PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	KHAN
Forenames	FAIYAZ AHAMAD
Address	1155 36188 Company Name: Tollcross SCB
Home telephone number	95198429

Place of examination: mrt Date: 3/12/22

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

Birth date: 23/2/79 Nationality: Indian Country of birth: Indian Religion: Muslim

☑ 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 Area:

Name and address of family doctor (1) (2)

List your last 3 jobs (1) (2) (3)

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? ( )

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: 3/12/2022 Signature of Applicant:

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)		PHYSICAL EXAMINATION
N	A		
√		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	74	28.2	138/88	70 /mins.	L R N	DISTANT R L / NEAR R L; Uncorrected 6/6 6/6; 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 +)	↑TG, ↑TC	11.2%		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.) Known Hx of DM
1, Review & MFU 1m later by internist (DLP)
2, LSM & RFR (+ Exercise & diet)

ASSESSMENT:

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

Date: 4, 12, 23 Name (Block Capitals): Dr. / Nurse Dr. Salma [illegible] Cardiologist Specialist MOH Lic. [illegible] Signature:

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

FAIYAZ AHAMAD KHAN
43 Y(M) «Blank» 03-12-22 10:29
0035446
73851 BR # 0044102
PEACELAND

Employ	Date: 3/12/2022
Name:	Department/Company: Trukoman.
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 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 _____ *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: _____ Date: 4/12/22

PEACE LAND MEDICAL CENTER

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:	FAIYAZ AHAMAD KHAN	**Doc No:**	0027881
Age:	43 Y **Nationality:** INDIAN	**File No:**	0035446
Gender:	M	**Bill No:**	0044102
Ref. By:	DR.SHIMA	**Date:**	04/12/2022
GSM No.:	95198429	**Time:**	09:40

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
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	15.9 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	47.0 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	85 fl	84-94 fl
MCH	28.3 pg	27 - 33 pg
MCHC	33.7 g/dl	29.6 - 35.6 %
WBC COUNT	8.7 10^9 d/l	5.0 - 11.0 10^9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	65 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	09	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**335 10^9/l**	156 - 342 10^9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	54 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.49 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**31.4 U/L**	0 - 35.0 U/L
S.G.P.T.	**24.8 U/L**	10 - 45 U/L

PEACE LAND MEDICAL CENTER

Medical Technologist

Peace Land Medical Center
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Tel: 24617117/24617148/24617149

LAB RESULT

Name:	FAIYAZ AHAMAD KHAN	**Doc No:**	0027881
Age:	43 Y **Nationality:** INDIAN	**File No:**	0035446
Gender:	M	**Bill No:**	0044102
Ref. By:	DR.SHIMA	**Date:**	04/12/2022
GSM No.:	95198429	**Time:**	09:40

Test	Result	Normal Range
GGT	**21.2 U/L**	0 - 55.0 U/L
ALBUMIN	**4.9 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.0 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.19 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**21.2 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.19 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**5.5 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**200 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**239.3 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**49.7 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**102.5 mg/dl**	< 100 mg/dl
VLDL	**47.8 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	98.9 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	Negative	
Ketones	Negative	

Medical Technologist

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LAB RESULT

Name:	FAIYAZ AHAMAD KHAN	**Doc No:**	0027881
Age:	43 Y **Nationality:** INDIAN	**File No:**	0035446
Gender:	M	**Bill No:**	0044102
Ref. By:	DR.SHIMA	**Date:**	04/12/2022
GSM No.:	95198429	**Time:**	09:40

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:	1-2 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

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Medical Technologist

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Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name:	FAIYAZ AHAMAD KHAN	**Doc No:**	0027681
Age:	43 Y **Nationality:** INDIAN	**File No:**	0035446
Gender:	M	**Bill No:**	0044102
Ref. By:	DR.SHIMA	**Date:**	04/12/2022
GSM No.:	95198429	**Time:**	09:40

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	

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

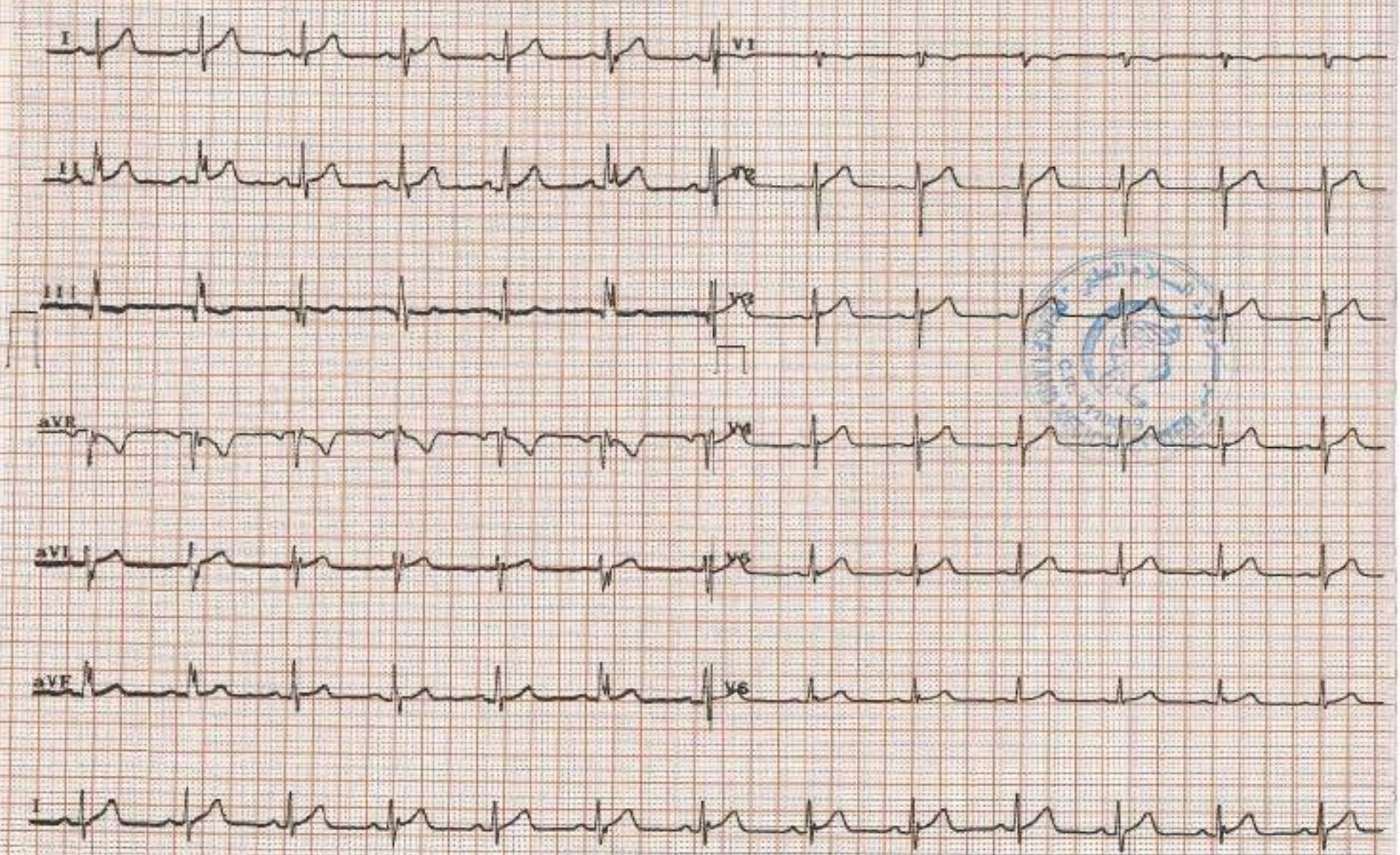
Medical Technologist

2022-12-03 10:27:16 6Channel+1 Rhythm Report Hospital:PLNS

Confirmed by:

FAIYAZ AHAMAD KHAN
43 Y(M) <Blank> 03-12-22 10:29
0035446
73851 Bill # 0044102
PEACELAND

Heart Rate : 79 BPM ** Analysis Result ** (Unconfirmed Report)
PR Int.: 152 ms NORMAL SINUS RHYTHM
QRS Dur.: 82 ms NORMAL AXIS
QT/QTc: 344/391 ms [NORMAL ECG]
P-R-T axes: 48 45 20



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

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)

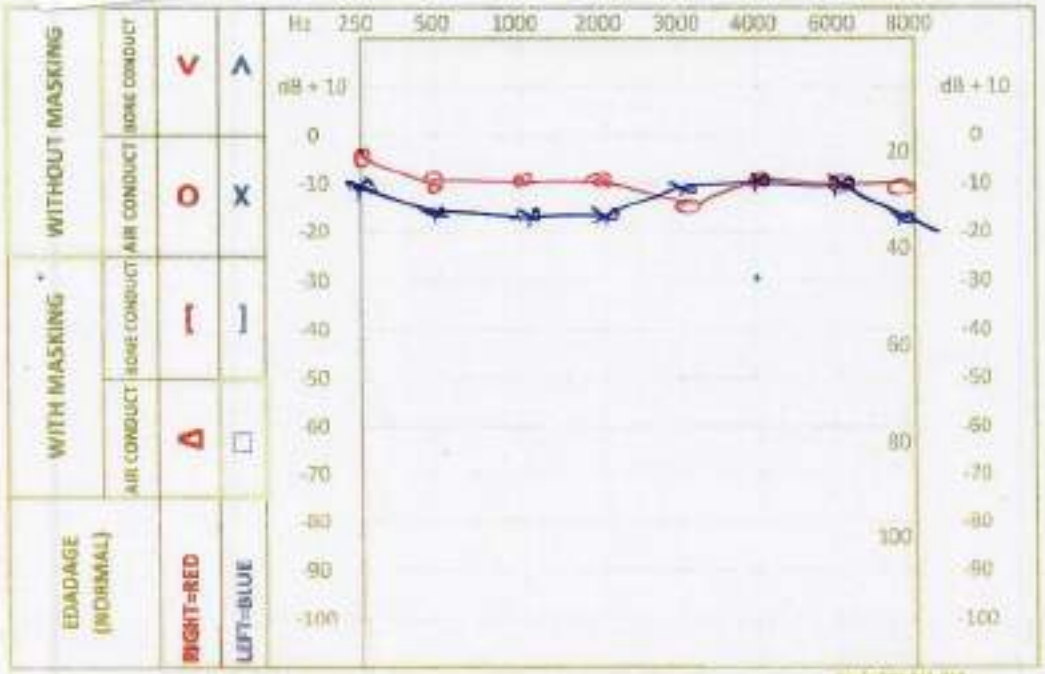
CCS (2009)
Treatment Targets
LDL <2 mmol/L (<77 mg/dL) or ≥50 % decrease in LDL-C
apoB <0.8 g/L (80 mg/dL)

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)

FAIYAZ AHAMAD KHAN
43 Y(M) «Blank» 03-12-22 10:29
0035446
0044122
73861
PEACELAND

IOMETRY TEST REPORT

COMPANY	T-O
OCCUPATION	
DATE	3/12/22



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

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

INTERNATIONAL SPECIALIZED CENTER
FOR HEART AND VASCULAR DISEASES

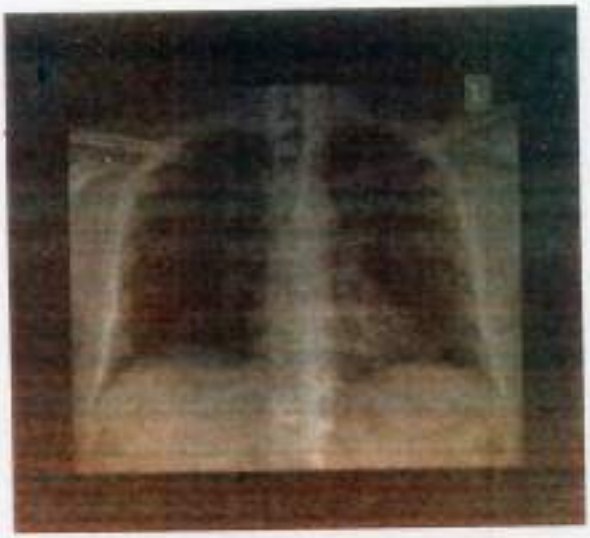
المركز الدولي التخصصي
لأمراض القلب و الأوعية الدموية

NAME: Faiyaz Ahamad Khan 27-SEP-2022

File No: **10650**

Chest x-ray Report: PA chest x-ray.

- Lung fields appear normal.
- Hila appear normal.
- Both CP angles are clear.
- Cardiac silhouette is within normal limits.
- Bony thorax appears normal.



Comment: Normal PA chest x-ray

DR IRAJ EMAMYAR RAMEZANI, GENERAL PRACTITIONER

مركز بلاد السلام الطبي

Peace Land Medical Center

Peace Land

Fitness for work certificate

Employee Data		Date	4/12/22
Name	ZAYAZ AHMAD	Department/Company	
I.D No.	115038488	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	4/12/22
Name of health advisor Signature			Dr. Shima Seyedsadeghi Asfar Cardiology Specialist MOH Lic. No. 21062