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	KAMAL ICHHAS.
Address	1159 UCSU Company Name: T.O SUB.
Home telephone number	94682973.
Forenames:	
Country of birth: India	Religion: Hindu

Place of examination: nmt	Date: 2/5/2023		
If a dependant enters employee's name here: Surname:			
Birth date: 19/3/83	Nationality: Indian		
☑ Male ☐ Female	☐ Married ☐ Single ☐ Separated /Divorced	☐ Wife ☐ Son ☐ Daughter	Number of children:
Reason for examination: Pre-Employment ☑ Periodic medical check-up ☐ Pre-Overseas		Job: H.DD	
Name and address of family doctor (1) (2)		List your last 3 jobs (2) (2) (3)	Area:

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? No — Average daily alcohol consumption No

Have you ever taken elicited drugs? (X)

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

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: 02/5/2023 **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
159	72	28	130/80	68/mins.	L R N	Uncorrected 6/6	6/6			N	
						Corrected					

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS
/		1. Urinalysis
/		2. Hb, Bloodcount, ESR
	/	3. LFT, RFT, FBS
		4. Drug Screen
/		5. Lipids (40 years +)
/		6. Sickle Cell test

N	A	
/		7. Audiogram
		8. Lung Function
		9. Chest X-Ray
/		10. ECG
11.21		11. CVS risk for 40 yrs. & above
		12. HIV, Hepatitis screening

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

1, LSM & RFT (Int, Exercise advise)

2, MFU 3m later by internist (DM)

ASSESSMENT:

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

Dr. Shima Esmaeil Abdollah Jafar
Cardiologist Specialist
MOH Lic. No. 21962

PEACE LAND MEDICAL CENTER C.R: 1118819

Date: 2/5/23 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

KAMAL KHAN
0042085 # 45 Y(M) 00466
77316 <Blank> 02/05/23 09:14

Employ	
Name:	Date: 2/5/23.
I. D No	Department/Company: T.O
	Occupation : H.DD

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 operate machinery in the workplace.

Declaration: I Kamal *(Print Name)* certify that to the [illegible] my knowledge the above information supplied by me is true and correct.

Signature: Date: 2/5/23

PEACE LAND MEDICAL CENTER 2775

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:	KAMAL KHAN	**Doc No:**	0032853
Age:	40 Y **Nationality:** INDIAN	**File No:**	0042065
Gender:	M	**Bill No:**	0049524
Ref. By:	DR.SHIMA	**Date:**	02/05/2023
GSM No.:	94682973	**Time:**	15:06

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
COMPLITE BLOOD COUNT		
RBC	5.7 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	15.9 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	48.5 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.0 pg	27 - 33 pg
MCHC	31.7 g/dl	29.6 - 35.6 %
WBC COUNT	9.5 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	65 %	40-75 %
LYMPHOCYTE	29 %	20-45 %
EOSINOPHIL	03 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	10	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**214 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	69 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.79 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**23.0 U/L**	0 - 35.0 U/L
S.G.P.T.	**26.8 U/L**	10 - 45 U/L

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

Medical Technologist

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: KAMAL KHAN
Age: 40 Y **Nationality:** INDIAN
Gender: M
Ref. By: DR.SHIMA
GSM No.: 94682973

Doc No: 0032853
File No: 0042065
Bill No: 0049524
Date: 02/05/2023
Time: 15:06

Test	Result	Normal Range
ALBUMIN	**4.8 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.3 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.20 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**22.0 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.74 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**7.8 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**174 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**151.2 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**42.1 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**101.7 mg/dl**	< 100 mg/dl
VLDL	**30.2 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	**124.0 mg/dl**	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.020	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	(++)	
Ketones	Negative	
Urobilinogen	Normal	

Medical Technologist

Peace Land Medical Center
P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout Al Sahwa Tower
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LAB RESULT

Name:	KAMAL KHAN	**Doc No:**	0032853
Age:	40 Y **Nationality:** INDIAN	**File No:**	0042065
Gender:	M	**Bill No:**	0049524
Ref. By:	DR.SHIMA	**Date:**	02/05/2023
GSM No.:	94682973	**Time:**	15:06

Test	Result	Normal Range
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	
STOOL ROUTINE ANALYSIS		
PHYSICAL		
Colour	Brownnish	
Consistency	Soft	
Reaction	Alkaline	
Mucus	NIL	
MICROSCOPIC		
Ova:	NIL	
Cyst:	NIL	
Pus Cells:	1-2 Cells/hpf	
RBCs	0-1 Cells/hpf	
Others	NIL	
Bacteria	NIL	
DRUG TESTING		
AMPHETAMINES(AMP)	NEGATIVE	
MORPHINE(MOP)	NEGATIVE	
COCAINE(COC)	NEGATIVE	
PHENCYCLIDINE(PCP)	NEGATIVE	

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Medical Technologist

Peace Land Medical Center
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Tel: 24617117/24617148/24617149

LAB RESULT

Name:	KAMAL KHAN	**Doc No:**	0032853
Age:	40 Y **Nationality:** INDIAN	**File No:**	0042065
Gender:	M	**Bill No:**	0049524
Ref. By:	DR.SHIMA	**Date:**	02/05/2023
GSM No.:	94682973	**Time:**	15:06

Test	Result	Normal Range
METHAMPHETAMINE(MET)	NEGATIVE	
TRAMADOL(TRA)	NEGATIVE	
BARBITURATES(BAR)	NEGATIVE	
BENZODIAZEPINES(BZO)	NEGATIVE	
MEDTHODONE(MED)	NEGATIVE	
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE	
MARIJUANA(THC)	NEGATIVE	

Medical Technologist

KAMAL KHAN

00485

02/05/23 09:14

6 Channel + 1 Rhythm Report

Hospital:

Prescribed by:

Heart Rate: 69bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 146 ms Normal Sinus Rhythm
QRS Dur.: 92 ms Normal Axis
QT/QTc: 388/415 ms LVH(Left Ventricular Hypertrophy)
P-R-T axes: [Moderately Abnormal ECG]
33 -10 -2

I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6

0.1Hz- 150Hz, AC50Hz.

All Channels: 10.0mm/mV, 25.0mm/sec.

EKG2000 Ver5.05M.30 Bionet Co., Ltd.

Estimated 10-year Global CVD Risk

11.2%*

Risk Category

High Risk*

Estimated Vascular Age

57 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)

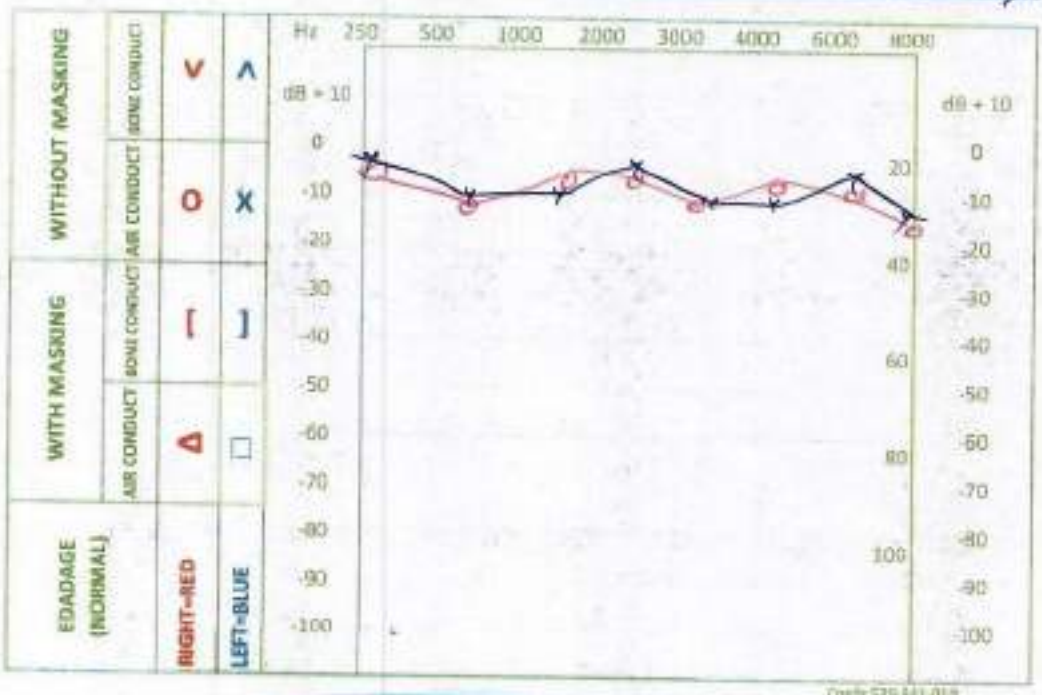
ESC (2007, see Info for more)
Treatment Targets
LDL <2-2.5 mmol/L (<80-100 mg/dL)
TChol <4-4.5 mmol/L (<155-175 mg/dL)

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land

KAMAL KHAN
00495
77316 02/05/23 08:14

Y TEST REPORT

NAME		COMPANY	
AGE		OCCUPATION	H.OP.
REF. BY		DATE	2/5/23



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
- ☐ NORMAL
- ☐ HEARING LOSS
- ☐ RIGHT
- ☐ LEFT

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ جوار القصيبة مبنى ابراج الصحوة مبنى ٢ 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

مركز فرح للخدمات الطبية

FARAH MEDICAL SERVICE CENTER

عضو مختبرات مجموعة سلطان مديكا

Member of Sultan Medica™ Group

Patient | Doctor
Patient No. | Transaction
Age | Date/Time
Gender | Serial

X-RAY REPORT

Doc No.	PAT0100
Date:	02/05/2023
Name:	KAMAL KHAN
Sex:	MALE
Referred By:	DR. SHIMA
Age/DOB	19/03/1983
X-Ray:	CHEST PA

REPORT

Normal heart and mediastinal shadow

Both lung fields are clear

Normal pleural spaces

IMPRESSION:

NORMAL STUDY

Signature: Dr. Maisa

Seal

19th Nov. Street, Muscat • Tel: (968) 24691737 • Fax: (968) 24691311 • Mob: (968) 95230224 • P.O. Box: 500 Postal code: 111 Seeb
Email: sultan@sultanmedica.com • www.sultanmedica.com

مركز بلاد السلام الطبي
Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	2, 5, 23
Name	KAMAL KHAN	Department/Company	TO SLB
I.D No.	115940841	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
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			
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			Date 2/5/23
Name of health advisor Signature			Cardiologist Specialist MOH Lic No. 21962

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العذيبة مبنى ابراج الصحوة مبنى ٢ سلطنة عمان
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