PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname: LATIF MUHAMMAD.
Forenames: NADEEM MUHAMMAD
Address: CC0268226 - Truck Oman
Home telephone number: 97689915

Place of examination
Date: 1/6/21

If a dependant enter employee's name here:
Surname:
Forenames:
Birth date: 7/11/87 Nationality: Pakistani
Country of birth: Pakistan Religion: Muslim.
Relationship to employee: Wife [ ] Son [ ] Daughter [ ]
Number of children:
[✓] Male [ ] Female
[✓] Married [ ] Single [ ] Separated /Divorced
Job: H.DD
Area:
Reason for examination: Pre-Employment [ ] Periodic medical check-up [ ] Pre-Overseas [ ]
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	HAVE YOU EVER BEEN:-	Y	N
1. Sinus trouble		✓	21. Cancer		✓	41. Rejected for employment or insurance for medical reasons		✓
2. Neck swelling/glands		✓	22. Heart Disease		✓	42. Awarded benefits for industrial injury/illness		✓
3. Difficulty in vision		✓	23. Rheumatic fever		✓	43. Treated for a mental condition, e.g. depression		✓
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	44. Treated for problem drinking or drug abuse		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓	45. Exposed to toxic substance or noise		✓
6. Hayfever /other significant allergy		✓	26. Stroke		✓	FOR WOMEN ONLY		
7. Any skin trouble		✓	27. Serious chest pain		✓	Have you ever had:-		
8. Tuberculosis		✓	28. Any blood disease		✓	46. An abnormal smear		✓
9. Shortness of breath		✓	29. Kidney disease		✓	47. Any gynaecological treatment		✓
10. Coughed/vomited blood		✓	30. Blood in urine		✓	48. Are you pregnant?		✓
11. Severe abdominal pain		✓	31. Painful passage of urine		✓	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		✓
12. Stomach ulcer		✓	32. Diabetes		✓			
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 ( ) Heart disease ( ) Tuberculosis ( ) High blood pressure ( ) Epilepsy ( ) Stroke ( ) Asthma ( ) Blood Disease ( ) Eczema ( ) 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: Nadeem

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
175	85	27.8	132/84	75/mins.	L N R	Uncorrected 6/6	6/6			N	
						Corrected					

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
	✓	1. Urinalysis	Glucosuria	✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR	high sugar	✓		8. Lung Function
	✓	3. LFT, RFT, RBS				9. Chest X-Ray
		4. Drug Screen	high Tcn			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.)
" Diabetic on medication Calous "
Advise regular follow up.

ASSESSMENT:

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

Date: 7/6/2021 Name (Block Capitals): Dr. / Nurse Signature:

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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: 1/6/21
Name: Nadeem muhamm	Department/Company: Trucking
I. D No. 00268226 Tel #	Occupation: H.D

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

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Signature: Nadeem Date: 1/6/2021

P.O. Box 1483, 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:	NADEEM MUHAMMAD LATIF MUHAMMAD	**Doc No:**	0009615
Age:	33 Y **Nationality:**	**File No:**	0015383
Gender:	M	**Bill No:**	0019473
Ref. By:	DR. EMAD OMER	**Date:**	01/06/2021
GSM No.:	97689915	**Time:**	13.45

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	**5.3 10"9/l**	Male 4.38 -4.98 10"2/l Female 4.5- 5.5 10"12/l
HAEMOGLOBIN	**15.6 gm %**	Male 13 - 16 gm % Female 11 - 14 gm %
HCT	**45.9 %**	Male 39.30 -44.10 % Female 37 -47 %
MCV	**85 fl**	84-94 fl
MCH	29.0 pg	27 - 33 pg
MCHC	**33.9 g/dl**	29.6 - 35.6 %
WBC COUNT	**8.0 10"9 d/l**	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	60 %	40-75 %
LYMPHOCYTE	38 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	01 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**223 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	**80 U/L**	53 - 128 U/L
S. BILIRUBIN TOTAL	**1.0 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**25.4 U/L**	0 - 35.0 U/L
S.G.P.T.	**45.0 U/L**	10 - 45 U/L

Medical Technologist

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

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Age:	33 Y **Nationality:**	**File No:**	0015383
Gender:	M	**Bill No:**	0019473
Ref. By:	DR. EMAD OMER	**Date:**	01/06/2021
GSM No.:	97689915	**Time:**	13:45

Test	Result	Normal Range
GGT	**54.0 mg/dl**	0 - 55.0 mg/dl
ALBUMIN	**5.0 mg/dl**	3.50 - 5.20 mg/dl
TOTAL PROTEIN	**7.0 mgd/l**	6 - 8 mgd/l
S. BILIRUBIN DIRECT	**0.19 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**30.3 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.88 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**5.7 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**209 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**280.5 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**42.7 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**110.2 mg/dl**	< 100 mg/dl
VLDL	**56.1 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	**211.8 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	(++)	
Ketones	Negative	

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

Medical Technologist

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LAB RESULT

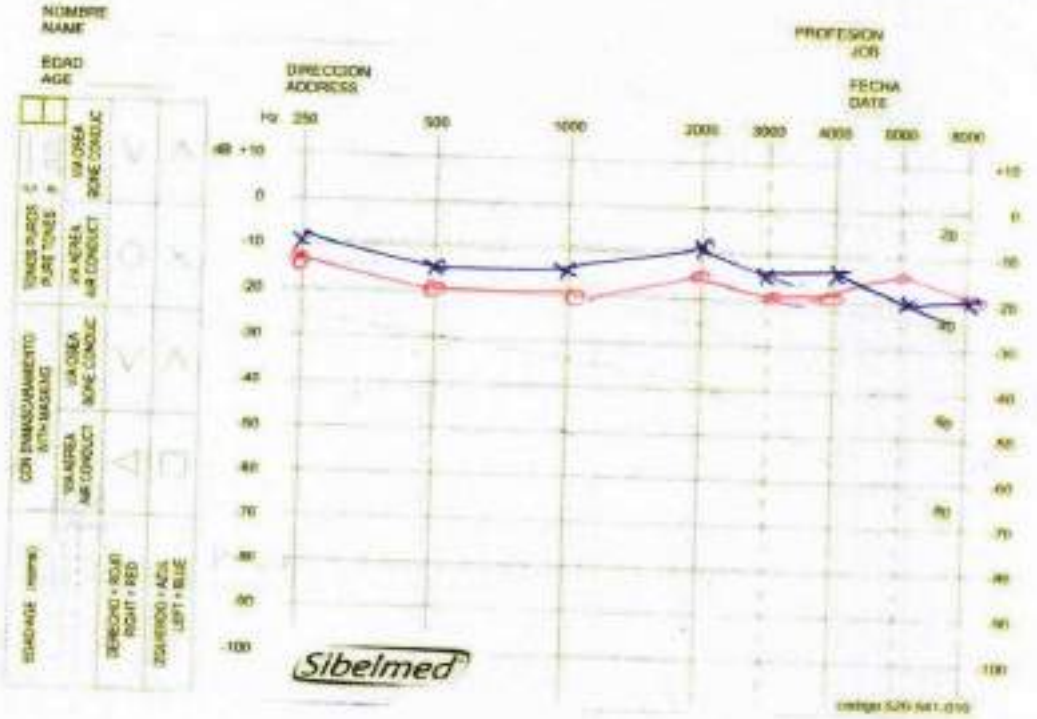
Name:	NADEEM MUHAMMAD LATIF MUHAMMAD	**Doc No:**	0009615
Age:	33 Y **Nationality:**	**File No:**	0015383
Gender:	M	**Bill No:**	0019473
Ref. By:	DR. EMAD OMER	**Date:**	01/06/2021
GSM No.:	97689915	**Time:**	13:45

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	

Medical Technologist

Peace Land Medical Center

AUDIOMETRY TEST REPORT			
Name:	NADEEM MUHAMMAD	Company	T. Oman
Gender:	M	Occupation	H.D.D.
Ref By:	Dr. Emad Omer	Date:	1.6.202



INTERPRETATION
× LEFT EAR
○ RIGHT EAR

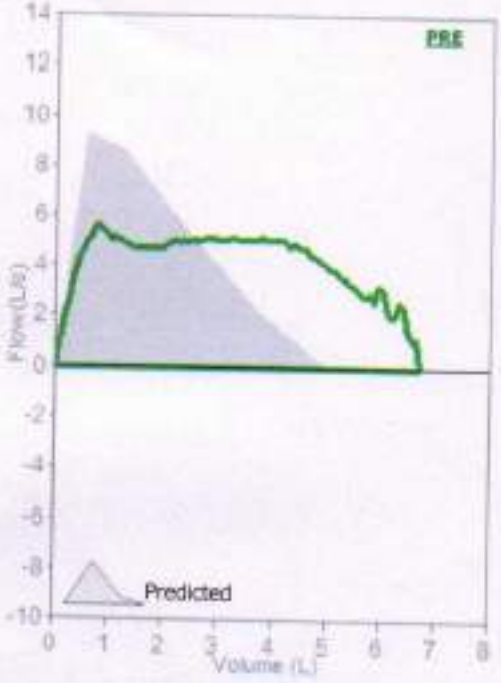
RESULT
☑ Normal
☐ Hearing Loss
☐ Left ☐ Right

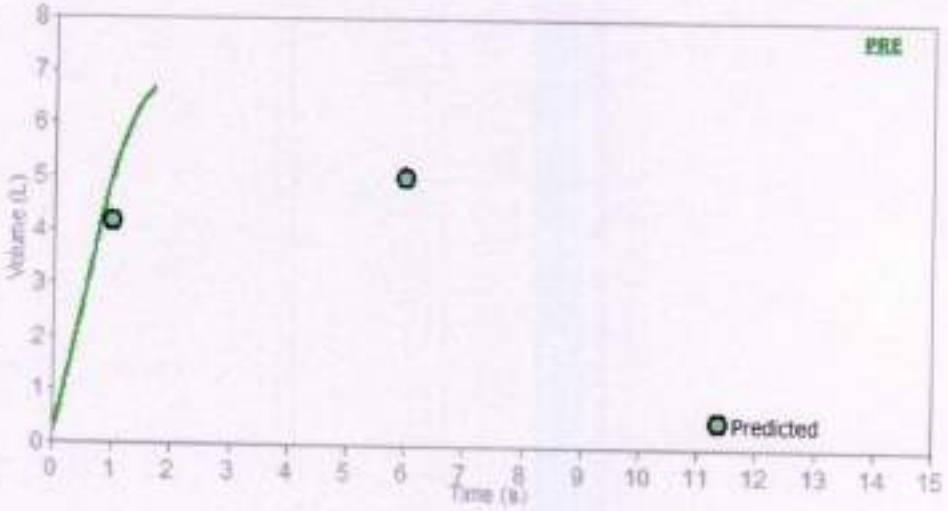
Pulmonary Function Test Results

Visit date 01/06/2021

Patient code	100268226	Age	33
Surname	MUHD	Gender	Male
Name	NADEEM	Height, cm	175
Date of birth	07/11/1987	Weight, kg	85
		BMI	27.76
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 01/06/2021 09:06:22

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.95	5.00	6.69*	134	2.64	6.69			*		
FEV1	L	3.30	4.16	5.04*	121	1.68	5.04			*		
FEV1/FVC	%	73.5	83.7	75.3*	90	-1.35	75.3			*		
PEF	L/s	5.88	9.30	5.73*	62	-1.72	5.73			*		
ELA	Years		33	33	100		33					
FEF2575	L/s	2.64	4.42	4.91	111	0.46	4.91					
FET	s		6.00	1.67	28		1.67					
FIVC	L	3.95	5.00									
FEV1/VC	%	73.5	83.7									

*Best values from all loops - BTPS 1.092 25 °C (77 °F) - Predicted Knudson

Conclusion / Medical report

Signature

Instrument used
Minispir S S/N C11507

MIR

NAME: NADEEM MUHAMMAD LATIF MUHAMMAD	AGE: 33
DATE: 07/06/2021	GENDER: MALE
FILE NO: 14291582	

MEDICAL REPORT

Mr. Nadeem Muhammad Latif Muhammad, a 33-year-old gentleman, was detected to have Type 2 Diabetes Mellitus detected during pre-employment screening. He is asymptomatic.

FAMILY HISTORY: TYPE 2 DIABETES MELLITUS - Mother.

PHYSICAL EXAMINATION:
VITAL SIGNS: Pulse: 92 mt Regular. BP: 119/92 mmHg. Wt: 85.9 Kg.
Clinical examination of CVS, GI and Respiratory System is unremarkable.

INVESTIGATIONS:
1. HbAIC: 10.21%.
2. FBS: 11.00 mmol/L.
3. PPBS: 14.20 mmol/L.

FINAL DIAGNOSIS: TYPE 2 DIABETES MELLITUS

PRESCRIPTION:

Sl No.	Medicine	Dosage	Duration	Remarks
1	GALVUS MET 50/850MG TABLETS 60`S (Tablet)	1-0-1 (1 Tablet) (Oral)	30 Days	After Food

ADVISE: Diet, exercise and regular follow up.

*****HE IS FIT FOR WORK*****

Dr. Rajeev. C
Internal Medicine Specialist

Dr. RAJEEV C
Specialist - Internal Medicine
MOH Lic. No: 2343

مستشفى إن إم سي التخصصي
nmc specialty hospital

NMC Healthcare LLC
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مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land
سلام بلاد

Fitness for work certificate

Employee Data			
Name	NADEEM MUHAMMAD	Date	7/6/2021
I.D No.	10026826	Department/Company	Truck Oman
		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			
Name of health advisor Signature			Date 7/6/2021

PEACE LAND MEDICAL CENTER

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