PEACE LAND MEDICAL CENTER

Truck-oman (1)

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

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	Salim Zaid Abdulla
Forenames	
Address	22473145 Company Name: Truck oman
Home telephone number	95346118
Forenames:	
Country of birth: Oman	Religion: Muslim

Place of examination: SHAHAB Date: 4/3/23

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

Birth date: 12/8/87 Nationality: OMANI

☑ 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: H.D.D

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		√	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?

Average daily alcohol consumption

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: 4/3/2023 **Signature of Applicant:**

00411652 00181037

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 R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
160	76	29.7	112/61	63 /mins.	L N R	Uncorrected 6/6	6/6				
						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 +)				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.)

Gm - Diet exercise advised

FIT

ASSESSMENT:

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

Date: 13/3/23 Name (Block Capitals): Dr. / Nurse Signature:

PEACE LAND MEDICAL CENTER

Dr. MOHAMMAD TAYYAB 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

Employee Data		Date: 4/3/2023
Name: SALIM ZAID		Department/Company: TRUKOMAN
I. D No.	Tel #	Occupation: M.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 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

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

Signature: _____ Date: 4/3/2023

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:	SALIM ZAID ABDULLA	**Doc No:**	0031136
Age:	35 Y **Nationality:** OMANI	**File No:**	0040632
Gender:	M	**Bill No:**	0047503
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	12/03/2023
GSM No.:	95346118	**Time:**	10:45

Test	Result	Normal Range
TRUCKOMAN-MEDICAL CHECKUP BELOW 40 YRS ON SITE		
COMPLITE BLOOD COUNT		
RBC	5.6 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	14.8 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	43.1 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.0 pg	27 - 33 pg
MCHC	33.3 g/dl	29.6 - 35.6 %
WBC COUNT	5.0 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	60 %	40-75 %
LYMPHOCYTE	31 %	20-45 %
EOSINOPHIL	03 %	1-6 %
MONOCYTE	06 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**211 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	60 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.48 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**17.0 U/L**	0 - 35.0 U/L
S.G.P.T.	**36.5 U/L**	10 - 45 U/L

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

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Medical Technologist

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LAB RESULT

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Age:	35 Y **Nationality:** OMANI	**File No:**	0040632
Gender:	M	**Bill No:**	0047503
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	12/03/2023
GSM No.:	95346118	**Time:**	10:45

Test	Result	Normal Range
GGT	**51.0 U/L**	0 - 55.0 U/L
ALBUMIN	**4.4 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**8.0 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.16 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**27.7 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.79 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**7.0 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**207 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**160.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**50.0 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**125.0 mg/dl**	< 100 mg/dl
VLDL	**32.0 mg/dl**	2.0 - 30 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.010	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	
Urobilinogen	Normal	

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Medical Technologist

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LAB RESULT

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Gender:	M	**Bill No:**	0047503
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	12/03/2023
GSM No.:	95346118	**Time:**	10:45

Test	Result	Normal Range
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
RANDOM BLOOD SUGAR	**118.6 mg/dl**	80 - 120 mg/dl

PEACE LAND MEDICAL CENTER

Medical Technologist

2023-03-04 09:06:16 3 Channel + 1 Rhythm Report Hospital:CCED SHAHAD

Prescribed by:

ID :

Name:

yrs. /

cm / kg

Heart Rate: 55bpm ** Analysis Result ** (To be finally confirmed by cardiologist)

PR Int.: 134 ms Sinus Bradycardia(HR:50-59)

QRS Dur.: 94 ms Normal Axis

QT/QTc: 410/382 ms Inferior MI

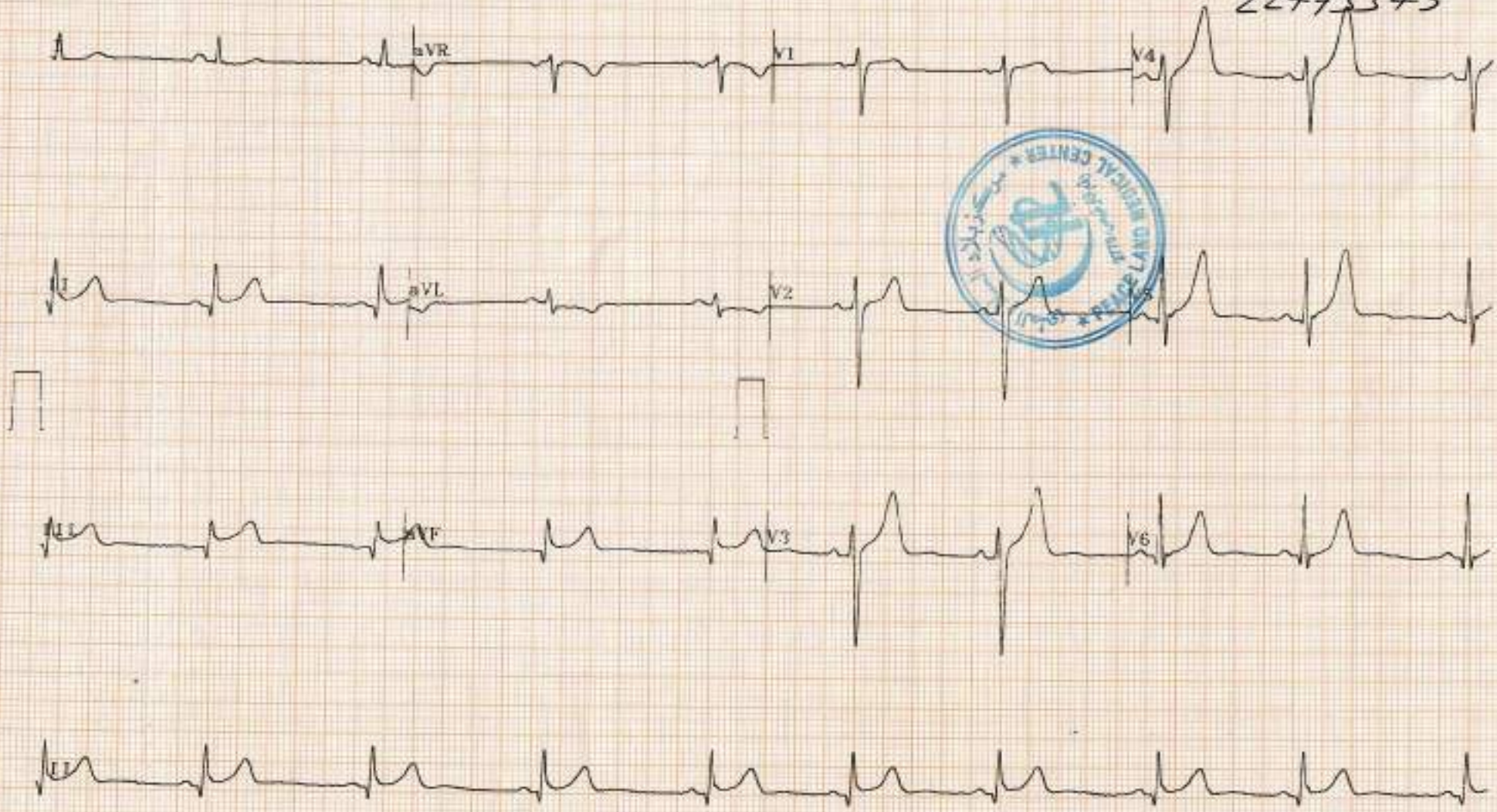
P-R-T axes: [Markedly Abnormal ECG]

5 51 80

TRUCK OMAN

SALIM SAID AL HAMMANI

22473345

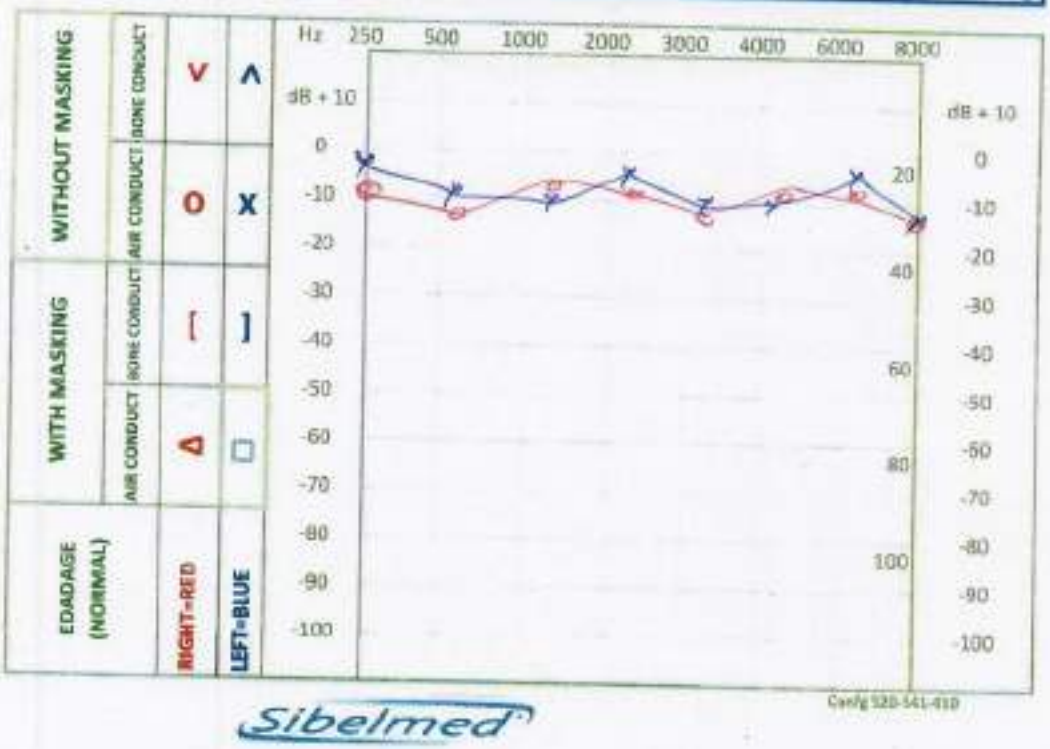


Bionet 0.1Hz- 40Hz,AC50Hz. All Channels:10.0mm/mV,25.0mm/sec. CARDIO-M Ver5.11M.30 Medical Econet GmbH.

مركز بلاد السلام الطبي
Peace Land Medical Center

AUDIOMETRY TEST REPORT

NAME	SALIM ZAID ABDULLA			COMPANY	TRUCK OMAN
AGE		GENDER	M	OCCUPATION	H.D.D
REF. BY				DATE	4 / 3 / 2023



INTERPRETATION
X LEFT EAR
O RIGHT EAR

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

ص.ب ١٤٠٣ الرمز البريدي ١٢٣ دوار الحديبة 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
Peace Land
بلاد السلام

Fitness for work certificate

Employee Data		Date	13 /03/2023
Name	SALIM ZAID ABDULLA	Department/Company	TRUCK OMAN
I.D No.	22473345	Occupation	HDD

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			
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			
Name of health advisor Signature		Date	13 /03/2023

DR. KHIZER AKBAR KHAN
General Practitioner
MOH Lic. No. 44044

PEACE LAND MEDICAL CENTER

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ مزار العزيبة حيث ابراج الصحوة ميس ، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout at Sahwa Towers, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 فاكس ٢٤٦١٧١٤٨/ ٢٤٦١٧١٤٩/ ٢٤٦١٧١١٧