PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	
Forenames	PERVAIZ AKHTAR
Address	10757627S - Premier Log
Home telephone number	94735657

Place of examination: mul — Date: 3/12/2020

If a dependant enter employee's name here: Surname: — Forenames:

Birth date: 16/7/79 — Nationality: Pakistani — Country of birth: Pakistan — Religion: Muslim

☑ Male ☐ Female — ☑ Married ☐ Single ☐ Separated /Divorced — Relationship to employee: ☐ Wife ☑ 2 Son ☑ 3 Daughter — Number of children: 5

Reason for examination: Pre-Employment ☐ Periodic medical check-up ☐ Pre-Overseas ☐ — Job: 4 - DD — 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		✓	42. Awarded benefits for industrial injury/illness		✓
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	43. Treated for a mental condition, e.g. depression		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓	44. Treated for problem drinking or drug abuse		✓
6. Hayfever /other significant allergy		✓	26. Stroke		✓	45. Exposed to toxic substance or noise		✓
7. Any skin trouble		✓	27. Serious chest pain		✓	FOR WOMEN ONLY		
8. Tuberculosis		✓	28. Any blood disease		✓	Have you ever had:-		
9. Shortness of breath		✓	29. Kidney disease		✓	46. An abnormal smear		
10. Coughed/vomited blood		✓	30. Blood in urine		✓	47. Any gynaecological treatment		
11. Severe abdominal pain		✓	31. Painful passage of urine		✓	48. Are you pregnant?		
12. Stomach ulcer		✓	32. Diabetes		✓	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
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? 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: 3/12/2020 — **Signature of Applicant:** Pervaiz

00380393

00214999

PEACE LAND MEDICAL CENTER

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
✓		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 (MMHG)	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
171	80	27.4	130/80	84 mins.	L N R	Uncorrected 6/6	6/6			N	
						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 +)	high	5.6%		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.)

Advise: Regular exercise & diet control

ASSESSMENT:

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

Date: 3/12/2020 Name (Block Capitals): Dr. / Nurse Signature:

DR. IMAD OMER AL-HAMEL
General Practitioner

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي
Peace Land Medical Center

Peace Land

Epworth Screening Questionnaire for Sleep Apnoea

Employee Data		Date: 3/12/2020
Name: Pervez Akhtar		Department/Company: H. DD.
I. D No. 10757627 5	Tel # 94735657	Occupation: H Doner

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

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

Signature: [signature] Date: 3/12/2020

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:	PERVAIZ AKHTAR	**Doc No:**	0004868
Age:	41 Y **Nationality:** PAKISTANI	**File No:**	0010576
Gender:	M	**Bill No:**	0014356
Ref. By:	DR. EMAD OMER	**Date:**	03/12/2020
GSM No.:	94735657	**Time:**	15:21

Test	Result	Normal Range
PREMIER LOGISTIC- PRE EMPLOYMENT MEDICAL ABOVE 40 YRS		
COMPLITE BLOOD COUNT		
RBC	6.6 10"9/l	Male 4.38 -4.98 10"2/l Female 4.5- 5.5 10"12/l
HAEMOGLOBIN	16.5 gm %	Male 13 - 16 gm % Female 11 - 14 gm %
HCT	48.2 %	Male 39.30 -44.10 % Female 37 -47 %
MCV	73 fl	84-94 fl
MCH	24.8 pg	27 - 33 pg
MCHC	34.1 g/dl	29.6 - 35.6 %
WBC COUNT	8.6 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	60 %	40-75 %
LYMPHOCYTE	34 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	199 10"9/l	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	71 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.44 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	27.7 U/L	0 - 35.0 U/L
S.G.P.T.	37.3 U/L	10 - 45 U/L

Medical Technologist

Peace Land Medical Center
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Gender:	M	**Bill No:**	0014356
Ref. By:	DR. EMAD OMER	**Date:**	03/12/2020
GSM No.:	94735657	**Time:**	15:21

Test	Result	Normal Range
GGT	41.9 mg/dl	0 - 55.0 mg/dl
ALBUMIN	4.1 mg/dl	3.50 - 5.20 mg/dl
TOTAL PROTEIN	6.6 mgd/l	6 - 8 mgd/l
S. BILIRUBIN DIRECT	0.12 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	38.3 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.86 mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	6.1 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	260 mg/dl	0.0 - 200 mg/dl
Triglyceride	226.5 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	63.3 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	151.4 mg/dl	< 100 mg/dl
VLDL	45.3 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	85.1 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	5 ml	
Colour	Yellow	
Sp. Gravity	1.000	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	

Medical Technologist

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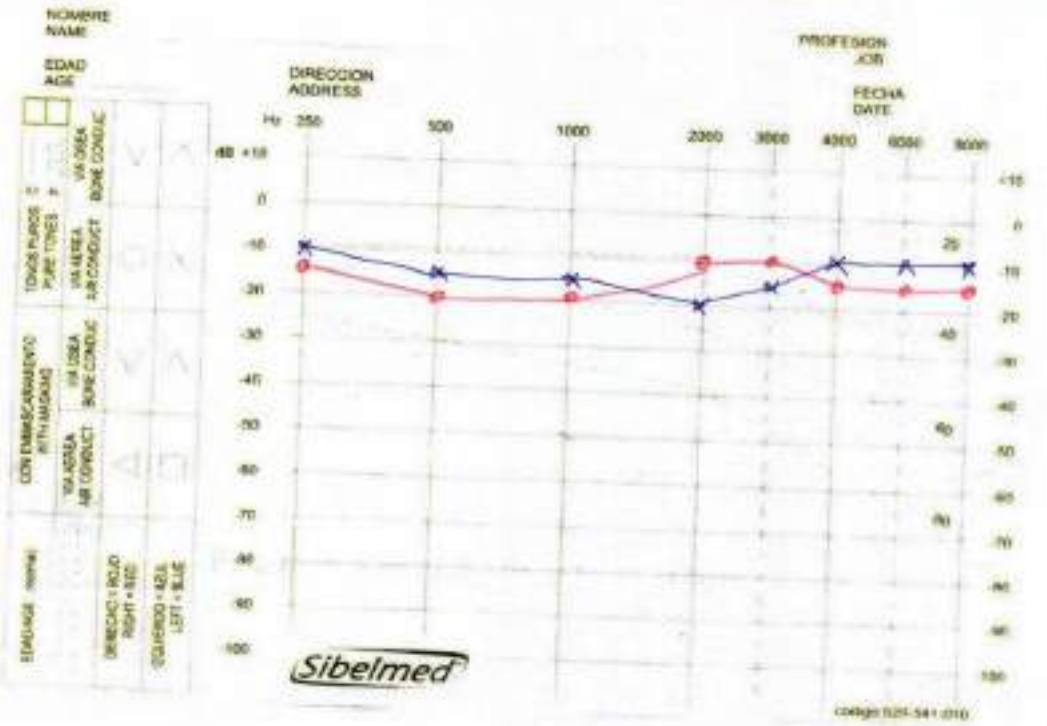
Ref. By:	DR. EMAD OMER	**Date:**	03/12/2020
GSM No.:	94735657	**Time:**	15:21

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

Medical Technologist

Peace Land Medical Center

AUDIOMETRY TEST REPORT			
Name:	PERVAIZ AKHTAR	Company	PREMIER LOGISTICS
Gender:	M	Occupation	H.D.D
Ref By:	Dr. Emad Omer	Date:	3/12/2020



INTERPRETATION
× LEFT EAR
○ RIGHT EAR

RESULT
☑ Normal
☐ Hearing Loss
☐ Left ☐ Right

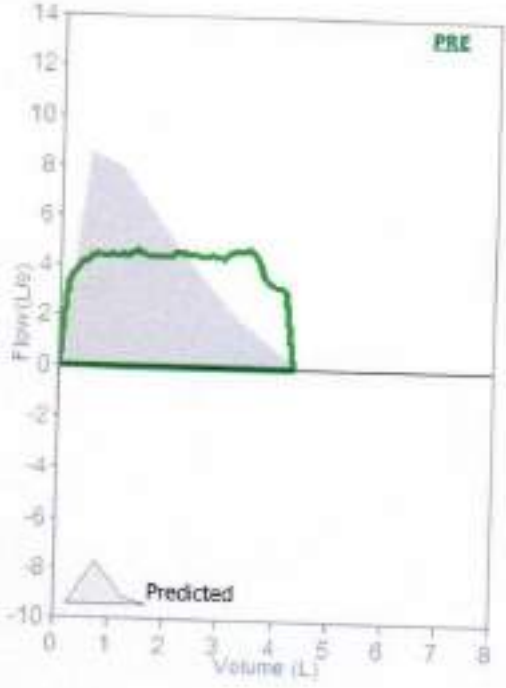
PEACE LAND MEDICAL CENTER

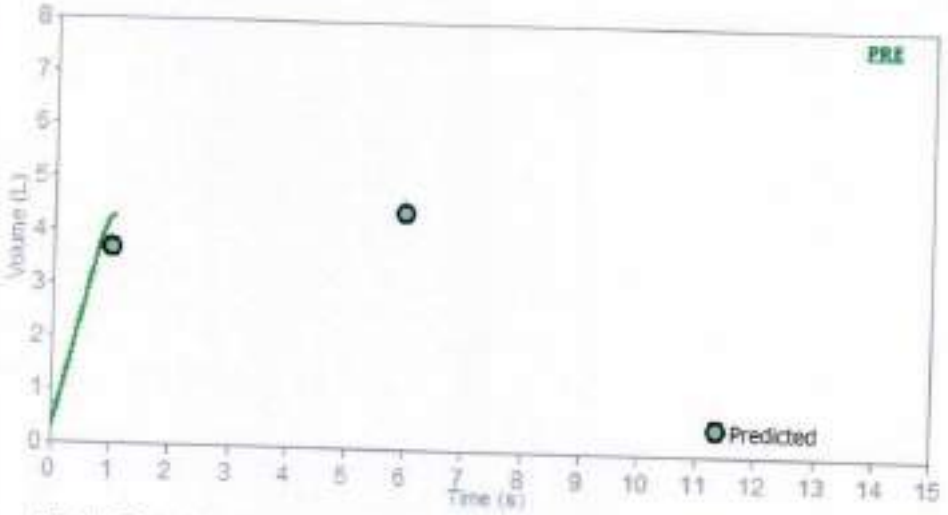
Pulmonary Function Test Results

Visit date 03/12/2020

Patient code	107578275	Age	41
Surname	AKHTAR	Gender	Male
Name	PERVAIZ	Height, cm	171
Date of birth	16/07/1979	Weight, kg	80
		BMI	27.36
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 03/12/2020 1:32:04 PM

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.38	4.43	4.29*	97	-0.22	4.29			*		
FEV1	L	2.80	3.66	4.28*	117	1.18	4.28			*		
FEV1/FVC	%	73.0	83.1	99.8*	120	2.70	99.8			*		
PEF	L/s	5.23	8.65	4.79*	55	-1.86	4.79			*		
ELA	Years		41	41	100		41					
FEF2575	L/s	2.11	3.90	4.51	116	0.57	4.51					
FET	s		6.00	1.04	17		1.04					
FIVC	L	3.38	4.43									
FEV1/VC	%	73.0	83.1									

*Best values from all loops - BTPS 1.101 23 °C (73.4 °F) - Predicted Knudson

Conclusion / Medical report

Signature

PEACE LAND MEDICAL CENTER

Instrument used
Minispir S S/N C11507

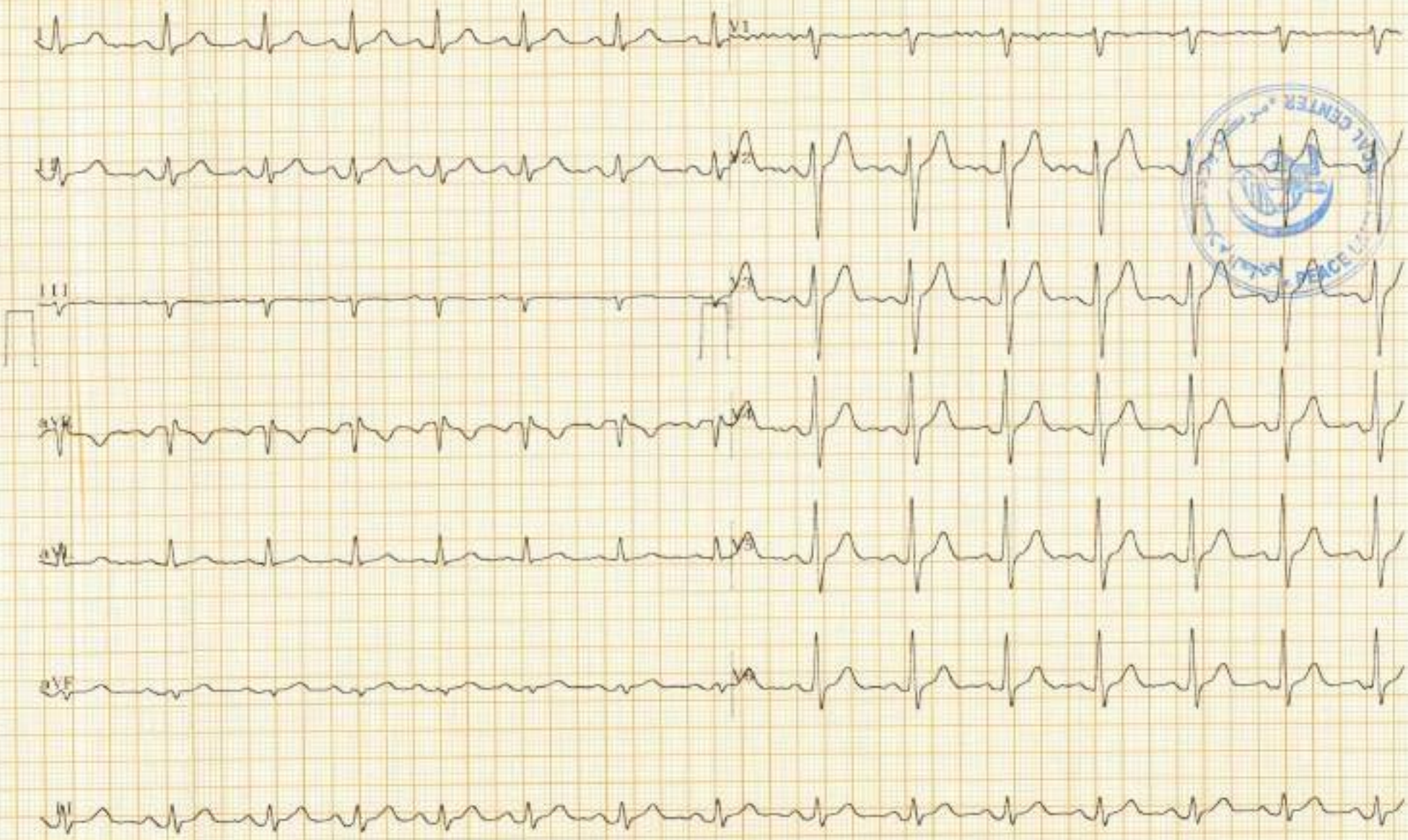
MIR

2020-12-03 13:38:34 6 Channel • 1 Rhythm Report

Hospital:
Prescribed by:

ID : PERVAIZ AKHTAR
Name:
yrs. /
cm / kg

Heart Rate: 87bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 172 ms Normal Sinus Rhythm
QRS Dur.: 108 ms Normal Axis
QT/QTc: 364/439 ms [Normal ECG]
P-R-T axes:
42 6 31



0.1Hz— 150Hz,AC50Hz,EMG. All Channels:10.0mm/mV,25.0mm/sec. CARDIO-M Ver5.09M,3D Medical Econet GmbH

Estimated 10-year Global CVD Risk

5.6%

Risk Category

Low Risk

Estimated Vascular Age

45 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)

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بلاد السلام

Fitness for work certificate

Employee Data			Date	31/12/2020
Name	Pervaiz Akhtar		Department/Company	Premier logistics
I.D No.	Age	1075 78275	Occupation	H-D-D

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*	
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	Date		31/12/2020

Dr. IMAD OMER ALTAMEEN
General Practitioner

ص.ب : ١٤٠٣، الرمز البريدي : ١٣٣، دوار العذيبة مبنى ابراج الصحوة مبنى ٢، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف : ٢٤٦١٧١١٧/٢٤٦١٧١٤٨/٢٤٦١٧١٤٩