PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	AL AZWANI.
Forenames	MATAR SULAIMAN SALEH
Address	1514235-Touk Oman
Home telephone number	92631342

Place of examination: Wad.	Date: 18/1/22		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: 1/1/71	Nationality: Omani	Country of birth: Oman	Religion: Muslim
☑ Male ☐ Female	☑ Married ☐ Single ☐ Separated /Divorced	Relationship to employee: ☐ Wife ☑ Son ☑ Daughter	Number of children: 7
Reason for examination: Pre-Employment ☐ Periodic medical check-up ☑ Pre-Overseas ☐		Job: Driver. Area:	
Name and address of family doctor		List your last 3 jobs: (1) (2) (3)	
Are you a Registered Disabled Person? (UK only) ☐		Do you belong to any Medical Insurance Scheme? ☐	

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 ( )
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: 18/1/22 **Signature of Applicant:**

PEACE LAND MEDICAL CENTER

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

N	A	N = Normal A = Abnormal (please describe)	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
171	92	24.6	139/79	64/mins.	L ✓ 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, RBS				9. Chest X-Ray
		4. Drug Screen		✓		10. ECG
	✓	5. Lipids (40 years +)	high	9-4%		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.)
Advice: Diet control, regular exercise, and follow up with physician.

ASSESSMENT:

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

Date: 18/11/2022 Name (Block Capitals): Dr. / Nurse Signature:

PEACE LAND MEDICAL CENTER

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr.

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

MATAR SULAIMAN SALEH ALAZWANI
51 Y(M) BLOOD 18/01/22 08:09
0026602
85202 Bill # 0031589
PEACELAND

Employee Name:	Date: 18/1/22
I. D No.	Department/Company: Truck Oman
	Occupation : Driver.

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

If you score a total of 15 or more you should seek advice from medical personnel on site before continuing to drive, operate machinery in the workplace.

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

Signature: _____ Date: 18/1/2022

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:	MATAR SULAIMAN SALEH ALAZWANI	**Doc No:**	0015967
Age:	51 Y **Nationality:** OMANI	**File No:**	0026602
Gender:	M	**Bill No:**	0031568
Ref. By:	DR. EMAD OMER	**Date:**	18/01/2022
GSM No.:	92631342	**Time:**	14:05

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.0 10"12/l	Male 4.38 -5.78 10"12/l Female 4.0- 5.0 10"12/l
HAEMOGLOBIN	14.6 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	44.6 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	**73 fl**	84-94 fl
MCH	**24.0 pg**	27 - 33 pg
MCHC	32.7 g/dl	29.6 - 35.6 %
WBC COUNT	5.7 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	60 %	40-75 %
LYMPHOCYTE	38 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	01 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**350 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	89 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.60 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**22.2 U/L**	0 - 35.0 U/L
S.G.P.T.	**24.2 U/L**	10 - 45 U/L

PEACE LAND MEDICAL CENTER

Medical Technologist

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:	MATAR SULAIMAN SALEH ALAZWANI	**Doc No:**	0015967
Age:	51 Y **Nationality:** OMANI	**File No:**	0026602
Gender:	M	**Bill No:**	0031568
Ref. By:	DR. EMAD OMER	**Date:**	18/01/2022
GSM No.:	92631342	**Time:**	14:05

Test	Result	Normal Range
GGT	**34.3 U/L**	0 - 55.0 U/L
ALBUMIN	**4.2 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.9 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.17 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**41.0 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.86 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**4.9 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**250 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**111.9 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**73.3 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**154.4 mg/dl**	< 100 mg/dl
VLDL	**22.3 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	98.0 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

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LAB RESULT

Name:	MATAR SULAIMAN SALEH ALAZWANI	**Doc No:**	0015967
Age:	51 Y **Nationality:** OMANI	**File No:**	0026602
Gender:	M	**Bill No:**	0031568
Ref. By:	DR. EMAD OMER	**Date:**	18/01/2022
GSM No.:	92631342	**Time:**	14:05

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	

.....
Medical Technologist

2022-01-18 13:12:02

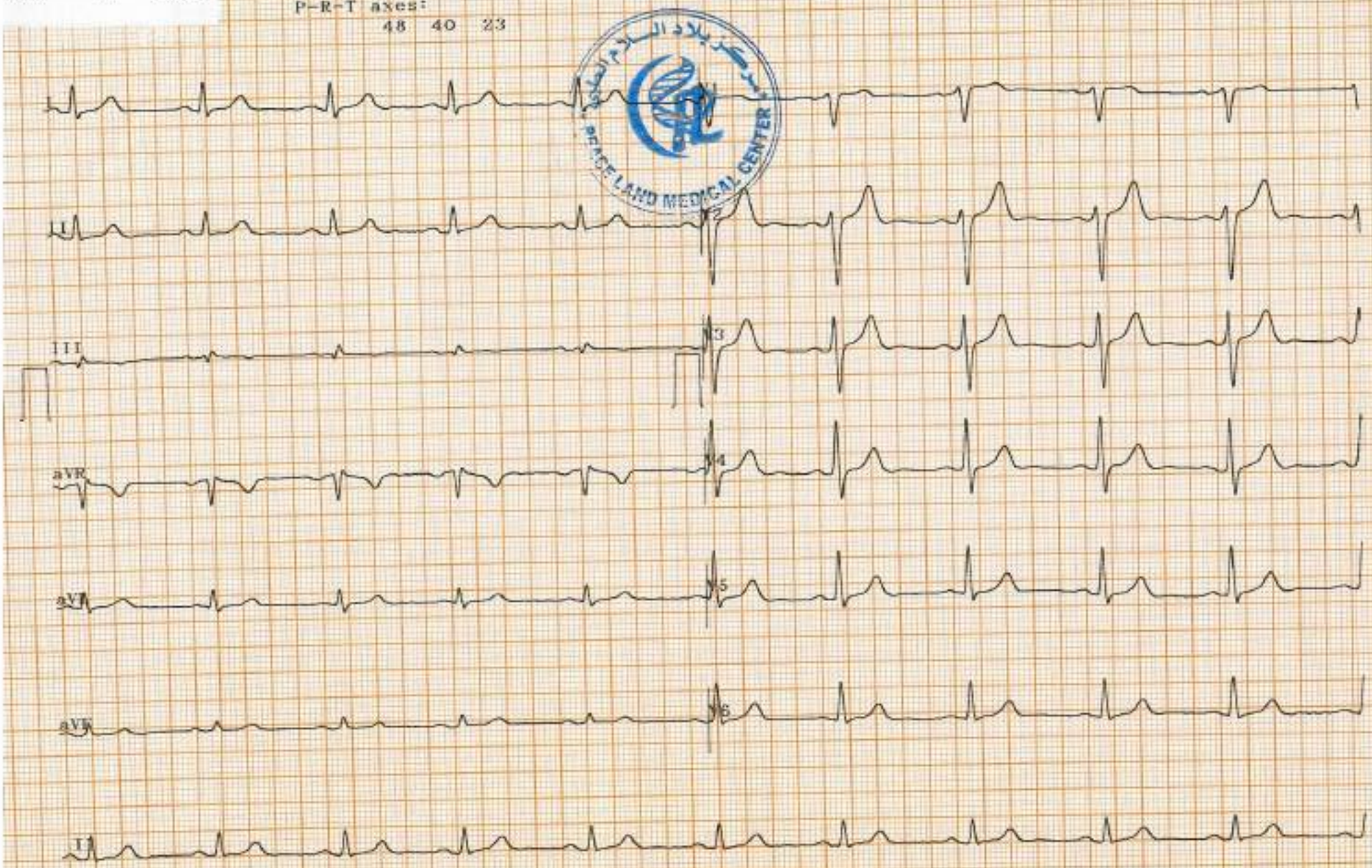
6 Channel + 1 Rhythm Report

Hospital:

Prescribed by:

AR SULAIMAN SALEH ALAZWANI
M) BLOOD 18/01/22 09:09
0026602
PEACELAND
Bill # 0031569

Heart Rate: 61bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 172 ms Normal Sinus Rhythm
QRS Dur.: 102 ms Normal Axis
QT/QTc: 420/425 ms [Normal ECG]
P-R-T axes:
48 40 23



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

Estimated 10-year Global CVD Risk

9.4%

Risk Category

Low Risk

Estimated Vascular Age

54 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

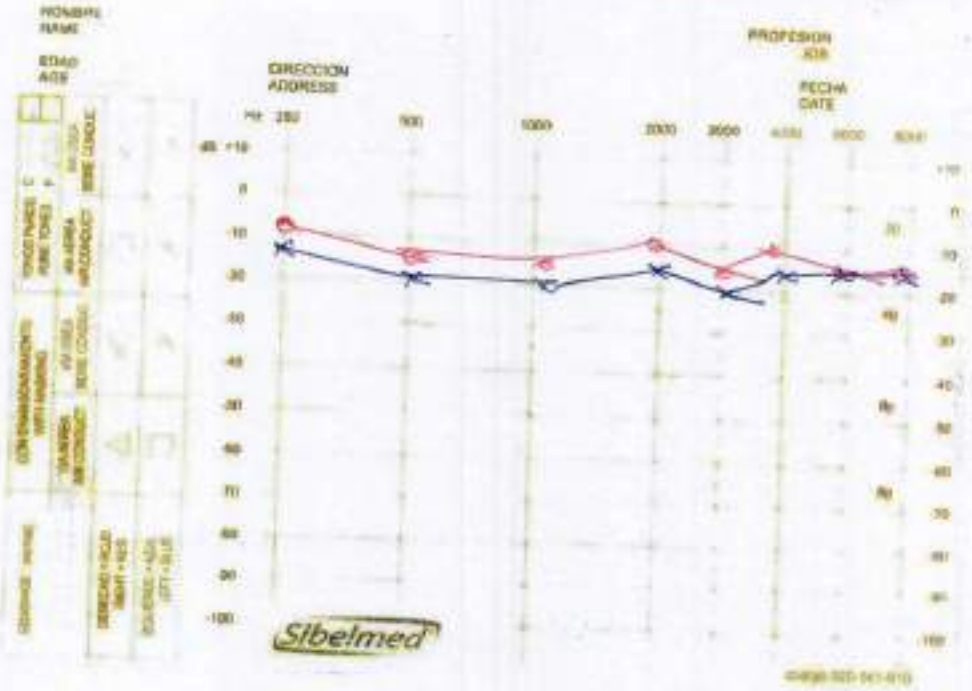
ESC (2007, see Info for more)
Treatment Targets
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

Peace Land Medical Center

MATAR SULAIMAN SALEH ALAZWANI
51 Y(M) BLOOD
18/01/22 08:09
0026802
66202
Bill #
0031508

Name:	
Gender:	
Ref By:	
Company	
Occupation	Driver
Date:	18/1/22

AUDIOMETRY TEST REPORT



INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
☑ Normal
☐ Hearing Loss
Left Right

مركز بلاد الرافدين الطبي
MEDICAL CENTER

مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	18/11/2021
Name	MATAR ALAZWANI	Department/Company	T.O.
I.D No.	15142355	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*	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
Name of health advisor Signature			18/11/2021

PEACE LAND MEDICAL CENTER

nmc specialty hospital, al ghoubra

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

Fitness Certificate

Date of issue : *18/01/2022*

Ref No : *0000014/FIT/NMC/2022*

This is to certify that Mr. / Mrs. *MATAR SULAIMAN SALEH AL AZWANI* with file no *14332507* and Resident card no. *1514235* was *Treated* at *nmc specialty hospital, al ghoubra* on *18/01/2022* and will be *Fit For Work* from the medical point of view starting from *18/01/2022*

DIAGNOSIS
TMT negative for inducible ischemia with good effort tolerance

Remarks

DR MOHAMED MOUSTAFA

Place: *nmc specialty hospital, al ghoubra*

Signature Mohamed Ahmed Moustafa

(Hospital Seal)

DR. MOHAMED AHMED MOUSTAFA MAHMOUD SOLIMAN
Specialist - Cardiology
MOH Lic. No: 20363
nmc specialty hospital, Al Ghoubra

MATAR SULAIMAN SALEH AL AZWANI, 14332507

Patient Information

1/18/2022 9:47:1

ID: 14332507 | Second ID: | Admission ID: 3369334

Date of Birth: | Height: | Gender: Unknown

Age: 51 Years | Weight: | Race: Unknown

Indications

FOR PDO FITNESS

Medications

NIL

Referring Physician: DR MOHAMMED MOUSTAFA | Location: | Procedure Type: TMT FOR PDO FITNESS

Attending Phy: DR MOHAMMED MOUSTAFA | Target HR: 144 bpm (85%) | Reasons for end: Achieved THR.

Technician: MINU | Max HR(%MPHR): 153 bpm (90%) | Symptoms: NIL

Diagnosis

Notes

Conclusions

The patient was tested using the Bruce protocol for a duration of 10:23 mm:ss and achieved 12.1 METs. A maximum heart rate of 153 bpm with a target predic heart rate of 91% was obtained at 10:30. A maximum systolic blood pressure of 150/90 was obtained at 06:58 and a maximum diastolic blood pressure of 148/ was obtained at 14:35. The patient reached target heart rate and blood pressure response to exercise. No significant ST changes during exercise or recovery. evidence of ischemia. Normal exercise stress test.

Reviewed by: Dr Mohammed Ahmed Moustafa

Signed by:

UNCONFIRMED REPORT

Date: