PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	
Forenames	MUHAMMAD ADNAN
Address	100839296 - TRUKOMAN
Home telephone number	94618298

Place of examination: MUSCAT	Date: 24/10/2022		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: 20/12/89	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.O.D 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			47 Any gynaecological treatment		
16 Marked change in bowel habits			36 Joints/spinal trouble					
17 Blood in stools (melena)			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: 24/10/2022 — 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	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
168	81	28.7	112/72	80 mins.	L N R	Uncorrected 6/6	6/6			✓	
						Corrected					

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 +)	↑ LDL.			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: 25/10/12 Name (Block Capitals) Dr. / Nurse Signature

PEACE LAND MEDICAL CENTER C.R. 111111

REVIEW/CONSULTATION

Date Name (Block Capitals) Dr. / Nurse Signature

Epworth Screening Questionnaire for Sleep Apnoea

Employee Data	MUHAMMAD ADNAN 32 Y(M) «Blank»	Date:	24/10/2022
Name:		Department/Company:	TRUCK OMAN
I. D No.	72632 Bus	Occupation:	H.D.D

PEACELAND 0042370

This questionnaire [illegible] 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	

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, [illegible] (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

PEACE LAND MEDICAL CENTER

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	**Doc No:**	0026290
Age:	32 Y **Nationality:** PAKISTANI	**File No:**	0036567
Gender:	M	**Bill No:**	0042370
Ref. By:	DR SHIMA	**Date:**	24/10/2022
GSM No.:	94618298	**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 Female 4 0- 5 0 10"12/l
HAEMOGLOBIN	16.0 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	48.5 %	Male 39.30 -50.00 % 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 %	1-6 %
MONOCYTE	02 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	228 10"9/l	158 - 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

Peace Land Medical Center
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Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

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Age:	32 Y **Nationality:** PAKISTANI	**File No:**	0036567
Gender:	M	**Bill No:**	0042370
Ref. By:	DR.SHIMA	**Date:**	24/10/2022
GSM No.:	94618298	**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	

Medical Technologist

Peace Land Medical Center
P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout Al Sahwa Tower
Sultanate of Oman
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LAB RESULT

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Age:	32 Y **Nationality:** PAKISTANI	**File No:**	0036567
Gender:	M	**Bill No:**	0042370
Ref. By:	DR SHIMA	**Date:**	24/10/2022
GSM No.:	94616298	**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	

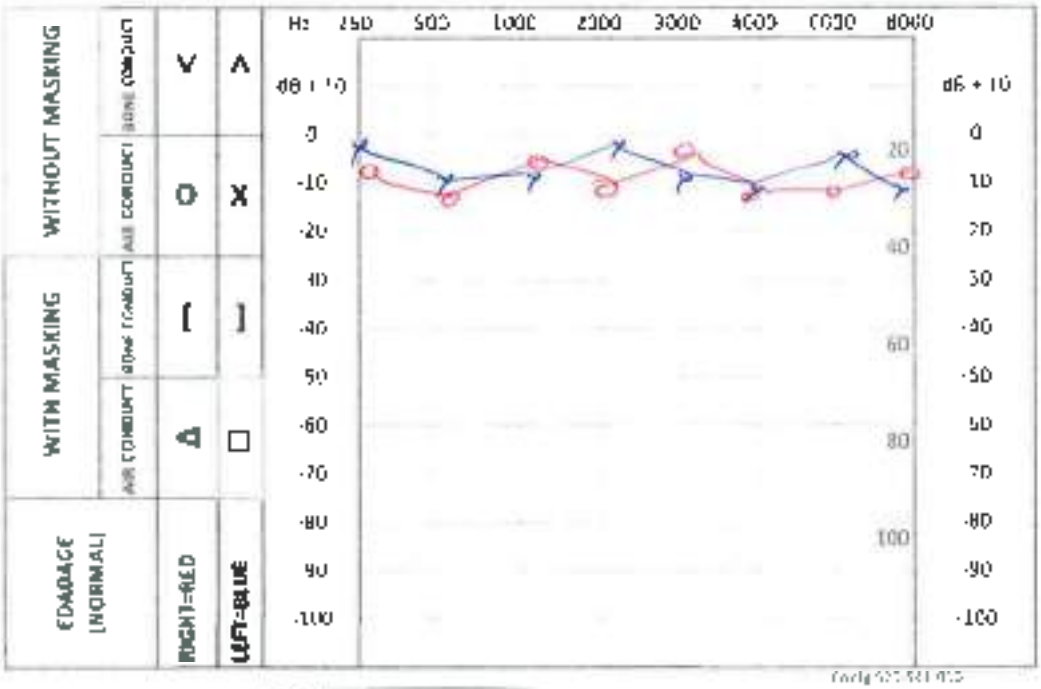
Medical Technologist

مركز بلاد السلام الطبي
Peace Land Medical Center

MUHAMMAD ADNAN
M Y(M) «Blank» 24/02/2039
72632 34 ★

AUDIOMETRY TEST REPORT

COMPANY	MITEC H
OCCUPATION	Radiographer
DATE	24/ 10/ 22



Sibelmed

INTERPRETATION
LEFT EAR
RIGHT EAR

PEACE LAND MEDICAL CENTER C.R. 1118819

RESULT
NORMAL
HEARING LOSS
RIGHT
LEFT

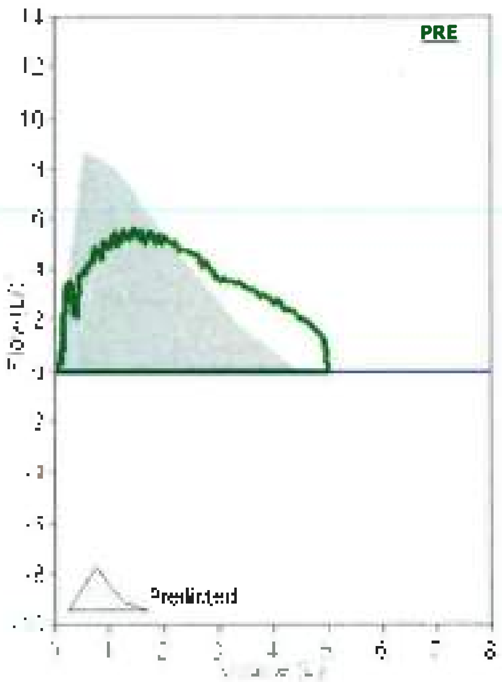
P.O. Box 1113, Postal Code 131, Al Azaiba Roundabout Al Salam Tower, Sultanate of Oman
Tel: 24617117 - 24617148 24617109

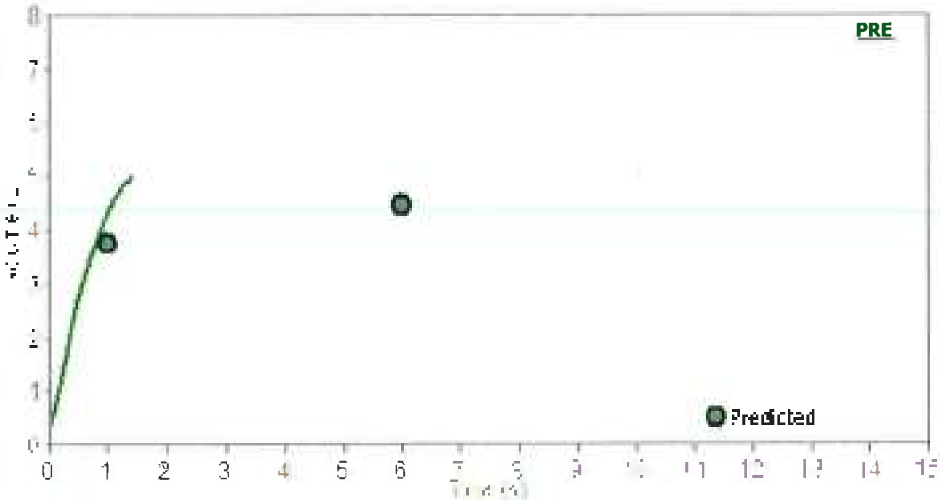
Pulmonary Function Test Results

Visit date 24/10/2022

Patient code	100839296	Age	32
Surname	ADNAN	Gender	Male
Name	MUHAMMAD	Height, cm	168
Date of birth	20/12/1989	Weight, kg	81
Ethnic group	Not defined	BMI	28.70
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 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	8.68	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					
FIVC	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 Knudson

Conclusion / Medical report

PEACE LAND MEDICAL CENTER
C.R. 1118849

Signature

Instrument used
Minispir S S/N C11507
Last calibration check 01/11/2021 09:35:10

Fitness for work certificate

Employee Data			Date	25/10/22
Name	MUHAMMAD ADNAN		Department/Company	HUCK Oman
I.D No.	100839296		Occupation	HSD

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 Until/ until			
Permanently Unfit			Date 25/10/22
Name of health advisor Signature			