PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32 FX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	
Forenames	ZAFRAN SAFDAR
Address	1139 60615 Company Name: T.O SOB
Home telephone number	95512012

Place of examination: Muscat	Date 26/6/23		
If a dependant enters employee's name here Surname		Forenames:	
Birth date 13/9/95	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 ☑ Pre-Overseas ☐	Periodic medical check up	Job H.D Area:
Name and address of family doctor		List your last 3 jobs (1) (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 those		√
11. Severe abdominal pain		√	31. Painful passage of urine		√			
12. Stomach ulcer		√	32. Diabetes		√	FOR WOMEN ONLY Have you ever had:-		
13. Recurrent indigestion		√	33. Headaches/migraine		√			
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? 3-4 / day. Average daily alcohol consumption NIL.

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: 26/6/23 Signature of Applicant:

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 L. / R.	VISION DISTANT Uncorrected / Corrected (R / L)	NEAR R / L	Colour Vision	Blood Group
171	72	24	100/70	54 /mins	N	2/6 2/6		✓	

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.)

FIT

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
2175

ASSESSMENT

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

Date: 26/4/23 Name (Block Capitals) Dr. / Nurse: Signature:

REVIEW/CONSULTATION

Dr. MOHAMMED AKRAM KHAN
General Practitioner
MOH Lic. No. 4404

Date Name (Block Capitals) Dr. / Nurse Signature

Epworth Screening Questionnaire for Sleep Apnoea

ZAFRANY SAFDAR
0054

Date: 26/6/23.

Department/Company T.O.

Occupation IT Dr

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. Where 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 & 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.

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

Signature: [signature] Date: 26/6/23.

PEACE LAND MEDICAL

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

LAB RESULT

Name:	ZAFRAN SAFDAR	**Doc No:**	0034589
Age:	27 Y **Nationality:** PAKISTANI	**File No:**	0043317
Gender:	M	**Bill No:**	0051473
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	26/06/2023
GSM No.:	95512012	**Time:**	15 48

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
COMPLITE BLOOD COUNT		
RBC	5 2 x10^12/L	Male 4 38 -6 0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	15.3 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	42.9 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	29.4 pg	27 - 33 pg
MCHC	35.0 g/dl	29.6 - 35.6 %
WBC COUNT	5.1 x 10^9/L	4 0 - 11 0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	55 %	40-75 %
LYMPHOCYTE	43 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	01 %	2-8%
BASOPHIL	00 %	0-1%
ESR	08	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	247 x 10^9/L	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	57 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	1.0 mg/dl	0 - 2 0 mg/dl
S G O T.	13.6 U/L	0 - 35.0 U/L
S G.P T.	16.1 U/L	10 - 45 U/L

PEACE LAND MEDICAL CENTER

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:	ZAFRAN SAFDAR	**Doc No:**	0034589
Age:	27 Y **Nationality:** PAKISTANI	**File No:**	0043317
Gender:	M	**Bill No:**	0051473
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	26/06/2023
GSM No.:	95512012	**Time:**	15:48

Test	Result	Normal Range
ALBUMIN	**4.0 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.4 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.19 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**21.2 mg/dl**	18.0 - 55.0 mg/dl
S CREATININE	**0.92 mg/dl**	0.70 -1.30 mg/dl
S URIC ACID	**5.1 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**154 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**70.1 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**58.0 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**82.0 mg/dl**	< 100 mg/dl
VLDL	**14.0 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	96.4 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	**Yellow**	
Sp. Gravity	1.010	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	
Urobilinogen	Normal	

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:	ZAFRAN SAFDAR	**Doc No:**	0034589
Age:	27 Y **Nationality:** PAKISTANI	**File No:**	0043317
Gender:	M	**Bill No:**	0051473
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	26/06/2023
GSM No.:	95512012	**Time:**	15:48

Test	Result	Normal Range
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	0-1	
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	

Medical Technologist

PEACE LAND MEDICAL CENTER

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:	ZAFRAN SAFDAR	**Doc No:**	0034589
Age:	27 Y **Nationality:** PAKISTANI	**File No:**	0043317
Gender:	M	**Bill No:**	0051473
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	26/06/2023
GSM No.:	95512012	**Time:**	15.48

Test	Result	Normal Range
METHAMPHETAMINE(MET)	NEGATIVE	
TRAMADOL(TRA)	NEGATIVE	
BARBITURATES(BAR)	NEGATIVE	
BENZODIAZEPINES(BZO)	NEGATIVE	
MEDTHODONE(MED)	NEGATIVE	
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE	
MARIJUANA(THC)	NEGATIVE	

Medical Technologist

PEACE LAND MEDICAL CENTER

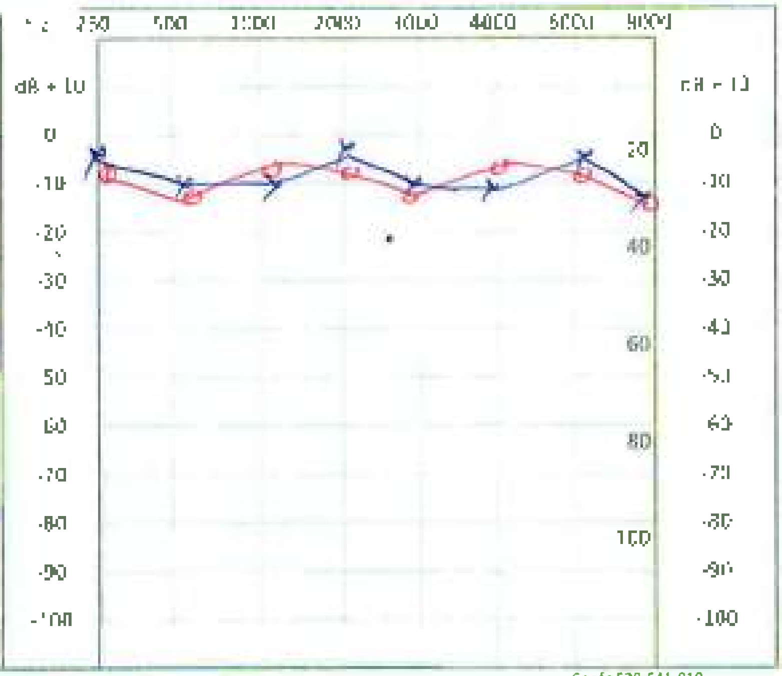
مركز بلاد السلام الطبي
Peace Land Medical Center

ZAFRAN SAFDAR
0041217 # 27 YRS
78029
26/06/23 05:54

UDIOMETRY TEST REPORT

		COMPANY	T. O.
IDER		OCCUPATION	H. T. D
		DATE	26/6/23

		RIGHT=RED	LEFT=BLUE
WITHOUT MASKING	BONE CONDUCT	V	Λ
	AIR CONDUCT	O	X
WITH MASKING	BONE CONDUCT	[	]
	AIR CONDUCT	Δ	□
EQADAGE (NORMAL)			



Confg 520 541-010

Sibelmed

INTERPRETATION
X – LEFT EAR
O – RIGHT EAR

PEACE LAND MEDICAL CENTER

RESULT
- NORMAL
- HEARING LOSS
- RIGHT
- LEFT

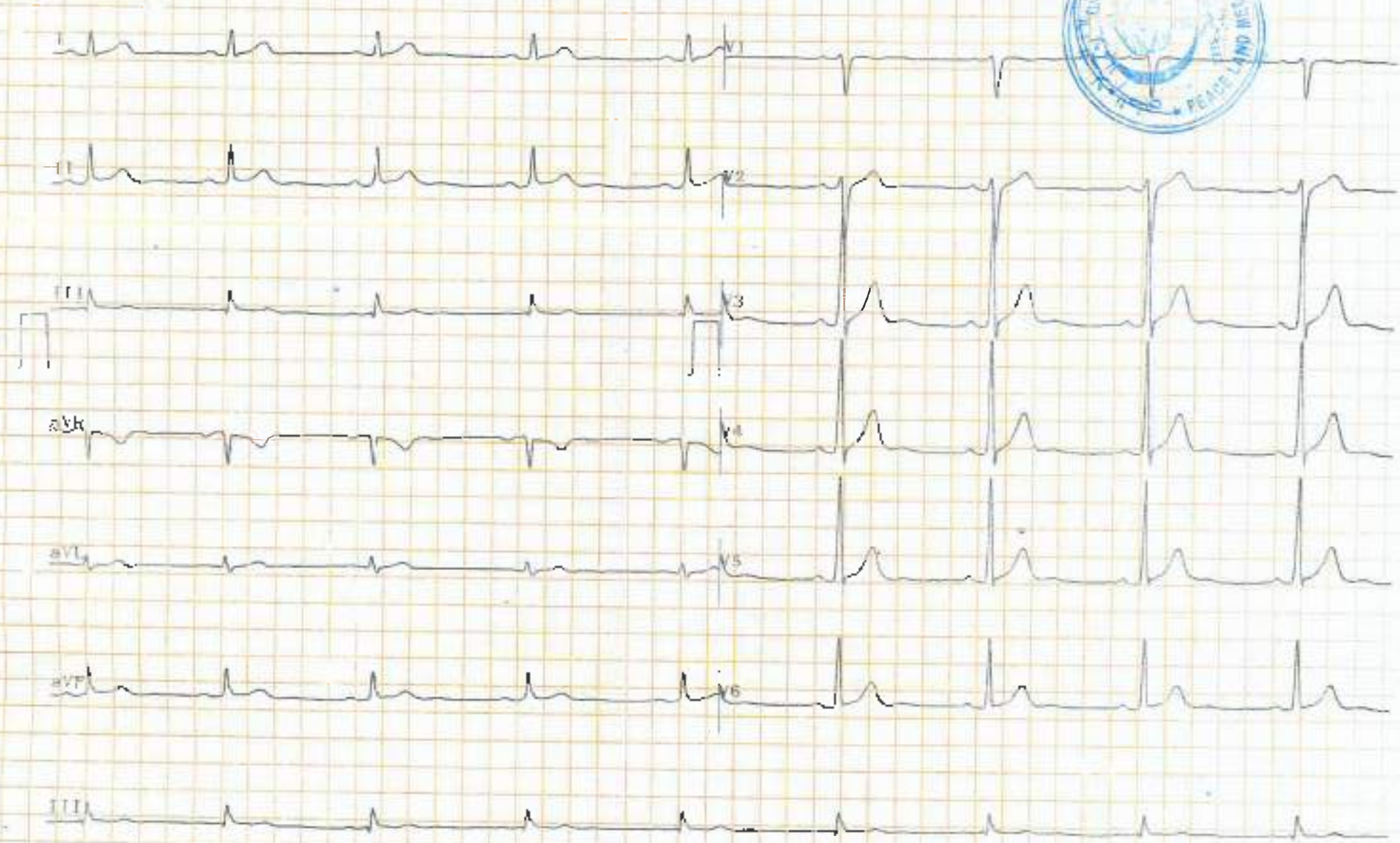
2023-06-26 10:11:39

6 Channel + 1 Rhythm Report

Hospital:
Prescribed by:

ZAFRAN SAFDAR

Heart Rate: 54bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 172 ms Sinus Bradycardia(HR:50-59)
QRS Dur.: 86 ms Normal axis
QT/QTc: 386/359 ms [Minimally Abnormal or Normal Variation ECG]
P-R-T axes:
42 53 36



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

Fitness for work certificate

Employee Data		Date	
Name		Department/Company	
I.D No.		Occupation	MDD

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 26/6/23
Name of health advisor Signature			

مركز بلاد السلام الطبي PEACE LAND MEDICAL CENTER رقم الرخيص 2775

DR. AHMED ABBAS
Medical Practitioner
Lic. No. 440

ص.ب ١٤٠٣، الرمز البريدي ١٣٣، دوار العذيبة مبنى ابراج الصحوة مبنى أ، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617137 / 24617148 / 24617149