



PEACE LAND MEDICAL CENTER



MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Place of examination : MUSCAT		Date : 16/10/2021	
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: 5/6/88		Nationality: PAKISTANI	Country of birth: PAKISTAN
Relationship to employee		Number of children: 2	
☒ Male ☐ Female ☒ Married ☐ Single ☐ Separated / Divorced ☐ Wife ☐ Son ☐ Daughter			
Reason for examination		Job: OPERATOR	
Pre-Employment ☐ Periodic medical check-up ☒		Area:	
Pre-Overseas ☐			
Name and address of family doctor		List your last 3 jobs	
		(1)	
		(2)	
		(3)	
Are you a Registered Disabled Person? (UK only) ☐		Do you belong to any Medical Insurance Scheme? ☐	
DO YOU HAVE OR HAVE YOU HAD - (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)			
Y N		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? NO		Average daily alcohol consumption: NO	
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: 16/10/2021		Signature of Applicant: [Signature]	

00293927

00565223



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. (MMHG)	PULSE /mins.	HEARING L R	VISION DISTANT R L NEAR R L Uncorrected Corrected	Colour Vision	Blood Group
180	74	22.8	135 75	78	N	6/6 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 +)				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.)

ASSESSMENT:

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

Date: 17/10/2024 Name (Block Capitals): Dr. / Nurse

Signature:



REVIEW/CONSULTATION

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

Signature:



مرکز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

Employee Data		Date: 16/10/21
Name: BADAR ISHAQ		Department/Company: TRUCKOMAN
I. D No. 111544171	Tel #	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

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

Signature: iB Date: 16/10/21



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: BADAR ISHAQ
Age: 33 Y Nationality: PAKISTANI
Gender: M
Ref. By: DR. EMAD OMER
GSM No.: 96989948

Doc No: 0012673
File No: 0023250
Bill No: 0027925
Date: 17/10/2021
Time: 11:06

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	4.9 $10^9/l$	Male 4.38 - 4.98 $10^9/l$ Female 4.5 - 5.5 $10^9/l$
HAEMOGLOBIN	15.6 gm %	Male 13 - 16 gm % Female 11 - 14 gm %
HCT	46.0 %	Male 39.30 - 44.10 % Female 37 - 47 %
MCV	81 fl	84-94 fl
MCH	29.1 pg	27 - 33 pg
MCHC	33.4 g/dl	29.6 - 35.6 %
WBC COUNT	5.9 $10^9 d/l$	5.0 - 11.0 $10^9/l$
DIFFERENTIAL COUNT		
NEUTROPHIL	50 %	40-75 %
LYMPHOCYTE	45 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	02 %	2-8 %
BASOPHIL	01 %	0-1 %
ESR		Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	196 $10^9/l$	156 - 342 $10^9/l$
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	85 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.33 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	16.8 U/L	0 - 35.0 U/L
S.G.P.T.	19.8 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

Sultanate of Oman

Tel: 24617117/24617148/24617149

LAB RESULT

Name: BADAR ISHAQ
Age: 33 Y **Nationality:** PAKISTANI
Gender: M
Ref. By: DR. EMAD OMER
GSM No.: 96989948

Doc No: 0012673
File No: 0023250
Bill No: 0027925
Date: 17/10/2021
Time: 11:06

Test	Result	Normal Range
GGT	28.4 mg/dl	0 - 55.0 mg/dl
ALBUMIN	4.2 mg/dl	3.50 - 5.20 mg/dl
TOTAL PROTEIN	7.2 mg/dl	6 - 8 mg/dl
S. BILIRUBIN DIRECT	0.13 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	24.7 mg/dl	18.0 - 55.0 mg/dl
S. CREATININE	0.89 mg/dl	0.70 - 1.30 mg/dl
S. URIC ACID	7.6 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	184 mg/dl	0.0 - 200 mg/dl
Triglyceride	170.8 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	48.7 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	101.1 mg/dl	< 100 mg/dl
VLDL	34.2 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	92.4 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	5 ml	
Colour	Yellow	
Sp. Gravity	1.000	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	



Medical Technologist

**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

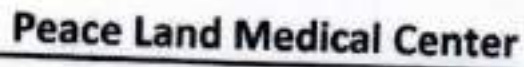
Name: BADAR ISHAQ
Age: 33 Y **Nationality:** PAKISTANI
Gender: M
Ref. By: DR. EMAD OMER
GSM No.: 96989948

Doc No: 0012673
File No: 0023250
Bill No: 0027925
Date: 17/10/2021
Time: 11:06

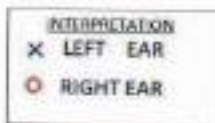
Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	2-3	
RBC'S	1-2	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	



Medical Technologist



AUDIOMETRY TEST REPORT			
Name:	BADAR ISHAQ		
Gender:	M	Company	
Ref By:	Dr. Emad Omar	Occupation	Operator
		Date:	16/10/21



RESULT	☒ Normal
	☐ Hearing Loss
	☐ Left ☐ Right





مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	
Name BADAR ISHAQ		17/10/2021	
I.D No. 111544171		Department/Company T.O.	
		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	
Work near moving machinery or sharp edges			FIT
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 17/10/2021	