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: KHURSHID ALAM
Address: 72007045 Company Name: TRUCKOMAN
Home telephone number: 90632702

Place of examination: Muscat Date: 10/01/23
If a dependant enters employee's name here:
Surname: Forenames:
Birth date: 3/3/83 Nationality: PAKISTAN Country of birth: PAKISTAN Religion: MUSLIM

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

Relationship to employee: [ ] Wife [2] Son [1] Daughter Number of children: 3

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

Name and address of family doctor (1) (2)
List your last 3 jobs (2) (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
1. Sinus trouble		√	21. Cancer		√
2. Neck swelling/glands		√	22. Heart Disease		√
3. Difficulty in vision		√	23. Rheumatic fever		√
4. Any ear discharge		√	24. Abnormal heartbeat		√
5. Asthma/bronchitis		√	25. High blood pressure		√
6. Hayfever /other significant allergy		√	26. Stroke		√
7. Any skin trouble		√	27. Serious chest pain		√
8. Tuberculosis		√	28. Any blood disease		√
9. Shortness of breath		√	29. Kidney disease		√
10. Coughed/vomited blood		√	30. Blood in urine		√
11. Severe abdominal pain		√	31. Painful passage of urine		√
12. Stomach ulcer		√	32. Diabetes		√
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		√

HAVE YOU EVER BEEN: -	Y	N
41. Rejected for employment or insurance for medical reasons		√
42. Awarded benefits for industrial injury/illness		√
43. Treated for a mental condition, e.g. depression		√
44. Treated for problem drinking or drug abuse		√
45. Exposed to toxic substance or noise		√
FOR WOMEN ONLY Have you ever had:-		
46. An abnormal smear		
47. Any gynaecological treatment		
48. Are you pregnant?		
49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		

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: 10/01/2023 **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)

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 DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
171	101	34.5	138/90	80 mins.	L N R	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 +)	3-3-1		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 & RFR (wt, Exercise & diet)
2, Review by MFM 3m later by internist (BP)

ASSESSMENT:

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

Date: 10.1.22 Name (Block Capitals): Dr. / Nurse Signature:

Dr. [illegible] Consultant Cardiologist MOH Lic. No. [illegible]

PEACE LAND MEDICAL CENTER

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

KHURSHID ALAM
39 Y(M)
10/01/23 11:44
0039283
74884
0048853
PEACELAND

Employee Data	
Name:	Date: 10/01/2023
I. D No.	Department/Company: TRUCK OMAN
	Occupation: H.D.D

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 & talking with someone

0 Sitting quietly after lunch without alcohol

0 In a car, while stopped for a few minutes in traffic

Total

If you score a total of [illegible] or more, [illegible] should seek advice from medical personnel on site before continuing to drive [illegible] in the workplace.

Declaration: I KHURSHID [illegible] certify that to the best of my knowledge the above information supplied [illegible] true [illegible] correct.

PEACE LAND MEDICAL CENTER

Signature: [signature] Date: 10/01/2023

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:	KHURSHID ALAM	**Doc No:**	0029279
Age:	39 Y **Nationality:** PAKISTANI	**File No:**	0039283
Gender:	M	**Bill No:**	0045553
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	10/01/2023
GSM No.:	90632702	**Time:**	15:28

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.4 x10^12/L	Male 4.36 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	14.9 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	45.2 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.3 pg	27 - 33 pg
MCHC	33.0 g/dl	29.6 - 35.6 %
WBC COUNT	8.2 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	65 %	40-75 %
LYMPHOCYTE	33 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	01 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**421 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	89 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.75 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**30.4 U/L**	0 - 35.0 U/L
S.G.P.T.	**43.8 U/L**	10 - 45 U/L

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:	KHURSHID ALAM		
Age:	39 Y **Nationality:** PAKISTANI	**Doc No:**	0029279
Gender:	M	**File No:**	0039283
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Bill No:**	0045553
GSM No.:	90632702	**Date:**	10/01/2023
		Time:	15:28

Test	Result	Normal Range
GGT	37.6 U/L	0 - 55.0 U/L
ALBUMIN	4.8 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	6.6 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.19 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	43.5 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	1.0 mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	7.0 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	204 mg/dl	0.0 - 200 mg/dl
Triglyceride	150.0 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	50.9 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	123.1 mg/dl	< 100 mg/dl
VLDL	30.0 mg/dl	2.0 - 30 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	
Urobilinogen	Normal	

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:	KHURSHID ALAM	**Doc No:**	0029279
Age:	39 Y **Nationality:** PAKISTANI	**File No:**	0039283
Gender:	M	**Bill No:**	0045553
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	10/01/2023
GSM No.:	90632702	**Time:**	15:28

Test	Result	Normal Range
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	2-3	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
RANDOM BLOOD SUGAR	91.5 mg/dl	80 - 120 mg/dl

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

Medical Technologist

2023-01-10 11:43:03

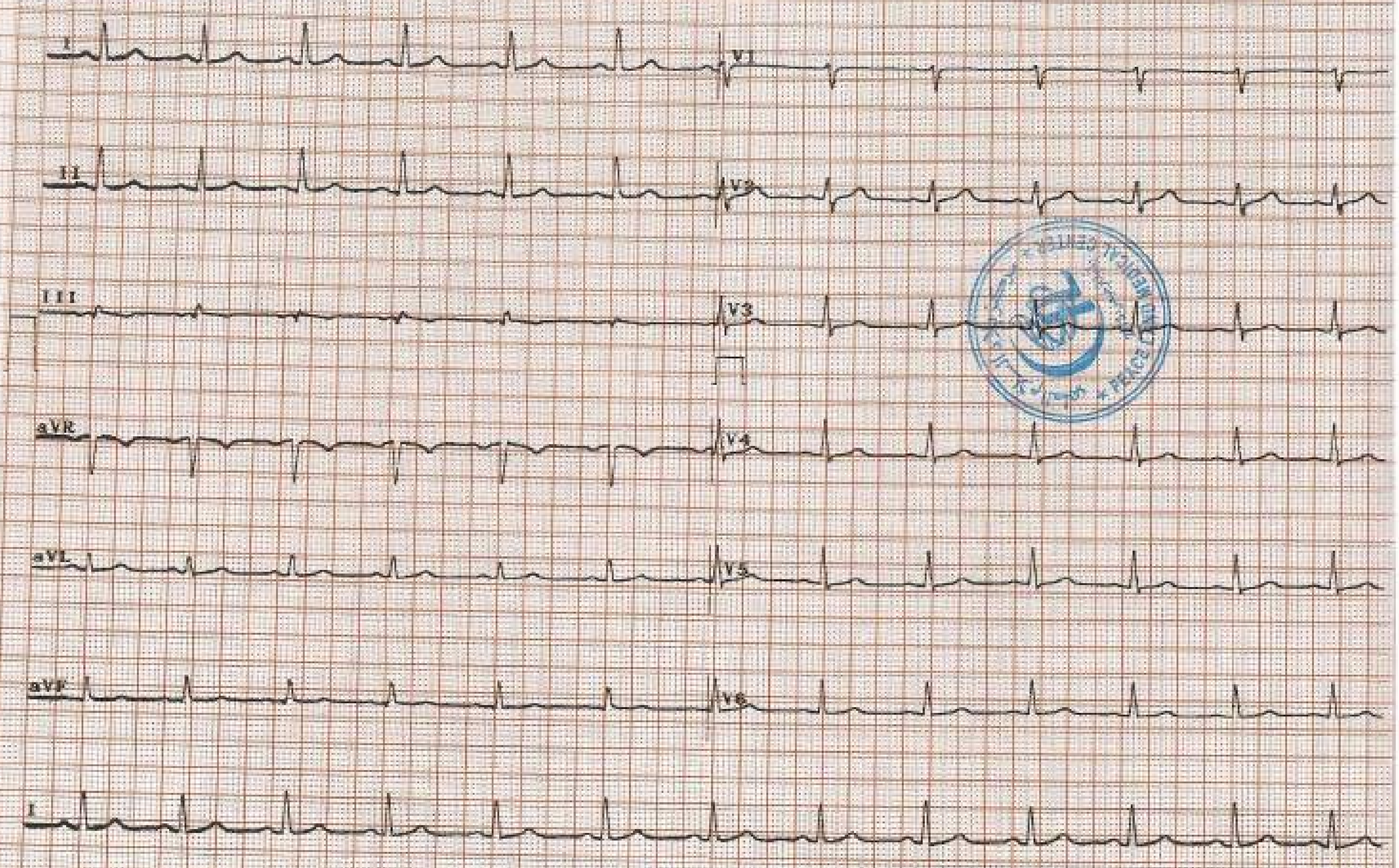
KHURSHID ALAM
39 Y(M) <Blank>
10/01/23 11:44
0039283
PEACELAND
74884
Bil #
0045553

6Channel+1 Rhythm Report

Hospital:PLMS
Confirmed by:

Heart Rate : 78 BPM
PR Int.: 154 ms
QRS Dur.: 72 ms
QT/QTc: 370/422 ms
P-R-T axes: -3 30 10

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



0.1Hz- 100Hz,AC50Hz,EMG,PM,Qik. 10.0/5.0mm/mV. 25.0mm/sec. CARDIO-M PLUS 1.13.30 Medical Econet Gm

Results

Copy Results

Estimated 10-year Global CVD Risk

3.3%

Risk Category

Low Risk

Estimated Vascular Age

38 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

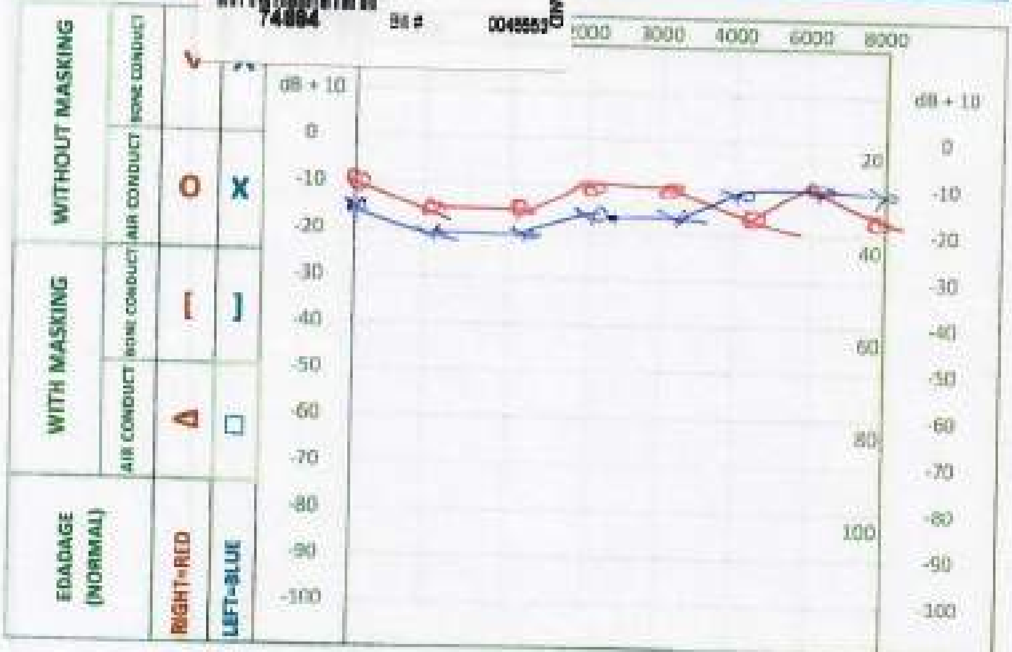
ESC (2007, see Info for more)
Treatment Targets
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

مركز بلاد السلام الطبي
Peace Land Medical Center

AUDIOMETRY TEST REPORT

NAME	KHURSHID ALAM	COMPANY	TRUCK OMAN
AGE	39 Y(M) <Blank>	OCCUPATION	H.D.D
REF. BY		DATE	10/1/2023

10/01/23 11:44
0039283
74894 Bill # 0045553
PEACELAND



Sibelmed

Config 520-541-020

INTERPRETATION
X LEFT EAR
O RIGHT EAR

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

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العذيبة مبنى ابراج الصحوة 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 بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	10.1.23
Name	KHURSHID ALAM	Department/Company	Truck OMAN
I.D No.	72007045	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*	
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 10.1.23
Name of health advisor Signature			

FIT

مركز بلاد السلام الطبي PEACE LAND MEDICAL CENTER

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العذيبة شيل ابراج السحوة مسقط - سلطنة عمان
P.O. Box 1403, Postal Code 133, Al Azaiba, Roundabout at Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149