PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	REHMAN ABDUL
Forenames	BASHIR AHMED
Address	111641696 - Truck oman
Home telephone number	97550728

Place of examination: mct	Date: 1/6/21		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: 3/1/77	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: HELPER 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: 1/6/21 — **Signature of Applicant:** [signature]

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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 (MMHG)	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
175	97	31.7	147/93	77 /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 +)		11-2%		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.)

HTN on Antihistamines (Loratadine)

ASSESSMENT:

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

Date: 1/6/2021 Name (Block Capitals): Dr. / Nurse Signature:

PEACE LAND MEDICAL CENTER

DR. ABDULRAHMAN ABDULLATEF
General Practitioner
MOH License No.: 13885

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		Date: 11/6/20.
Name: Bashir Ahmed		Department/Company: Truck Oman
I. D No 11641696	Tel #	Occupation : A.DD

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

Signature: _____ Date: _____

P.O. Box 1463, Postal Code 133, Al Azaiba Roundabout al Sahwa Tower, Sultanate of Oman
Tel: 24617117, 24617148, 24617149

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:	BASHIR AHMED REHMAN ABDUL	**Doc No:**	0009616
Age:	44 Y **Nationality:** PAKISTANI	**File No:**	0015382
Gender:	M	**Bill No:**	0019472
Ref. By:	DR. EMAD OMER	**Date:**	01/06/2021
GSM No.:	97550728	**Time:**	13:53

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS		
COMPLITE BLOOD COUNT		
RBC	**5.2 10"9/l**	Male 4.38 -4.98 10"2/l Female 4.5- 5.5 10"12/l
HAEMOGLOBIN	**14.9 gm %**	Male 13 - 16 gm % Female 11 - 14 gm %
HCT	**42.5 %**	Male 39.30 -44.10 % Female 37 -47 %
MCV	**81 fl**	84-94 fl
MCH	28.2 pg	27 - 33 pg
MCHC	**35.0 g/dl**	29.6 - 35.6 %
WBC COUNT	**8.2 10"9 d/l**	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	65 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**292 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	**122 U/L**	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.90 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**30.9 U/L**	0 - 35.0 U/L
S.G.P.T.	**31.4 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

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Ref. By:	DR. EMAD OMER	**Date:**	01/06/2021
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Test	Result	Normal Range
GGT	54.8 mg/dl	0 - 55.0 mg/dl
ALBUMIN	4.6 mg/dl	3.50 - 5.20 mg/dl
TOTAL PROTEIN	7.1 mgd/l	6 - 8 mgd/l
S. BILIRUBIN DIRECT	0.17 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	18.6 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.80 mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	4.6 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	164 mg/dl	0.0 - 200 mg/dl
Triglyceride	180.9 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	44.8 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	83.1 mg/dl	< 100 mg/dl
VLDL	36.1 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	110.0 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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Name:	BASHIR AHMED REHMAN ABDUL	**Doc No:**	0009616
Age:	44 Y **Nationality:** PAKISTANI	**File No:**	0015382
Gender:	M	**Bill No:**	0019472
Ref. By:	DR. EMAD OMER	**Date:**	01/06/2021
GSM No.:	97550728	**Time:**	13:53

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	

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.....
Medical Technologist

ID : Bashir
Name:
yrs. /
kg

Heart Rate: 77bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 132 ms Normal Sinus Rhythm
QRS Dur.: 98 ms Normal Axis
QT/QTc: 390/440 ms Inferior MI
P-R-T axes: [Markedly Abnormal ECG]
63 4 33

Prescribed by:

0.1Hz—150Hz, AC50Hz, EMG. All Channels: 10.0mm/mV, 25.0mm/sec. CARDIO-M Ver5.09M.30 Medical Econet G

Estimated 10-year Global CVD Risk

11.2%

Risk Category

Moderate Risk

Estimated Vascular Age

57 Years

Treatment Guidelines

ATP-III (2004)
Treatment Targets
LDL <130 mg/dL (<3.37 mmol/L)
Non-HDL <160 mg/dL (<4.14 mmol/L)

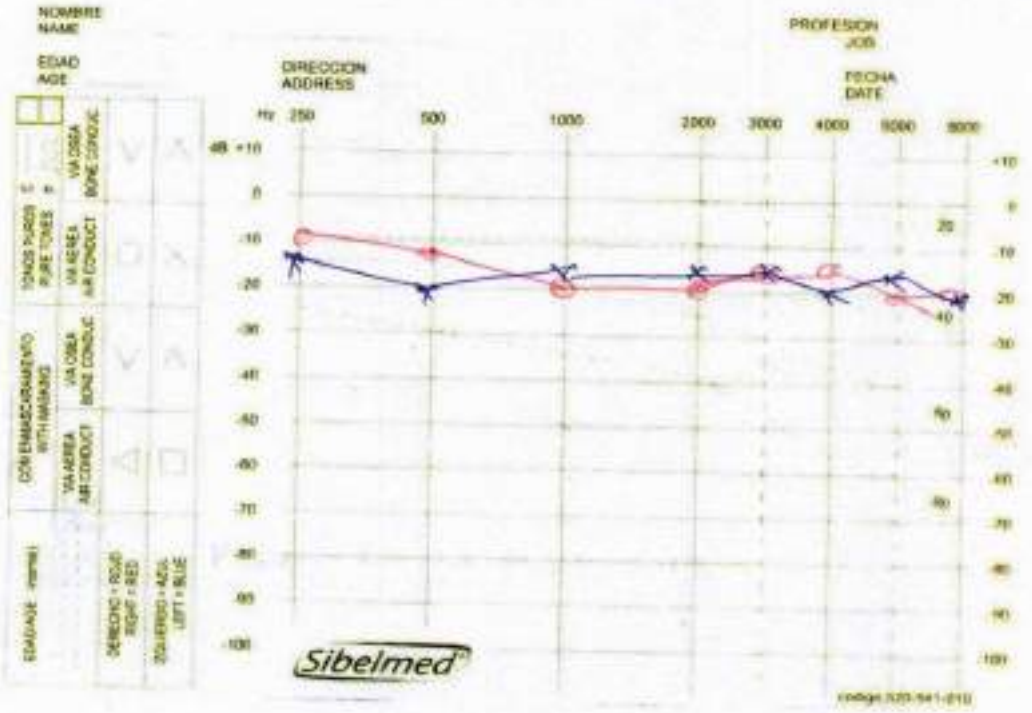
CCS (2009)
Initiate Pharmacotherapy if
LDL >3.5 mmol/L (>135 mg/dL)
TChol/HDL-C >5 mmol/L (>193 mg/dL)
hsCRP >2 mg/L in men >50 years and women >60 years
FHx and moderate risk hsCRP

Treatment Targets
LDL <2 mmol/L (<77 mg/dL) or ≥50 % decrease in LDL-C
apoB <0.8 g/L (80 mg/dL)

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			
Name:	Bashir Ahmed	Company	Tawil Omar
Gender:	M	Occupation	HOD
Ref By:	Dr. Emad Omer	Date:	1/6/21



INTERPRETATION
× LEFT EAR
O RIGHT EAR

RESULT
☑ Normal
☐ Hearing Loss
☐ Left ☐ Right

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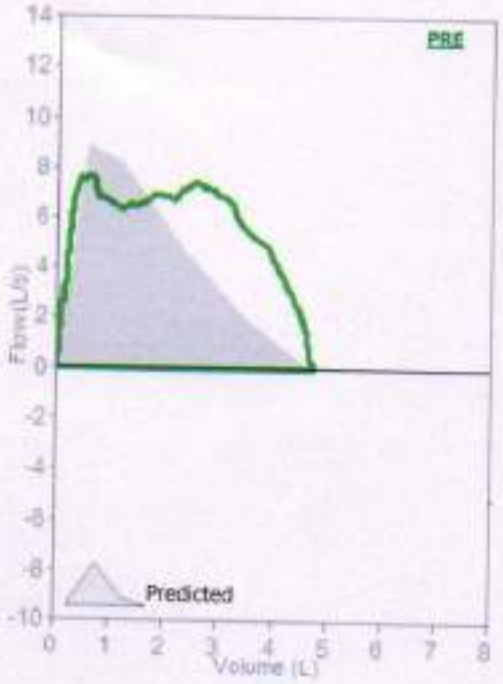
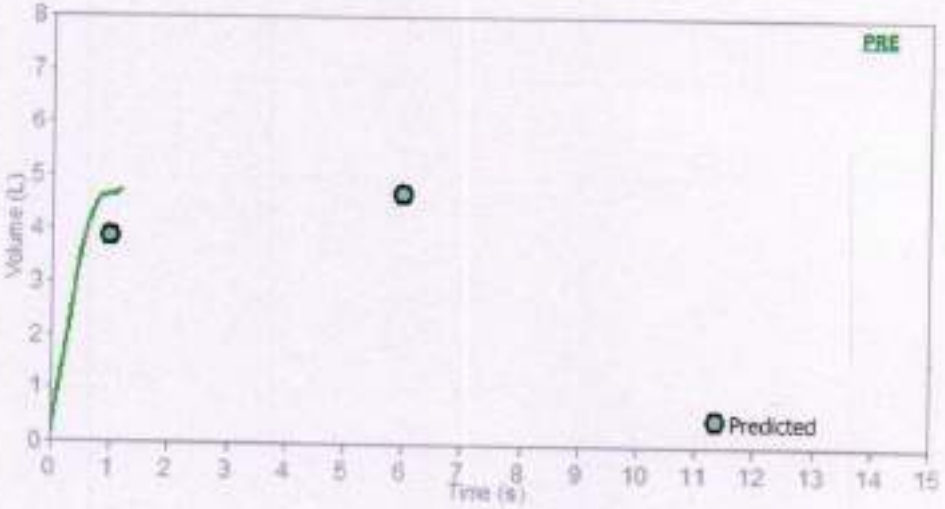
Pulmonary Function Test Results

Visit date 01/06/2021

Patient code	111641969	Age	44
Surname	AHMED	Gender	Male
Name	BASHIR	Height, cm	175
Date of birth	03/01/1977	Weight, kg	97
		BMI	31.67
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 01/06/2021 09:01:53

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.63	4.68	4.73*	101	0.08	4.73			*		
FEV1	L	2.98	3.84	4.69*	122	1.63	4.69			*		
FEV1/FVC	%	72.1	82.3	99.2*	121	2.74	99.2			*		
PEF	L/s	5.50	8.92	7.77*	87	-0.55	7.77			*		
ELA	Years		44	44	100		44					
FEF2575	L/s	2.24	4.02	6.74	168	2.52	6.74					
FET	s		6.00	1.15	19		1.15					
FIVC	L	3.63	4.68									
FEV1/VC	%	72.1	82.3									

*Best values from all loops - BTPS 1.097 24 °C (75.2 °F) - Predicted Knudson

Conclusion / Medical report

Signature

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Instrument used
Minispir S S/N C11507

MIR

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

Fitness for work certificate

Employee Data		Date	1/6/2021
Name	BASHIR AHMED	Department/Company	Truck Oman
I.D No.	11641696	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			FIT
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		1/6/2021

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