



PEACE LAND MEDICAL CENTER

T.O-F-11

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)
Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname		Forenames		Address		Company Name:	
		GOLAM KIBRIA TIPU		115889034		TRUCK DRIVER	
Home telephone number		79246846					
Place of examination: FARHA		Date: 4/3/23					
If a dependant enters employee's name here: Surname:				Forenames:			
Birth date: 11/5/95		Nationality: BANGLADESH		Country of birth: BANGLADESH		Religion: MUSLIM	
☒ Male ☐ Female		☐ Married ☒ Single ☐ Separated/Divorced		Relationship to employee		Number of children:	
				☐ Wife ☐ Son ☐ Daughter			
Reason for examination		Pre-Employment ☐ Periodic medical check-up ☒		Job: OPERATOR		Area:	
Pre-Overseas ☐							
Name and address of family doctor				List your last 3 jobs			
(1)		(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		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		42. Awarded benefits for industrial injury/illness	
4. Any ear discharge				24. Abnormal heartbeat		43. Treated for a mental condition, e.g. depression	
5. Asthma/bronchitis				25. High blood pressure		44. Treated for problem drinking or drug abuse	
6. Hayfever /other significant allergy				26. Stroke		45. Exposed to toxic substance or noise	
7. Any skin trouble				27. Serious chest pain		FOR WOMEN ONLY	
8. Tuberculosis				28. Any blood disease		Have you ever had:-	
9. Shortness of breath				29. Kidney disease		46. An abnormal smear	
10. Coughed/vomited blood				30. Blood in urine		47. Any gynaecological treatment	
11. Severe abdominal pain				31. Painful passage of urine		48. Are you pregnant?	
12. Stomach ulcer				32. Diabetes		49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	
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			
How much tobacco each day? N/A				Average daily alcohol consumption N/A			
Have you ever taken elicited drugs? (N/A)							
FAMILY HISTORY: Diabetes (A) Tuberculosis (A) Epilepsy (A) Asthma (A) Eczema (A)							
N/A Heart disease (A) High blood pressure (A) Stroke (A) Blood Disease (A) Cancer (A)							
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: 4/3/23				Signature of Applicant: Golam Kibria Tipu			

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. Hemial 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 L R	VISION DISTANT R L NEAR R L Uncorrected Corrected	Colour Vision	Blood Group
183	79	24	130 78	59/min.	N	6/6 6/6	N	

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 +)				11. CVS risk for 40 yrs. & above
✓		6. Sickie Cell test				12. HIV, Hepatitis screening

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

1. L SM (Dist & Exercise)

ASSESSMENT:

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

Date: 9.5.23 Name (Block Capitals): Dr. / Nurse

Dr. Sana Fayezah Al-Jalal
Clinical Scientist
MOH Lic No. 21962

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: GOLAM KIBRIA TLPY
Age: 27 Y Nationality: BANGLADESHI
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN

Doc No: 0031066
File No: 0040624
Bill No: 0047493
Date: 09/03/2023
Time: 11:33

GSM No.: 79246846

Test	Result	Normal Range
TRUCKOMAN-MEDICAL CHECKUP BELOW 40 YRS ON SITE		
COMPLITE BLOOD COUNT		
RBC	5.7 x10 ¹² /L	Male 4.38 -6.0 x 10 ¹² /L Female 4.0- 5.2x10 ¹² /L
HAEMOGLOBIN	15.9 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	45.9 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.5 pg	27 - 33 pg
MCHC	32.9 g/dl	29.6 - 35.6 %
WBC COUNT	6.6 x 10 ⁹ /L	4.0 - 11.0 x 10 ⁹ /L
DIFFERENTIAL COUNT		
NEUTROPHIL	62 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	06 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	281 x 10 ⁹ /L	150 - 450 x 10 ⁹ /L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	108 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.38 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	27.5 U/L	0 - 35.0 U/L
S.G.P.T.	38.0 U/L	10 - 45 U/L



Medical Technologist



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Test	Result	Normal Range
GGT	28.2 U/L	0 - 55.0 U/L
ALBUMIN	3.9 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	7.2 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.12 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	28.8 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.97 mg/dl	0.70 - 1.30 mg/dl
S.URIC ACID	5.1 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	220 mg/dl	0.0 - 200 mg/dl
Triglyceride	140.0 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	68.0 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	124.0 mg/dl	< 100 mg/dl
VLDL	28.0 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	



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Test	Result	Normal Range
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	
RANDOM BLOOD SUGAR	88.0 mg/dl	80 - 120 mg/dl



Medical Technologist



مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

Employee Data		Date: 4/3/2023
Name: COLAM KIBRIA	Department/Company: TRUCK OMAN	
I. D No. 115889034	Tel #	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

☐ sitting and reading

☐ watching TV

☐ sitting inactive in a public place (e.g. theatre or meeting)

☐ as a passenger in the car for an hour without a break

☐ Lying down to rest in the afternoon when circumstances permit

☐ Sitting & talking with someone

☐ Sitting quietly after lunch without alcohol

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

Signature: Colam Kibria Date: 4/3/2023

2023-03-04 11:24:25

ID : 115889034

Name:

yrs. /

cm / kg

Golan

Heart Rate: 59bpm

PR Int.: 194 ms Sinus Bradycardia(HR:50-59)

QRS Dur.: 90 ms Normal Axis

QT/QTc: 354/353 ms [Minimally Abnormal or Normal Variation ECG]

P-R-T axes:

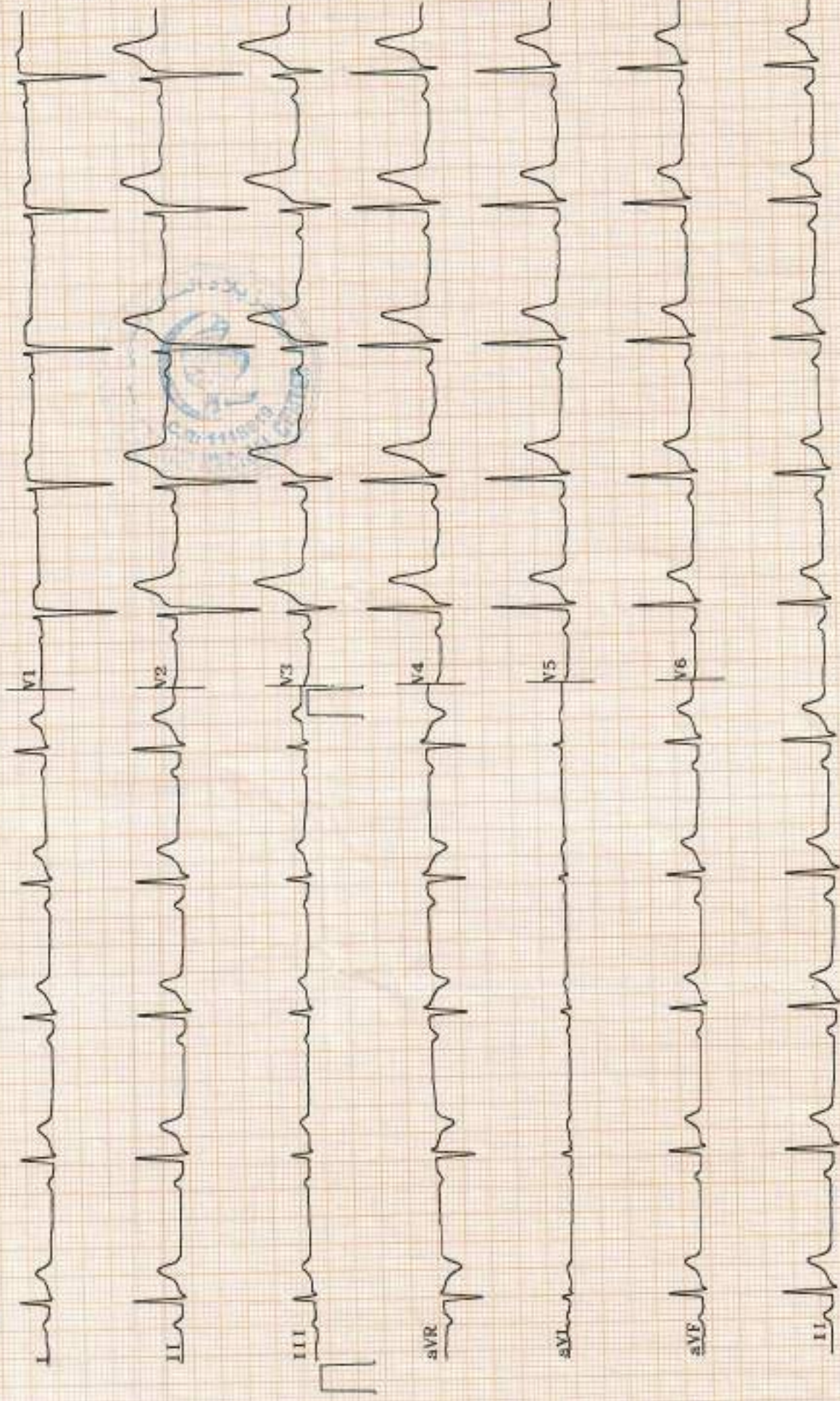
55 50 52

6 Channel + 1 Rhythm Report

Hospital:CCED FARHA

Prescribed by:

(To be finally confirmed by cardiologist)

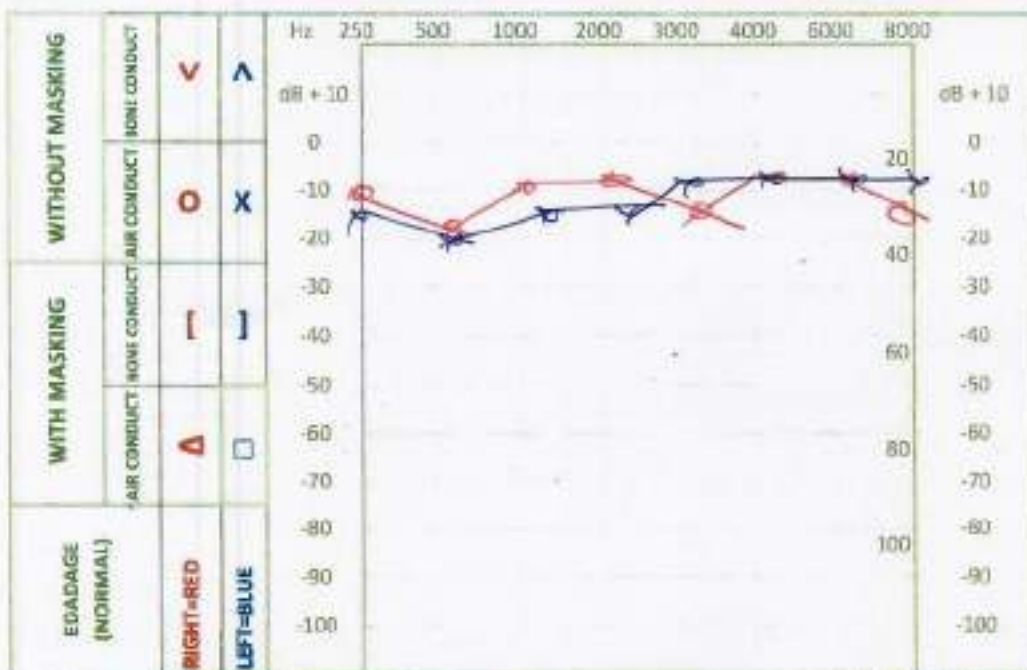




مركز بلاد السلام الطبي Peace Land Medical Center

AUDIOMETRY TEST REPORT

NAME	CLOAM KIDRIA		COMPANY	TRUCK OMAN	
AGE		GENDER		OCCUPATION	OPERATOR
REF. BY				DATE	4 / 3 / 2023



Sibelmed

INTERPRETATION

X LEFT EAR
O RIGHT EAR

RESULT

☒ NORMAL

☐ HEARING LOSS

☐ RIGHT

☐ LEFT





مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date /03/2023	
Name <u>GOLAM KEBRIA</u>		Department/Company <u>TRUCK OMAN</u>	
ID No. <u>115887054</u>	Occupation <u>OPERATOR</u>		
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	
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			
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 <u>9 /03/2023</u>	
Name of health advisor Signature		 Dr. Shama Saeed, Specialist MOH LIC. NO. 21962	