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# Appendix 33: EX2 Form (Routine/Periodic Medical Examination)

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

Ident 16071 Reg.Dt 27/08/2023

me LALMIYA KHAN

Gender Male Nationality BANGLADESHI

Ministry of Health  
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Surname/  
Forenames

LALMIYA KHAN

Nationality

BANGLADESHI DOB: 16.07.1996

Mobile No. 94051213

Address: 120251236

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: 2

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☒ Final / Retirement ☐ Other Reason: ☐

### Employee only

B Present Job and Location:

HELPER / HOLIDAY

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?	✓	✓	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:

LALMIYA







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

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N = Normal A = Anormal (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. Hemial Orifices
		8. Anus & Rectum
✓		9. Genito-urinary
✓		10. Extremities
✓		11. Musculo-skeletal
✓		12. Skin & Varicose Vns.
✓		13. C.N.S.

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	Color Vision
164	45	16.7	110 70 mmhg	64 mins.	L N R N	DISTANT NEAR R L R L Uncorrected 6/6 6/6 Corrected	✓ Normal 2. Abnormal

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. Sickle 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: 28-8-23 Name (Block Capitals): Dr. / Nurse

REVIEW/CONSULTATION

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

Signature:

MOH Lic No. 22368



**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  
 Age: 27 Y Nationality : BANGLADESHI  
 Gender: MALE  
 Ref.By: DR : SHIMA  
 GSM No.: 94051213

File No: 16071  
 Bill No: 25721  
 Date: 27/08/2023  
 Time:

Test	Result	Normal 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 <sup>12</sup> /l Female 4.5 - 5.5 10 <sup>12</sup> /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 <sup>9</sup> /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 <sup>9</sup> /l
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 Cholestrol	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 Normal 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

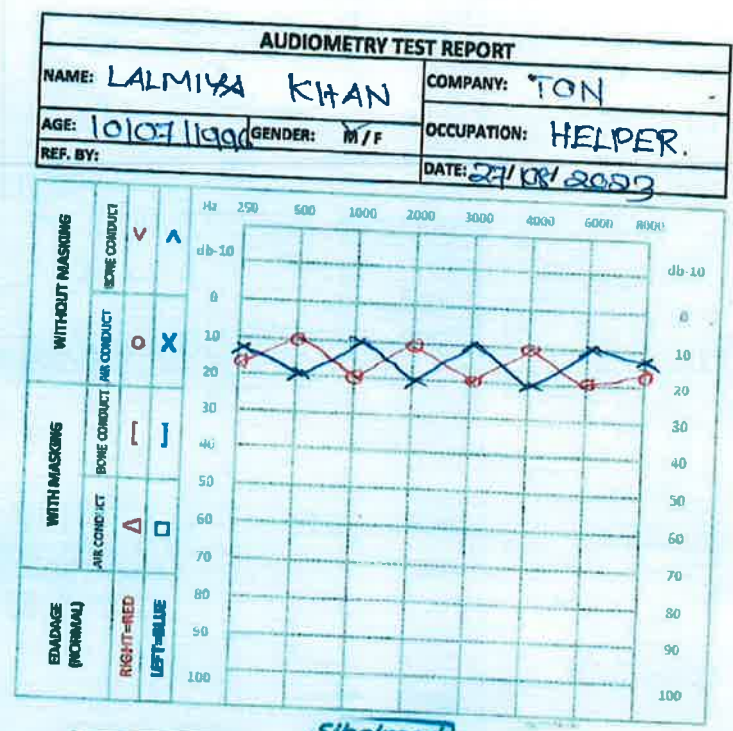
Medical Technologist







# مرکز بلاد السلام الطبي Peace Land Medical Center




INTERPRETATION  
O RIGHT EAR  
X LEFT EAR

RESULT  
☒ NORMAL  
☐ HEARING LOSS  
☐ RIGHT  
☐ LEFT







Employee Data		Date 27/08/2023	
Name LALMIYA KHAN		Department/Company TRUCKOMAN	
I.D No. 120251236		Occupation HELPER	
Types 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			
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 28-8-23	
Ge. NO. 22368		82	

**DR. SHAH FAISAL**  
General Practitioner  
MOH Lic No. 22368

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