PEACELAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	KHAN
Forenames	MUHAMMAD NAEEM
Address	7782559
Company Name:	T.O
Home telephone number	96157438

Place of examination:	MUSCAT	Date:	1/8/2023
If a dependant enters employee's name here: Surname		Forenames	
Birth date:	1/2/85	Nationality:	PAKISTANI
Country of birth:	PAKISTAN	Religion:	MUSLIM

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

Relationship to employee: [ ] Wife [ ] Son [ ] Daughter

Number of children: 1

Reason for examination: Pre-Employment [√] Periodic medical check-up [ ] Pre-Overseas [ ]

Job: H.D.D

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: 1/8/2023.

Signature of Applicant:

PEACELAND 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
√	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 DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
180	93	28.7	138/86	74/mins	L N R	Uncorrected 6/6		6/6		NAD	
						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	FBS			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.)

Advised - LSM
- Exercise + Diet cntrl
- follow-up

ASSESSMENT:

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

FIT

01/08/2023
Date:

Name (Block Capitals): Dr. / Nurse

DR. SHAH FAISAL
General Practitioner
MOH Lic No. 2230

Signature: SP

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

مركز بلاد السلام الطبي
Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

MUHAMMAD NAEEM KHAN
00530
01/08/23 08:32

Date:	1/8/2023
Department/Company:	TO
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

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

Signature: [signature] Date: 1/8/23

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:	MUHAMMAD NAEEM KHAN	**Doc No:**	0036023
Age:	38 Y **Nationality:** PAKISTANI	**File No:**	0019612
Gender:	M	**Bill No:**	0053079
Ref. By:	DR.SHAH FAISAL	**Date:**	01/08/2023
GSM No.:	96157438	**Time:**	14:52

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.3 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	15.6 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	46.0 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	86 fl	84-94 fl
MCH	28.8 pg	27 - 33 pg
MCHC	33.0 g/dl	29.6 - 35.6 %
WBC COUNT	11.0 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	67 %	40-75 %
LYMPHOCYTE	25 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	06 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	302 x 10^9/L	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	98 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.73 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	10.7 U/L	0 - 35.0 U/L
S.G.P.T.	22.5 U/L	10 - 45 U/L

PEACE LAND MEDICAL CENTER

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Medical Technologist

Peace Land Medical Center
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LAB RESULT

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Gender:	M	**Bill No:**	0053079
Ref. By:	DR.SHAH FAISAL	**Date:**	01/08/2023
GSM No.:	96157438	**Time:**	14:52

Test	Result	Normal Range
ALBUMIN	4.0 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	6.3 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.18 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	29.3 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.99 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	210 mg/dl	0.0 - 200 mg/dl
Triglyceride	142.8 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	70.1 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	125.9 mg/dl	< 100 mg/dl
VLDL	14.0 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	86.2 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	

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LAB RESULT

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Ref. By:	DR.SHAH FAISAL	**Date:**	01/08/2023
GSM No.:	96157438	**Time:**	14:52

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	

PEACE LAND MEDICAL CENTER

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Medical Technologist

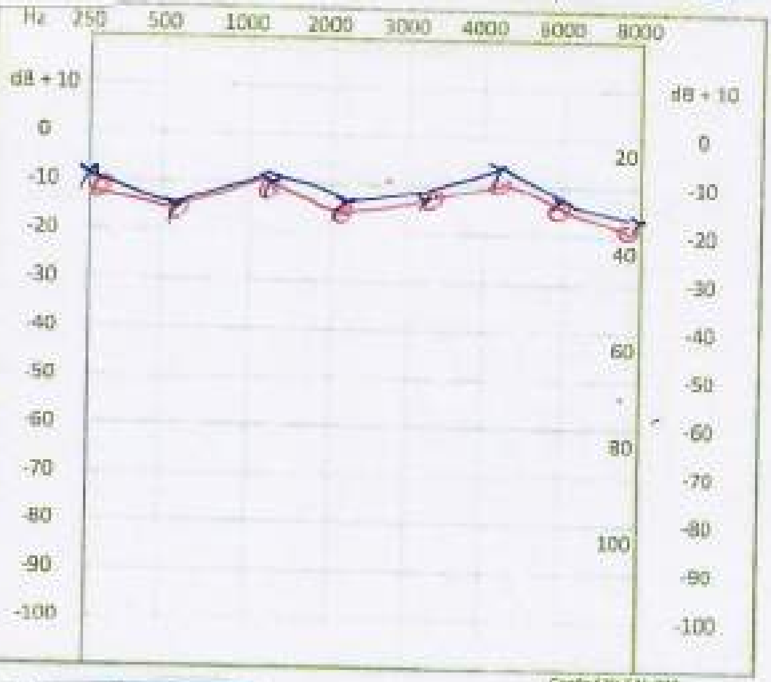
مركز بلاد السلام الطبي
Peace Land Medical Center

MUHAMMAD NAEEM KHAN
0018812   0530
75883   01/08/23 08:32

[AU]DIOMETRY TEST REPORT

COMPANY	T.O.
OCCUPATION	H-D-D
DATE	1/8/23

		Right	Left
WITHOUT MASKING	BONE CONDUCT	V	^
WITHOUT MASKING	AIR CONDUCT	O	X
WITH MASKING	BONE CONDUCT	[	]
WITH MASKING	AIR CONDUCT	Δ	□
EDADAGE (NORMAL)		RIGHT=RED	LEFT=BLUE



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
- [✓] NORMAL
- [ ] HEARING LOSS
- [ ] RIGHT
- [ ] LEFT

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مركز بلاد السلام الطبي
Peace Land Medical Center

Peace Land
بلاد السلام

Fitness for work certificate

Employee Data	MUHAMMAD NAEEM KHAN	Date	01-08-2023
Name		Department/Company	TRUKK OMAN
I.D No.		Occupation	H.D.D

Type of Medical Evaluation

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)	

FIT

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 01-08-2023
Name of health advisor Signature	DR. SHAH FAISAL General Practitioner MOH Lic No. 22368	

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