



PEACE LAND MEDICAL CENTER

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

6950

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname
Forenames ABDUL QAYYUM
Address 105519692 Company Name: TO
Home telephone number 93897708

Place of examination: mm Date: 7/12/2022	If a dependant enters employee's name here: Surname: ABDUL QAYYUM		
Birth date: 1/1/74 Nationality: Pakistani	Forenames: Pakistani	Country of birth: Pakistan	Religion: Muslim
☒ 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: Operator Area:		

Name and address of family doctor (1)	(2)	List your last 3 jobs (2)	(3)
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DO YOU HAVE OR HAVE YOU HAD: - (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments?)			
	Y	N	
1. Sinus trouble		☒	21. Cancer
2. Neck swelling/glands		☒	22. Heart Disease
3. Difficulty in vision		☒	23. Rheumatic fever
4. Any ear discharge		☒	24. Abnormal heartbeat
5. Asthma/bronchitis		☒	25. High blood pressure
6. Hayfever /other significant allergy		☒	26. Stroke
7. Any skin trouble		☒	27. Serious chest pain
8. Tuberculosis		☒	28. Any blood disease
9. Shortness of breath		☒	29. Kidney disease
10. Coughed/vomited blood		☒	30. Blood in urine
11. Severe abdominal pain		☒	31. Painful passage of urine
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/ampit		☒	40. Fear of heights

How much tobacco each day? 6-7/day	Average daily alcohol consumption No
---	---

Have you ever taken illicit drugs? ☐	
---	--

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

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: 7/12/2022	Signature of Applicant: [Signature]
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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	Colour Vision	Blood Group
176	82	26.5	108 80	78 /mins	L N R	DISTANT R L 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 +)	7.9.	✓		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 - diet, exercin advised.

FIT



ASSESSMENT:

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

Date: 8/12/22 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

ABDUL QAYYUM	07/12/2022 09:45	PEACE LAND
48 Y(M) «Male»	0010152	
	0044301	
73888	0044301	
Date: 7/12/2022		
Department/Company: T.O		
Occupation: Operator		

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
- ☐ sitting and reading
 - ☐ watching TV
 - ☐ sitting inactive in a public place (e.g. theatre or meeting)
 - ☐ as a passenger in the car for an hour without a break
 - ☐ Lying down to rest in the afternoon when circumstances permit
 - ☐ Sitting & talking with someone
 - ☐ Sitting quietly after lunch without alcohol
 - ☐ In a car, while stopped for a few minutes in traffic

Total

6

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, Abdul (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: عبد القوي Date: 7/12/22



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: ABDUL QAYYUM
Age: 48 Y Nationality: PAKISTANI
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 97637328

Doc No: 0028127
File No: 0010652
Bill No: 0044307
Date: 07/12/2022
Time: 13:56

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.6 $10^{12}/l$	Male 4.38 - 5.78 $10^{12}/l$ Female 4.0 - 5.0 $10^{12}/l$
HAEMOGLOBIN	16.9 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	50.0 %	Male 39.30 - 50.00 % Female 37 - 47 %
MCV	85 fl	84-94 fl
MCH	27.6 pg	27 - 33 pg
MCHC	32.8 g/dl	29.6 - 35.6 %
WBC COUNT	8.8 $10^9 d/l$	5.0 - 11.0 $10^9/l$
DIFFERENTIAL COUNT		
NEUTROPHIL	63 %	40-75 %
LYMPHOCYTE	31 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	212 $10^9/l$	156 - 342 $10^9/l$
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	100 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.57 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	26.4 U/L	0 - 35.0 U/L
S.G.P.T.	23.0 U/L	10 - 45 U/L



Medical Technologist



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GSM No.: 97637328

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Test	Result	Normal Range
GGT	52.4 U/L	0 - 55.0 U/L
ALBUMIN	4.0 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	6.7 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.19 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	33.7 mg/dl	18.0 - 55.0 mg/dl
S. CREATININE	1.0 mg/dl	0.70 - 1.30 mg/dl
S. URIC ACID	6.2 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	201 mg/dl	0.0 - 200 mg/dl
Triglyceride	176.7 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	53.8 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	111.9 mg/dl	< 100 mg/dl
VLDL	35.3 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	100.0 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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Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-3	
EPITHELIAL CELLS	1-2	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	



ABDUL QAYYUM
48 Y/M - Male
07/12/22 09:46
0010652
PEACELAND
BI: 004007
75683

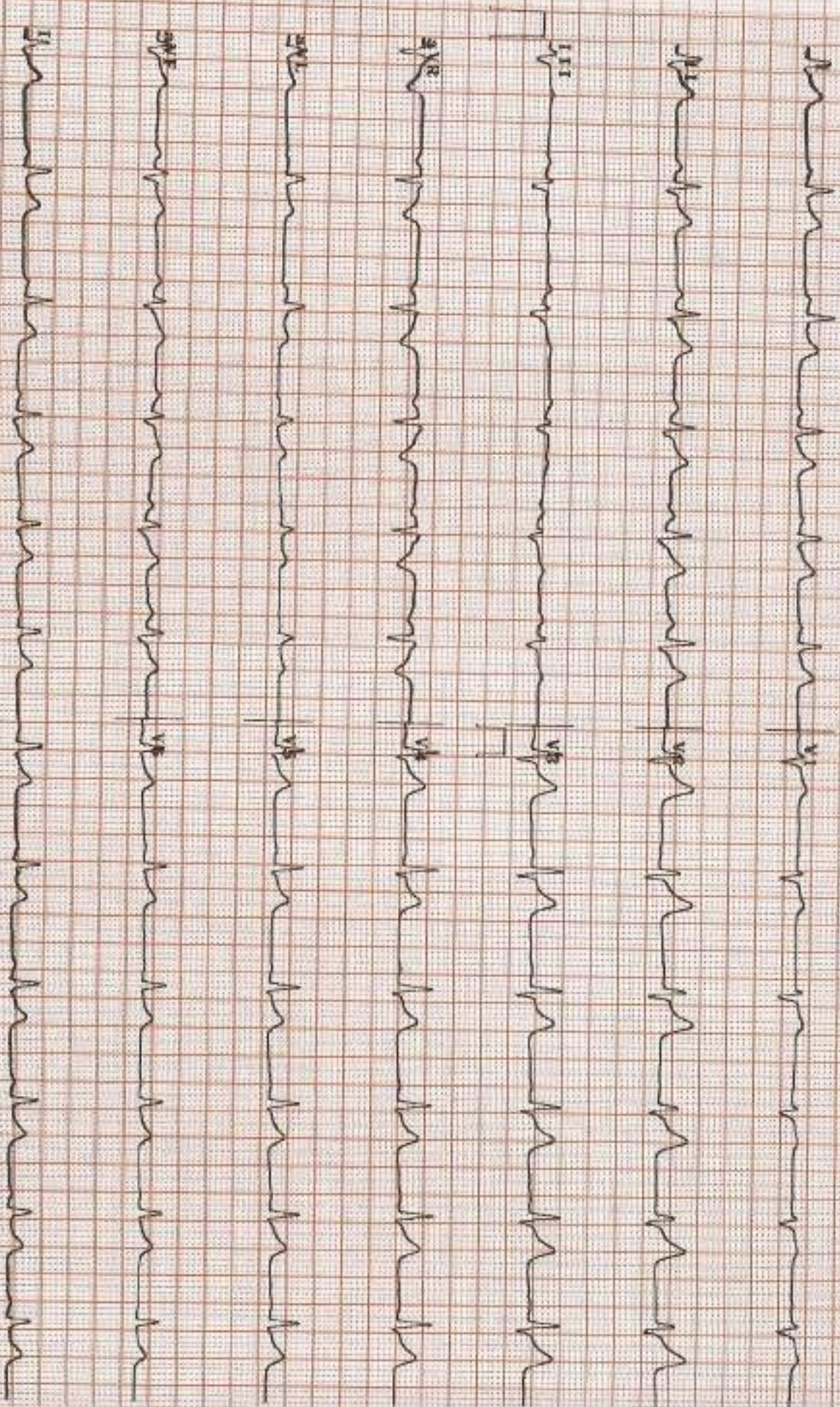
Heart Rate : 70 BPM
PR Int. : 162 ms
QRS Dur. : 106 ms
QT/QTc : 380/410 ms
P-R-T axes: 60 16 37

Analysis Result

NORMAL SINUS RHYTHM

NORMAL AXIS

[NORMAL ECG]



0.1Hz

40Hz, AC50Hz, ENG, FN, QIK

10.0/5.0mm/mV, 25.0mm/sec

CARDIO-M PLUS 1.13.30 Medical Econet 6m

Results

[Copy Results](#)

Estimated 10-year Global CVD Risk

7.9%

Risk Category

Low Risk

Estimated Vascular Age

51 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

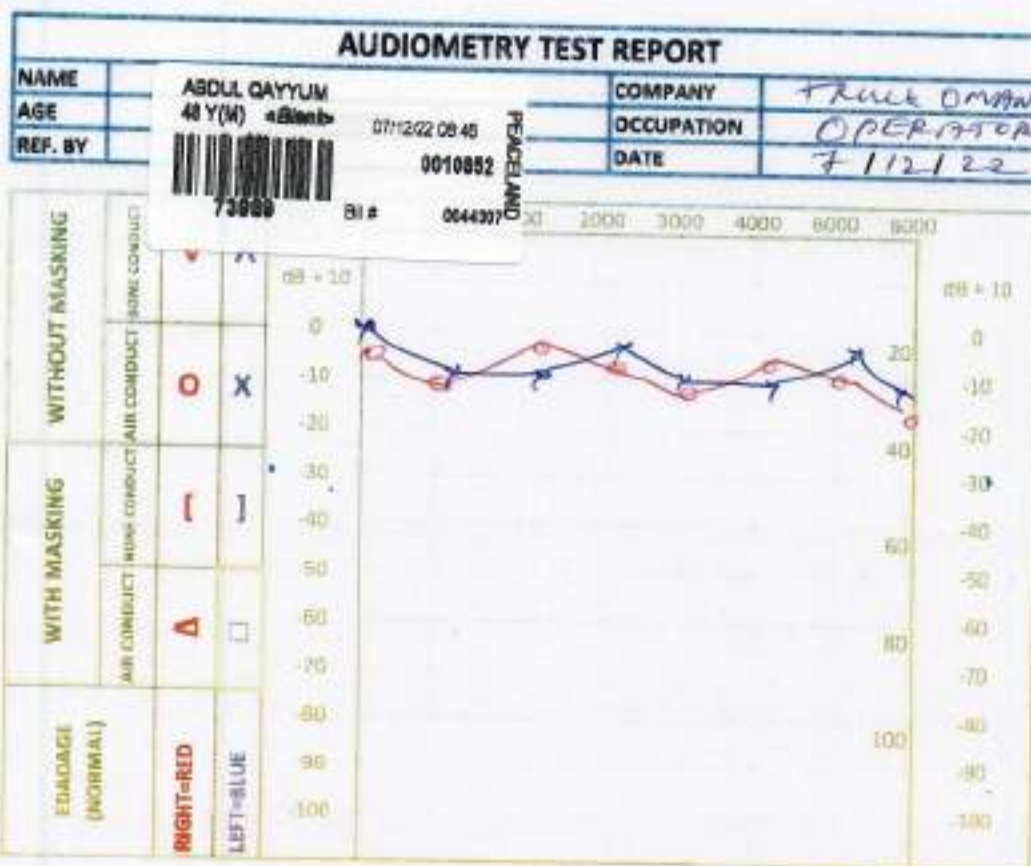
LDL <3 mmol/L (<120 mg/dL)

TChol <5 mmol/L (<194 mg/dL)





مركز بلاد السلام الطبي Peace Land Medical Center



Sibelmed

INTERPRETATION

○ LEFT EAR

○ RIGHT EAR

RESULT

☒ NORMAL

☐ HEARING LOSS

☐ RIGHT

☐ LEFT





مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date: 8/12/22	
Name: Abdul Qayyum		Department/Company: To	
I.D No. 105519692		Occupation: Operator	
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			
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: 8/12/22	
Name of health advisor Signature			

