



## PEACE LAND MEDICAL CENTER

### MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

		Surname																																																																																																											
		Forenames <i>MD RAZU MD SHAIKHAN</i>																																																																																																											
		Address <i>115889048 - Taqat Oman</i>																																																																																																											
		Home telephone number <i>94542201</i>																																																																																																											
Place of examination: <i>Muscat</i>		Date <i>30/10/22</i>																																																																																																											
If a dependant enter employee's name here:		Forenames:																																																																																																											
Surname: <i>24/10/96</i>		Forenames: <i>Bangladesh</i>																																																																																																											
Birth date: <i>24/10/96</i>		Nationality: <i>Bangladesh</i> Country of birth: <i>Bangladesh</i> Religion: <i>Muslim</i>																																																																																																											
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced		<input type="checkbox"/> Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter		Number of children:																																																																																																							
Reason for examination		Pre-Employment <input checked="" type="checkbox"/> Periodic medical check-up <input type="checkbox"/>		Job:		<i>Rigger</i>																																																																																																							
		Pre-Overseas <input type="checkbox"/>		Area:																																																																																																									
Name and address of family doctor		List your last 3 jobs (1) (2) (3)																																																																																																											
Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>																																																																																																											
DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)																																																																																																													
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<b>PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-</b>																																																																																																													
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: <i>30/10/22</i>		Signature of Applicant: <i>MD RAZU</i>																																																																																																											



## 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 /mins.	HEARING L R	VISION				Colour Vision	Blood Group
157	66	26.7	131/85	70	N	DISTANT R L	NEAR R L				
					Uncorrected Corrected	9/6	6/6				
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A				
	1. Urinalysis	↑TH, ↑TC, ↑LDL						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.)

1, L sm & RFL (Lwt, Exercise & diet)  
2, Take omega-3 cap twice a day

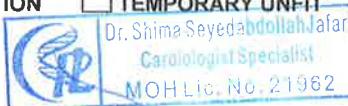
ASSESSMENT: 3, MIN 3m later by physician (DLE)

FIT ALL AREAS

FIT WITH RESTRICTION

TEMPORARY UNFIT

UNFIT



Date: 2/11/22 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**

<b>Name:</b>	MD RAZU MD SHAHJAHAN	<b>Doc No:</b>	0026545		
<b>Age:</b>	26 Y	<b>Nationality:</b>	BANGLADESHI	<b>File No:</b>	0036813
<b>Gender:</b>	M	<b>Bill No:</b>	0042635		
<b>Ref. By:</b>	DR.SHIMA	<b>Date:</b>	31/10/2022		
<b>GSM No.:</b>	94542201	<b>Time:</b>	10:51		

<b>Test</b>	<b>Result</b>	<b>Normal Range</b>
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.5 10 <sup>12</sup> /l	Male 4.38 -5.78 10 <sup>12</sup> /l Female 4.0- 5.0 10 <sup>12</sup> /l
HAEMOGLOBIN	15.6 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	47.9 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	85 fl	84-94 fl
MCH	27.5 pg	27 - 33 pg
MCHC	32.7 g/dl	29.6 - 35.6 %
WBC COUNT	9.1 10 <sup>9</sup> d/l	5.0 - 11.0 10 <sup>9</sup> /l
DIFFERENTIAL COUNT		
NEUTROPHIL	60 %	40-75 %
LYMPHOCYTE	31 %	20-45 %
EOSINOPHIL	03 %	1-6 %
MONOCYTE	06 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	269 10 <sup>9</sup> /l	156 - 342 10 <sup>9</sup> /l
SICKLE CELL TEST		
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	73 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.47 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	24.3 U/L	0 - 35.0 U/L
S.G.P.T.	36.8 U/L	10 - 45 U/L







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**LAB RESULT**

**Name:** MD RAZU MD SHAHJAHAN **Doc No:** 0026545  
**Age:** 26 Y **Nationality:** BANGLADESHI **File No:** 0036813  
**Gender:** M **Bill No:** 0042635  
**Ref. By:** DR.SHIMA **Date:** 31/10/2022  
**GSM No.:** 94542201 **Time:** 10:51

<b>Test</b>	<b>Result</b>	<b>Normal Range</b>
GGT	52.8 U/L	0 - 55.0 U/L
ALBUMIN	4.8 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	7.7 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.16 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	21.7 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.81 mg/dl	0.70 - 1.30 mg/dl
S.URIC ACID	7.9 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	290 mg/dl	0.0 - 200 mg/dl
Triglyceride	350.0 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	52.5 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	167.5 mg/dl	< 100 mg/dl
VLDL	70.0 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	114.0 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	5 ml	
Colour	Yellow	
Sp. Gravity	1.025	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	







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<b>Ref. By:</b>	DR.SHIMA	<b>Date:</b>	31/10/2022		
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<b>Test</b>	<b>Result</b>	<b>Normal Range</b>
Urobilinogen	Normal	
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	







# مركز بلاد السلام الطبي

## Peace Land Medical Center

MD RAZU MD SHAHJAHAN  
26 Y(M) Blank

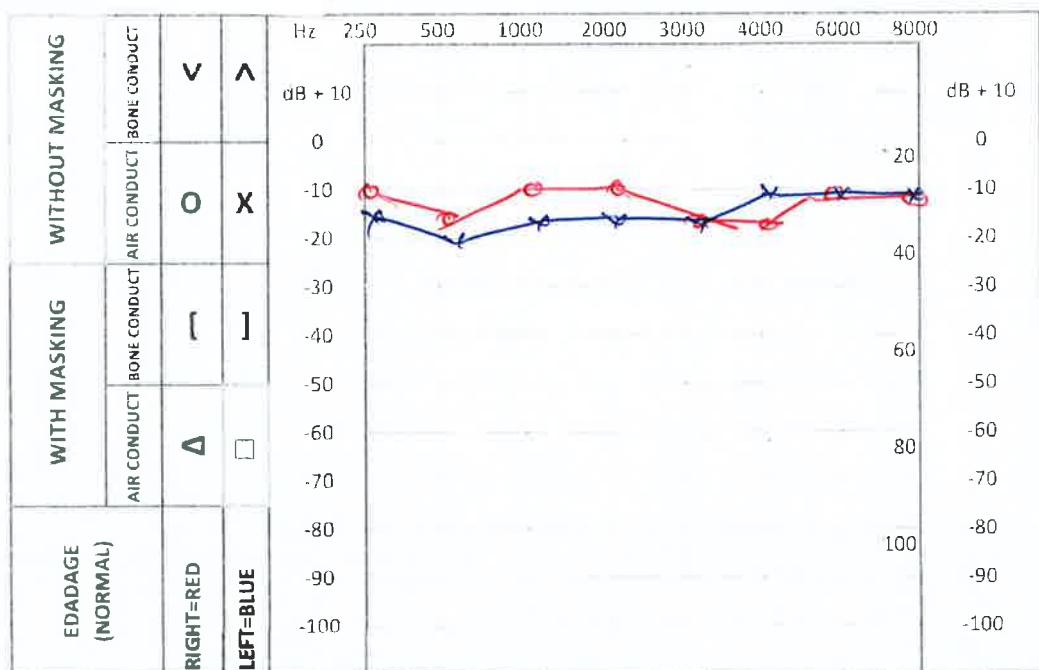
30/10/22 08:36



0038813  
72888  
Bill # 0042635

### AUDIOLOGY TEST REPORT

PEACE LAND	ENDER	COMPANY	Rugger
		OCCUPATION	30 9% 1 2



Config 520-541-010

*Sibelmed*

#### INTERPRETATION

- X LEFT EAR
- O RIGHT EAR

#### RESULT

NORMAL

HEARING LOSS

RIGHT

LEFT



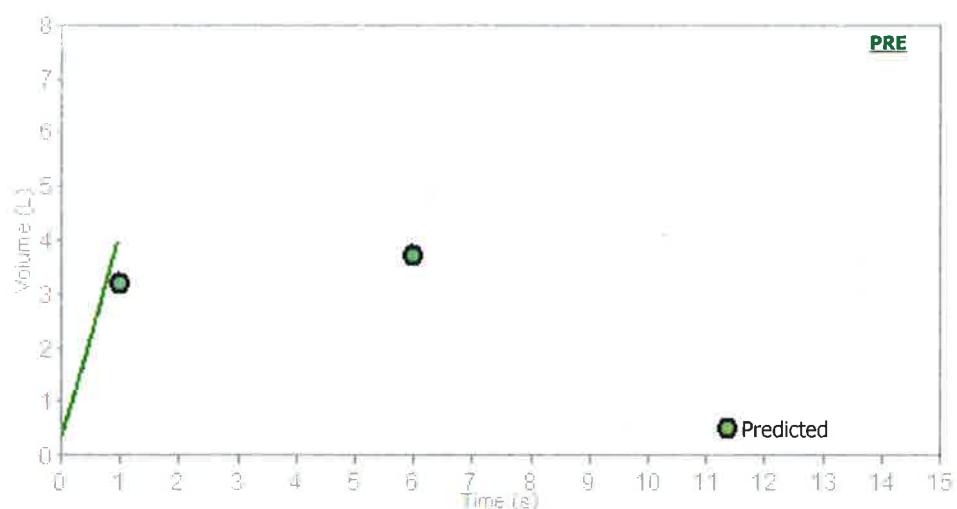
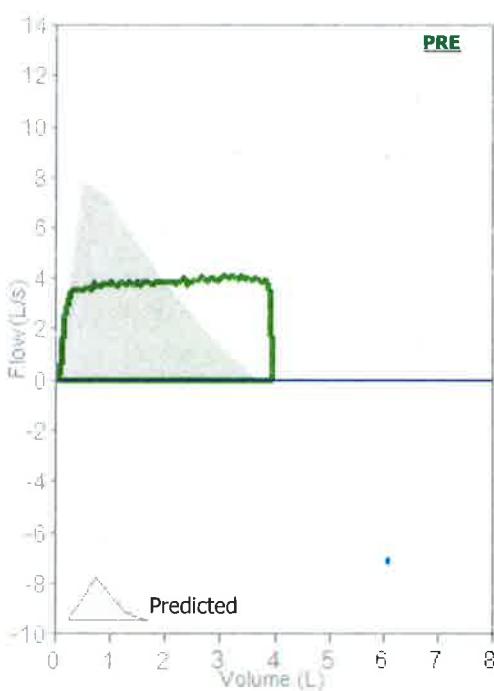


## Pulmonary Function Test Results

Visit date 30/10/2022

Patient code 115889048  
 Surname RAZU  
 Name MD  
 Date of birth 24/10/1996  
 Ethnic group Not defined  
 Smoke  
 Patient group

Age 26  
 Gender Male  
 Height, cm 157  
 Weight, kg 66  
 BMI 26.78  
 Pack-Year



Quality Control Grade: F  
 0 Acceptable trials

### Interpretation

Normal Spirometry



**PRE Trial date 30/10/2022 12:13:57**

Parameters	LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	2.64	3.69	3.95*	107	0.40	3.95			*	
FEV1	L	2.30	3.17	3.95*	125	1.50	3.95			*	
FEV1/FVC	%	76.5	86.7	100.0*	115	2.15	100.0			*	
PEF	L/s	4.44	7.86	4.26*	54	-1.73	4.26			*	
ELA	Years		26	26	100		26				
FEF2575	L/s	1.85	3.63	3.89	107	0.24	3.89				
FET	s		6.00	0.95	16		0.95				
FIVC	L	2.64	3.69								
FEV1/VC	%	76.5	86.7								

\*Best values from all loops - BTPS 1.092 25 °C (77 °F) - Predicted Knudson

### Conclusion / Medical report

Signature



Instrument used

Minispir S S/N C11507

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





## nmc specialty hospital,al-hail

P.O BOX : 613, Postal Code : 133  
al-hail  
24269222

### Medical Report

Ref.No: 0000069/MED/NMC/2022

<b>NAME: MD RAZU MD SHAHJAHAN</b>			
AGE : 26 Y	DOB : 10/24/1996	GENDER : M	NATIONALITY : BANGLADESHI
FILE NO : 50087626	ResidentCardNo : 115889048	Emp No :	

#### To Whom it may Concern

This is to inform that Mr MD RAZU MD SHAHJAHAN was found to have elevated lipids during PDO medical test done at Peace Land Medical Center on 31.10.2022. He is apparently asymptomatic and not on any regular medicines. Now he is being advised to start medications (Atorvastatin + Fenofibrate) along with diet modification and exercise. Need to be under follow up for monitoring and optimization of treatment. NO ABSOLUTE CONTRAINDICATION FO CONTINUING HIS WORK.

#### ON EXAMINATION:

#### INVESTIGATION:

#### DIAGNOSIS:

Dyslipidemia - Hypertriglyceridemia

#### TREATMENT GIVEN:

#### FURTHER PLAN:

**DR NISANTH KALLINKEEL**  
**GENERAL MEDICINE**

(Name with seal)



Place : nmc specialty hospital,al-hail







# مركز بلاد السلام الطبي

## Peace Land Medical Center

### Fitness for work certificate

Employee Data		Date	2/11/22
Name MD RAZU MD SHAHIJAHA		Department/Company	truck oman
I.D No.	115889048	Occupation	driver
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	<b>FIT</b>
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 2/11/22
Name of health advisor Signature			

