PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	SALIM AL HASHMI
Forenames	NASSER MUBARAK
Address	4792233. Company Name: T.O
Home telephone number	99030794

Place of examination: MUSCAT Date: 12/4/23

If a dependant enters employee's name here:
Surname:
Forenames:

Birth date: 10/5/81 Nationality: OMANI Country of birth: OMAN Religion: MUSLIM

[√] Male [ ] Female [√] Married [ ] Single [ ] Seperated /Divorced

Relationship to employee: [ ] Wife [ ] Son [ ] Daughter Number of children: 4

Reason for examination: Pre-Employment [√] Periodic medical check-up [ ] Pre-Overseas [ ] Job: H.D.D Area:

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

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		√	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 Have you ever had:-		
8. Tuberculosis		√	28. Any blood disease		√	46. An abnormal smear		
9. Shortness of breath		√	29. Kidney disease		√	47. Any gynaecological treatment		
10. Coughed/vomited blood		√	30. Blood in urine		√	48. Are you pregnant?		
11. Severe abdominal pain		√	31. Painful passage of urine		√	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
12. Stomach ulcer		√	32. Diabetes		√			
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? 5-6 /day. Average daily alcohol consumption NO

Have you ever taken elicited drugs? (X)

FAMILY HISTORY: Diabetes (X) Tuberculosis (X) Epilepsy (X) Asthma (X) Eczema (X)
Heart disease (X) High blood pressure (X) Stroke (X) Blood Disease (X) Cancer (X)

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: 12/4/23. 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)

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
170	88	30	138/86	80/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, RBS	RBS.			9. Chest X-Ray
		4. Drug Screen		✓		10. ECG
✓		5. Lipids (40 years +)	13.2	✓		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.)

- LSM - Diab emergin advnd
- DM on Rx referred from NMC.
- FU in LMC.

T. Vipdo met 12.5/1000 mg
Diglyptin / metformin

FIT

ASSESSMENT:

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

Date: 21/5/23. Name (Block Capitals): Dr. / Nurse

Signature:

MUHAMMED AKBAR KHAN
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

NASSER MUBARAK SALIM AL HASHMI
0041708 00489
77613 12/04/23 10:19

Date: 12/4/23.

Department/Company: TO.

Occupation: H.D.D

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 [illegible] and seek advice from medical personnel on site before continuing to drive or operating 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: 12/4/23.

PEACE LAND MEDICAL CENTER

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:	NASSER MUBARAK SALIM AL HASHMI	**Doc No:**	0032407
Age:	41 Y **Nationality:** OMANI	**File No:**	0041708
Gender:	M	**Bill No:**	0048997
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	12/04/2023
GSM No.:	99030794	**Time:**	15:54

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS		
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	16.1 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	49.5 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.1 pg	27 - 33 pg
MCHC	31.4 g/dl	29.6 - 35.6 %
WBC COUNT	11.0 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	66 %	40-75 %
LYMPHOCYTE	27 %	20-45 %
EOSINOPHIL	03 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**222 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	84 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.25 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**24.7 U/L**	0 - 35.0 U/L
S.G.P.T.	**41.0 U/L**	10 - 45 U/L

PEACE LAND MEDICAL CENTER

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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

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Gender:	M	**Bill No:**	0048997
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	12/04/2023
GSM No.:	99030794	**Time:**	15:54

Test	Result	Normal Range
ALBUMIN	**4.3 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.8 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.12 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**36.8 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.81 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**3.5 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**199 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**102.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**60.7 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**117.9 mg/dl**	< 100 mg/dl
VLDL	**20.4 mg/dl**	2.0 - 30 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	(++)	
Ketones	Negative	
Urobilinogen	Normal	
Bilirubin	Negative	

PEACE LAND MEDICAL CENTER

Medical Technologist

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LAB RESULT

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Age:	41 Y **Nationality:** OMANI	**File No:**	0041708
Gender:	M	**Bill No:**	0048997
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	12/04/2023
GSM No.:	99030794	**Time:**	15:54

Test	Result	Normal Range
Blood	Negative	
MICROSCOPIC		
PUS CELLS	2-3	
EPITHELIAL CELLS	1-2	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
RANDOM BLOOD SUGAR	**240.2 mg/dl**	80 - 120 mg/dl

PEACE LAND MEDICAL CENTER

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Medical Technologist

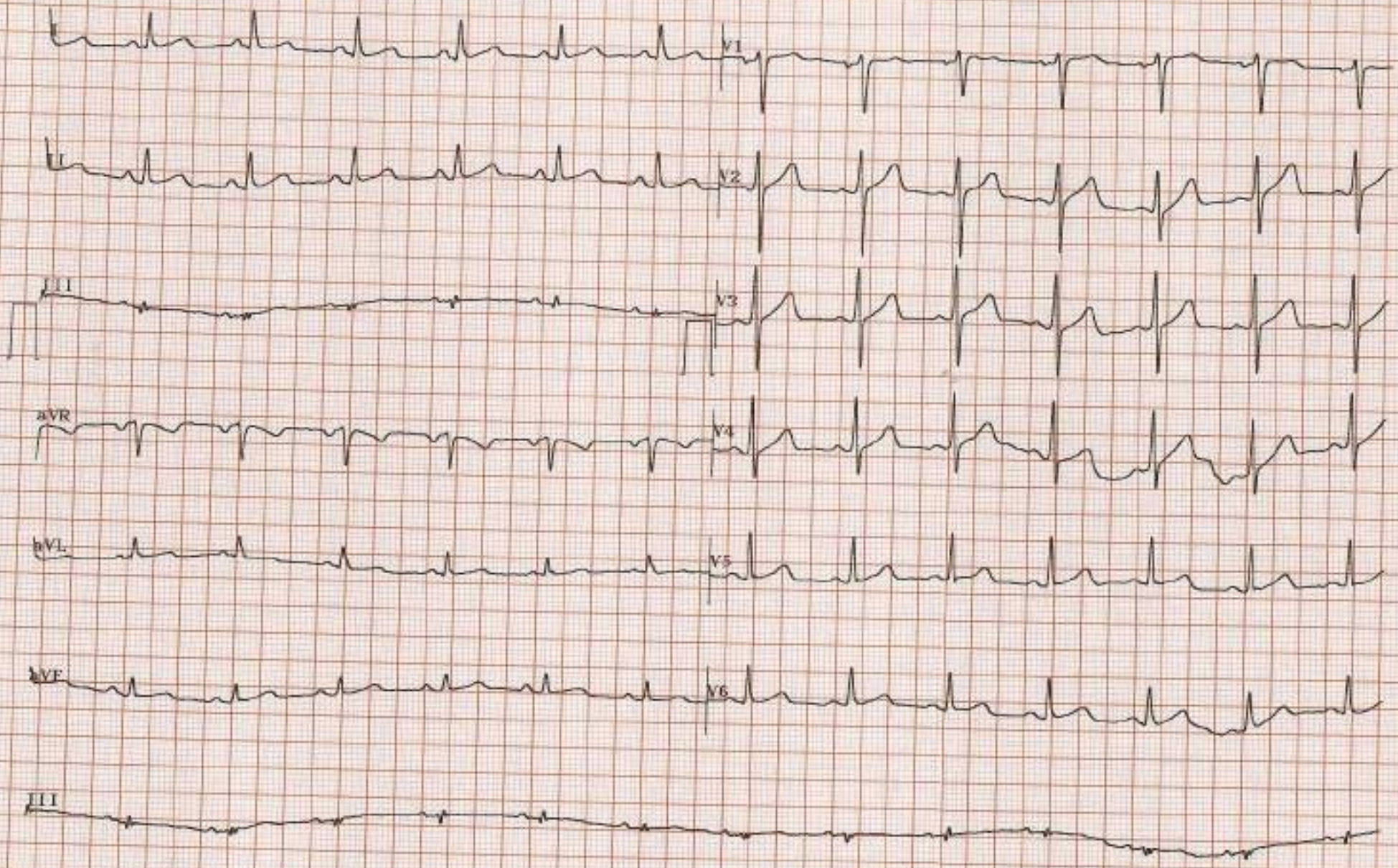
6 Channel + 1 Rhythm Report

Hospital:
Prescribed by:

ID
Na

NASSER MUBARAK SALIM AL HASHMI
0041708 64 Y/M 00489
71013 12/04/23 10:19

Heart Rate: 80bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 150 ms Normal Sinus Rhythm
QRS Dur.: 72 ms Normal Axis
QT/QTc: 378/434 ms [Normal ECG]
P-R-T axes:
45 26 40



0.1Hz- 150Hz, AC50Hz.
All Channels: 10.0mm/mV, 25.0mm/sec.
EKG2000 Ver5.05M.30 Bionet Co., Ltd.

Results

Copy Results

Estimated 10-year Global CVD Risk

13.2%*

Risk Category

High Risk*

Estimated Vascular Age

60 Years*

***Due to this patient being diabetic, they are placed in the High Risk Category and should be treated based on the following guidelines.**

Treatment Guidelines

ATP-III (2004)
Treatment Targets
LDL <100 mg/dL (<2.59 mmol/L)
Non-HDL <130 mg/dL (<3.37 mmol/L)

CCS (2009)
Treatment Targets
LDL <2 mmol/L (<77 mg/dL) or ≥50 % decrease in LDL-C
apoB <0.8 g/L (80 mg/dL)

ESC (2007, see Info for more)
Treatment Targets
LDL <2-2.5 mmol/L (<80-100 mg/dL)
TChol <4-4.5 mmol/L (<155-175 mg/dL)

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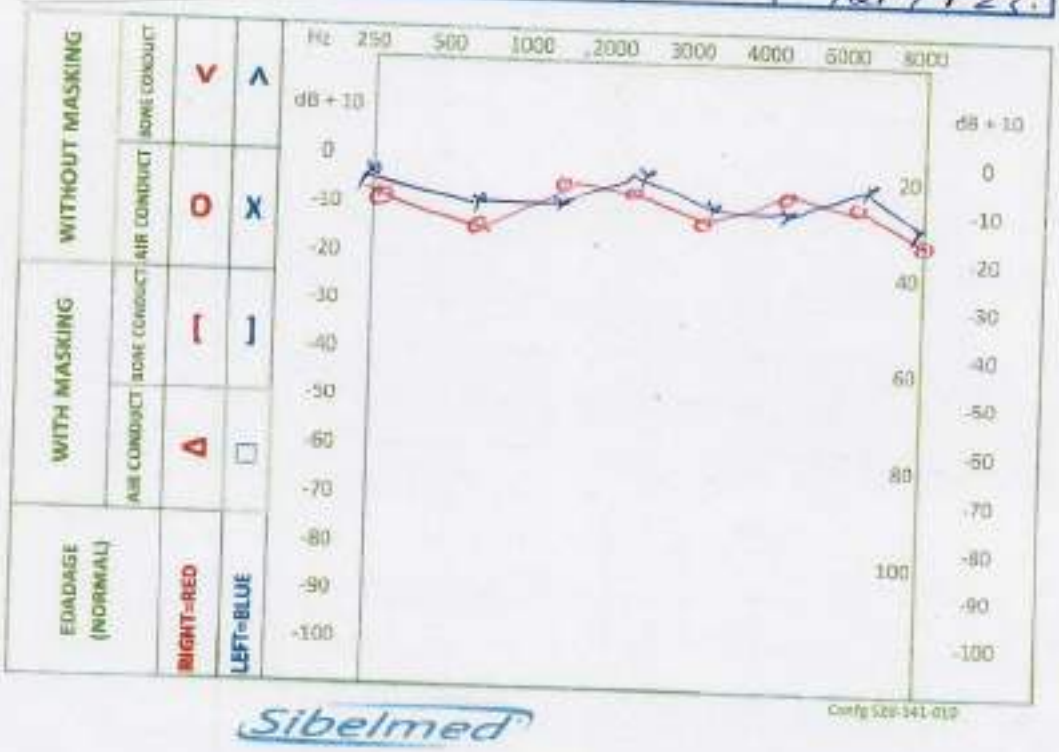
Peace Land Medical Center
Peace Land
بلاد السلام

NASSER MUBARAK SALIM AL HASHMI

77013 12/04/23 10:19

DIOMETRY TEST REPORT

		COMPANY	
R		OCCUPATION	T.O. H.D.D
		DATE	12/4/23.



INTERPRETATION
X LEFT EAR
O RIGHT EAR

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

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ جوار الغدسيه مبنى اراج الصحوه 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

DEPARTMENT OF LABORATORY MEDICINE

File No:	50099153	**Report No:**	0084253		
Name:	NASSER MUBARAK AL HASHMI	**Sample Date:**	30/04/2023	**Time:**	10:51
Address:		**Received By:**			
Gender:	M **Age:** 41 Y **Nationality:** OMANI	**Received Date:**		**Time:**	
GSM No.:	99030794 **ID Card No.:** 4792233	**Report Date:**	30/04/2023	**Time:**	12:30
Ref. By:	DR NISANTH KALLINKEEL	**Bill No:**	0229389	**Bill Date:**	30/04/2023
		Report Status:	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
HbA1C	11.3 %	NORMAL : < 6.0 GOOD DIABETES CONTROL : <7 FAIR DIABETES CONTROL : 7-8 POOR DIABETES CONTROL : >8

Verified By:

10624
Lab Technologist
Electronically signed at: 4/30/2023 12:31:00

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 30/04/2023 12:36:00

Printed at: 04/05/2023 12:20:10 PM

مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

NASSER MUBARAK SALIM AL HASHMI

Employee Data		Date	
Name		Department/Company	TO
I.D No.		Occupation	HSD

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 7/1/23.
Name of health advisor Signature			

PEACE LAND MEDICAL C

Dr. MUHAMMAD AKRAM KHAN
General Practitioner
MOH Lic. No. 4404

ص.ب ١٤٠٣، الرمز البريدي ١٣٣، شوارع العذيبة مستشفى ابراج الصحوة صحار، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba Roundabout nr Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149