



PEACE LAND MEDICAL CENTER



MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname		Forenames		Address		Home telephone number	
		WILLIAM MASIH		114837495 - TRUCKOMAN		94047512	
Place of examination: MWSCAT		Date: 14/11/2022					
If a dependant enter employee's name here: Surname:		Forenames:					
Birth date: 15/3/80		Nationality: INDIAN		Country of birth: INDIA		Religion: CHRISTIAN	
☒ Male ☐ Female		☒ Married ☐ Single ☐ Separated / Divorced		Relationship to employee ☐ Wife ☐ Son ☐ Daughter		Number of children: 2	
Reason for examination		Pre-Employment ☐ Periodic medical check-up ☒		Job: RIGHER		Area:	
Pre-Overseas ☐							
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	
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		42. Awarded benefits for industrial injury/illness	
4. Any ear discharge				24. Abnormal heartbeat		43. Treated for a mental condition, e.g. depression	
5. Asthma/bronchitis				25. High blood pressure		44. Treated for problem drinking or drug abuse	
6. Hayfever /other significant allergy				26. Stroke		45. Exposed to toxic substance or noise	
7. Any skin trouble				27. Serious chest pain		FOR WOMEN ONLY	
8. Tuberculosis				28. Any blood disease		Have you ever had:-	
9. Shortness of breath				29. Kidney disease		46. An abnormal smear	
10. Coughed/vomited blood				30. Blood in urine		47. Any gynaecological treatment	
11. Severe abdominal pain				31. Painful passage of urine		48. Are you pregnant?	
12. Stomach ulcer				32. Diabetes		49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	
13. Recurrent indigestion				33. Headaches/migraine			
14. Jaundice or hepatitis				34. Dizziness/fainting			
15. Gall Bladder disease				35. Epilepsy			
16. Marked change in bowel habits				36. Joints/spinal trouble			
17. Blood in stools (motions)				37. Surgical operation			
18. Marked change in weight				38. Serious accident/fracture			
19. Varicose veins				39. Tropical disease			
20. Lump in breast/ampit				40. Fear of heights			
How much tobacco each day? NO				Average daily alcohol consumption NO			
Have you ever taken illicit drugs? ()							
FAMILY HISTORY:		Diabetes ()		Tuberculosis ()		Epilepsy ()	
		Heart disease ()		High blood pressure ()		Stroke ()	
						Asthma ()	
						Eczema ()	
						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: 14/11/2022		Signature of Applicant: WILLIAM MASIH					



PEACE LAND MEDICAL CENTER

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

N = Normal A = Abnormal (please describe)

N	A	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
175	65	21.2	120/80	72 /mins.	L N R N	DISTANT R L Uncorrected 6/6 Corrected 6/6	2	

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.)

ASSESSMENT:

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


 Dr. MOHAMMED AKBAR KHAN
General Practitioner
MOHLC No. 4404

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

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: WILLIAM MASIH
Age: 42 Y **Nationality:** INDIAN
Gender: M
Ref. By: DR.SHIMA
GSM No.: 94047512

Doc No: 0027228
File No: 0037479
Bill No: 0043360
Date: 14/11/2022
Time: 11:39

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.5 $10^{12}/l$	Male 4.38 -5.78 $10^{12}/l$ Female 4.0- 5.0 $10^{12}/l$
HAEMOGLOBIN	15.5 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	46.5 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	88 fl	84-94 fl
MCH	27.0 pg	27 - 33 pg
MCHC	33.1 g/dl	29.6 - 35.6 %
WBC COUNT	5.3 10^9 d/l	5.0 - 11.0 $10^9/l$
DIFFERENTIAL COUNT		
NEUTROPHIL	61 %	40-75 %
LYMPHOCYTE	34 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	160 $10^9/l$	156 - 342 $10^9/l$
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	79 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.44 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	21.4 U/L	0 - 35.0 U/L
S.G.P.T.	35.5 U/L	10 - 45 U/L





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Test	Result	Normal Range
GGT	34.7 U/L	0 - 55.0 U/L
ALBUMIN	4.1 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	6.7 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.16 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	27.6 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.89 mg/dl	0.70 - 1.30 mg/dl
S.URIC ACID	4.4 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	170 mg/dl	0.0 - 200 mg/dl
Triglyceride	84.0 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	43.3 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	109.9 mg/dl	< 100 mg/dl
VLDL	16.8 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	96.3 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	1-3	
EPITHELIAL CELLS	1-2	
RBC'S	NIL	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	



EADADGE (NORMAL)	WITH MASKING		WITHOUT MASKING	
	AIR CONDUCT	BONE CONDUCT	AIR CONDUCT	BONE CONDUCT
BRIGHT-RED	Δ	[	O	V
LEFT-BLUE	□	]	X	Λ

Graph showing Hearing Level (dB HL) versus Frequency (Hz) for two groups: BRIGHT-RED and LEFT-BLUE. The graph displays two sets of data points connected by lines, representing hearing levels across different frequencies (250 Hz to 8000 Hz). The left y-axis ranges from +10 to -100 dB HL, and the right y-axis ranges from 0 to -100 dB HL. The BRIGHT-RED group (red line with circles) and the LEFT-BLUE group (blue line with 'x' markers) show similar hearing patterns, with thresholds generally between -10 and -30 dB HL across the frequency range.

David 526-341 (old)

INTERPRETATION		RESULT	
M	LEFT EAR	☒	NORMAL
O	RIGHT EAR	☐	HEARING LOSS
		☐	RIGHT
		☐	LEFT



2022-11-14 08:28:05

6Channel+1 Rhythm Report

Hospital: PLMS

WILLIAM WASH
42 Y/M - Black

14/11/2022 08:25

0037473

BI: +

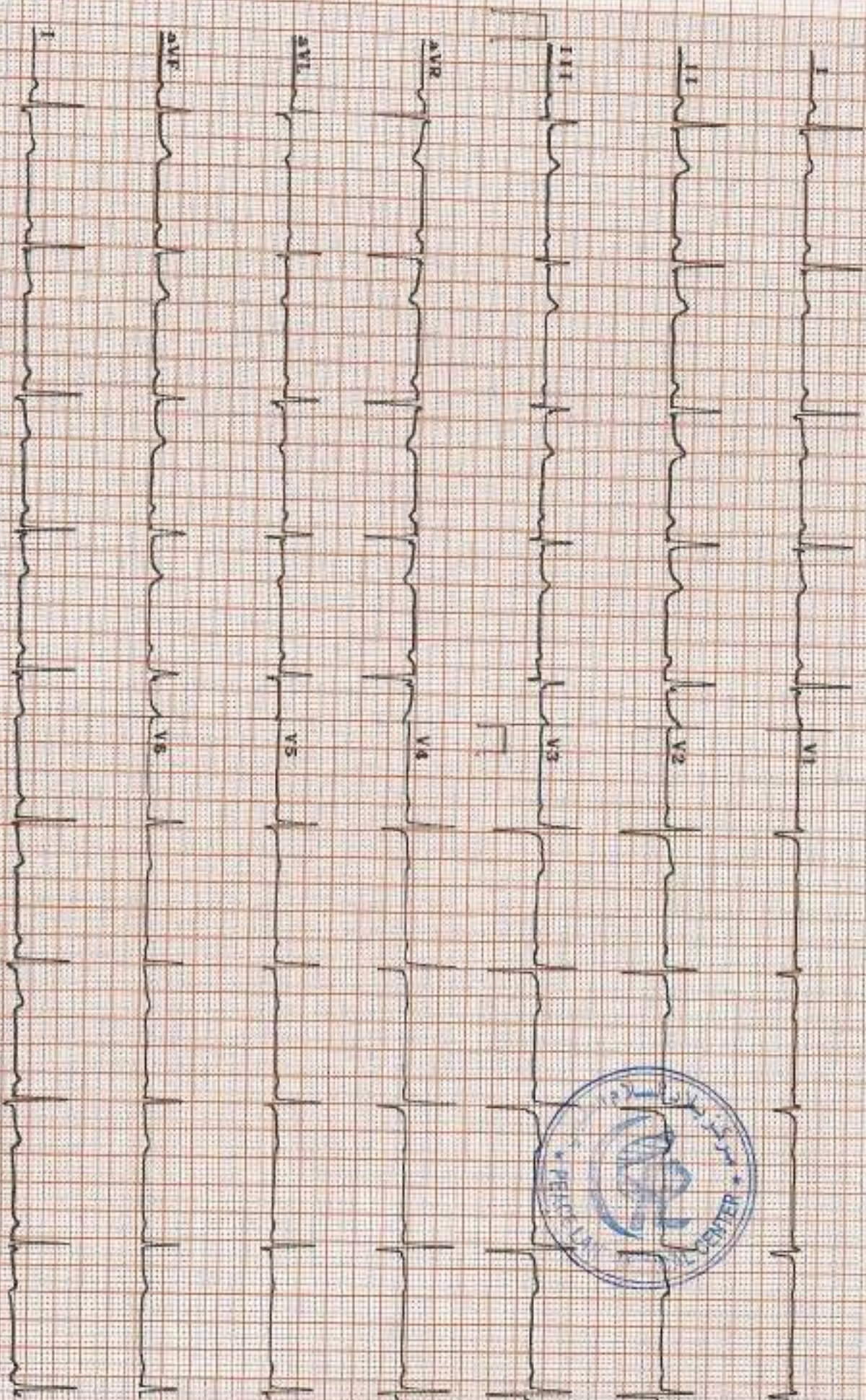
0003360



Heart Rate : 58 BPM
PR Int. : 180 ms
QRS Dur. : 78 ms
QT/QTc: 418/409 ms
P-R-T axes: 44 35 63

Analysis Result ** (Unconfirmed Report)
SINUS BRADYCARDIA (Heart Rate: 50-59)
NORMAL AXIS
I MINIMALLY ABNORMAL OR NORMAL VARIATION ECG I

Confirmed by:



0.1Hz - 40Hz, AC50Hz, PM, Eik.

10.0/5.0mm/mV, 25.0mm/sec.

CARDIO-M PLUS 113-30 Medical Front Co

Results

[Copy Results](#)

Estimated 10-year Global CVD
Risk

5.6%

Risk Category

Low Risk

Estimated Vascular Age

45 Years

Treatment Guidelines

ATP-III (2004)

Treatment Targets

LDL <160 mg/dL (<4.14 mmol/L)

Non-HDL <190 mg/dL (<4.93
mmol/L)

CCS (2009)

Initiate Pharmacotherapy if

LDL >5 mmol/L (>193 mg/dL)

TChol/HDL-C >6 mmol/L (>231
mg/dL)

Treatment Targets

≥50 % decrease in LDL-C

ESC (2007, see info for more)

Treatment Targets

LDL <3 mmol/L (<120 mg/dL)

TChol <5 mmol/L (<194 mg/dL)

Pulmonary Function Test Results

Visit date 14/11/2022

Patient code 114837495

Surname MASHI

Name WILLIAM

Date of birth 15/03/1980

Ethnic group Not defined

Smoke

Patient group

Age 42

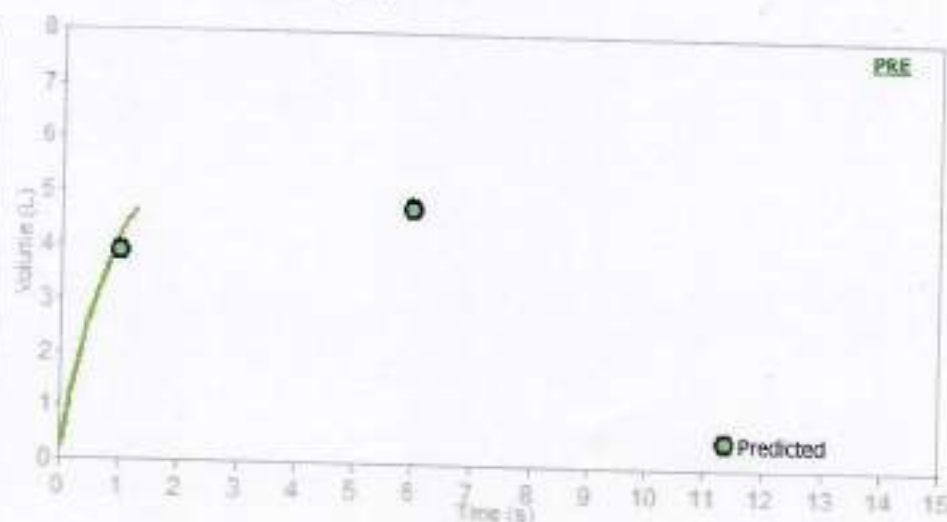
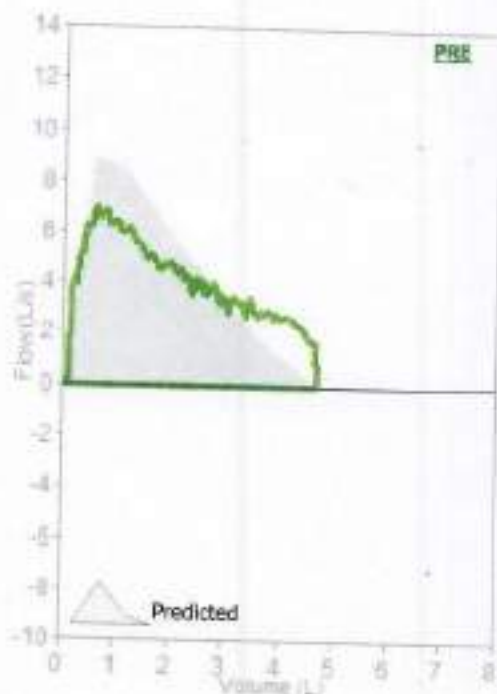
Gender Male

Height, cm 175

Weight, kg 65

BMI 21.22

Pack-Year



Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 14/11/2022 10:57:07

Parameters	LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.69	4.74	4.68*	99	-0.09	4.68			*	
FEV1	L	3.03	3.90	4.20*	108	0.58	4.20			*	
FEV1/FVC	%	72.4	82.5	89.7*	109	1.16	89.7			*	
PEF	L/s	5.57	8.99	6.96*	77	-0.98	6.96			*	
ELA	Years		42	42	100		42				
FEF2575	L/s	2.31	4.09	4.05	99	-0.04	4.05				
FET	s		6.00	1.25	21		1.25				
FIVC	L	3.69	4.74								
FEV1/VC	%	72.4	82.5								

*Best values from all loops - BTPS: 1.078 28 °C (82.4 °F) - Predicted Knudson

Conclusion / Medical report

Signature



Instrument used

Minispir S S/N C11507

Last calibration check 01/11/2021 09:35:10



مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	14/11/22
Name		Department/Company	Truck Oman
I.D No.		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			
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			
Name of health advisor Signature		Date	14/11/22

Dr. MOHAMMED AKBAR KHAN
General Practitioner
MOH Lic. No. 4404