# PEACE LAND MEDICAL CENTER

## MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

| | |
|---|---|
| Surname | |
| Forenames | RABNAWAZ GHULAM |
| Address | 93811985 Company Name: TRUKOMAN SLB |
| Home telephone number | 95749886 |

| | | | |
|---|---|---|---|
| Place of examination: MUSCAT | Date: 20/2/23 | If a dependant enters employee's name here: Surname: | Forenames: |
| Birth date: 7/3/78 | Nationality: PAKISTANI | Country of birth: PAKISTAN | Religion: MUSLIM |
| [√] Male [ ] Female | [√] Married [ ] Single [ ] Separated /Divorced | Relationship to employee: [ ] Wife [ ] Son [1] Daughter | Number of children: 1 |

Reason for examination: Pre-Employment [ ] Periodic medical check-up [√] Pre-Oversees [ ]

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 | | √ | | | |
| 3. Difficulty in vision | | √ | 23. Rheumatic fever | | √ | 41. Rejected for employment or insurance for medical reasons | | √ |
| 4. Any ear discharge | | √ | 24. Abnormal heartbeat | | √ | | | |
| 5. Asthma/bronchitis | | √ | 25. High blood pressure | | √ | 42. Awarded benefits for industrial injury/illness | | √ |
| 6. Hayfever /other significant allergy | | √ | 26. Stroke | | √ | | | |
| 7. Any skin trouble | | √ | 27. Serious chest pain | | √ | 43. Treated for a mental condition, e.g. depression | | √ |
| 8. Tuberculosis | | √ | 28. Any blood disease | | √ | | | |
| 9. Shortness of breath | | √ | 29. Kidney disease | | √ | 44. Treated for problem drinking or drug abuse | | √ |
| 10. Coughed/vomited blood | | √ | 30. Blood in urine | | √ | | | |
| 11. Severe abdominal pain | | √ | 31. Painful passage of urine | | √ | 45. Exposed to toxic substance or noise | | √ |
| 12. Stomach ulcer | | √ | 32. Diabetes | | √ | | | |
| 13. Recurrent indigestion | | √ | 33. Headaches/migraine | | √ | FOR WOMEN ONLY 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? ND

Average daily alcohol consumption: ND

Have you ever taken elicited drugs? ( )

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

PEACE LAND MEDICAL CENTER

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: 20/02/2023

Signature of Applicant: Rabnawaz

# 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 172 | 64 | 21 | 130/80 | 60 /mins. | L N R | Uncorrected 6/6 Corrected | 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 +) 4.7 | ✓ | | 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.)**

FIT

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
2775 (رقم الترخيص)

**ASSESSMENT:**

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

Date: 20/2/23 Name (Block Capitals): Dr. / Nurse Signature:

**REVIEW/CONSULTATION**

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

مركز بلاد السلام الطبي

Peace Land Medical Center

## Epworth Screening Questionnaire for Sleep Apnoea

RABNAWAZ GHULAM
44 Y(M) «Blank» 20/02/23 10:25
0040280
PEACELMC
75878 Bill # 0047010

| Employee Data | |
|---|---|
| Name: | |
| I. D No. | |
| Date: | 20/2/2023 |
| Department/Company: | HOUSEKEEPING - SLS |
| 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 & 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 [illegible] you should seek advice from medical personnel on site before continuing to drive

[illegible] operate machinery in the workplace

Declaration: I, RABNAWAZ GHULAM, hereby certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Rabnawaz Date: 20/2/2023

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:** | RABNAWAZ GHULAM | **Doc No:** | 0030587 |
| **Age:** | 44 Y **Nationality:** PAKISTANI | **File No:** | 0040260 |
| **Gender:** | M | **Bill No:** | 0047010 |
| **Ref. By:** | DR. MOHAMMED AKBAR KHAN | **Date:** | 20/02/2023 |
| **GSM No.:** | 95749886 | **Time:** | 14:44 |

| Test | Result | Normal Range |
|---|---|---|
| MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION | | |
| COMPLITE BLOOD COUNT | | |
| RBC | 5.6 x10^12/L | Male 4.38 -6.0 x 10^12/L<br>Female 4.0- 5.2x10^12/L |
| HAEMOGLOBIN | 14.6 gm % | Male 13 - 17 gm %<br>Female 11 - 14 gm % |
| HCT | 40.7 % | Male 39.30 -50.00 %<br>Female 37 -47 % |
| MCV | 84 fl | 84-94 fl |
| MCH | 27.5 pg | 27 - 33 pg |
| MCHC | 33.9 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 | 57 % | 40-75 % |
| LYMPHOCYTE | 36 % | 20-45 % |
| EOSINOPHIL | 02 % | 1-6 % |
| MONOCYTE | 05 % | 2-8% |
| BASOPHIL | 00 % | 0-1% |
| ESR | 10 | Male 0 - 15 mm / 1st hour<br>Female 0 - 20 mm / 1st hour |
| PLATELET | **251 x 10^9/L** | 150 - 450 x 10^9/L |
| SICKLE CELL TEST | NEGATIVE | |
| LIVER FUCTION TEST | | |
| ALKALINE PHOSPHATASE | 65 U/L | 53 - 128 U/L |
| S. BILIRUBIN TOTAL | **0.70 mg/dl** | 0 - 2.0 mg/dl |
| S.G.O.T. | **28.7 U/L** | 0 - 35.0 U/L |
| S.G.P.T. | **30.1 U/L** | 10 - 45 U/L |

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

*Medical Technologist*

**Peace Land Medical Center**
P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout Al Sahwa Tower
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| **Ref. By:** | DR. MOHAMMED AKBAR KHAN | **Date:** | 20/02/2023 |
| **GSM No.:** | 95749886 | **Time:** | 14:44 |

| Test | Result | Normal Range |
|---|---|---|
| GGT | 26.5 U/L | 0 - 55.0 U/L |
| ALBUMIN | 4.7 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 | 24.0 mg/dl | 18.0 - 55.0 mg/dl |
| S.CREATININE | 0.70 mg/dl | 0.70 -1.30 mg/dl |
| S.URIC ACID | 5.6 mg/dl | 3.5 - 7.2 mg/dl |
| LIPID PROFILE | | |
| Total Cholesterol | 149 mg/dl | 0.0 - 200 mg/dl |
| Triglyceride | 70.3 mg/dl | 0.0 - 150 mg/dl |
| HDL - CHOL | 49.3 mg/dl | 35.0 - 79.0 mg/dl |
| LDL - CHOL | 85.7 mg/dl | < 100 mg/dl |
| VLDL | 14.0 mg/dl | 2.0 - 30 mg/dl |
| FASTING BLOOD SUGAR | 96.1 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 | |


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*Medical Technologist*

**Peace Land Medical Center**
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Sultanate of Oman
Tel: 24617117/24617148/24617149

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| **Age:** | 44 Y **Nationality:** PAKISTANI | **File No:** | 0040260 |
| **Gender:** | M | **Bill No:** | 0047010 |
| **Ref. By:** | DR. MOHAMMED AKBAR KHAN | **Date:** | 20/02/2023 |
| **GSM No.:** | 95749886 | **Time:** | 14:44 |

| Test | Result | Normal Range |
|---|---|---|
| Urobilinogen | Normal | |
| 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 | |
| STOOL ROUTINE ANALYSIS | | |
| PHYSICAL | | |
| Colour | Brownnish | |
| Consistency | Soft | |
| Reaction | Alkaline | |
| Mucus | NIL | |
| MICROSCOPIC | | |
| Ova: | NIL | |
| Cyst: | NIL | |
| Pus Cells: | 1-2 Cells/hpf | |
| RBCs | 0-1 Cells/hpf | |
| Others | NIL | |
| Bacteria | NIL | |
| DRUG TESTING | | |
| AMPHETAMINES(AMP) | NEGATIVE | |
| MORPHINE(MOP) | NEGATIVE | |
| COCAINE(COC) | NEGATIVE | |

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.....
*Medical Technologist*

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| **Age:** | 44 Y **Nationality:** PAKISTANI | **File No:** | 0040260 |
| **Gender:** | M | **Bill No:** | 0047010 |
| **Ref. By:** | DR. MOHAMMED AKBAR KHAN | **Date:** | 20/02/2023 |
| **GSM No.:** | 95749886 | **Time:** | 14:44 |

| Test | Result | Normal Range |
|---|---|---|
| PHENCYCLIDINE(PCP) | NEGATIVE | |
| METHAMPHETAMINE(MET) | NEGATIVE | |
| TRAMADOL(TRA) | NEGATIVE | |
| BARBITURATES(BAR) | NEGATIVE | |
| BENZODIAZEPINES(BZO) | NEGATIVE | |
| MEDTHODONE(MED) | NEGATIVE | |
| TRICYCLIC ANTIDEPRESSANTS | NEGATIVE | |
| MARIJUANA(THC) | NEGATIVE | |

PEACE LAND MEDICAL CENTER

*Medical Technologist*

2023-02-20 15:30:12

6 Channel + 1 Rhythm Report

Hospital:
Prescribed by:

RABNAWAZ GHULAM
44 Y(M) <Blank> 20/02/23 10:25
0040280
75878 Bill 0047016
PEACELAND

Heart Rate: 59bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 162 ms Sinus Bradycardia(HR:50-59)
QRS Dur.: 104 ms Normal Axis
QT/QTc: 382/377 ms [ Minimally Abnormal or Normal Variation ECG ]
P-R-T axes:
11 -19 19

I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
III

PEACELAND MEDICAL

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

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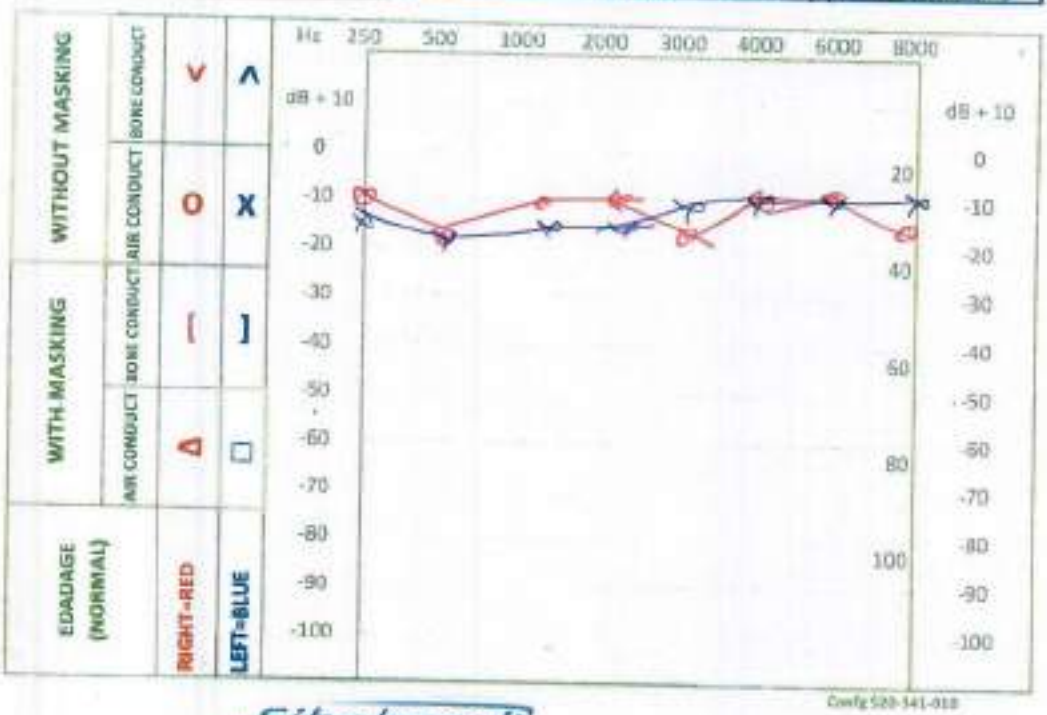
Peace Land Medical Center


RABNAWAZ GHULAM
44 Y(M) «Blank»
20/02/23 10:25
0040280
75878 Bill # 0047010

PEACELAND

## AUDIOMETRY TEST REPORT

| | |
|---|---|
| COMPANY | Tajmeer |
| OCCUPATION | H-D-D |
| DATE | Jul 21 23 |




Sibelmed

**INTERPRETATION**
X LEFT EAR
O RIGHT EAR

**RESULT**
- [✓] NORMAL
- [ ] HEARING LOSS
- [ ] RIGHT
- [ ] LEFT


ص.ب ١٤٠٣، الرمز البريدي ١٣٣، دوار العذيبة شارع 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 فرح للخدمات الطبية
FARAH MEDICAL SERVICE CENTER
عضو مختبرات مجموعة سلطان مديكا
Member of Sultan Medica™ Group

## X-RAY REPORT

| | |
|---|---|
| Doc No. | PAT009875 |
| Date: | 20-02-23 |
| Name: | RABNAWAZ GHULAM |
| Sex: | MALE |
| Referred By: | DR. SHIMA |
| Age/DOB | 7-Mar-1978 |
| X-Ray: | CHEST PA |

**REPORT**

Normal heart size

Both lung fields are clear

Normal pleural spaces

**Impression:**

**NORMAL STUDY**

Signature:

Seal

شارع ١٨ نوفمبر، مسقط • هاتف: ٢٤٤٩٣٧٣٧ (٩٦٨) • فاكس: ٢٤٤٩٣٣١٠ (٩٦٨) • جوال: ٩٥٢٣٠٢٢٤ (٩٦٨) • صندوق بريد: ٧٠٦ رمز بريدي ١١١، سوب
18th Nov. Street, Muscat • Tel: (968) 24493737 • Fax: (968) 24493310 • Mob.: (968) 95230224 • P.O. Box: 706 Postal code 111, Seeb
Email: sultan@sultanmedica.com • www.sultanmedica.com

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land

## Fitness for work certificate

| Employee Data | | | Date 20/2/23. |
|---|---|---|---|
| Name | Rabnawaz | | Department/Company Truck oman - SLB. |
| I.D No. | 9381198[illegible] | | 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* | |
| Work near moving machinery or sharp edges | | | FIT |
| 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 20/2/23 |
| Name of health advisor Signature | | | |

مركز بلاد السلام الطبي PEACE LAND MEDICAL CENTER

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
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