OUTSIDE PRESCRIPTION

NAME: BASHIR AHMED
ID: 26184
Re:

Internal medicine
Consultation for
high BP, FBS, Triglyceride
and ECG changes
- Need former Card Reports

Appendix 33: EX2 Form (Routine/Periodic Medical Examination)

ident:26192 Reg.Dt: 18/06/202 **TINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)**

me: BASHIR AHMED
nder: Male Nationality: PAKISTAN
e: 48Y Mar. Status: Marrie **evelopment Oman**
dress: **AL DEPARTMENT**

Surname/ Forenames	BASHIR AHMED
Nationality	PAKISTANI D.O.B: 03-01-1977
Mobile No. 97550728 Address: 111641696	Company Number: 7001 Reference Indicator:

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Personal Details

A ☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated /Divorced /Widow(er)

Home/Leave Address: Relationship to employee ☐ Wife ☑ Son ☐ Daughter No of Children: 2

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☑ Final / Retirement ☐ Other Reason: ☐

Employee only

B Present Job and Location: HD DRIVER Next Job and Location:

Are you a registered person with special needs? ☐ Do you belong to any Medical Insurance Scheme? ☐

Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.

Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' please describe

		N	Y	Description
Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?		√		
1	Ear, nose, eye or throat problems	√		
2	Chest problems like asthma, bronchitis, another bad cough	√		
3	Heart abnormality, chest pains	√		
4	Abdominal pains, abnormal bowel motions	√		
5	Urogenital problems (kidney disease, menstrual disorder)	√		
6	Skin trouble or allergies	√		
7	Epileptic fits, dizzy spells or migraine	√		
8	History of mental illness, depression anxiety	√		
9	Diabetes, thyroid disease ,history of Hypertension	√	✓	DM & HTN ON MEDICATION
10	Blood disorder e.g. anaemia, blood cancer e.g. leukaemia	√		
11	Any history of accidents or fractures	√		
12	Have you had any serious allergies	√		
13	Do any dependants have a significant ongoing illness?	√		
14	Any family history of cancers	√		
Do you take any regular medicines, or have your taken in the past?		√	✓	T. METFORMIN 500MG - OD
Do you smoke? If yes, what and how much each day?		√		T. LOSARTEN 50MG - OD
Do you drink alcohol? If yes, what is your average weekly intake?		√		
Have you ever taken elicited/recreational drugs?		√		
Are you doing regular sports or physical activities?		√		

STATEMENT: I have read the above questions and the above answers are correct and no information concerning my present or past state of health has been withheld. . I understand and agree that this form will be held as a confidential record by PDO Medical Department, and may be copied (by paper or secure electronic transmission) to the Occupational Health Services for the purpose of Health Surveillance and other Occupational Health review.

Date: 18-06-2025 **Signature of Applicant:**

Appendix 33: EX2 Form (Routine/Periodic Medical Examination)

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

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.

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	Color Vision
177	95	30.3	160/90 mmHg	86 /mins.	L N R N.	DISTANT R L / NEAR R L Uncorrected 6/6 6/6 Corrected	1. Normal ✓ 2. Abnormal

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
		1. Urinalysis				7. Audiogram
		2. Hb, Blood count, ESR				8. Lung Function
		3. LFT, RFT, RBS				9. Chest X-Ray
		4. Drug Screen				10. ECG
		5. Lipids (40 years +)				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.)

FIT

ASSESSMENT AND RECOMMENDATIONS:

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

FIT

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

REVIEW/CONSULTATION

Follow up after one month.
Advise lifestyle modification, diet counsel
physical activity
and medication

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

مركز بلاد السلام الطبي
Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea		
NAME: BASHIR AHMED	COMPANY: [illegible] RENTAL	
ID No: 111641696	OCCUPATION: HD DRIVER	
Mob.No: 97550728	GENDER: M / F	DATE: 18/6/2025

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-Hight chance of dozing

0 Sitting and reading
0 Watching TV
0 Sitting inactive in a public place(e.g.Teatere 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 AHMED (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: [signature]

Date: 18/06/2025

P.O. Box 1403, Postal Code : 133, Al Azaiba Roundabout at Bahwa Tower, Sultanate of Oman
Tel : 24617117 : 24617108 : 24617149

Peaceland Medical Service LLC, Mukhaizna
CR No.:2/13627/0, P.O.Box: 1483,
Postal Code: 133,
Occidental Camp Mukhaizna, Sultanate of Oman

PATIENT DETAILS :

Patient ID	: 26192	Doc No	: 13913
Name	: BASHIR AHMED	Doc Date	: 2025-06-18T17:43:00
Age	: 48Y	Bill No	: 35787
Gender	: Male	Date	: 18/06/2025 17:43 PM
Nationality	: PAKISTANI	Customer	: TRUCKOMAN OIL & GAS SERVICES (SOUTH)
GSM No	: 97550728	Ref.by	: DR.HAMMAD ISMAIL

TEST RESULT : PDOM PDO MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
PDO MEDICAL CHECKUP			
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	126 u/l	44-147 U/ L	
T. BILIRUBIN	1.6 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.4 mg / dl	up to 0.4 mg /dl	
IINDIRECT BILIRUBIN	1.2 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	20 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	18 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	8 g /dl	New born 5.2 - 9.1 g /dl Children 5.4 - 8.7 g /dl Adult 6.7 - 8.7 g /dl	
ALBUMIN	5 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	25 mg / dl	10-50 mg /dl	
S.CREATININE	0.7 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	4 mg / dl	3.4 - 7.2 mg /dl	
FASTING BLOOD SUGAR	144 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.015		
pH	Acidic		
Appearance	Clear		
CHEMICAL	0		
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC.			
PUS_CELLS	1-2		
EPITHELIAL CELLS	1-2		
RBCS	1-2		

Lab Technician | Lab Technician | Lab Technician

Dr Lab Technologist | Dr Lab Technologist | Dr Lab Technologist

Printed at: 18/06/2025 17:46:24 | Signed at: 18/06/2025 17:46:24

CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
COMPLETE BLOOD COUNT		
RBC	5.5 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu
HAEMOGLOBIN	15.6 gm %	Male 13 - 18 gm % Female 11 - 15 gm %
HCT	46 %	Male 42 -52 % Female 37 -47 %
MCV	82 fl	76 - 96 fl
MCH	28 pg	27 - 33 pg
MCHC	34 %	32 36 %
WBC COUNT	6000 cells/cumm	4000 - 11 000 cells / cu mm
DIFFERENTIAL COUNT		
NEUTROPHIL	67 %	40-75 %
LYMPHOCYTE	25 %	20-45 %
EOSINOPHIL	3 %	1-6 %
MONOCYTE	5 %	2-8%
BASOPHIL	0 %	0-1%
PLATELET	2.6 lakhs/cumm	1.5 - 4.5 lakhs / cu mm
LIPID PROFILE		
Total Cholesterol	187 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl
Triglyceride	402 mg/dl	Normal 0.0 - 150 mg/dl
HDL - CHOL	61 mg/dl	35.0 - 79.0 mg /dl
LDL - CHOL	123 mg/dl	< 130 mg/dl

Remarks:

PLMS MUQDAIZNA

2022-01-09 08:57:18

Patient:26192 Reg.Dt: 18/06/20

Name: BASHIR AHMED

Gender: Male Nationality: PAKISTA

Age: 48Y Mar. Status: Marri

Address:

Custom1:

Custom2:

Custom3:

AUTO 5mm/mV

Data for reference only:

HR	bpm	:	80
PR Interval	ms	:	149
P Duration	ms	:	115
QRS Duration	ms	:	91
T Duration	ms	:	191
QT/QTc	ms	:	368/424
P/QRS/T Axis	deg	:	70.2/14.2/20.6
R(V5)/S(V1)	mV	:	1.18/1.50
R(V5)+S(V1)	mV	:	2.68

<< Conclusions >>

Normal Sinus Rhythm;
Cardiac electric axis normal;

Report need physician confirm

Physician:

5mm/mV

I

II

III

aVR

aVL

aVF

V1

V2

V3

V4

V5

V6

II 5mm/mV

25mm/s AC50Hz DFT0.5Hz

PATIENT ID: 26192

Estimated 10-year Global CVD Risk

13.20%

Risk Category

High Risk

Estimated Vascular Age

60 Years

Treatment Guidelines

ATP-III (2004)
Treatment Targets

LDL <100 mg/dL (<2.59 mmol/L)
Non-HDL <130 mg/dL (<3.37 mmol/L)

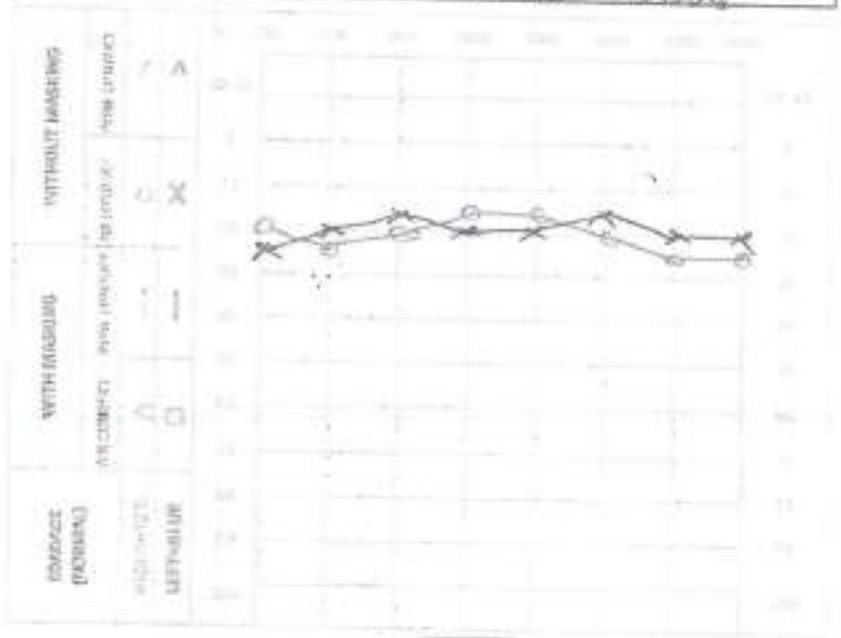
CCS (2009)
Treatment Targets

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)

AUDIOMETRY TEST REPORT		
NAME: BASHIR AHMED.		COMPANY: TER
AGE: 23/01/72	GENDER: M/F	OCCUPATION: HD DRIVER
REF. BY:		DATE: 19/06/2020



INTERPRETATION
E LEFT EAR

RESULT
✓ NORMAL
HEARING LOSS
RIGHT
LEFT

مركز بلاد السلام الطبي

Peace Land Medical Center

Peace Land

Fitness for work certificate

Employee Data		Date 18/06/2025
Name BASHIR AHMED.		Department/Company TRR
I.D No. 111C41C9C		Occupation HD DRIVER

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			

nmc specialty hospital,al-hail

P.O BOX : 613, Postal Code : 133
al-hail
24269222

Fitness Certificate

Empno:

Date of issue : *22/06/2025*

Ref No : *0000053/FIT/NMC/2025*

This is to certify that Mr. / Mrs. *BASHIR AHMED REHAN ABDUL* with file no *50101426* and Resident card no. *111641696* was *Treated* at *NMC AL HAIL* on *22/06/2025* and will be *FIT FOR WORK* from the medical point of view starting from *22/06/2025*

DIAGNOSIS
I10-Essential (Primary) Hypertension,E78.2-Mixed Hyperlipidemia

Remarks
O/E WAS FOUND CLINICALLY STABLE, AFEBRILE, CARDIOPULMONARY UNREMARKABLE, BP 140/75 mmHg, HR 116 x' regular, RR 18 x', O2 Sat 97%. LABORATORY REPORTED HYPERTRIGLYCERIDEMIA ON ORAL MEDICATION. ADVISED LIFESTYLE MODIFICATION, DIET COUNSELLING, PHYSICAL ACTIVITY. FOLLOW UP OPD AFTER ONE MONTH.

DR JOSE ARAUJO

Place: *nmc specialty hospital,al-hail*

Signature

(Hospital Seal)