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	ABDUL QAYYUM
Address	105519692 Company Name: Zuckerman SLB
Home telephone number	93897708

Place of examination: muscat Date: 18/4/23			
If a dependant enters employee's name here: Surname:		Forenames:	
Birth date: 1/1/94	Nationality: pakistan	Country of birth: pakistan	Religion: Muslim
[√] Male [ ] Female	[√] Married [ ] Single [ ] Separated /Divorced	Relationship to employee [ ] Wife [ ] Son [ ] Daughter	Number of children: 5
Reason for examination: Pre-Employment [ ] Pre-Overseas [ ] Periodic medical check-up [√]		Job: Area: operator	
Name and address of family doctor (1) (2)		List your last 3 jobs (2) (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? 4-5 cg / 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: 18/4/23 Signature of Applicant:

PEACE LAND MEDICAL CENTER

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

N	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
176	79	25	124/78	72/mins.	L N (R) (M.H.L)	Uncorrected 6/9 Corrected	6/9			N	

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis			7. Audiogram (R) M.H.L
✓		2. Hb, Bloodcount, ESR			8. Lung Function
✓		3. LFT, RFT, RBS	✓		9. Chest X-Ray
✓		4. Drug Screen	✓		10. ECG
	✓	5. Lipids (40 years +) Lipids. 15.6.	✓		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.)

- 23 m - Dichyanesia admit.
- DLP on Rx softness from NMC.
- Repeat lipids after 3 months if persists.

FIT

PEACE LAND MEDICAL CENTER 2775 مركز بلاد السلام الطبي رقم الترخيص

ASSESSMENT:

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

Date: 9/5/23 Name (Block Capitals): Dr. / Nurse Signature:

Dr. MOHAMED AKRAM ASAN 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

ABDUL QAYYUM 00491 77183 19/04/23 09:30

Date: 18/4/23

Department/Company: Tankoman

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

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.

مركز بلاد السلام الطبي PEACE LAND MEDICAL CENTER

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

Signature: Date: 18/4/23

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:	49 Y **Nationality:** PAKISTANI	**Doc No:**	0032529
Gender:	M	**File No:**	0010652
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Bill No:**	0049181
GSM No.:	97637328	**Date:**	18/04/2023
		Time:	14:11

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
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	17.0 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	50.0 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.6 pg	27 - 33 pg
MCHC	32.9 g/dl	29.6 - 35.6 %
WBC COUNT	10.4 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	65 %	40-75 %
LYMPHOCYTE	27 %	20-45 %
EOSINOPHIL	03 %	1-6 %
MONOCYTE	05 %	2-8%
BASOPHIL	00 %	0-1%
ESR	10	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**240 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	102 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.29 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**29.3 U/L**	0 - 35.0 U/L
S.G.P.T.	**26.1 U/L**	10 - 45 U/L

Medical Technologist

Peace Land Medical Center
P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout Al Sahwa Tower
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Gender:	M	**File No:**	0010652
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Bill No:**	0049181
GSM No.:	97637328	**Date:**	18/04/2023
		Time:	14:11

Test	Result	Normal Range
ALBUMIN	**4.5 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.9 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.16 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**28.4 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.91 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**6.7 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**210 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**300 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**38.2 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**111.8 mg/dl**	< 100 mg/dl
VLDL	**60.0 mg/dl**	2.0 - 30 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	
Urobilinogen	Normal	
Bilirubin	Negative	

Medical Technologist

Peace Land Medical Center
P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout Al Sahwa Tower
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LAB RESULT

Name:	ABDUL QAYYUM		
Age:	49 Y **Nationality:** PAKISTANI	**Doc No:**	0032529
Gender:	M	**File No:**	0010652
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Bill No:**	0049181
GSM No.:	97637328	**Date:**	18/04/2023
		Time:	14:11

Test	Result	Normal Range
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-3	
EPITHELIAL CELLS	1-2	
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	
PHENCYCLIDINE(PCP)	NEGATIVE	
METHAMPHETAMINE(MET)	NEGATIVE	

Medical Technologist

Peace Land Medical Center
P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout Al Sahwa Tower
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LAB RESULT

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Gender:	M	**File No:**	0010652
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Bill No:**	0049181
GSM No.:	97637328	**Date:**	18/04/2023
		Time:	14:11

Test	Result	Normal Range
TRAMADOL(TRA)	NEGATIVE	
BARBITURATES(BAR)	NEGATIVE	
BENZODIAZEPINES(BZO)	NEGATIVE	
MEDTHODONE(MED)	NEGATIVE	
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE	
MARIJUANA(THC)	NEGATIVE	
RANDOM BLOOD SUGAR	**98.9 mg/dl**	80 - 120 mg/dl

Medical Technologist

nmc specialty hospital,al-hail

P.O BOX : 613, Postal Code : 133
al-hail
24269222

Medical Report

Ref.No: 0001221/MED/NMC/2023

NAME: *ABDUL QAYYUM*			
AGE : *49 Y*	**DOB :** *01/01/1974*	**GENDER :** *M*	**NATIONALITY :** *PAKISTANI*
FILE NO : *50038980*	**ResidentCardNo :** *105519692*	**Emp No :**	

To Whom it may Concern

This is to inform that Mr ABDUL QAYYUM was found to have Impaired lipid profile during his PDO medical test done at Peace Land Medical center on 18.04.2023. He is apparently asymptomatic and his clinical examination is with in normal limits. Now he is being prescribed medications for the same along with advice regarding diet and lifestyle modification. Repeat lipids after 3 months. No absolute contraindication for continuing his job.

ON EXAMINATION:

INVESTIGATION:

DIAGNOSIS:
Hypertriglyceridemia

TREATMENT GIVEN:
Tab NOLIP 145 mg HS for 3 months

FURTHER PLAN:
Repeat Lipid profile after 3 months

DR NISANTH KALLINKEEL
GENERAL MEDICINE
(Name with seal)

Place : nmc specialty hospital,al-hail

RECEPTION

6 Channel + 1 Rhythm Report

Hospital:

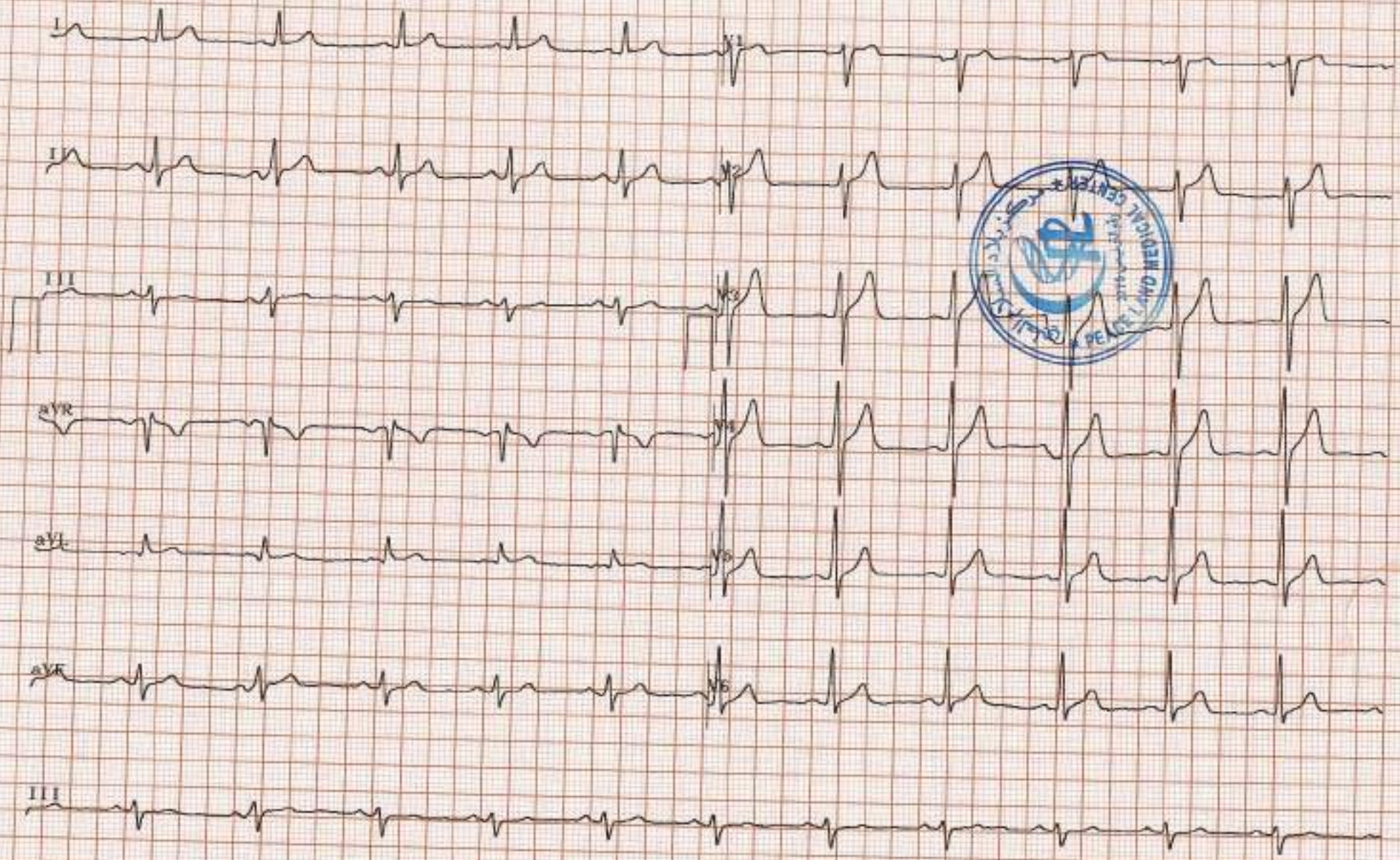
Prescribed by:

ABDUL QAYYUM

00461

77102 19/04/23 08:30

Heart Rate: 71bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 146 ms Normal Sinus Rhythm
QRS Dur.: 98 ms Normal Axis
QT/QTc: 358/386 ms [Normal ECG]
P-R-T axes:
60 9 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

15.6%

Risk Category

Moderate Risk

Estimated Vascular Age

64 Years

Treatment Guidelines

ATP-III (2004)

Treatment Targets

LDL <130 mg/dL (<3.37 mmol/L)
Non-HDL <160 mg/dL (<4.14 mmol/L)

CCS (2009)

Initiate Pharmacotherapy if

LDL >3.5 mmol/L (>135 mg/dL)
TChol/HDL-C >5 mmol/L (>193 mg/dL)
hsCRP >2 mg/L in men >50 years and women >60 years
FHx and moderate risk hsCRP

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

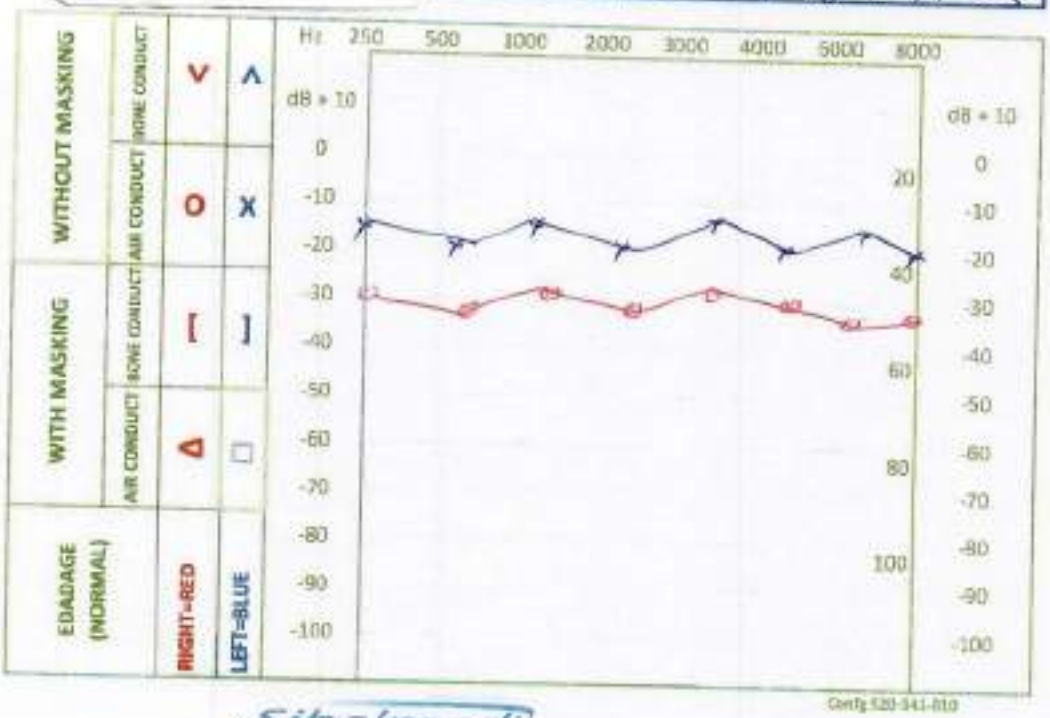
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

مركز بلاد السلام الطبي
Peace Land Medical Center

ABDUL QAYYUM
77103 18/04/23 08:30

OMETRY TEST REPORT

COMPANY	Tipo Operations
OCCUPATION	
DATE	18/4/23



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
NORMAL
HEARING LOSS
RIGHT M.H.L
LEFT

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العذيبة مبنى براج 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

Patient
Patient No.
Age
Gender

Doctor
Transaction
Date/Time
Serial

X-RAY REPORT

Doc No.	PAT010021
Date:	18/04/2023
Name:	ABDUL QAYYUM
Sex:	MALE
Referred By:	DR. SHIMA
Age/DOB	01/01/1974
X-Ray:	CHEST PA

REPORT

Normal heart and mediastinal shadow

Both lung fields are clear

Normal pleural spaces

IMPRESSION:

NORMAL STUDY

Signature:

Seal

26th Nov. Street, Muscat • Tel: (968) 24493737 • Fax: (968) 24493330 • Mob: (968) 95230224 • P.O. Box: 706 Postal code: 111, South
Email: sultan@sultanmedica.com • www.sultanmedica.com

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land
بلاد السلام

Fitness for work certificate

ABDUL QAYYUM
00401
77169
18/04/23 09:30

Employee Data		Date	
Name		Department/Company	T.O.SCB
I.D No.		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			
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			Date 9/5/23
Name of health advisor Signature			

PEACE LAND MEDICAL CENTER

DR MOHAMMED AARAB KHAN
General Practitioner
MOH Lic. No. 4404

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ بوار العذيبة جنوب أبراج الصحوة مبنى ٢ سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout of Sahwa Tower, Sultanate of Oman
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