



PEACE LAND MEDICAL CENTER



MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname
Forenames <i>MD RAZU MD SHAHJAHAN</i>
Address <i>115889048 - Tawke 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:					
Surname:	Forenames:				
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	Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter			
Reason for examination Pre-Employment <input checked="" type="checkbox"/> Periodic medical check-up <input type="checkbox"/> Pre-Overseas <input type="checkbox"/>		Job: <i>Rigger</i> 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.)					
Y N		Y N		Y N	
1. Sinus trouble		21. Cancer		HAVE YOU EVER BEEN:-	
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		41. Rejected for employment or insurance for medical reasons	
7. Any skin trouble		27. Serious chest pain		42. Awarded benefits for industrial injury/illness	
8. Tuberculosis		28. Any blood disease		43. Treated for a mental condition, e.g. depression	
9. Shortness of breath		29. Kidney disease		44. Treated for problem drinking or drug abuse	
10. Coughed/vomited blood		30. Blood in urine		45. Exposed to toxic substance or noise	
11. Severe abdominal pain		31. Painful passage of urine		FOR WOMEN ONLY	
12. Stomach ulcer		32. Diabetes		Have you ever had:-	
13. Recurrent indigestion		33. Headaches/migraine		46. An abnormal smear	
14. Jaundice or hepatitis		34. Dizziness/fainting		47. Any gynaecological treatment	
15. Gall Bladder disease		35. Epilepsy		48. Are you pregnant?	
16. Marked change in bowel habits		36. Joints/spinal trouble		49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	
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/ampit		40. Fear of heights			
How much tobacco each day? <i>NO</i>		Average daily alcohol consumption <i>NO</i>			
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: <i>30/10/22</i>		Signature of Applicant: <i>MDRAZU</i>			



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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	
<input checked="" type="checkbox"/>		1. Eyes & Pupils
<input checked="" type="checkbox"/>		2. E.N.T.
<input checked="" type="checkbox"/>		3. Teeth & Mouth
<input checked="" type="checkbox"/>		4. Lungs & Chest
<input checked="" type="checkbox"/>		5. Cardiovascular System
<input checked="" type="checkbox"/>		6. Abdo. Viscera
<input checked="" type="checkbox"/>		7. Hernial Orifices
		8. Anus & Rectum
<input checked="" type="checkbox"/>		9. Genito-urinary
<input checked="" type="checkbox"/>		10. Extremities
<input checked="" type="checkbox"/>		11. Musculo-skeletal
<input checked="" type="checkbox"/>		12. Skin & Varicose Vns.
<input checked="" type="checkbox"/>		13. C.N.S.
		14. Breast

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING L R	VISION DISTANT NEAR Uncorrected Corrected	Colour Vision	Blood Group
157	66	26.7	131/85	70 /mins.	N	R 6/6 L 6/6 Corrected	N	

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
<input checked="" type="checkbox"/>		1. Urinalysis	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		2. Hb, Bloodcount, ESR	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		3. LFT, RFT, RBS		
		4. Drug Screen		
	<input checked="" type="checkbox"/>	5. Lipids (40 years +)		
<input checked="" type="checkbox"/>		6. Sickle Cell test		
		7. Audiogram		
		8. Lung Function		
		9. Chest X-Ray		
		10. ECG		
		11. CVS risk for 40 yrs. & above		
		12. HIV, Hepatitis screening		

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

1, LSM & RFR (w/ exercise & diet)
2, Take omega-3 cap thrice a day

ASSESSMENT: 3, MFN 3m later by physician (DLP)

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

Dr. Shima Seyedabdollah Jafar
Cardiologist Specialist
MOH Lic. No. 21962

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

Name: MD RAZU MD SHAHJAHAN
Age: 26 Y **Nationality:** BANGLADESHI
Gender: M
Ref. By: DR.SHIMA
GSM No.: 94542201

Doc No: 0026545
File No: 0036813
Bill No: 0042635
Date: 31/10/2022
Time: 10:51

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
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	15.6 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 ⁹ d/l	5.0 - 11.0 10 ⁹ /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 ⁹ /l	156 - 342 10 ⁹ /l
SICKLE CELL TEST	NEGATIVE	
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

Medical Technologist
Page : 1 of 3
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Test	Result	Normal Range
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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Test	Result	Normal Range
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



72888

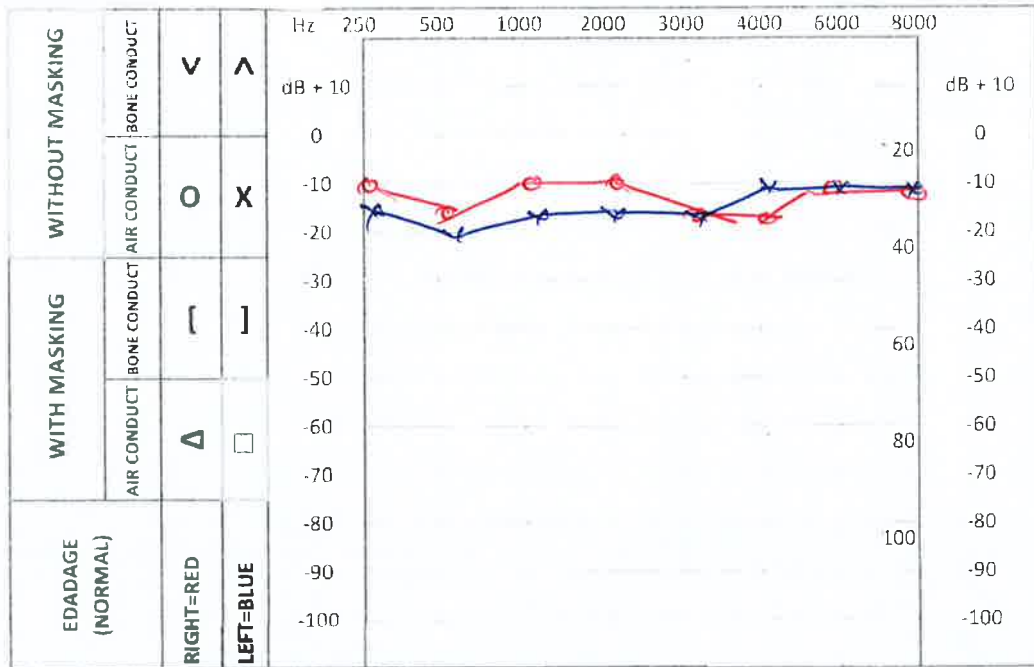
Bill #

0038813

0042835

AUDIOMETRY TEST REPORT

COMPANY	
OCCUPATION	Rugger
DATE	30/10/22



Sibelmed

INTERPRETATION

- X LEFT EAR
- O RIGHT EAR

RESULT

☒ NORMAL

☐ HEARING LOSS

☐ RIGHT

☐ LEFT



ص ب ١٤٠٣، الرمز البريدي: ١٣٣، دوار العذبة ميني ابراج الصحوة ميني ٢، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman

هاتف: ٢٤٦١٧١٤٩ / ٢٤٦١٧١٤٨ / ٢٤٦١٧١١٧
Tel.: 24617117 / 24617148 / 24617149

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

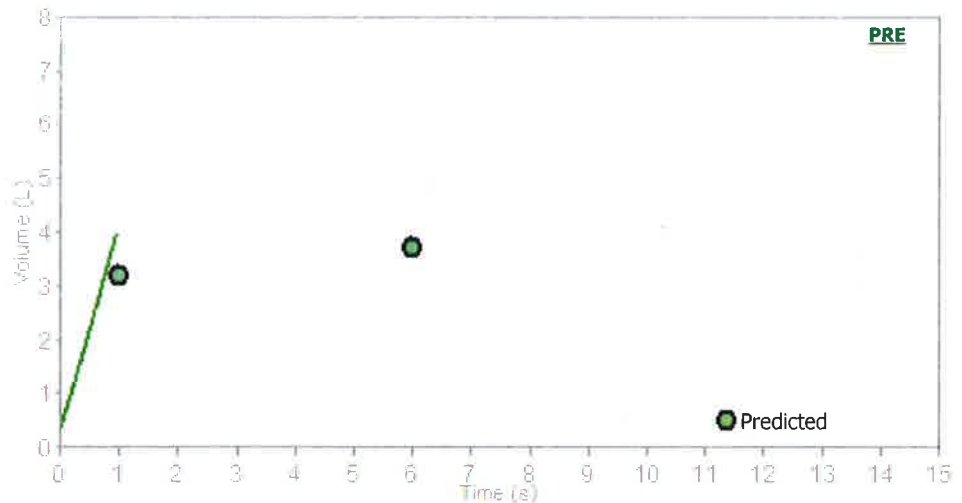
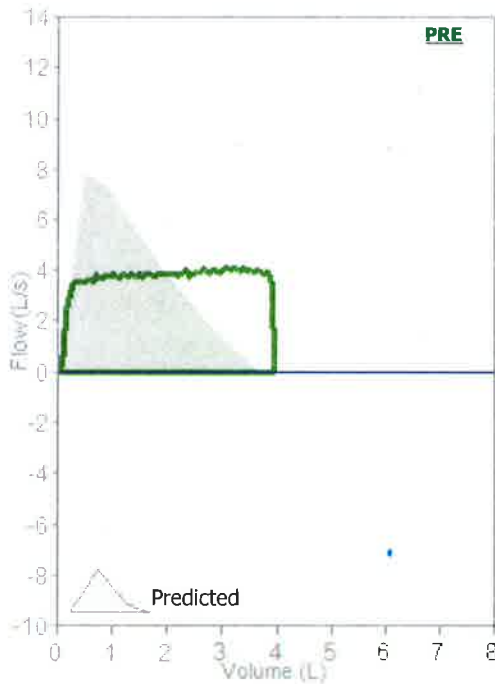
Gender Male

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

NAME: MD RAZU MD SHAHJAHAN			
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 MDR AZU MD SHAHJAH		Department/Company truck oman		
I.D No. 11589048		Occupation rigam		
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				
Pulling, 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		 Dr. Shima Seyedabdollah Jafa MOH Lic. No. 21962		

