

OUTSIDE PRESCRIPTION

CASE: SAJID HUSSAIN,  
ID: 19675.

Rx

- Impaired lipid profile
- Obese class 1

Referred for  
Internal medicine  
Specialist for  
consultation

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ساجد

Dept: 19675 Reg Dt: 26/03/2025  
 Name: SAJID HUSSAIN  
 Gender: Male Nationality: PAKISTANI  
 Age: 36Y Mar. Status: Married  
 Address:

Form (Routine/Periodic Medical Examination)  
**NE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)**

Development Oman  
 MEDICAL DEPARTMENT

Surname/Forenames: **SAJID HUSSAIN**

PLEASE COMPLETE YOUR PERSONAL  
 DETAILS IN BLOCK CAPITALS

Nationality: **PAKISTANI** D.O.B: **01/01/1989**

Mobile No: **90502335** Address: **105432319** Company Number: Reference Indicator:

**Personal Details**

A  Male  Female  Married  Single  Separated /Divorced /Widow(er)

Home/Leave Address: Relationship to employee  Wife  Son  Daughter No of Children: **1**

**Reason for Examination (tick as appropriate)**

Periodic Medical Examination  Final / Retirement  Other Reason:

**Employee only**

B Present Job and Location: **HD DRIVER** Next Job and Location:

Are you a registered person with special needs?  Do you belong to any Medical Insurance Scheme?

**Previous Medical History:** All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.

**Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' please describe**

	N	Y	Description
Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?	√		
1 Ear, nose, eye or throat problems	√		
2 Chest problems like asthma, bronchitis, another bad cough	√		
3 Heart abnormality, chest pains	√		
4 Abdominal pains, abnormal bowel motions	√		
5 Urogenital problems (kidney disease, menstrual disorder)	√		
6 Skin trouble or allergies	√		
7 Epileptic fits, dizzy spells or migraine	√		
8 History of mental illness, depression anxiety	√		
9 Diabetes, thyroid disease, history of Hypertension	√		
10 Blood disorder e.g. anaemia, blood cancer e.g. leukaemia	√		
11 Any history of accidents or fractures	√		
12 Have you had any serious allergies	√		
13 Do any dependants have a significant ongoing illness?	√		
14 Any family history of cancers	√		
Do you take any regular medicines, or have your taken in the past?	√		
Do you smoke? If yes, what and how much each day?	√		
Do you drink alcohol? If yes, what is your average weekly intake?	√		
Have you ever taken elicited/recreational drugs?	√		
Are you doing regular sports or physical activities?	√		

**STATEMENT:** I have read the above questions and the above answers are correct and no information concerning my present or past state of health has been withheld. I understand and agree that this form will be held as a confidential record by PDO Medical Department, and may be copied (by paper or secure electronic transmission) to the Occupational Health Services for the purpose of Health Surveillance and other Occupational Health review.

Date: **20/03/2025** Signature of Applicant: **Sajid**

(Faint handwritten notes and signatures at the bottom of the form)

**ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)**

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

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.

HEIGHT cm 176	WEIGHT kg 97	BMI 31.3	B.P. 120 70 mmhg	PULSE 70/min.	HEARING L N R N	VISION DISTANT NEAR R L R L Uncorrected Corrected OK OK	Color Vision √ 1. Normal 2. Abnormal
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N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
		1. Urinalysis		7. Audiogram
		2. Hb, Blood count, 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.)

**ASSESSMENT AND RECOMMENDATIONS:**  
 FIT ALL AREAS   
  FIT WITH RESTRICTION   
  TEMPORARY UNFIT   
  UNFIT

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



**REVIEW/CONSULTATION**

Date: 15/6/20 \_\_\_\_\_ Name (Block Capitals): Dr. / Nurse \_\_\_\_\_ Signature: \_\_\_\_\_





مركز بلاد السلام الطبي  
Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea	
NAME: SAJID HUSSAIN	COMPANY: TO2
ID No: 105432319	OCCUPATION: HD DRIVER
Mob.No: 90502335	GENDER: M / F DATE: 21/03/2025
<p>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.</p>	
<p>How likely are you to fall asleep in the following situations? (Use 0 to 3 score as Shown below)</p> <p>0 - Would never doze 1 - Slight chance of dozing 2 - Moderate chance of dozing 3 - High chance of dozing</p> <p><input type="radio"/> Sitting and reading <input type="radio"/> Watching TV <input type="radio"/> Sitting inactive in a public place (e.g. Theatre or meeting) <input checked="" type="radio"/> As a Passenger in the car for an hour without a break <input type="radio"/> Lying down to rest in the afternoon when circumstances permit <input type="radio"/> Sitting and talking with someone <input type="radio"/> Sitting quietly after lunch without alcohol <input checked="" type="radio"/> In a car, while stopped for a few minutes in traffic</p> <p>Total: 0</p>	
<p>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.</p>	
<p>Declaration : I <u>SAJID HUSSAIN</u> (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.</p>	
Signature: <u>Sajid</u>	Date: <u>21/03/2025</u>



Peace Land Medical Service LLC, Mukhaizna  
CR No.:2/13627/9, P.O.Box: 1403,  
Postal Code: 133,  
Occidental Camp Mukhaizna, Sultanate of Oman

**PATIENT DETAILS :**

Patient ID : 19675	Doc No : 12650
Name : SAJID HUSSAIN	Doc Date : 2025-03-20T12:31:00
Age : 36Y	Bill No : 34390
Gender : Male	Date : 20/03/2025 12:31 PM
Nationality : PAKISTANI	Customer : TRUCKOMAN OIL & GAS SERVICES (SOUTH)
GSM No : 90502335	Ref.by : DR.ALNAZEER JAHEL RASOUL ALI MOHAMED

**TEST RESULT : PDO MEDICAL CHECKUP**

Test	Result	Normal Range	Detailed Description
<b>PDO MEDICAL CHECKUP</b>			
<b>LIVER FUNCTION TEST</b>			
ALKALINE PHOSPHATASE	95 u/l	44-147 U/L	
T. BILIRUBIN	0.6 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.2 mg / dl	up to 0.4 mg /dl	
iINDIRECT BILIRUBIN	0.4 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	40 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	44 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	7 g /dl	New born 5.2 - 9.1 g /dl Children 5.4 - 8.7 g /dl Adult 6.7 - 8.7 g /dl	
ALBUMIN	4.5 g / dl	3.6 - 5.5 g/dl	
<b>RENAL FUNCTION TEST</b>			
UREA	29 mg / dl	10-50 mg /dl	
S.CREATININE	1 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	6.7 mg / dl	3.4 - 7.2 mg /dl	
FASTING BLOOD SUGAR	100 mg/dl	70 - 110 mg/dl	
<b>URINE ROUTINE ANALYSIS</b>			
<b>PHYSICAL</b>			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.020		
pH	Acidic		
Appearance	Clear		
<b>CHEMICAL</b>			
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
<b>MICROSCOPIC.</b>			
PUS_CELLS	1-2		
EPITHELIAL CELLS.	1-2		

Prepared By  
Lab Technician

Checked By  
Lab Technician

Approved By  
Lab Technician

Sr. Lab Technologist

Sr. Lab Technologist

Sr. Lab Technologist

Printed at: 20/03/2025 12:34:09

Signed at: 20/03/2025 12:34:09

CASTS	NIL
CRYSTALS	NIL
BACTERIA.	NIL
OTHERS.	NIL

COMPLETE BLOOD COUNT

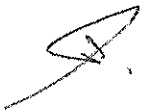
RBC	5.8 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu
HAEMOGLOBIN	16 gm %	Male 13 - 18 gm % Female 11 - 15 gm %
HCT	48 %	Male 42 -52 % Female 37 -47 %
MCV	82 fl	76 - 96 fl
MCH	28 pg	27 - 33 pg
MCHC	34 %	32-36 %

WBC COUNT	8900 cells/cumm	4000 - 11 000 cells / cu mm
DIFFERENTIAL COUNT		
NEUTROPHIL	47 %	40-75 %
LYMPHOCYTE	40 %	20-45 %
EOSINOPHIL	5 %	1-6 %
MONOCYTE	8 %	2-8%
BASOPHIL	0 %	0-1%
PLATELET	2.4 lakhs/cumm	1.5 - 4.5 lakhs / cu mm

LIPID PROFILE

Total Cholesterol	220 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl
Triglyceride	301 mg/dl	Normal 0.0 - 150 mg/dl
HDL - CHOL	41 mg/dl	35.0 - 79.0 mg /dl
LDL - CHOL	151 mg/dl	< 130 mg/dl

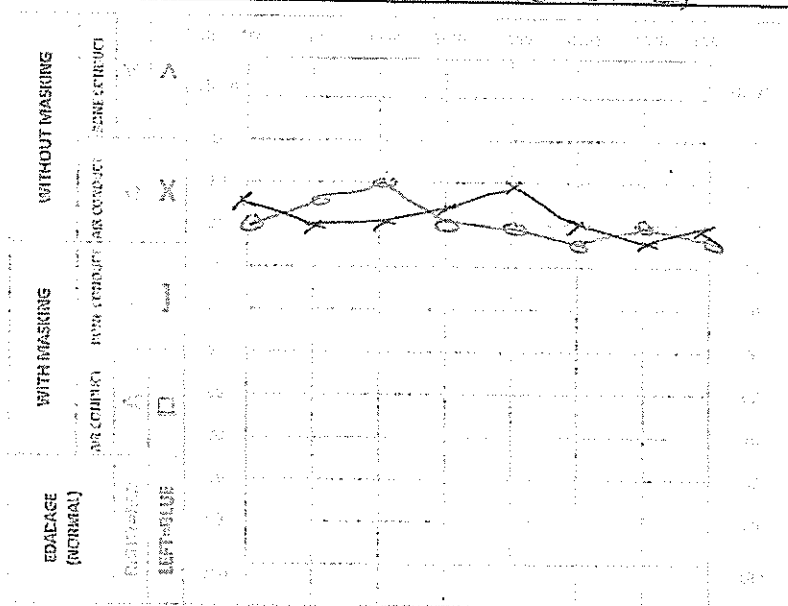
Remarks:





مركز بلاد السلام الطبي  
Peace Land Medical Center

AUDIOMETRY TEST REPORT			
NAME: SAJID HASSANI		COMPANY: TCS	
AGE: 41/01/89	GENDER: W/F	OCCUPATION: HD DRIVER	
REF. BY:		DATE: 21/03/2025	



Sibelmed

**INTERPRETATION**  
O RIGHT EAR  
X LEFT EAR

**RÉSULT**  
✓ **NORMAL**  
**HEARING LOSS**  
RIGHT  
LEFT



# مركز بلاد السلام الطبي Peace Land Medical Center

## Fitness for work certificate

Employee Data		Date 20/03/2025	
Name SAJID HUSSAIN		Department/Company TCG	
I.D No. 105432318		Occupation HD 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
Work near moving machinery or sharp edges			
Working at height			
Lifting, 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			





nmc specialty hospital, al-hail  
P.O BOX : 613, Postal Code : 133 al-hail Sultanate of Oman

Medical Report

Consultant: DR JOSE ARAUJO/GENERAL MEDICINE Consultation Date : 14/06/2025 09:49:07

Personal Details

Name : SAJID HUSSAIN	Age : 36Y / M	File No : 50138470
Consultation Date : 14/06/2025 09:49:07	marital status : N/A	Id Card/L Card : 105432319/RC
Ref By :		Occupation :
Working Company :	Customer : TRUCKOMAN NORTH (KHAZZAN) LLC	Policy No :
Certificate No :	Address :	
Email Id :	Nationality : PAKISTAN	Phone : 90502335

Chief Complaints

SL No	Symptoms
1	MEDICAL FITNESS

History Of Present Illness

ENCOUNTER FOR CASE REVIEW MEDICAL FITNESS REPORTING HIGH T CHOLEST, TRIGLYCERIDES AND LDL, ADVISED LIFESTYLE MODIFICATION, DIET COUNSELLING, WEIGHT REDUCTION, ORAL MEDICATION. FOLLOW UP AFTER ONE MONTH W/LAB REPORTS.

Physical Examination

Vital Information

Date	Time	Pulse/mt	BP/mmHg	Temp(F)	Temp(C)	Pain score	RR (bpm)	SPO2 (%)	Ht (cm)	Wt (kg)	BMI	Waist size	RBS	FBS	Remarks
14/06/2025	9:23AM	73	141/81mmHg	97.70	36.50			99		97	0				

General Examination

Pallor (No), Pedal Edema (No), Cyanosis (No), Lymphadenopathy (No), Clubbing (No), Tremors (No), Icterus (No), Others (No)

System Review

Cardio Vascular Systems (Normal)

Respiratory Systems (Normal)

Abdomen (Normal)

Provisional Diagnosis

No	Code	Working / Provisional Diagnosis	Remarks
1	E78.2	Mixed Hyperlipidemia	
2	Z02.9	Encounter For Administrative Examinations, Unspecified	

Prescription

SI No.	Medicine	Dosage	Duration	Quantity	Remarks	Billed/Not Billed
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1	ROSUVASTATIN (calcium) 10 mg tablet(CRESTOR10MG TABS (ROSUVASTATIN)) (Tablet)	1 TIME PER DAY (1 Tablet) (Oral)	30 Day	30	In the evening	Partially Billed
2	FENOFIBRATE 145 mg tablet(LIPANTHYL TAB 145mg 30` S) (Cream)	1 TIME PER DAY (1 Tablet) (Oral)	30 Day	1	In the evening	Partially Billed

### Advice

ADVISED LIFESTYLE MODIFICATION, DIET COUNSELLING, PHYSICAL ACTIVITY, WEIGHT REDUCTION. FOLLOW UP OPD AFTER ONE MONTH

GENERAL MEDICINE  
DR JOSE ARAUJO



DR. JOSE ANTONIO COLINA ARAUJO  
Specialist - Internal Medicine  
MOH Lic. No: 22721  
nmc specialty hospital, AI Haiti