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	101602393 Company Name: TRUE OMAN
Home telephone number	94465097

Place of examination: MUSCAT Date: 1/3/2023

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 [3] Son [2] Daughter Number of children: 5

Reason for examination: Pre-Employment [ ] Periodic medical check-up [✓] Pre-Overseas [ ] Job: OPERATOR

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

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		√			
16. Marked change in bowel habits		√	36. Joints/spinal trouble		√	47. Any gynaecological treatment		
17. Blood in stools (motions)		√	37. Surgical operation		√	48. Are you pregnant?		
18. Marked change in weight		√	38. Serious accident/fracture		√			
19. Varicose veins		√	39. Tropical disease		√	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
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? (no)

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: 1/3/2023 Signature of Applicant:

PEACE LAND MEDICAL CENTER

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

N = 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 DISTANT	VISION NEAR	Colour Vision	Blood Group
173	67	22	132/82	60 /mins.	L N R	Uncorrected 6/6 6/6 R L Corrected	R L	N	

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 +)		√		11. CVS risk for 40 yrs. & above
√		6. Sickle Cell test	4.7			12. HIV, Hepatitis screening

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

FIT

مركز بلاد السلام الطبي * PEACE LAND MEDICAL CENTER *

ASSESSMENT:

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

Date: 1/3/23 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

DR. MOHAMMED NOOR KHAN
General Practitioner
MOH Lic. No. 4404

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

RAFQAT HUSSAIN HUSSAIN
41 Y(M) «Blank» 01/03/23 08:39
0013052
78281 Bill # 0047264
PEACELAND

Employee Dat	Date: 1/3/2023
Name:	Department/Company: TRUCK OMAN
I. D No.	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

If you score [illegible] you should seek advice from medical personnel on site before continuing to [illegible] or operate machinery in the workplace

PEACE LAND MEDICAL CENTER

Declaration: I RAFQAT (First Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Date: 1/3/2023

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:	RAFQAT HUSSAIN HUSSAIN	**Doc No:**	0030803
Age:	41 Y **Nationality:** PAKISTANI	**File No:**	0013052
Gender:	M	**Bill No:**	0047254
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	01/03/2023
GSM No.:	94465097	**Time:**	15:32

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS		
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	-	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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LAB RESULT

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Age:	41 Y **Nationality:** PAKISTANI	**File No:**	0013052
Gender:	M	**Bill No:**	0047254
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	01/03/2023
GSM No.:	94465097	**Time:**	15:32

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**	18.0 - 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	

Medical Technologist

PEACE LAND MEDICAL CENTRE

Peace Land Medical Center
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LAB RESULT

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Age:	41 Y **Nationality:** PAKISTANI	**File No:**	0013052
Gender:	M	**Bill No:**	0047254
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	01/03/2023
GSM No.:	94465097	**Time:**	15:32

Test	Result	Normal Range
Urobilinogen	Normal	
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	

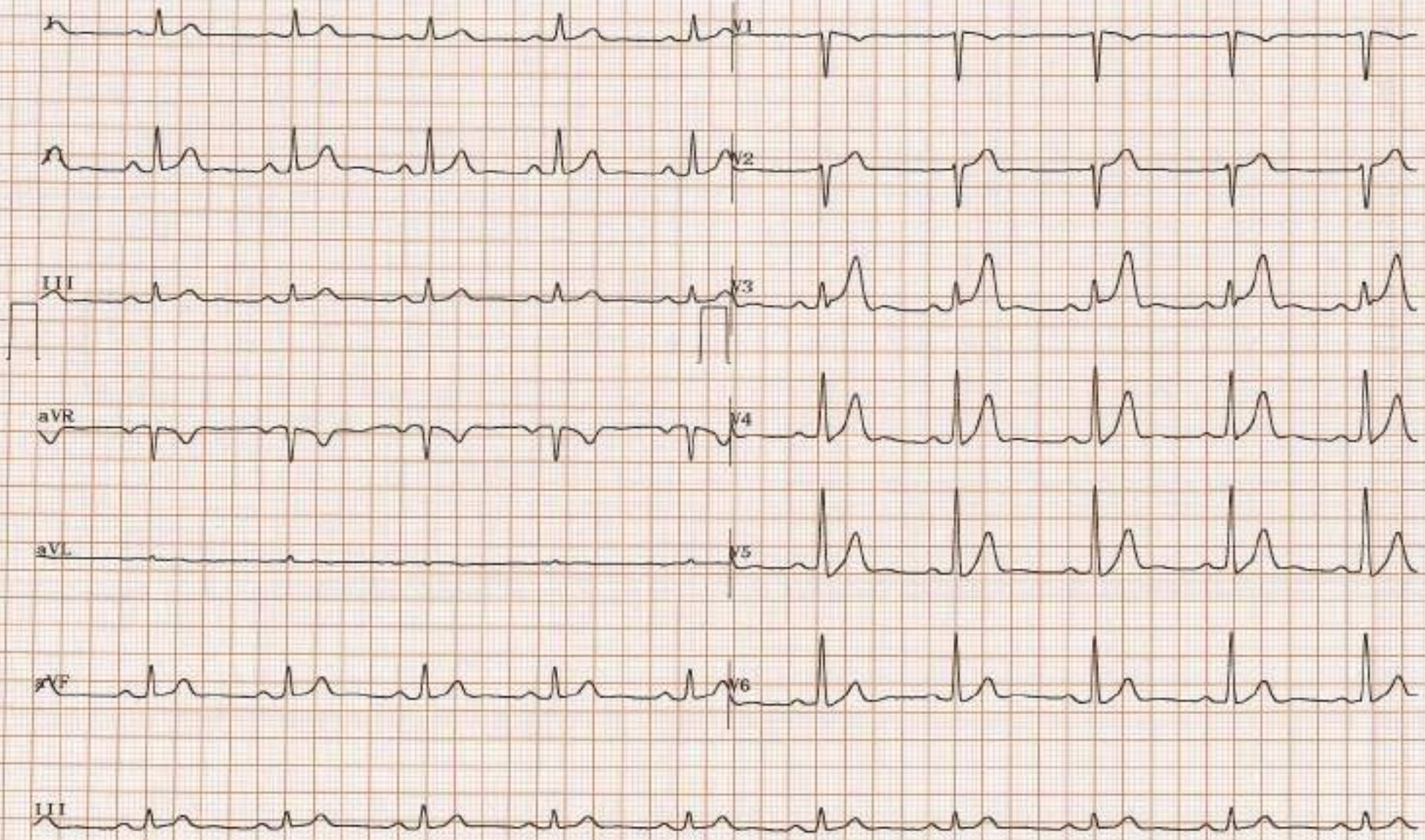
PEACE LAND MEDICAL CENTER

Medical Technologist

RAFQAT HUSSAIN HUSSAIN
41 Y(M) «Blank» 01/03/23 08:38
0013062
78091 Bill# 0047254
PEACELAND

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

Heart Rate: 61bps ** 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

Results

Copy 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)

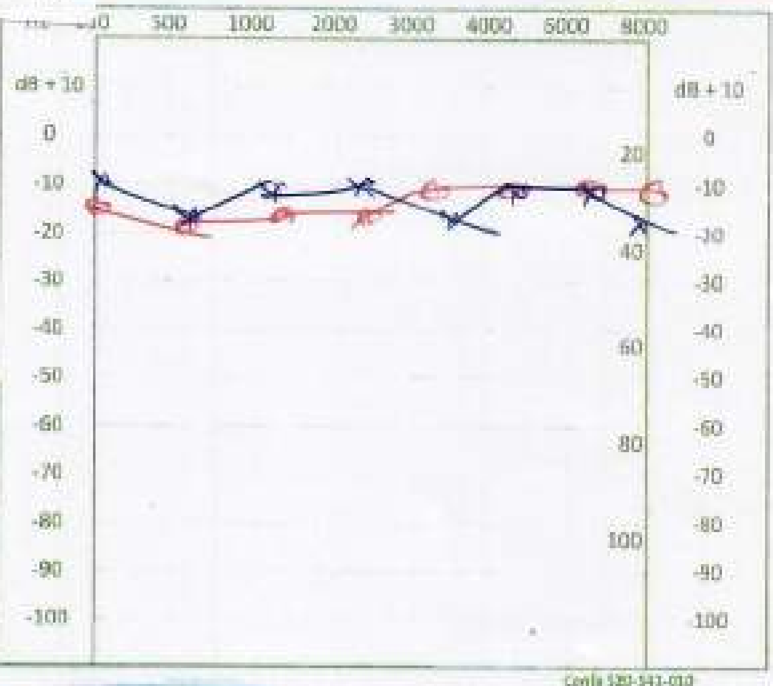
مـركـز بـلاد الـسـلام الـطـبي
Peace Land Medical Center

RAFQAT HUSSAIN HUSSAIN
41 Y(M) «Blank» 01/03/23 08:38
0013052
PEACELAND
76061 Bt # 0047354

[AU]DIOMETRY TEST REPORT

ER		COMPANY	Touiteoman
		OCCUPATION	operator
		DATE	1/3/23

		RIGHT=RED	LEFT=BLUE
WITHOUT MASKING	BONE CONDUCT	V	^
WITHOUT MASKING	AIR CONDUCT	O	X
WITH MASKING	BONE CONDUCT	[	]
WITH MASKING	AIR CONDUCT	Δ	□
EDADAGE (NORMAL)		RIGHT=RED	LEFT=BLUE



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

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

ص.ب ١٤٠٣، الرمز البريدي ١٣٣، دوار العذيبة مبنى 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 هاتف: ٢٤٦١٧١١٧ / ٢٤٦١٧١٤٨ / ٢٤٦١٧١٤٩

مركز بلاد السلام الطبي
Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	1/3/23.
Name	Rafaqat	Department/Company	Truck oman
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 1/3/23.
Name of health advisor Signature	[signature]		

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العذيبة مبنى أبراج الصحوة مبنى ٢ سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout at Sahwa Tower, Sultanate of Oman
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