

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname	LATIF MUHAMMAD	
Forenames	NADEEM MUHAMMAD	
Address	100268226	Company Name: TRUMAN
Home telephone number	97689915	

Place of examination: MUSCAT Date: 4/3/2023

If a dependant enters employee's name here:

Surname:

Forenames:

Birth date: 7/11/87 Nationality: PAKISTANI

Country of birth: PAKISTAN

Religion: MUSLIM

☒ Male ☐ Female ☒ Married ☐ Single ☐ Separated / Divorced

Relationship to employee

Number of children: 3

☐ Wife ☒ Son ☒ Daughter

Reason for examination: Pre-Employment ☐ Periodic medical check-up ☐
Pre-Overseas ☐

Job: H.D.D

Area:

Name and address of family doctor

List your last 3 jobs

(1) (2) (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		✓	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/ampit		✓	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: 4/3/2023

Signature of Applicant: Nadeem

00411592

00180961



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)		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.	PULSE	HEARING	VISION				Colour Vision	Blood Group
						DISTANT		NEAR			
						R	L	R	L		
173	91	30.4	125/80	82/min.	L N R N	Uncorrected 6/6	Corrected 6/6			N	

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A
✓		1. Urinalysis Glucose 2+				✓	
✓		2. Hb, Bloodcount, ESR					
✓		3. LFT, RFT, RBS T.R.B.					
		4. Drug Screen					
	✓	5. Lipids (40 years +) 7TG's					
✓		6. Sickle Cell test					

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

- Lsm - Diet, exercise advised
- DM on Rx; F/U in 1 mo.

FIT

ASSESSMENT:

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

Date: 13/3/20. Name (Block Capitals): Dr. / Nurse

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: 4/3/2023
Name: NADEEN Muhammad	Department/Company: TRUCKHORN
I. D No. 100269226	Tel #
	Occupation: H.D.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
- ☐ sitting and reading
 - ☐ watching TV
 - ☐ sitting inactive in a public place (e.g. theatre or meeting)
 - ☐ as a passenger in the car for an hour without a break
 - ☐ Lying down to rest in the afternoon when circumstances permit
 - ☐ Sitting & talking with someone
 - ☐ Sitting quietly after lunch without alcohol
 - ☐ In a car, while stopped for a few minutes in traffic

Total

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

Signature: * Nadeen * Date: 4/3/2023

**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
Age: 35 Y **Nationality:** PAKISTANI
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 97689915

Doc No: 0031140
File No: 0040636
Bill No: 0047507
Date: 12/03/2023
Time: 10:56

Test	Result	Normal Range
TRUCKOMAN-MEDICAL CHECKUP BELOW 40 YRS ON SITE		
COMPLITE BLOOD COUNT		
RBC	5.4 x10 ¹² /L	Male 4.38 -6.0 x 10 ¹² /L Female 4.0- 5.2x10 ¹² /L
HAEMOGLOBIN	15.9 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	47.1 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	86 fl	84-94 fl
MCH	28.0 pg	27 - 33 pg
MCHC	32.6 g/dl	29.6 - 35.6 %
WBC COUNT	6.1 x 10 ⁹ /L	4.0 - 11.0 x 10 ⁹ /L
DIFFERENTIAL COUNT		
NEUTROPHIL	60 %	40-75 %
LYMPHOCYTE	31 %	20-45 %
EOSINOPHIL	03 %	1-6 %
MONOCYTE	06 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	226 x 10 ⁹ /L	150 - 450 x 10 ⁹ /L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	80 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.56 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	24.0 U/L	0 - 35.0 U/L
S.G.P.T.	36.7 U/L	10 - 45 U/L



Medical Technologist



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GSM No.: 97689915

Doc No: 0031140
File No: 0040836
Bill No: 0047507
Date: 12/03/2023
Time: 10:56

Test	Result	Normal Range
GGT	46.5 U/L	0 - 55.0 U/L
ALBUMIN	4.8 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	7.2 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.16 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	33.3 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	210 mg/dl	0.0 - 200 mg/dl
Triglyceride	250.0 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	44.7 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	115.3 mg/dl	< 100 mg/dl
VLDL	50.0 mg/dl	2.0 - 30 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	5 ml	
Colour	Yellow	
Sp. Gravity	1.020	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	(++)	
Ketones	Negative	
Urobilinogen	Normal	



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Test	Result	Normal Range
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
RANDOM BLOOD SUGAR	209.0 mg/dl	80 - 120 mg/dl



Medical Technologist

2023-03-04 09:17:09

3 Channel + 1 Rhythm Report

Hospital:CCED SHAHAD

Prescribed by:

ID :

Name:

Age: /
cm / kg

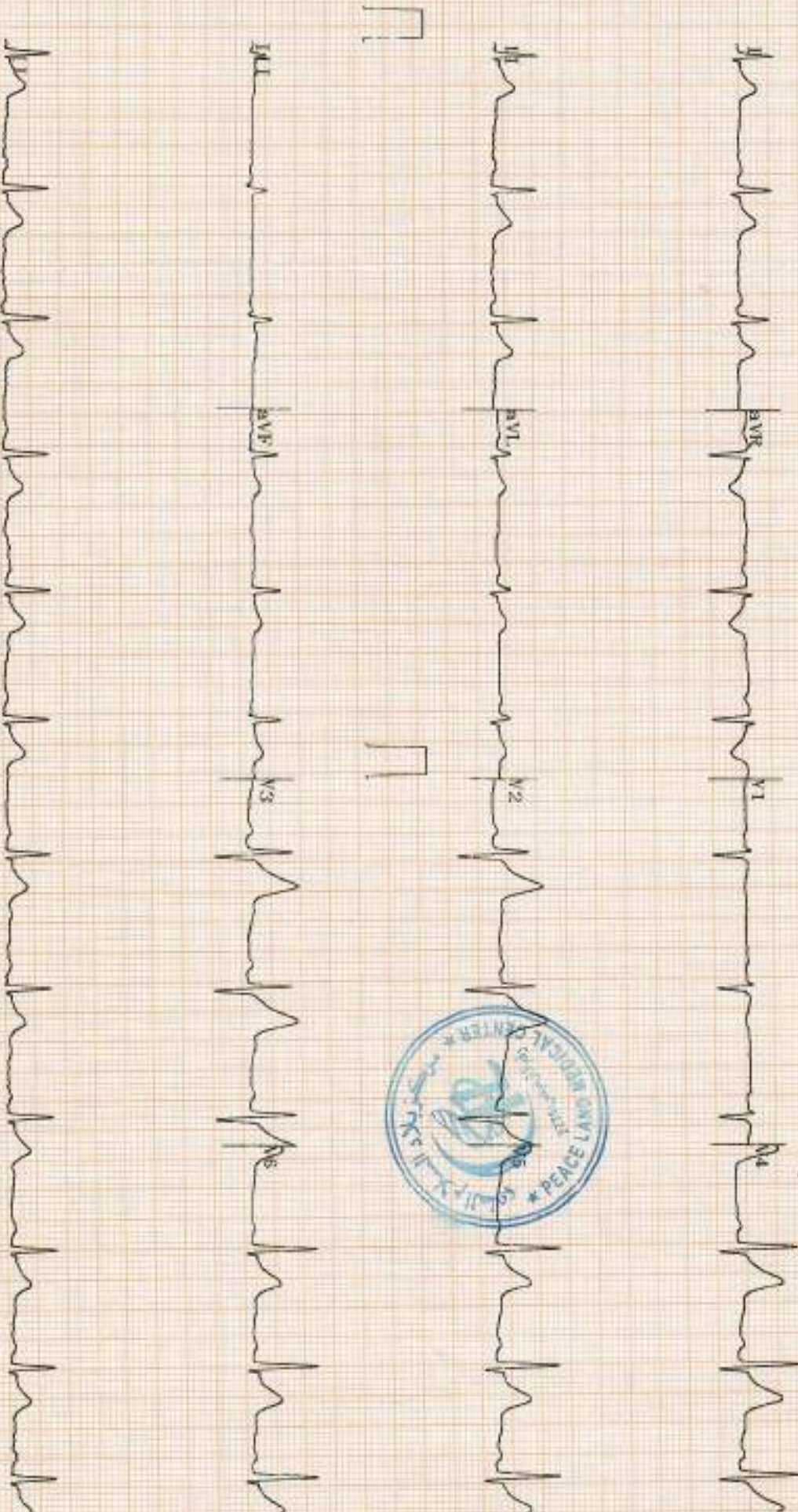
Heart Rate: 68bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 148 ms Normal Sinus Rhythm
QRS Dur.: 84 ms PAC(Prenature Atrial Contraction)
QT/QTc: 368/384 ms Normal Axis
P-R-T axes: [Minimally Abnormal or Normal Variation ECG]

7 48 33

NADEEM MUHAMMAD

LAHORE

1002682226

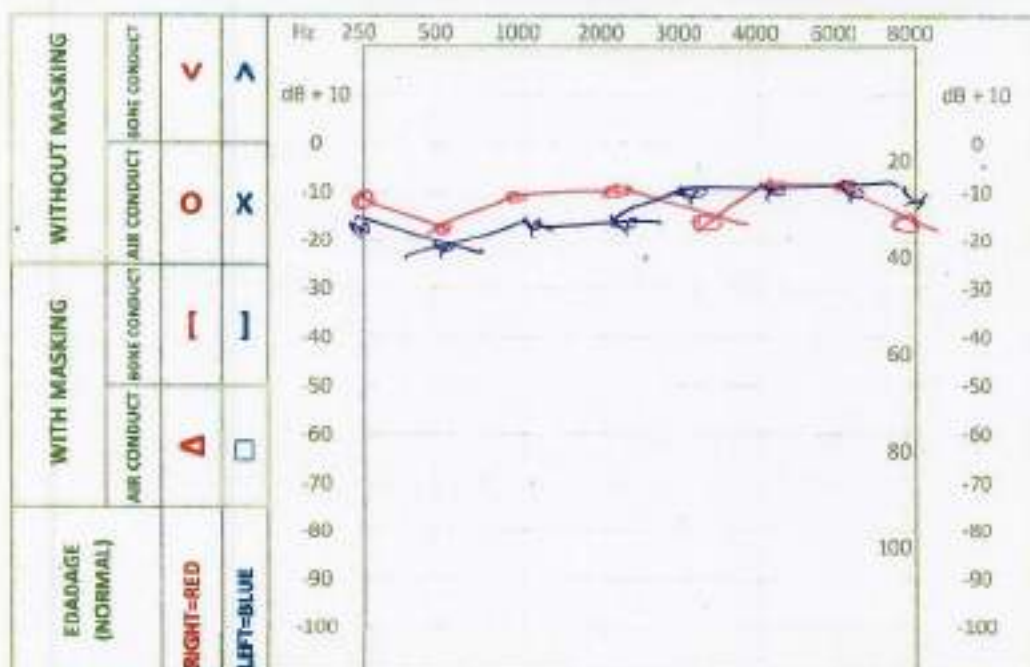




مركز بلاد السلام الطبي

Peace Land Medical Center

AUDIOMETRY TEST REPORT					
NAME	NADEEM MUHAMMAD LATIF			COMPANY	TRUCK OMAN
AGE		GENDER	M	OCCUPATION	H.D.D
REF. BY				DATE	04 / 03 / 2023



INTERPRETATION

X LEFT EAR

O RIGHT EAR

RESULT

☒ NORMAL

☐ HEARING LOSS

☐ RIGHT

☐ LEFT





مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date 13 /03/2023	
Name NADEEM MUHAMMAD		Department/Company TRUCK OMAN	
I.D No. 100268226		Occupation HDD	
Type of Medical Evaluation Mark those applying ✓			
A1 Aircraft refuelling		A5 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 13 /03/2023	
Name of health advisor Signature			

