PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname

Forenames: BASHIR AHMED

Address: 11611696. Company Name: T.M.

Home telephone number: 97550728

Place of examination: Mark Date: 31/5/23.

If a dependant enters employee's name here:

Surname: Forenames:

Birth date: 3/1/77 Nationality: Pakistani Country of birth: Pakistan Religion: Muslim.

[x] Male [ ] Female [x] Married [ ] Single [ ] Separated /Divorced

Relationship to employee: [ ] Wife [ ] Son [ ] Daughter Number of children: 1

Reason for examination: Pre-Employment [ ] Periodic medical check-up [x] Pre-Overseas [ ] Job: HDD Area:

Name and address of family doctor (1) (2)

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 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 (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? No

Average daily alcohol consumption No

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: 31/5/2023 Signature of Applicant: [signature]

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)

N	A		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.	PULSE	HEARING	VISION	Colour Vision	Blood Group
175	98	32	140/90	82/mins.	L: – R: N	DISTANT R L — Uncorrected 6/6 6/6; Corrected —. NEAR R L	N	

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS		N	A	
—		1. Urinalysis				
—		2. Hb, Bloodcount, ESR		—		7. Audiogram
—		3. LFT, RFT, RBS				8. Lung Function
		4. Drug Screen				9. Chest X-Ray
—		5. Lipids (40 years +)		—		10. ECG
—		6. Sickle Cell test	18.4	—		11. CVS risk for 40 yrs. & above
						12. HIV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

LSM – Diet, exercise, ↓ wt strictly advised.
– HTN/DM on Rx; Fitness from peaceland (cardio)
– Review after 3 months c̄ B.P. charting / Sugar charting.

FIT

ASSESSMENT:

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

Date: 1/6/23 Name (Block Capitals): Dr. / Nurse Signature: [signature]

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
رقم الترخيص 3775

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

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

BASHIR AHMED REHMAN ABDUL
0016282 # 46 Y/M 78018 31/05/23 09:29 C0526

Name:	Date: 31/5/23
I. D No:	Department/Company: T.O
Tel #	Occupation: H 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	

If you score a total of 13 or more you should seek advice from medical personnel on site before continuing to drive or operating machinery at the workplace.

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

Signature: Bash Date: 31/5/23

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:	BASHIR AHMED REHMAN ABDUL	**Doc No:**	0033938
Age:	46 Y **Nationality:** PAKISTANI	**File No:**	0015382
Gender:	M	**Bill No:**	0050645
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	01/06/2023
GSM No.:	97550728	**Time:**	09:44

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS		
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	14.6 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	41.8 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	28.0 pg	27 - 33 pg
MCHC	32.8 g/dl	29.6 - 35.6 %
WBC COUNT	7.7 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	67 %	40-75 %
LYMPHOCYTE	27 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**282 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	108 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**1.0 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**20.7 U/L**	0 - 35.0 U/L
S.G.P.T.	**23.7 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

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Age:	46 Y **Nationality:** PAKISTANI	**File No:**	0015382
Gender:	M	**Bill No:**	0050645
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	01/06/2023
GSM No.:	97550728	**Time:**	09:44

Test	Result	Normal Range
ALBUMIN	**4.3 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.6 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.20 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**18.8 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.71 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	**149 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**150.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**36.1 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**82.9 mg/dl**	< 100 mg/dl
VLDL	**30.0 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	100.0 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

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Gender:	M	**Bill No:**	0050645
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	01/06/2023
GSM No.:	97550728	**Time:**	09:44

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

.....
Medical Technologist

Peace Land Medical Center

AL SAHWA TOWER 2, AZAIBA
PO BOX 1403 , POSTAL CODE 133
Phone: 24617116, 24617117
Fax:24617115
Email:medicalcenter@peacelandenergy.com

Summary Report

Personal Details

Name : BASHIR AHMED REHMAN ABDUL **Age :** 46 Y (03/01/1977) **Gender :** Male **ID No :** 15382

Date : 01-Jun-2023 15:29 PM

Marital Status : Married **ID Card No :** 111641696

Refered by : --

Company : TRUCK OMAN EQUIPMENT RENTEL LLC (Credit)

Policy No : **Certificate No :**

Address : GHALAL **Email Id :** --

Nationality : PAKISTANI **Phone :** 97550728

Presenting Symptoms

No.	Complaints	Duration
1.	MEDICAL CHECK UP	0 Day

Personal History

Diseases: DM : YES , HTN : YES , CAD : NO , Br. Asthma : NO , Bleeding Dis : NO , Others : NO ,

Physical Examination

Physical Examination

Ht : -- cm
Wt : -- Kg
Temp : -- °F -- °C
Pallor : No
Oedema : No
Jaundice : No
Cyanosis : No
Goitre : No
Tremor : No
Pulse : Normal
Rhythm : Regular

Volume : Normal
Character : Normal
Vessel Wall : Normal
Cardiomegaly : No
JVP : Not Elevated
Carotid Bruit : No
S1 : Normal
S2 : Normal
S3 : Not Present
S4 : Not Present
Systolic Click : No
Opening Snap Absent
Murmurs : No

Provisional Diagnosis

Provisional Diagnosis	No.	ICD Code	Diagnosis
	1.		UNCONTROLLED HTN

Prescription

No.	Code	Medicines	Dosage	Duration	Qty	Remarks
1.		VALSARTAN / AMLODIPINE / HYDROCHLOROTHIZIDE TAB 160/5/12.5 MG	1-0-0	30 Day	30	ONCE DAILY
2.	22007113	ATORLIP 20MG TABLETS 30,S	1-0-0	Day	30	ONCE DAILY

Advice

Advice

LSM & RFR (WEIGHT LOSS, DIET, EXERCISE)
MFU 3 MONTHS LATER BY INTERNIST (HTN)
TAKE THE MEDICINES PROPERLY
FIT FOR WORK FROM CARDIAC POINT OF VIEW AT PRESENT.

PEACE LAND MEDICAL CENTER C.R: 1118919

DR. SHIMA
CARDIOLOGY SPECIALIST
CARDIOLOGY
M.O.H. Reg. No. 21962

12 Channel + 1 Rhythm Report

Hospital:

Prescribed by:

ID :

BAGHIR AHMED REHMAN ABDUL

78018 31/05/29-08:29

ECG

Heart Rate: 81bpm ** Analysis Result ** (To be finally confirmed by cardiologist)

PR Int.: 144 ms Normal Sinus Rhythm

QRS Dur.: 92 ms Normal Axis

QT/QTc: 376/433 ms Inferior MI

P-R-T axes: [Markedly Abnormal ECG]

64 11 15

I

II

III

aVR

aVL

aVF

V1

V2

V3

V4

V5

V6

III

0.1Hz- 150Hz, AC50Hz.

All Channels:10.0mm/mV, 25.0mm/sec.

EKG2000 Ver5.05M.30 Bionet Co., Ltd.

Results

Copy Results

Estimated 10-year Global CVD Risk

18.4%*

Risk Category

High Risk*

Estimated Vascular Age

68 Years*

***Due to this patient being diabetic, they are placed in the High Risk Category and should be treated based on the following guidelines.**

Treatment Guidelines

ATP-III (2004)
Treatment Targets
LDL <100 mg/dL (<2.59 mmol/L)
Non-HDL <130 mg/dL (<3.37 mmol/L)

CCS (2009)
Treatment Targets
LDL <2 mmol/L (<77 mg/dL) or ≥50 % decrease in LDL-C
apoB <0.8 g/L (80 mg/dL)

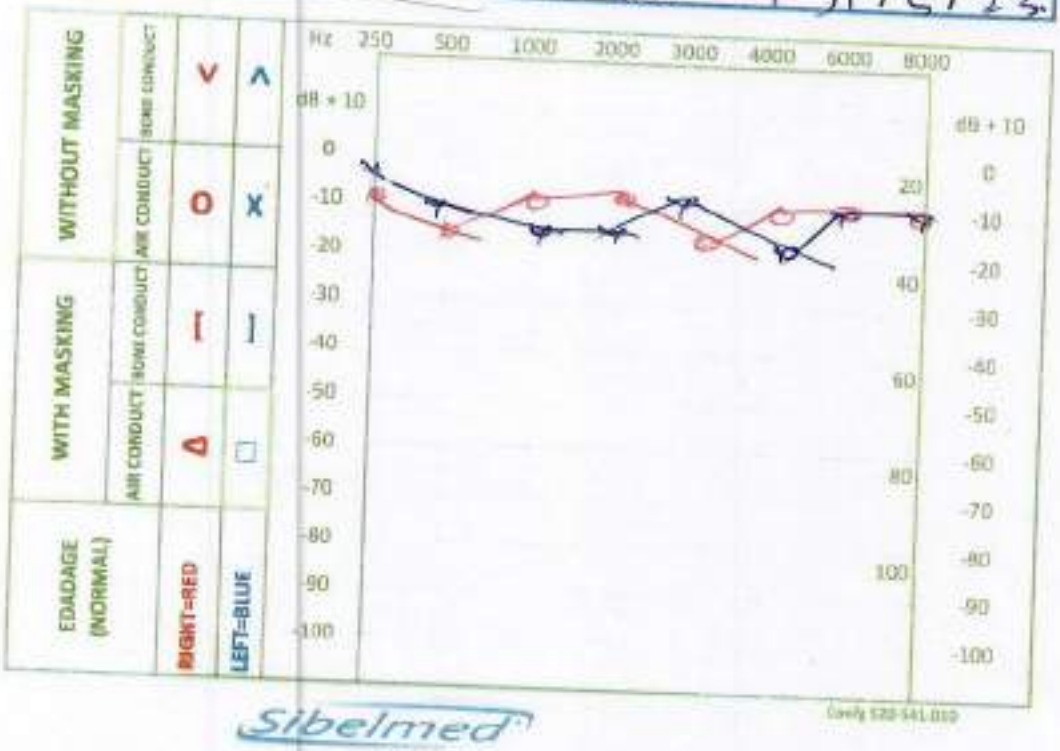
ESC (2007, see Info for more)
Treatment Targets
LDL <2-2.5 mmol/L (<80-100 mg/dL)
TChol <4-4.5 mmol/L (<155-175 mg/dL)

مركز بلاد السلام الطبي
Peace Land Medical Center

BASHIR AHMED REHWAN ABDUL
31/05/23 08:28

AUDIOMETRY TEST REPORT

NAME		COMPANY	T-O
AGE		OCCUPATION	4-DD
REF. BY		DATE	31/5/23.



INTERPRETATION
- X LEFT EAR
- O RIGHT EAR

RESULT
- NORMAL
- HEARING LOSS
- RIGHT
- LEFT

ص.ب ١٤٠٣، الرمز البريدي ١٣٣، نوار القديمة حول دوار الصحوة مبنى ٣، سلطنة عمان
P.O. Box 1403, Postal Code 133, Al Azaiba, Roundabout al Sanwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف: ٢٤٦١٧١١٧/ ٢٤٦١٧١٤٨/ ٢٤٦١٧١٤٩

مركز بلاد السلام الطبي
Peace Land Medical Center

Fitness for work certificate

Employee Data	BASHIR AHMED REHMAN ABDUL 00508 31/05/23 08:29	Date	
Name		Department/Company	
I.D No.		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*	FIT
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			
Permanently Unfit			Date 1/6/23.
Name of health advisor Signature			

مركز بلاد السلام الطبي * PEACE LAND MEDICAL * 2775

Dr. AKBAR ASSI
General Practitioner
MOH Lic. No. 4408

P.O. Box 1403 Postal Code : 133, Al Akaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149