



# PEACE LAND MEDICAL CENTER



## MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

|                                                                                                                                                                                                                                                                                                            |   |                                                                                                                         |                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Place of examination: <u>MUSCAT</u>                                                                                                                                                                                                                                                                        |   | Date: <u>24/10/2022</u>                                                                                                 |                              |
| If a dependant enter employee's name here:<br>Surname: _____                                                                                                                                                                                                                                               |   | Forenames: _____                                                                                                        |                              |
| Birth date: <u>20/12/89</u>                                                                                                                                                                                                                                                                                |   | Nationally: <u>PAKISTANI</u>                                                                                            |                              |
| Country of birth: <u>PAKISTAN</u>                                                                                                                                                                                                                                                                          |   | Religion: <u>MUSLIM</u>                                                                                                 |                              |
| <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                                                                   |   | <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Separated/Divorced |                              |
| <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter                                                                                                                                                                                                               |   | Relationship to employee: _____<br>Number of children: _____                                                            |                              |
| Reason for examination: <input type="checkbox"/> Pre-Employment <input checked="" type="checkbox"/> Periodic medical check-up <input type="checkbox"/> Pre-Overseas                                                                                                                                        |   | Job: <u>H.O.D</u>                                                                                                       |                              |
| Name and address of family doctor: _____                                                                                                                                                                                                                                                                   |   | List your last 3 jobs:                                                                                                  |                              |
|                                                                                                                                                                                                                                                                                                            |   | (1) _____                                                                                                               |                              |
|                                                                                                                                                                                                                                                                                                            |   | (2) _____                                                                                                               |                              |
|                                                                                                                                                                                                                                                                                                            |   | (3) _____                                                                                                               |                              |
| Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>                                                                                                                                                                                                                                   |   | Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>                                                 |                              |
| DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?)) If uncertain exclude minor ailments                                                                                                                                                                                                 |   |                                                                                                                         |                              |
|                                                                                                                                                                                                                                                                                                            | 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/armpit                                                                                                                                                                                                                                                                                   |   |                                                                                                                         | 40 Fear of heights           |
| How much tobacco each day? <u>NO</u>                                                                                                                                                                                                                                                                       |   | Average daily alcohol consumption <u>NO</u>                                                                             |                              |
| Have you ever taken illicit 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: <u>24/10/2022</u>                                                                                                                                                                                                                                                                                    |   | Signature of Applicant: <u>[Signature]</u>                                                                              |                              |



# 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 Vins. |
| / |   | 13. C.N.S.                |
| / |   | 14. Breast                |

| HEIGHT<br>cm | WEIGHT<br>kg | BMI  | B.P.   | PULSE    | HEARING    | VISION                                             | Colour<br>Vision | Blood<br>Group |
|--------------|--------------|------|--------|----------|------------|----------------------------------------------------|------------------|----------------|
| 168          | 81           | 28.7 | 112/72 | 80 mins. | L N<br>R N | DISTANT<br>R L<br>Uncorrected 6/6<br>Corrected 6/6 | 2                |                |

| N | A |                        | LABORATORY AND OTHER<br>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 +) | ↑ LDL                                          |   |   | 11. CVS risk for 40 yrs & above |
| / |   | 6. Sickie 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: 25/10/2023 Name (Block Capitals): Dr. / Nurse

Signature:

## REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature:



# مركز بلاد السلام الطبي

## Peace Land Medical Center

### Epworth Screening Questionnaire for Sleep Apnoea

|               |                                         |                                |
|---------------|-----------------------------------------|--------------------------------|
| Employee Data | MUHAMMAD ADNAN<br>32 Y (M) <i>Blank</i> | Date: 24/10/2022               |
| Name:         | 24/10/2022 08:33<br>0075367             | Department/Company: TRUCK OMAN |
| I. D No.      | 72832<br>0042370                        | Occupation: H.O.D              |

This questionnaire will identify 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 & 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, *Muhammad Adnan* (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: *[Signature]* Date: 24/10/2022





**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:** MUHAMMAD ADNAN  
**Age:** 32 Y **Nationality:** PAKISTANI  
**Gender:** M  
**Ref. By:** DR SHIMA  
**GSM No.:** 94618298

**Doc No:** 0026290  
**File No:** 0036567  
**Bill No:** 0042370  
**Date:** 24/10/2022  
**Time:** 16:10

| Test                                        | Result          | Normal Range                                                 |
|---------------------------------------------|-----------------|--------------------------------------------------------------|
| TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS |                 |                                                              |
| COMPLITE BLOOD COUNT                        |                 |                                                              |
| RBC                                         | 5.5 $10^{12}/l$ | Male 4.38 - 5.78 $10^{12}/l$<br>Female 4.0 - 5.0 $10^{12}/l$ |
| HAEMOGLOBIN                                 | 18.0 gm %       | Male 13 - 17 gm %<br>Female 11 - 14 gm %                     |
| HCT                                         | 48.5 %          | Male 39.30 - 50.00 %<br>Female 37 - 47 %                     |
| MCV                                         | 85 fl           | 84-94 fl                                                     |
| MCH                                         | 27.7 pg         | 27 - 33 pg                                                   |
| MCHC                                        | 32.8 g/dl       | 29.6 - 35.6 %                                                |
| WBC COUNT                                   | 8.9 $10^9$ d/l  | 5.0 - 11.0 $10^9/l$                                          |
| DIFFERENTIAL COUNT                          |                 |                                                              |
| NEUTROPHIL                                  | 57 %            | 40-75 %                                                      |
| LYMPHOCYTE                                  | 40 %            | 20-45 %                                                      |
| EOSINOPHIL                                  | 01 %            | 1-8 %                                                        |
| MONOCYTE                                    | 02 %            | 2-8 %                                                        |
| BASOPHIL                                    | 00 %            | 0-1 %                                                        |
| ESR                                         | -               | Male 0 - 22 mm / 1st hour<br>Female 0 - 20 mm / 1st hour     |
| PLATELET                                    | 228 $10^9/l$    | 156 - 342 $10^9/l$                                           |
| SICKLE CELL TEST                            | NEGATIVE        |                                                              |
| LIVER FUCTION TEST                          |                 |                                                              |
| ALKALINE PHOSPHATASE                        | 75 U/L          | 53 - 128 U/L                                                 |
| S BILIRUBIN TOTAL                           | 0.53 mg/dl      | 0 - 2.0 mg/dl                                                |
| S.G.O.T.                                    | 32.4 U/L        | 0 - 35.0 U/L                                                 |
| S.G.P.T.                                    | 42.9 U/L        | 10 - 45 U/L                                                  |



Medical Technologist

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**GSM No.:** 94618298

**Doc No:** 0026290  
**File No:** 0036567  
**Bill No:** 0042370  
**Date:** 24/10/2022  
**Time:** 16:10

| Test                   | Result      | Normal Range      |
|------------------------|-------------|-------------------|
| GGT                    | 33.7 U/L    | 0 - 55.0 U/L      |
| ALBUMIN                | 4.4 g/dl    | 3.50 - 5.20 g/dl  |
| TOTAL PROTEIN          | 6.7 g/dl    | 6 - 8 g/dl        |
| S. BILIRUBIN DIRECT    | 0.18 mg/dl  | 0.0 - 0.20 mg/dl  |
| RENAL FUNCTION TEST    |             |                   |
| UREA                   | 19.8 mg/dl  | 18.0 - 55.0 mg/dl |
| S.CREATININE           | 0.83 mg/dl  | 0.70 - 1.30 mg/dl |
| S.URIC ACID            | 3.5 mg/dl   | 3.5 - 7.2 mg/dl   |
| LIPID PROFILE          |             |                   |
| Total Cholesterol      | 210 mg/dl   | 0.0 - 200 mg/dl   |
| Triglyceride           | 128.3 mg/dl | 0.0 - 150 mg/dl   |
| HDL - CHOL             | 64.0 mg/dl  | 35.0 - 79.0 mg/dl |
| LDL - CHOL             | 120.2 mg/dl | < 100 mg/dl       |
| VLDL                   | 25.8 mg/dl  | 2.0 - 30 mg/dl    |
| FASTING BLOOD SUGAR    | 85.3 mg/dl  | 74 - 100 mg/dl    |
| URINE ROUTINE ANALYSIS |             |                   |
| PHYSICAL               |             |                   |
| Quantity               | 5 ml        |                   |
| Colour                 | Yellow      |                   |
| Sp Gravity             | 1.020       |                   |
| pH                     | Acidic      |                   |
| Appearance             | Clear       |                   |
| CHEMICAL               |             |                   |
| Nitrite                | Negative    |                   |
| Protein                | Negative    |                   |
| Glucose                | Negative    |                   |
| Ketones                | Negative    |                   |







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**GSM No.:** 94618298

**Doc No:** 0026290  
**File No:** 0036557  
**Bill No:** 0042370  
**Date:** 24/10/2022  
**Time:** 16:10

| Test             | Result   | Normal Range |
|------------------|----------|--------------|
| Urobilinogen     | Normal   |              |
| 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      |              |





1775 H  
Lactophor  
24/70V 22-



**INTERPRETATION**  
☒ LEFT EAR  
☐ RIGHT EAR

**PEACE LAND MEDICAL CENTER**  
 C.R. 7118819

**RESULT**

☒ NORMAL

☐ HEARING LOSS

☐ RIGHT

☐ LEFT

1a1, 24647117, 24617148, 24617109 1234567891011121314151617181920212223242526272829303132333435363738394041424344454647484950515253545556575859606162636465666768697071727374757677787980818283848586878889909192939495969798991001011021031041051061071081091101111121131141151161171181191201211221231241251261271281291301311321331341351361371381391401411421431441451461471481491501511521531541551561571581591601611621631641651661671681691701711721731741751761771781791801811821831841851861871881891901911921931941951961971981992002012022032042052062072082092102112122132142152162172182192202212222232242252262272282292302312322332342352362372382392402412422432442452462472482492502512522532542552562572582592602612622632642652662672682692702712722732742752762772782792802812822832842852862872882892902912922932942952962972982993003013023033043053063073083093103113123133143153163173183193203213223233243253263273283293303313323333343353363373383393403413423433443453463473483493503513523533543553563573583593603613623633643653663673683693703713723733743753763773783793803813823833843853863873883893903913923933943953963973983994004014024034044054064074084094104114124134144154164174184194204214224234244254264274284294304314324334344354364374384394404414424434444454464474484494504514524534544554564574584594604614624634644654664674684694704714724734744754764774784794804814824834844854864874884894904914924934944954964974984995005015025035045055065075085095105115125135145155165175185195205215225235245255265275285295305315325335345355365375385395405415425435445455465475485495505515525535545555565575585595605615625635645655665675685695705715725735745755765775785795805815825835845855865875885895905915925935945955965975985996006016026036046056066076086096106116126136146156166176186196206216226236246256266276286296306316326336346356366376386396406416426436446456466476486496506516526536546556566576586596606616626636646656666676686696706716726736746756766776786796806816826836846856866876886896906916926936946956966976986997007017027037047057067077087097107117127137147157167177187197207217227237247257267277287297307317327337347357367377387397407417427437447457467477487497507517527537547557567577587597607617627637647657667677687697707717727737747757767777787797807817827837847857867877887897907917927937947957967977987998008018028038048058068078088098108118128138148158168178188198208218228238248258268278288298308318328338348358368378388398408418428438448458468478488498508518528538548558568578588598608618628638648658668678688698708718728738748758768778788798808818828838848858868878888898908918928938948958968978988999009019029039049059069079089099109119129139149159169179189199209219229239249259269279289299309319329339349359369379389399409419429439449459469479489499509519529539549559569579589599609619629639649659669679689699709719729739749759769779789799809819829839849859869879889899909919929939949959969979989991000100110021003100410051006100710081009101010111012101310141015101610171018101910201021102210231024102510261027102810291030103110321033103410351036103710381039104010411042104310441045104610471048104910501051105210531054105510561057105810591060106110621063106410651066106710681069107010711072107310741075107610771078107910801081108210831084108510861087108810891090109110921093109410951096109710981099110011011102110311041105110611071108110911101111111211131114111511161117111811191120112111221123112411251126112711281129113011311132113311341135113611371138113911401141114211431144114511461147114811491150115111521153115411551156115711581159116011611162116311641165116611671168116911701171117211731174117511761177117811791180118111821183118411851186118711881189119011911192119311941195119611971198119912001201120212031204120512061207120812091210121112121213121412151216121712181219122012211222122312241225122612271228122912301231123212331234123512361237123812391240124112421243124412451246124712481249125012511252125312541255125612571258125912601261126212631264126512661267126812691270127112721273127412751276127712781279128012811282128312841285128612871288128912901291129



## Pulmonary Function Test Results

Visit date 24/10/2022

Patient code 100839296

Surname ADNAN

Name MUHAMMAD

Date of birth 20/12/1989

Ethnic group Not defined

Smoke

Patient group

Age 32

Gender Male

Height, cm 168

Weight, kg 81

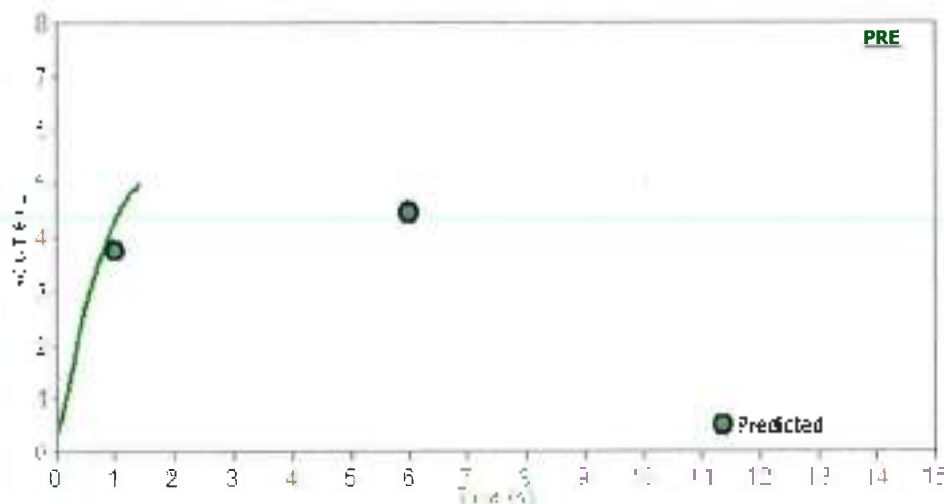
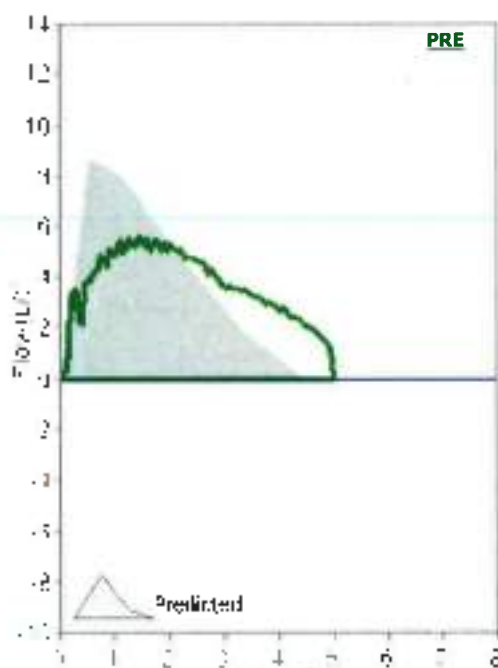
BMI 28.70

Park-Year

FVC % 100 %

FEV1 % 100 %

FEV1% % 100 %



Quality Control Grade: F  
D Acceptable trials

### Interpretation

Normal Spirometry

PRE Trial date 24/10/2022 10:54:54

| Parameters | LLN   | Pred | Best | %Pred | Z-score | PRE # 1 | PRE # 2 | PRE # 3 | POST | %Pred | %Chg |
|------------|-------|------|------|-------|---------|---------|---------|---------|------|-------|------|
| FVC        | L     | 3.39 | 4.44 | 5.00* | 113     | 0.87    | 5.00    |         | ▼    |       |      |
| FEV1       | L     | 2.86 | 3.72 | 4.30* | 116     | 1.10    | 4.30    |         | ▼    |       |      |
| FEV1/FVC   | %     | 74.4 | 84.6 | 86.0* | 102     | 0.22    | 86.0    |         | ▼    |       |      |
| PEF        | L/s   | 5.26 | 6.68 | 5.66* | 65      | -1.45   | 5.66    |         | ×    |       |      |
| ELA        | years |      | 32   | 32    | 100     |         | 32      |         |      |       |      |
| FEF2575    | L/s   | 2.27 | 4.05 | 4.32  | 107     | 0.25    | 4.32    |         |      |       |      |
| FET        | s     |      | 6.00 | 1.40  | 23      |         | 1.40    |         |      |       |      |
| FlVC       | L     | 3.39 | 4.44 |       |         |         |         |         |      |       |      |
| FEV1/VC    | %     | 74.4 | 84.6 |       |         |         |         |         |      |       |      |

\*Best values from all loops · BTPS 1.087 26 °C (78.8 °F) · Predicted Kaudson

### Conclusion / Medical report

Signature



Instrument used

Minispir S 5/N C11507

Last calibration check 01/11/2021 09:35:10







# مركز بلاد السلام الطبي Peace Land Medical Center

## Fitness for work certificate

|                                                                                                                                                                                                                                                                          |                       |                                        |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------|---|
| Employee Data                                                                                                                                                                                                                                                            |                       | Date 25/10/22                          |   |
| Name MUHAMMAD ADNAN                                                                                                                                                                                                                                                      |                       | Department/Company HUCK Oman           |   |
| I.D No. 100839296                                                                                                                                                                                                                                                        |                       | Occupation H/D                         |   |
| Type of Medical Evaluation Mark those applying ✓                                                                                                                                                                                                                         |                       |                                        |   |
| A1 Aircraft rehandling                                                                                                                                                                                                                                                   |                       | 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                                                                                                                                                                                                                                                    |                       | Date 25/10/22                          |   |
| Permanently Unfit                                                                                                                                                                                                                                                        |                       |                                        |   |
| Name of health advisor Signature                                                                                                                                                                                                                                         |                       |                                        |   |

