PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	
Forenames	YUNAS KHAN.
Address	0752336-Tsuk Oman
Home telephone number	97989256.

Place of examination: Mct.	Date: 7/6/20		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: 11/1/90	Nationality: Indian	Country of birth: India	Religion: Muslim
☑ Male ☐ Female	☑ Married ☐ Single ☐ Separated /Divorced	Relationship to employee: ☐ Wife ☐ Son ☐ Daughter	Number of children:
Reason for examination: Pre-Employment ☐ Periodic medical check-up ☐ Pre-Overseas ☐		Job: Operator Area:	
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		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		✓			
16. Marked change in bowel habits		✓	36. Joints/spinal trouble		✓	47. Any gynaecological treatment		
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? ( )

FAMILY HISTORY: Diabetes ( ) Tuberculosis ( ) Epilepsy ( ) Asthma ( ) Eczema ( )
Heart disease ( ) High blood pressure ( ) Stroke ( ) Blood Disease ( ) 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: 7/6/20 **Signature of Applicant:** Y. Yunas Khan

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 (MMHG)	PULSE	HEARING	VISION DISTANT	VISION NEAR	Colour Vision	Blood Group
180	74	22.8	130/80	72/mins.	L N R	Uncorrected R 6/6 L 6/6; Corrected	R L	No	

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				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.)

ASSESSMENT:

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

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

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			
Name: Yunas Khan.		Date: 7/6/21	
I. D No: 75233 26	Tel #	Department/Company: Towel Ora	
		Occupation: Operator	

This questionnaire will help identify if you have any health condition which may need a detailed medical assessment as part of your fitness to work determination. If you hav queries please contact your local Health Services staff. All information provided on this and during consultations remains strictly confidential. When further clinical evaluati required following completion of a screening questionnaire, the details should be rec on Q1 and E1 forms.

How likely are you to fall asleep in the following situations? (use 0 to 3 score as shown b

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 b continuing to drive or operate machinery in the workplace.

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

Signature: [signature] Date: 7/6/2021

P.O. Box 1463, Postal Code: 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of
Tel: 24617117 / 24617146, 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:	YUNAS KHAN		
Age:	31 Y **Nationality:** INDIAN	**Doc No:**	0009740
Gender:	M	**File No:**	0015570
Ref. By:	DR. EMAD OMER	**Bill No:**	0019666
GSM No.:	97989256	**Date:**	07/06/2021
		Time:	16:02

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	**4.7 10"9/l**	Male 4.38 -4.98 10"2/l Female 4.5- 5.5 10"12/l
HAEMOGLOBIN	**13.8 gm %**	Male 13 - 16 gm % Female 11 - 14 gm %
HCT	**39.9 %**	Male 39.30 -44.10 % Female 37 -47 %
MCV	**84 fl**	84-94 fl
MCH	28.9 pg	27 - 33 pg
MCHC	**34.6 g/dl**	29.6 - 35.6 %
WBC COUNT	**7.8 10"9 d/l**	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	56 %	40-75 %
LYMPHOCYTE	40 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**268 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	**81 U/L**	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.26 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**36.0 U/L**	0 - 35.0 U/L
S.G.P.T.	**47.0 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
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		Time:	16:02

Test	Result	Normal Range
GGT	**57.0 mg/dl**	0 - 55.0 mg/dl
ALBUMIN	**4.4 mg/dl**	3.50 - 5.20 mg/dl
TOTAL PROTEIN	**6.9 mgd/l**	6 - 8 mgd/l
S. BILIRUBIN DIRECT	**0.16 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**25.6 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.85 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**4.3 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**213 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**190.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**50.7 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**124.3 mg/dl**	< 100 mg/dl
VLDL	**38.0 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	**98.8 mg/dl**	74 - 100 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	Negative	
Ketones	Negative	

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GSM No.:	97989256	**Date:**	07/06/2021
		Time:	16:02

Test	Result	Normal Range
Urobilinogen	Normal	
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	

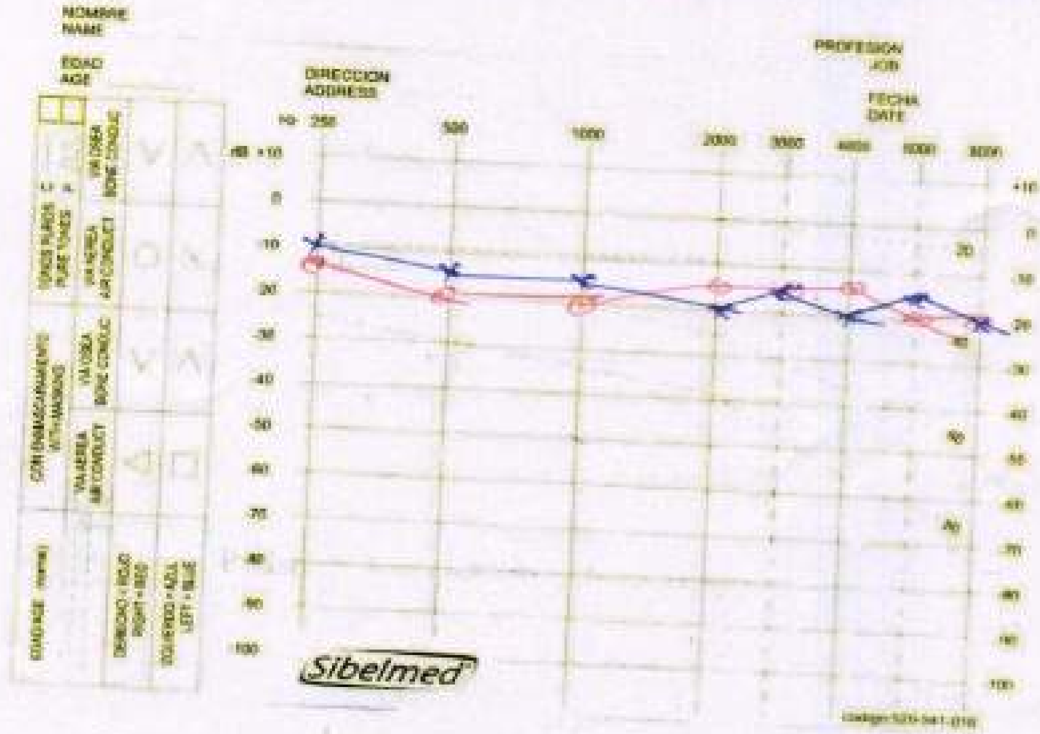
PEACE LAND MEDICAL CENTER

Medical Technologist

Peace Land Medical Center

AUDIOMETRY TEST REPORT

Name:	Younus Khan		
Gender:	M	Company	Touch Oman
Ref By:	Dr. Emad Omer	Occupation	Operator
		Date:	7/6/21



INTERPRETATION
× LEFT EAR
O RIGHT EAR

RESULT

- ☑ Normal
- ☐ Hearing Loss
  - ☐ Left ☐ Right

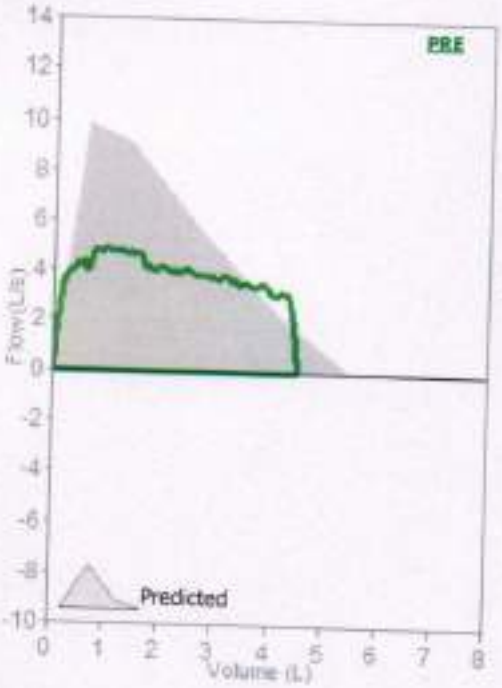
Pulmonary Function Test Results

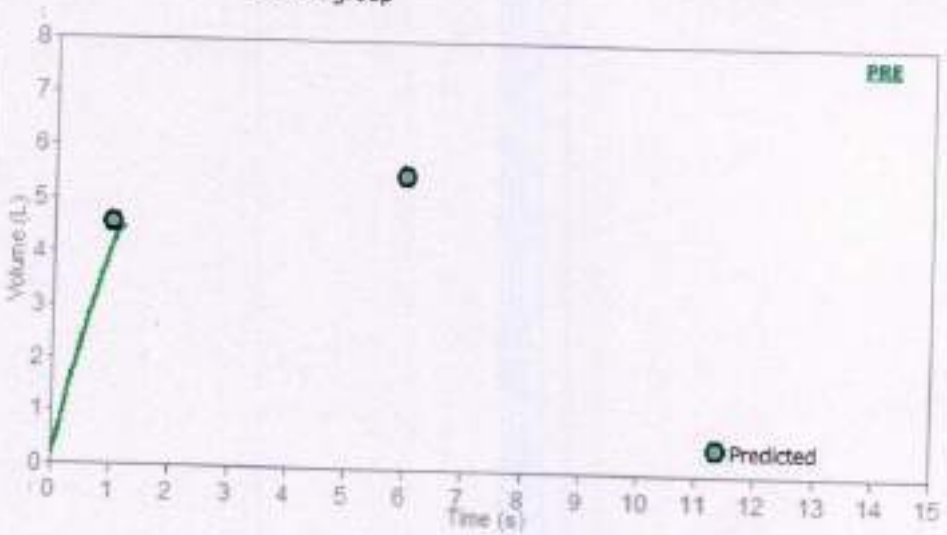
Visit date 07/06/2021

Patient code 107523326

Surname	KHAN	Age	31
Name	YUNUS	Gender	Male
Date of birth	01/01/1990	Height, cm	180
		Weight, kg	74
Smoke		BMI	22.84
Patient group		Pack-Year	

FVC PRE | FEV1 PRE | FEV1% PRE





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 07/06/2021 13:07:05

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	4.44	5.49	4.50*	82	-1.54	4.50			*		
FEV1	L	3.69	4.55	4.15*	91	-0.76	4.15			*		
FEV1/FVC	%	73.1	83.3	92.2*	111	1.44	92.2			*		
PEF	L/s	6.42	9.84	4.97*	50	-2.34	4.97			*		
ELA	Years		31	45	145		45					
FEF2575	L/s	3.00	4.78	4.12	86	-0.61	4.12					
FET	s		6.00	1.20	20		1.20					
FIVC	L	4.44	5.49									
FEV1/VC	%	73.1	83.3									

*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

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land
سلام لاند

Fitness for work certificate

Employee Data			
Name	YUNAS KHAN	Date	7/6/2021
I.D No.	107523326	Department/Company	Truck Oman
Type of Medical Evaluation Mark those applying √		Occupation	Operator

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			
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

ص.ب ١٤٠٣، الرمز البريدي ١٣٣ دوار العذيبة مبنى براج 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 فاكس ٢٤٦١٧١١٧ / ٢٤٦١٧١٤٨ / ٢٤٦١٧١٤٩