PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname

Forenames: YUSUF KHAN

Address: ME9 0869 - Tamilnadu 5/13.

Home telephone number: 94683137.

Place of examination: Pmt Date: 25/10/22

If a dependant enter employee's name here:
Surname: Forenames:

Birth date: 4/12/81 Nationality: Indian Country of birth: India Religion: Muslim.

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

Relationship to employee: [ ] Wife [ ] Son [ ] Daughter Number of children: 4

Reason for examination: Pre-Employment [X] Periodic medical check-up [ ] Pre-Overseas [ ] Job: HDD

Name and address of family doctor

Area:

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			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/armpit			40. Fear of heights					

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: 25/10/22 Signature of Applicant: [signature]

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
154	68	23.7	136/82	70 /mins.	L N R N	Uncorrected 6/6	6/6			N	
						Corrected					

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 +)		5.7%		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, LSM (diet, Exercise, diet)

ASSESSMENT:

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

Date: 26/10/ Name (Block Capitals): Dr. / Nurse Signature:

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

YUSUF KHAN
40 Y(M) <Blank>
25/10/22 10:05
0026822
72689
0042425
PEACELAND

Employee Data			
Name:		Date:	25/10/22
		Department/Company:	Taruk Oman
I. D No.		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 chan.:e of dozing

Score	Situation
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,__________ (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: __________ Date: 25/10/22

PEACE LAND MEDICAL CENTER C.R.

[illegible]
P.O. Box 140[illegible], Postal Code [illegible], Al [illegible] Roundabout [illegible] Tower, Sultanate of Oman
Tel. [illegible]

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:	YUSUF KHAN	**Doc No:**	0026312
Age:	40 Y **Nationality:** INDIAN	**File No:**	0036622
Gender:	M	**Bill No:**	0042426
Ref. By:	DR.SHIMA	**Date:**	25/10/2022
GSM No.:	94683137	**Time:**	12:35

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
COMPLITE BLOOD COUNT		
RBC	5.4 10"12/l	Male 4.38 -5.78 10"12/l Female 4.0- 5.0 10"12/l
HAEMOGLOBIN	15.2 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	45.8 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	28.0 pg	27 - 33 pg
MCHC	33.3 g/dl	29.6 - 35.6 %
WBC COUNT	8.6 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	57 %	40-75 %
LYMPHOCYTE	41 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	01 %	2-8%
BASOPHIL	00 %	0-1%
ESR	08	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**282 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	93 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.61 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**25.5 U/L**	0 - 35.0 U/L
S.G.P.T.	**42.0 U/L**	10 - 45 U/L

PEACE LAND MEDICAL CENTRE

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: YUSUF KHAN
Age: 40 Y **Nationality:** INDIAN
Gender: M
Ref. By: DR.SHIMA
GSM No.: 94683137

Doc No: 0026312
File No: 0036622
Bill No: 0042426
Date: 25/10/2022
Time: 12:35

Test	Result	Normal Range
GGT	**24.6 U/L**	0 - 55.0 U/L
ALBUMIN	**4.6 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.3 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.16 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**31.8 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.94 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**6.2 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**202 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**181.2 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**49.8 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**116.0 mg/dl**	< 100 mg/dl
VLDL	**36.2 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	98.6 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	

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:	YUSUF KHAN	**Doc No:**	0026312
Age:	40 Y **Nationality:** INDIAN	**File No:**	0036622
Gender:	M	**Bill No:**	0042426
Ref. By:	DR.SHIMA	**Date:**	25/10/2022
GSM No.:	94683137	**Time:**	12:35

Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-3	
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:	1-3 Cells/hpf	
RBCs	0-1 Cells/hpf	
Others	NIL	
Bacteria	NIL	
DRUG TESTING		
AMPHETAMINES(AMP)	NEGATIVE	
MORPHINE(MOP)	NEGATIVE	
COCAINE(COC)	NEGATIVE	

PEACE LAND MEDICAL CENTER

Medical Technologis

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:	YUSUF KHAN	**Doc No:**	0026312
Age:	40 Y **Nationality:** INDIAN	**File No:**	0036622
Gender:	M	**Bill No:**	0042426
Ref. By:	DR.SHIMA	**Date:**	25/10/2022
GSM No.:	94683137	**Time:**	12:35

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

PEACE LAND MEDICAL CENTER

Medical Technologist

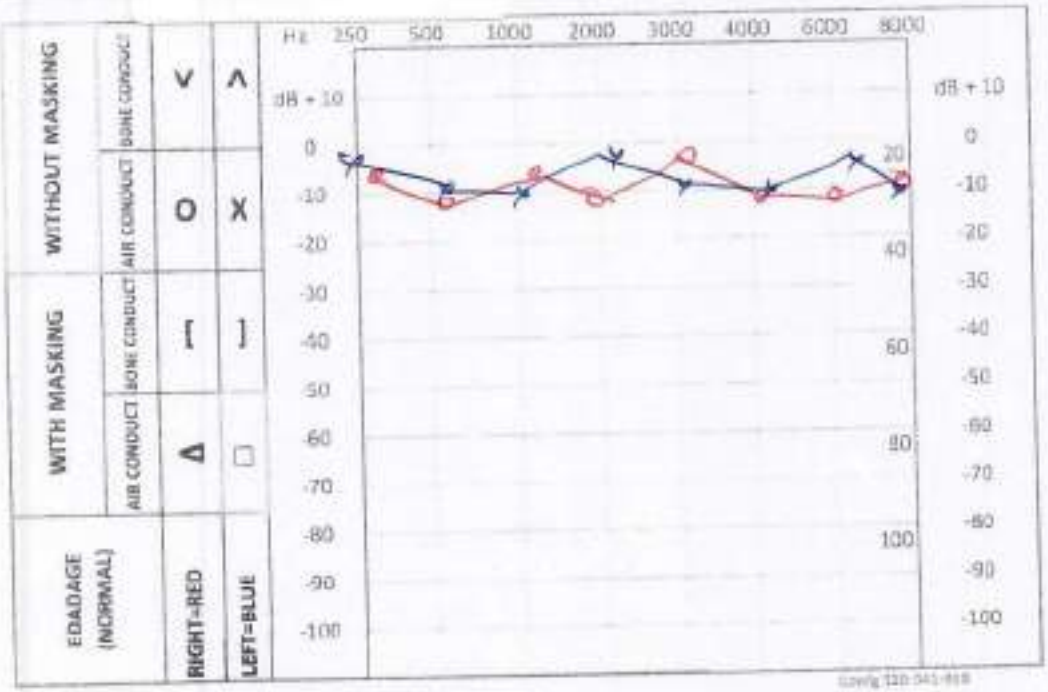
مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land
بلاد السلام

NAME	YUSUF KHAN
AGE	40 Y(M) «Blank»
REF. BY	72088

26/10/22 10:05
0038622
Bill # 0042426
PEACELAND

TEST REPORT

COMPANY	Dubai Oman
OCCUPATION	H.DD
DATE	26/10/22



Sibelmed

INTERPRETATION
- X LEFT EAR
- O RIGHT EAR

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

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العذيبة ميناء السيب ، 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

2022-10-25 10:07:27

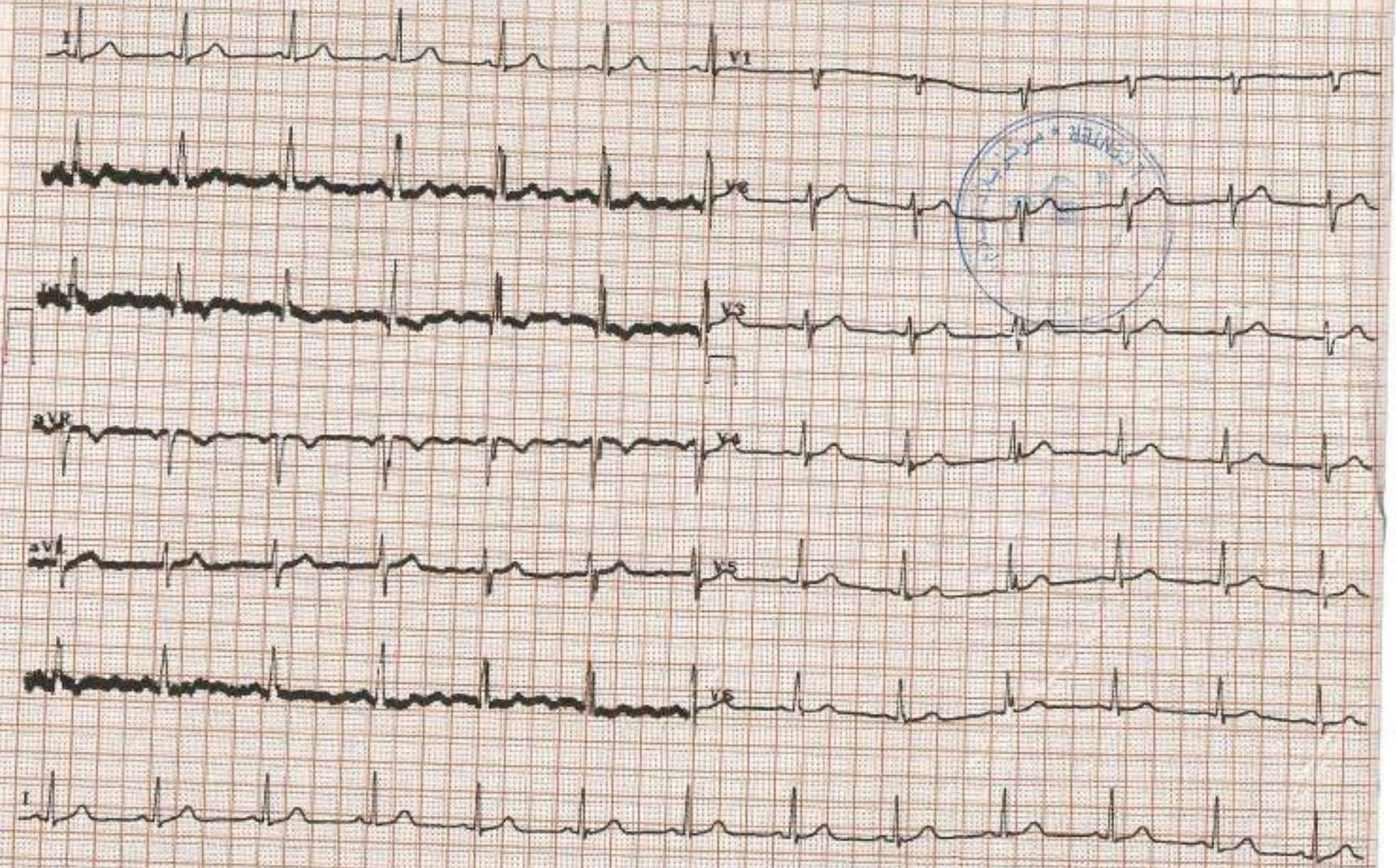
6Channel+1 Rhythm Report

Hospital:PLMS
Confirmed by:

YUSUF KHAN
40 Y(M) <Blank>
25/10/22 10:05
0036822
72838
0042428
PEACEBIMED

Heart Rate : 77 BPM
PR Int.: 130 ms
QRS Dur.: 90 ms
QT/QTc: 362/408 ms
P-R-T axes: 5 52 5

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



0.1Hz- 40Hz,AC50Hz,PM,Qik. 10.0/5.0mm/mV, 25.0mm/sec. CARDIO-M PLUS 1.13.30 Medical Ecgpet Co

Estimated 10-year Global CVD Risk

6.7%

Risk Category

Low Risk

Estimated Vascular Age

48 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

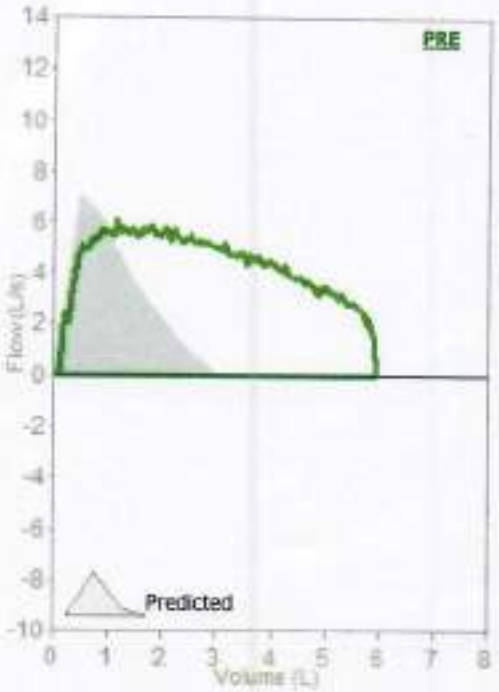
ESC (2007, see Info for more)
Treatment Targets
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

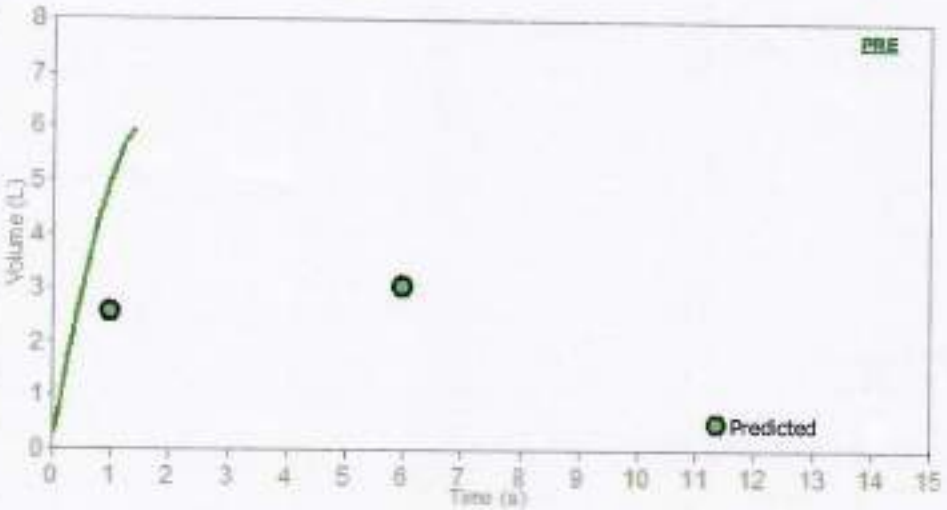
Pulmonary Function Test Results

Visit date 25/10/2022

Patient code	115940869	Age	40
Surname	KHAN	Gender	Male
Name	YUSUF	Height, cm	154
Date of birth	14/12/1981	Weight, kg	68
Ethnic group	Not defined	BMI	28.67
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 25/10/2022 10:17:37

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	1.97	3.02	5.95*	197	4.58	5.95			*		
FEV1	L	1.70	2.56	5.01*	196	4.68	5.01			*		
FEV1/FVC	%	75.1	85.3	84.2*	99	-0.18	84.2			*		
PEF	L/s	3.66	7.08	6.11*	86	-0.47	6.11			*		
ELA	Years		40	40	100		40					
FEF2575	L/s	1.17	2.95	4.94	168	1.84	4.94					
FET	s		6.00	1.41	24		1.41					
FIVC	L	1.97	3.02									
FEV1/VC	%	75.1	85.3									

*Best values from all loops - BTPS 1.087 26 °C (78.8 °F) - Predicted Knudson

Conclusion / Medical report

Signature

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

مركز فرح للخدمات الطبية
FARAH MEDICAL SERVICE CENTER
عضو مختبرات مجموعة سلطان ميديكا
Member of Sultan Medica™ Group

Patient		Doctor	
Patient No		Transaction	
Age		Date/Time	
Gender		Serial	

X-RAY REPORT

Doc No.	PAT009211
Date:	25-10-22
Name:	YUSUF KHAN
Sex:	MALE
Referred By:	DR. SHIMA
Age/DOB	14-Dec-1981
X-Ray:	CHEST PA

REPORT

Normal heart size

Both lung fields are clear

Normal pleural spaces

Impression:

NORMAL STUDY

Signature: .....

Seal

18th Nov. 30010, Muscat • Tel: (968) 24493737 • Fax: (968) 24493310 • Mob: (968) 95230224 • P.O. Box: 706 Postal code 111, Seeb
Email: sultan@sultanmedica.com • www.sultanmedica.com

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land
بلاد وسلام

Fitness for work certificate

Employee Data			Date 26/10/22
Name YUSUF KHAN			Department/Company TRUCKOMAN SLB
I.D No.	115940809		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			Date 26/10/22
Name of health advisor Signature			

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