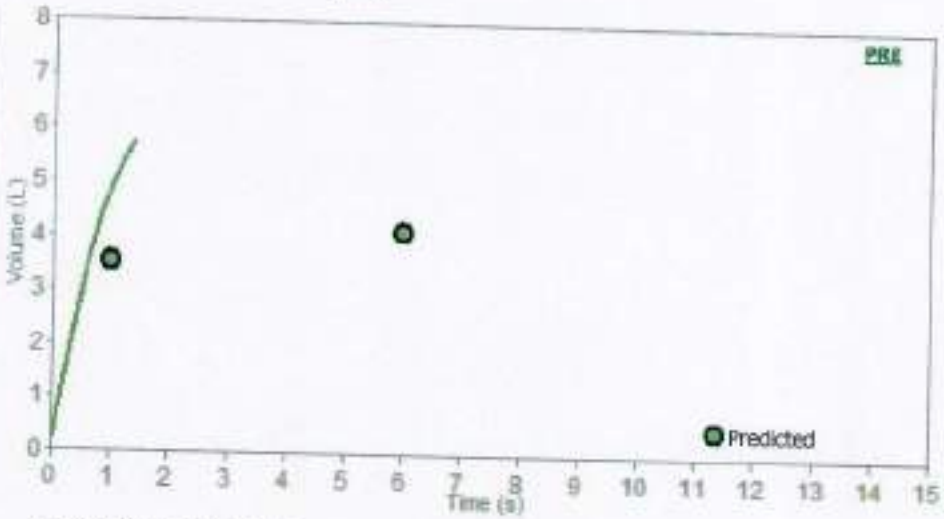
Pulmonary Function Test Results

Visit date 19/09/2022

Patient code	115373433	Age	26
Surname	MEDHA	Gender	Male
Name	NAYAN	Height, cm	162
Date of birth	02/06/1996	Weight, kg	45
Ethnic group	Not defined	BMI	17.15
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 19/09/2022 11:29:19

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.07	4.12	5.74*	139	2.54	5.74			*		
FEV1	L	2.64	3.50	4.95*	141	2.77	4.95			*		
FEV1/FVC	%	75.9	86.1	86.2*	100	0.02	86.2			*		
PEF	L/s	4.91	8.33	6.52*	78	-0.87	6.52			*		
ELA	Years		26	26	100		26					
FEF2575	L/s	2.14	3.92	5.02	128	1.02	5.02					
FET	s		6.00	1.37	23		1.37					
FIVC	L	3.07	4.12									
FEV1/VC	%	75.9	86.1									

*Best values from all loops - BTPS 1.092 25 °C (77 °F) - Predicted Knudson

Conclusion / Medical report

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Signature

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

MIR

مركز بيس لاند الطبي
Peace Land Medical Center
Peace Land

Fitness for work certificate

Employee Data			
Name	NAVAN MEDHA MD	Date	19/9/22
I.D No.	115373433	Department/Company	TRUCK OMAN
		Occupation	Rigger

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		FIT	
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			Date 19/9/22
Name of health advisor Signature			Occupational Specialist

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