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Appendix 33: EX2 Form (Routine/Periodic Medical Examination)
OUTLINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Int 16071 Reg.Dt 27/08/2023

Name LALMIYA KHAN

Gender Male Nationality BANGLADESHI

Jeem Development Oman
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Mobile No. 94051213 Address: 120251236

Surname/ Forenames		LALMIYA KHAN
Nationality		BANGLADESHI DOB: 16-07-1996
Company Number:		
		Reference Indicator:

Personal Details

A <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced /Widow(er)
Home/Leave Address:	Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter No of Children: 2
Reason for Examination (tick as appropriate)	

Periodic Medical Examination <input checked="" type="checkbox"/>	Final / Retirement <input type="checkbox"/>	Other Reason: <input type="checkbox"/>
Employee only		

B Present Job and Location: HELPER / HELMO.	Next Job and Location:
Are you a registered person with special needs? <input type="checkbox"/>	Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>
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 you taken in the past?	✓		
Do you smoke? If yes, what and how much each day?	✓	✓	3 daily.
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: 27/08/2023

Signature of Applicant:

KALMIA





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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																																											
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HEIGHT cm 164	WEIGHT kg 45	BMI 16.7	B.P. 110/70 mmhg	PULSE 64 mins.	HEARING L N R N	VISION DISTANT R L L R Uncorrected 6/6 6/6 Corrected	Color Vision 1. ✓ Normal 2. Abnormal																																						
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OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)																																													
ASSESSMENT AND RECOMMENDATIONS: <input checked="" type="checkbox"/> FIT ALL AREAS <input type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT																																													
Date: 28-8-23	Name (Block Capitals): Dr. / Nurse R. SHANTALAL			Signature: 8F																																									
REVIEW/CONSULTATION																																													
Date:	Name (Block Capitals): Dr. / Nurse			Signature:																																									



Peace Land Medical Center
P.O.Box 1403, Postal Code: 133, Al Azaiba Al Sahwa Tower
Sultanate of Oman
Tel: 24617117/24617148/24617149

Name: LALMIYA KHAN File No: 16071
Age: 27 Y Nationality : BANGLADESHI Bill No: 25721
Gender: MALE Date: 27/08/2023
Ref.By: DR : SHIMA Time:
GSM No.: 94051213

Test	Result	Nomal Range
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URINE ROUTINE ANALYSIS

PHYSICAL		
Quantity	5 ml	5 ml
Colour	Yellow	Yellow
Sp. Gravity	1.015	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	Negative
Protein	Negative	Negative
Glucose	Negative	Negative
Ketones	Negative	Negative
Urobilinogen	Normal	Normal
Bilirubin	NIL	Negative
Blood	Negative	Negative
MICROSCOPIC		
PUS CELLS	1-2	2-4/ hpf
EPITHELIAL CELLS	1-2	2-4/ hpf
RBC'S	1-2	0-4/ hpf
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	

COMPLETE BLOOD COUNT

RBC	5.1	Male 4.38 - 4.98 10 12/l Female 4.5 - 5.5 10 12/l
HAEMOGLOBIN	15.6	Male 13 -16 gm % Female 11 - 14 gm %
HCT	46.00%	Male 39.30 -44.10 % Female 37-47 %
MCV	90	84-94 ft
MCH	30	26.3-31.9 pg

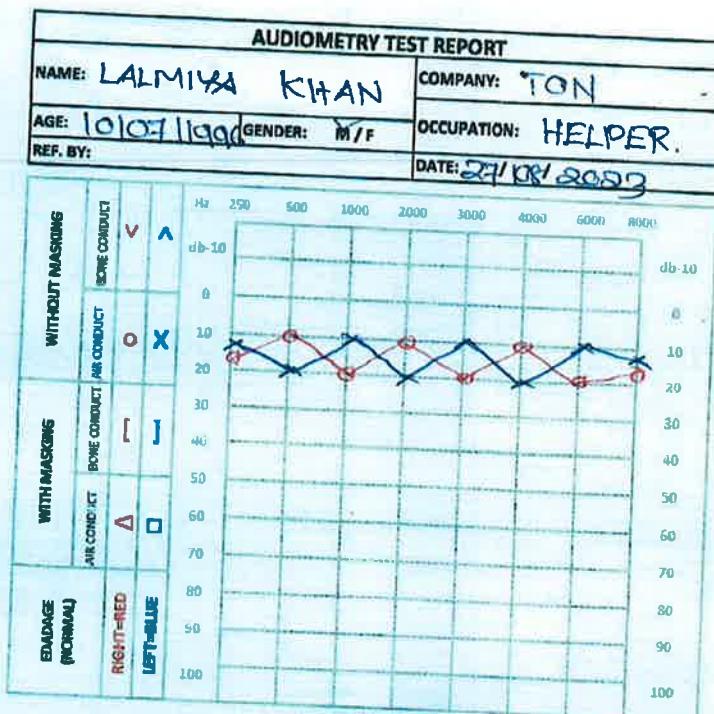
Medical Technologist

MCHC	33	29.6-35.6g/dl
WBC COUNT	8.2	(4.0-11.0) 10 9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	56%	53-69.7 %
LYMPHOCYTE	37%	23.9-37.9 %
EOSINOPHIL	2%	1-6 %
MONOCYTE	5%	2-10 %
BASOPHIL	0%	0-1%



PLATELET	206	156-342 10 9/I
FASTING BLOOD SUGAR	100 mg/dl	80-110 mg/dl
LIVER FUNCTION TEST		
TOTAL PROTEIN	7.4 mg/dl	6-8.0 mg/dl
ALBUMIN	4 mg/dl	3.50-5.20 mg/dl
S. BILIRUBIN TOTAL	1.9 mg/dl	0.0-2.0 mg/dl
SERUM BILIRUBIN DIRECT	0.5 mg/dl	0.0-0.40 mg/dl
ALKALINE PHOSPHATE	89 U/L	44-147U/L
GGT	24 U/L	0.0-55 U/L
S.G.OT	20 U/L	0.0-45.0 U/L
S.G.P.T	37 U/L	10-45 U/L
RENAL FUNCTION TEST		
UREA	21 mg/dl	18.0-55.0 mg/dl
S. CREATININE	0.8 mg/dl	0.70-1.30mg/dl
URIC ACID	7.1 mg/dl	3.4-7.2 mg/dl
LIPID PROFILE(CH, TG, HDL,LDL)		
Total Cholesterol	189 mg/dl	Normal < 200 mg/dl Borderline 200- 239 mg/dl High > 240 mg/dl
TG	107 mg/dl	Normal < 200 mg/dl Borderline 200- 250 mg/dl High > 250 mg/dl
HDL-CHOL	50 mg/dl	35.3-79 mg/dl Low Risk > 50 mg/dl Nomal Risk 35-50 mg/dl High Risk < 35 mg/dl
LDL-CHOL	128 mg/dl	<130 mg/dl
VLDL	21 mg/dl	5-40 mg/dl





RESULT

✓ NORMAL
HEARING LOSS
RIGHT
LEFT



Peace Land Medical Center
P.O. Box 1403, Rostaq, Code: 111, Al Azamia, Roundabout Al Saitwa Tower, Sultanate of Oman
Tel: 24617117, 24617149, 24612149, Fax: 24617117, 24612149, 24617149



مركز باراد

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	27/08/2023
Name	MALMIYA KHAN	Department/Company	TRUCKMAN
I.D No.	120251236	Occupation	HELPER
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	
<p>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.</p>			
<p>Fit with no restrictions</p>			
<p>Fit with following restriction(s)</p>			
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			
Name of health advisor Signature	Dr. Shah FAISAL General Practitioner MOH Lic No. 22368		Date 28-8-23 DR

Dr. Shah FAISAL
General Practitioner
MOH Lic No. 22368