PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	
Forenames	ABID HUSSAIN ABID
Address	76848133- Truck Area
Home telephone number	96065465

Place of examination: Aruf Date: 1/2/22

If a dependant enter employee's name here:

Surname: Forenames:

Birth date: 3/5/78 Nationality: 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: Driver Area:

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		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		✓			
16. Marked change in bowel habits		✓	36. Joints/spinal trouble		✓	47. Any gynaecological treatment		
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? 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: 1/2/22. Signature of Applicant: [signature]

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
179	100	31.2	130/80	65 /mins.	L N R	DISTANT R 6/6 L 6/6 Uncorrected; NEAR R L; Corrected	NO	

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 +)		6.7%		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: 2/2/2022 Name (Block Capitals): Dr. / Nurse Signature:

PEACE LAND MEDICAL CENTER C.R: 111881

Dr. ABDUL... General Practitioner MOH License No.: 10486

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

ABID HUSSAIN ABID
43 Y(M) «Blank» 01/02/22 11:17
0027128
85530 Bill # 0032128
PEACELAND

Name:	Date: 1/2/22.
I. D No:	Department/Company: Truck Oman.
	Occupation: Driver

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 10 or more you should seek advice from medical personnel on site before continuing to operate machinery in the workplace.

Declaration I (Print Name) certify that to the best of my knowledge the above information supplied is true, complete and correct.

Signature Date: 01/2/2022

PEACE LAND MEDICAL CENTER C.R: 1118819

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:	ABID HUSSAIN ABID	**Doc No:**	0016410
Age:	43 Y **Nationality:** PAKISTANI	**File No:**	0027128
Gender:	M	**Bill No:**	0032126
Ref. By:	DR. EMAD OMER	**Date:**	01/02/2022
GSM No.:	96065465	**Time:**	16:44

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.3 10"12/l	Male 4.38 -5.78 10"12/l Female 4.0- 5.0 10"12/l
HAEMOGLOBIN	14.9 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	44.1 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	**77 fl**	84-94 fl
MCH	**26.1 pg**	27 - 33 pg
MCHC	33.7 g/dl	29.6 - 35.6 %
WBC COUNT	7.8 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	57 %	40-75 %
LYMPHOCYTE	40 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	02 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**263 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	105 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.64 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**18.6 U/L**	0 - 35.0 U/L
S.G.P.T.	**39.8 U/L**	10 - 45 U/L

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
C.R: 1116819

Medical Technologist

Peace Land Medical Center
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LAB RESULT

Name:	ABID HUSSAIN ABID	**Doc No:**	0016410
Age:	43 Y **Nationality:** PAKISTANI	**File No:**	0027128
Gender:	M	**Bill No:**	0032126
Ref. By:	DR. EMAD OMER	**Date:**	01/02/2022
GSM No.:	96065465	**Time:**	16:44

Test	Result	Normal Range
GGT	**52.8 U/L**	0 - 55.0 U/L
ALBUMIN	**4.1 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.3 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.16 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**39.4 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.83 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**8.0 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**170 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**180.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**42.5 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**91.5 mg/dl**	< 100 mg/dl
VLDL	**36.0 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	98.3 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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Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name:	ABID HUSSAIN ABID	**Doc No:**	0016410
Age:	43 Y **Nationality:** PAKISTANI	**File No:**	0027128
Gender:	M	**Bill No:**	0032126
Ref. By:	DR. EMAD OMER	**Date:**	01/02/2022
GSM No.:	96065465	**Time:**	16:44

Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	2-3	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
C.R: 1115619

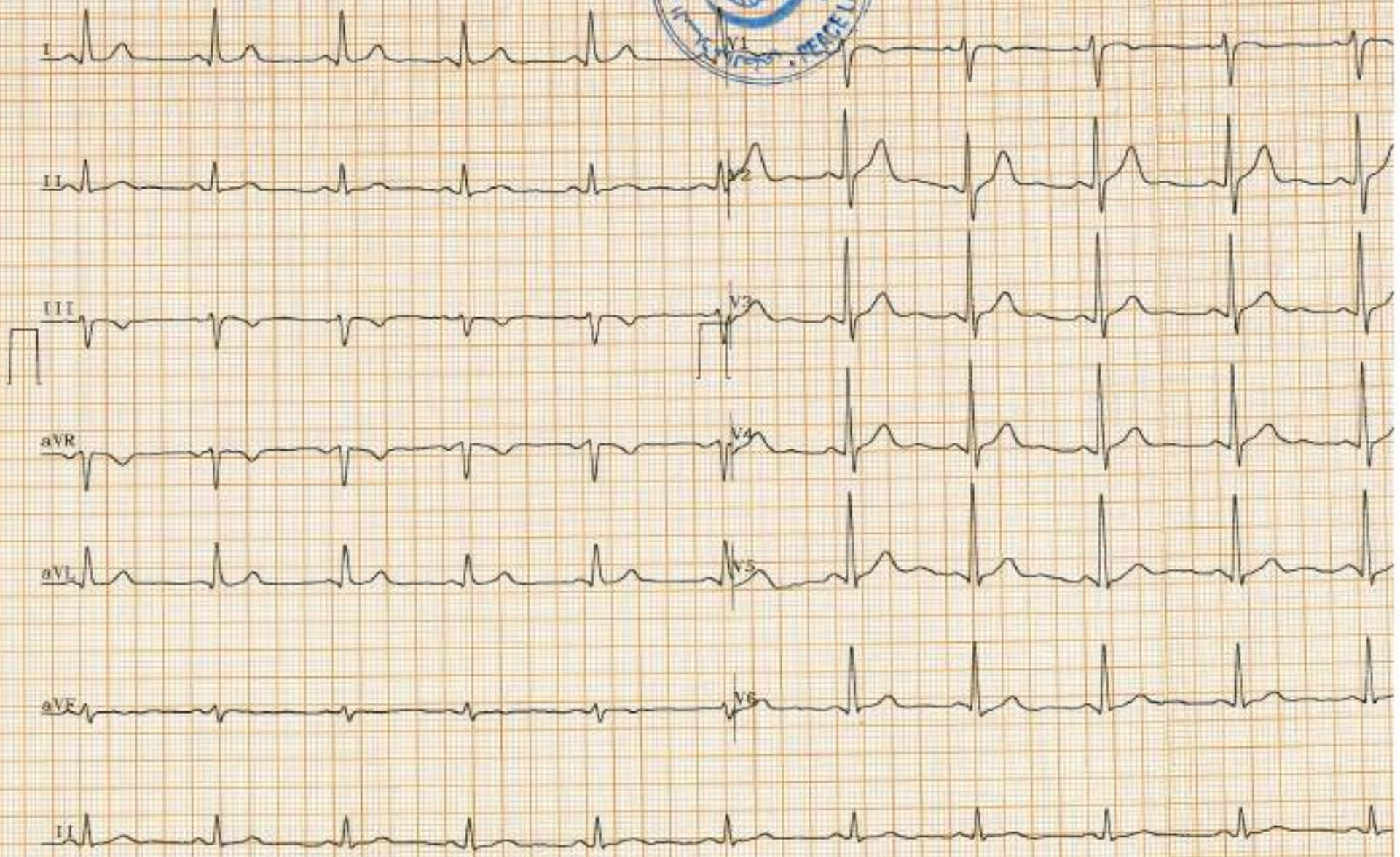
Medical Technologist

2022-02-01 16:20:10 6 Channel + 1 Rhythm Report

Hospital:
Prescribed by:

ID : Abd Ghani
Name:
yrs. /
cm / kg

Heart Rate: 65bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 114 ms Normal Sinus Rhythm
QRS Dur.: 116 ms Normal Axis
QT/QTc: 418/433 ms [Normal ECG]
P-R-T axes:
12 2 -8



0.1Hz-100Hz,AC50Hz,EMG. All Channels:10.0mm/mV,25.0mm/sec. CARDIO-M Ver5.10M.30 Medical Eco

Estimated 10-year Global CVD Risk

6.7%

Risk Category

Low Risk

Estimated Vascular Age

48 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

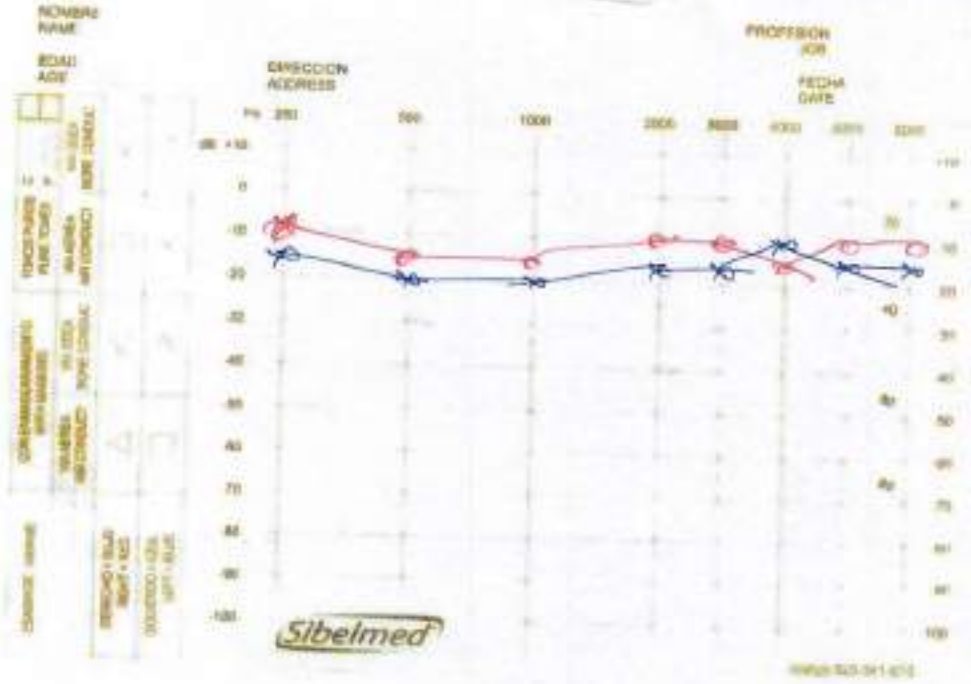
ESC (2007, see Info for more)
Treatment Targets
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

Peace Land Medical Center

AUDIOMETRY TEST REPORT

ABID HUSSAIN ABID
43 Y(M) «Blank»
01/02/22 11:17
0027129
65530
Bill # 0032129
PEACELAND

Name:	
Gender:	M
Ref By:	Dr. Emad Omar
Company	
Occupation	DRIVER
Date:	1/2/22



INTERPRETATION
× LEFT EAR
O RIGHT EAR

RESULT
☑ Normal
☐ Hearing Loss
☐ Left ☐ Right

مركز بلاد السلام الطبي
C.R: 1116819
PEACELAND MEDICAL CENTER

مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	2/2/2022
Name	ABID HUSAIN	Department/Company	T.O.
I.D No.	76848133	Occupation	Driver

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			
Puling, 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
Name of health advisor Signature			2/2/2022

C.R: 11 [illegible] PEACE LAND MEDICAL CENTER