PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	HUSSAIN.
Forenames	RAFAQAT HUSSAIN
Address	01602393 Company Name: TO SCR.
Home telephone number	9466097.
Place of examination: mut Date: 7/3/23	
If a dependant enters employee's name here: Surname:	Forenames:
Birth date: 10/4/81 Nationality: Pakistani	Country of birth: Pakistan Religion: Muslim
☑ Male ☐ Female / ☑ Married ☐ Single ☐ Separated /Divorced	Relationship to employee ☐ Wife ☐ Son ☐ Daughter / Number of children:
Reason for examination: Pre-Employment ☐ Periodic medical check-up ☑ Pre-Overseas ☐	Job: operator. 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		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 ( )
Nil 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: 7/3/2023 Signature of Applicant: ×

PEACE LAND MEDICAL CENTER

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

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
173	67	22	132/84	60 /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, FBS			9. Chest X-Ray
√		4. Drug Screen	√		10. ECG
√		5. Lipids (40 years +)			
√		6. Sickle Cell test	√		11. CVS risk for 40 yrs. & above
		4.7			12. HIV, Hepatitis screening

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

- Repeated CXR – Normal, Report & films given from NMC.

FIT

PEACE LAND MEDICAL CENTER

ASSESSMENT:

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

Date: 12/3/23 Name (Block Capitals): Dr. / Nurse Signature:

General Practitioner
MOH Lic. No. 4404

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

Employee Da	RAFQAT HUSSAIN HUSSAIN 41 Y(M) <Blank> 07/03/23 09:12 0013052 78201 Bill # 0047466 PEACELAND
Name:	Date: 7/3/23
I. D No.	Department/Company: T.O
	Occupation : Operator

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

Signature: _____ Date: 7/3/23

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:	RAFQAT HUSSAIN HUSSAIN	**Doc No:**	0030974
Age:	41 Y **Nationality:** PAKISTANI	**File No:**	0013052
Gender:	M	**Bill No:**	0047466
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	07/03/2023
GSM No.:	94465097	**Time:**	14:19

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
COMPLITE BLOOD COUNT		
RBC	5.1 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	15.3 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	41.9 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	29.9 pg	27 - 33 pg
MCHC	34.5 g/dl	29.6 - 35.6 %
WBC COUNT	9.2 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	60 %	40-75 %
LYMPHOCYTE	36 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	08	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**249 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	64 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.83 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**25.1 U/L**	0 - 35.0 U/L
S.G.P.T.	**38.3 U/L**	10 - 45 U/L

Medical Technologist

Peace Land Medical Center
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Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

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Age:	41 Y **Nationality:** PAKISTANI	**File No:**	0013052
Gender:	M	**Bill No:**	0047466
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	07/03/2023
GSM No.:	94465097	**Time:**	14:19

Test	Result	Normal Range
GGT	**50.0 U/L**	0 - 55.0 U/L
ALBUMIN	**5.0 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.9 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.18 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**29.1 mg/dl**	16.0 - 55.0 mg/dl
S.CREATININE	**0.91 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	**172 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**104.3 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**54.1 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**97.1 mg/dl**	< 100 mg/dl
VLDL	**20.8 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	86.9 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	

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Medical Technologist

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Sultanate of Oman
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LAB RESULT

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Age:	41 Y **Nationality:** PAKISTANI	**File No:**	0013052
Gender:	M	**Bill No:**	0047466
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	07/03/2023
GSM No.:	94465097	**Time:**	14:19

Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	2-3	
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	

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

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Medical Technologist

Peace Land Medical Center
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LAB RESULT

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Gender:	M	**Bill No:**	0047466
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	07/03/2023
GSM No.:	94465097	**Time:**	14:19

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

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

Patient		Doctor	
Patient No.		Transaction	
Age		Date/Time	
Gender		Serial	

X-RAY REPORT

Doc No.	PAT009925
Date:	07-03-23
Name:	RAFAQAT HUSSAIN HUSSAIN
Sex:	MALE
Referred By:	DR. SHIMA
Age/DOB	10-Apr-1981
X-Ray:	CHEST PA

REPORT

Normal heart size

Normal pleural spaces

Small dense nodule seen at the right lower zone suggest end on vessel

No consolidation

IMPRESSION:

No active infective process

Signature:

Seal

شارع ١٨ نوفمبر، مسقط • هاتف: ٢٤٤٩٣٧٣٧ (٩٦٨) • فاكس: ٢٤٤٩٣٣١٠ (٩٦٨) • جوال: ٩٥٢٢٠٢٢٤ (٩٦٨) • صندوق بريد: ٧٠٦ رمز بريدي ١١١ - سيب
19th Nov. Street, 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

nmc

nmc specialty hospital, al ghoubra

P.O BOX : 613, Postal Code : 133
AL-GHOUBRA
24504000

Fitness Certificate

Empno:

Ref No : *0000527/FIT/NMC/2023*

Date of issue : *12/03/2023*

This is to certify that Mr. / Mrs. *RAFAQAT HUSSAIN HUSSAIN 6908* with file no *50095971* and Resident card no. *101602393* was *Examined* at *nmc specialty hospital, al ghoubra* on *12/03/2023* and will be *Fit for assigned work* from the medical point of view starting from *12/03/2023*

DIAGNOSIS
Z51.9-Medical care, unspecified

Remarks
Chest X Ray repeated - Normal

DR SUMANT PAJANKAR

Place: *nmc specialty hospital, al ghoubra*

(Hospital Seal)

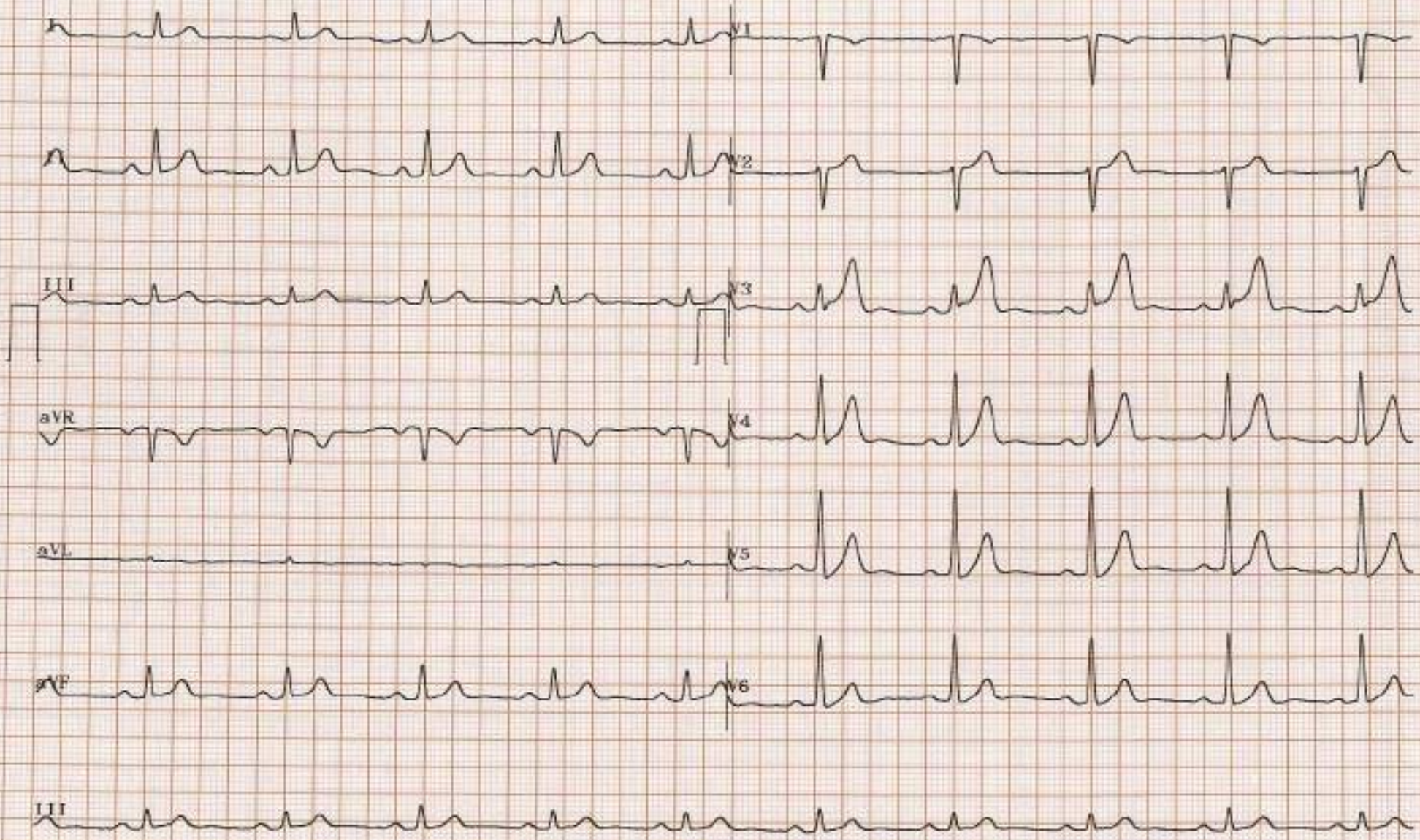
Signature

DR. SUMANT PAJANKAR
Specialist
nmc specialty hospital, Al Ghoubra

RAFQAT HUSSAIN HUSSAIN
41 Y(M) «Blank» 01/03/23 09:36
0013052
76081 Bill# 0047254
PEACEMAND

49:12 6 Channel + 1 Rhythm Report Hospital:
Prescribed by:

Heart Rate: 61bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 190 ms Normal Sinus Rhythm
QRS Dur.: 74 ms Normal Axis
QT/QTc: 376/378 ms [Normal ECG]
P-R-T axes:
67 54 59



0.1Hz~100Hz,AC50Hz,EMG All Channels:10.0mm/mV 25.0mm/sec CARDIO-M Ver5.10M 30 Medical Ecgnet GmbH

Copy Results

Results

Estimated 10-year Global CVD Risk

4.7%

Risk Category

Low Risk

Estimated Vascular Age

42 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)

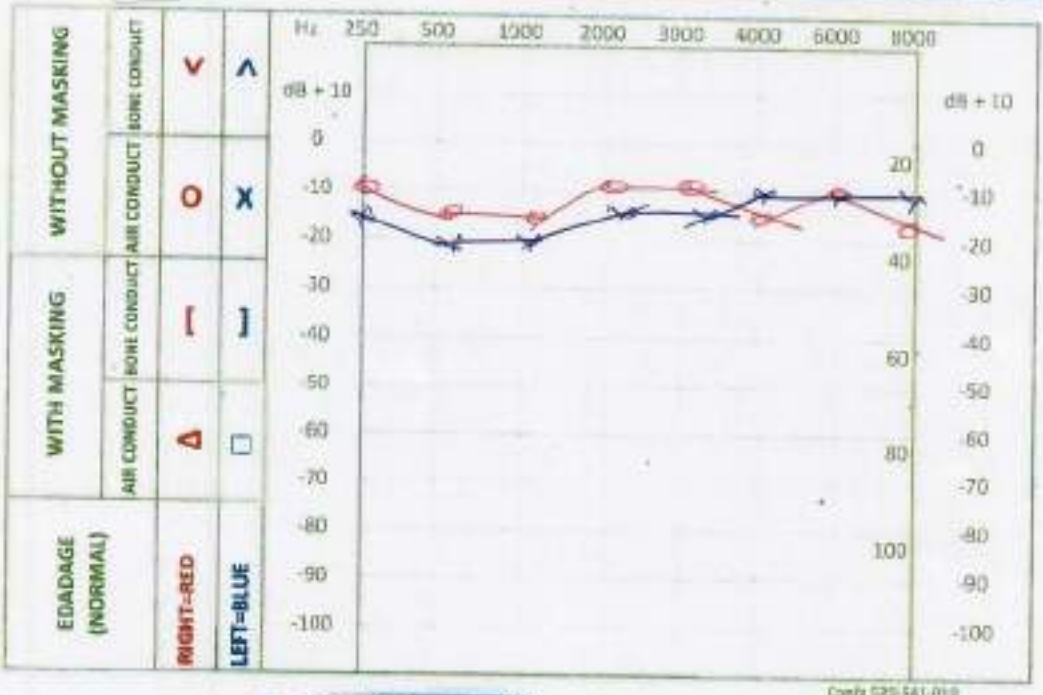
مركز بلاد السلام الطبي
Peace Land Medical Center

NAME	RAFQAT HUSSAIN HUSSAIN
AGE	41 Y(M) «Blank»
REF. BY	

07/03/23 09:12
0013052
PEACELAND
0047499
Bill #
76261

TRY TEST REPORT

COMPANY	T.O.
OCCUPATION	Operator
DATE	7/3/23



Sibelmed

INTERPRETATION
- X LEFT EAR
- O RIGHT EAR

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

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العذيبة مبنى ابراج الصحوة مبنى ١ 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
Peace Land
بلاد السلام

Fitness for work certificate

Employee Data		Date	
Name	Rafaqat	Department/Company	T.O.SUR.
I.D No.	101602393.	Occupation	Operator

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 12/3/23.
Name of health advisor Signature			

PEACE LAND MEDICAL CENTER

Dr. MOHAMMED AKBAR KHAN
General Practitioner
MOH Lic. No. 4404

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ بوار الخديمة مقابل ابراج الصحوة مبنى ٢ سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel : 24617117 / 24617148 / 24617149