



TER

PEACE LAND MEDICAL CENTER

Reg. No: 26946 Reg. Dt: 11/09/2022
 Name: SARFRAZ MUHAMMAD
 Gender: Male Nationality: PAKISTAN
 Age: 42y Mar. Status: Married
 Address:

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

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

Petroleum Development Oman
MEDICAL FTWPLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Mobile No. 77006483	Home/Leave Address: 88290144	Surname/ Forenames: SARFRAZ MUHAMMAD.
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Nationality: **PAKISTAN**, DOB: **26/02/1983**

Company Number: Reference Indicator:

Personal Details	
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A <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced /Widow(er)
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Home/Leave Address:	Relationship to employee
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<input type="checkbox"/> Wife <input type="checkbox"/> Son <input checked="" type="checkbox"/> Daughter	No of Children: 4
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Reason for Examination (tick as appropriate)		
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Periodic Medical Examination <input checked="" type="checkbox"/>	Final / Retirement <input type="checkbox"/>	Other Reason: <input type="checkbox"/>
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Employee only		
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B Present Job and Location: HD DRIVER	Next Job and Location:
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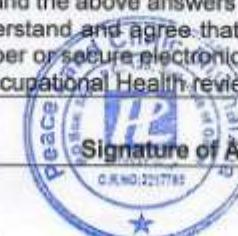
Are you a registered person with special needs? <input type="checkbox"/>	Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>
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Previous Medical History: All important medical events should be listed and dated at every medical examination. 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		
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	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, other 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	✓		
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 you taken in the past?	✓		
Do you smoke? If yes, what and how much each day?	✓	✓	1 DAY
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: **11/09/2022**

Signature of Applicant:

P.T.O.



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 60/mins.	HEARING L N R N	VISION Uncorrected 6/18 Corrected 6/18	DISTANT R L	NEAR R L	Colour Vision	Blood Group
178	64	20.2	130/70						N	

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.)

Fit to work as per specialist report

ASSESSMENT:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

FIT

Date: 13/10/2023 Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION



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

DR. HAMMAD MD ISMAIL
GENERAL PRACTITIONER
MOH License No: 20078

Signature:



مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

NAME: SARFRAZ MUHAMMAD	COMPANY: TPR
ID No: 88290144	OCCUPATION: HD DRIVER
Mob.No: 77000483	GENDER: M / F DATE: 11/09/2002

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

Sitting and reading
 Watching TV
 Sitting inactive in a public place(e.g. Teatre 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 a talking with someone
 Sitting quietly after lunch without alcohol
 In a car, while stopped for a few minutes in traffic

Total: 01

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

Signature: jjj

Date: 11/09/2002





Peaceland Medical Service LLC, Mukhaizna
CR No.:2/13627/9, P.O.Box: 1403,
Postal Code: 133,
Occidental Camp Mukhaizna, Sultanate of Oman

PATIENT DETAILS :

Patient ID	: 26946	Doc No	: 15171
Name	: SARFRAZ MUHAMMAD	Doc Date	: 2025-09-11T17:23:00
Age	: 42Y	Bill No	: 37268
Gender	: Male	Date	: 11/09/2025 17:23 PM
Nationality	: PAKISTANI	Customer	: TRUCKOMAN EQUIPMENT RENTAL LLC
GSM No	: 77006483	Ref. by	: DR.HASHIM ABDALLAH

TEST RESULT : PDO MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
PDO MEDICAL CHECKUP			
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	68 u/l	44-147 U / L	
T. BILIRUBIN	0.7 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.3 mg / dl	up to 0.4 mg /dl	
INDIRECT BILIRUBIN	0.4 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	15 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	8 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	7 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	4.7 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	17 mg / dl	10-50 mg /dl	
S.CREATININE	0.7 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	5 mg / dl	3.4 - 7.2 mg /dl	
FASTING BLOOD SUGAR	100 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.025		
pH	Acidic		
Appearance	Clear		
CHEMICAL			
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		

Reported By:
Lab Technician

Sr. Lab Technologist



Verified By:
Lab Technician

Sr. Lab Technologist

Approved By:
Lab Technician

Sr. Lab Technologist

Test	Result	Normal Range	Detailed Description
MICROSCOPIC.			
PUS_CELLS	1-2		
EPITHELIAL CELLS.	1-2		
RBCS	1-2		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA.	NIL		
OTHERS.	NIL		
COMPLETE BLOOD COUNT			
RBC	5 Million/cu	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	15 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	42 %	Male 42 -52 % Female 37 -47 %	
MCV	85 fl	76 - 96 fl	
MCH	30 pg	27 - 33 pg	
MCHC	35 %	32 36 %	
WBC COUNT	8100 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	35 %	40-75 %	
LYMPHOCYTE	52 %	20-45 %	
EOSINOPHIL	5 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
PLATELET	2.5 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
LIPID PROFILE			
Total Cholesterol	157 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	113 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	45 mg/dl	35.0 - 79.0 mg / dl	
LDL - CHOL	79 mg/dl	< 130 mg/dl	
VLDL	22 mg/dl	2-30 mg/dl	
NON HDL CHOLESTEROL	110 mg/dl	Less than 130mg/dl	

Remarks:



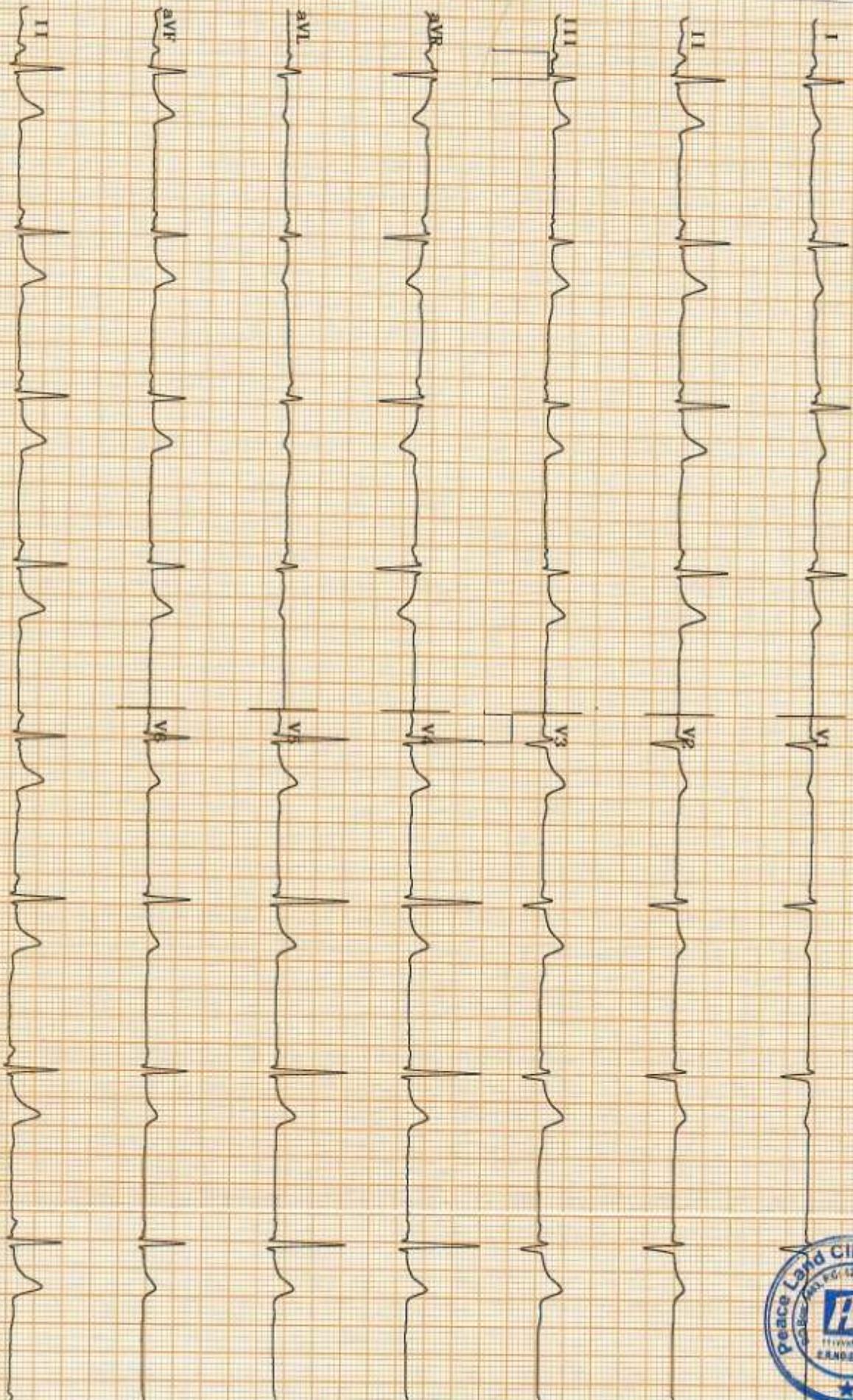

Patient: 26946 Reg. Dt: 11/09/202
Name: SARFRAZ MUHAMMAD
Gender: Male Nationality: PAKISTAN
Age: 42 years Mar. Status: Marrie
Sex: Female Address:
H: 0 cm / W: 0 kg



ID: 26946
Heart Rate: 50 bpm
PR/RR Int.: 130/1200 ms
QRS dur: 106 ms
QT/QTC: 468/426 ms
P-R-T axes: 47 40 69
SV1/RV5/R+S: 0.92/2.50/3.42mV

** Analysis Result ** (To be finally confirmed by physician)
Sinus Bradycardia (HR: 50-59)
Minimally Abnormal or Normal Variation ECG 1

Prescribed by:





بلاد السلام للخدمات الطبية ش.م.م.
Peace Land Medical Services L.L.C

PATIENT ID: 26946

Estimated 10-year Global CVD Risk

9.40%

Risk Category

Low Risk

Estimated Vascular Age

54 Years

Treatment Guidelines

Treatment Targets

LDL <160 mg/dL (<4.14 mmol/L)
Non-HDL <190 mg/dL (<4.93 mmol/L)

CCS (2009)

Initiate Pharmacotherapy if
LDL >5 mmol/L (>193 mg/dL)
TChol/HDL-C >6 mmol/L (>231 mg/dL)

Treatment Targets

≥50 % decrease in LDL-C

ESC (2007, see Info for more)

Treatment Targets

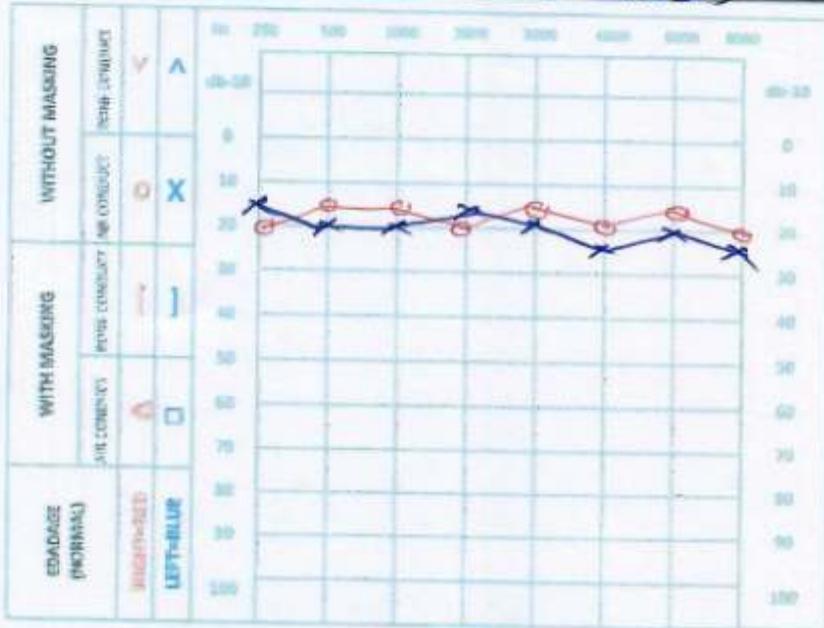
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)





مركز بلاد السلام الطبي
Peace Land Medical Center

AUDIOMETRY TEST REPORT			
NAME:	SARFRAZ muhammad		
AGE:	42 yrs	GENDER:	M/F
REF. BY:	COMPANY: TPR OCCUPATION: HD DRIVER DATE: 11/29/2005		



INTERPRETATION
R: RIGHT EAR
L: LEFT EAR

Sibelmed

RESULT
NORMAL
HEARING LOSS
RIGHT
LEFT





مركز بلاد السلام الطبي

Peace Land Medical Center

Appendix 15: Fitness to Work Certificate

Employee Data		Date 11/09/2025.
Name: SARFRAZ MULHAMMAD		Department/Company TER
ID No. 88290144	Age 42 yrs	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 ✓	
Fit with following restriction(s)		
<i>The employee is fit for above work but should avoid the following task(s)</i>	<i>Temporary restriction</i>	<i>Permanent restriction</i>
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
Name of health advisor	Signature



13.10.2025

ص.ب ١٤٠٣، الرميثي، ١٣٣، دوار العذبة، مبنى أبراج الصحة، مبنى ٢، سلطنة عمان

P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman

Tel.: 24617117 / 24617148 / 24617149 / ٢٤٦١٧١١٧ / ٢٤٦١٧١٤٨ / ٢٤٦١٧١٤٩



nmc specialty hospital,al-hail

P.O BOX : 613, Postal Code : 133 al-hail Sultanate of Oman

Medical Report

Consultant: DR KAVITA TUMKAR/OPHTHALMOLOGY Consultation Date : 30/09/2025 09:33:47

Personal Details

Name : SARFRAZ MUHAMMAD AHMED BASHIR **Age :** 42Y / M **File No :** 50106165
Consultation Date : 30/09/2025 09:33:47 **marital status :** N/A **Id Card/L Card :** 88290144/RC
Ref By : **Occupation :**
Working Company : **Customer :** TRUCKOMAN EQUIPMENT RENTAL LLC
Certificate No : **Address :** EMP NO: 7015
Email Id : **Nationality :** PAKISTAN **Phone :** 77006483

Chief Complaints

SL No Symptoms

1 DV DIST

Notes: NOT KNOWN DM/HT

Physical Examination

Vital Information

Date	Time	Pulse/mt	BP/mmHg	Temp(F)	Temp(C)	Pain score	RR (bpm)	SPO2 (%)	Ht (cm)	Wt (kg)	BMI	Waist size	RBS	FBS	Remarks
30/09/2025	9:17AM	62	116/71mmHg Regular				20	99		67	0				

Anterior Segment

RightLeft

Eyelids	N	N
Conjunctiva	N	N
Cornea	N	N
Anterior Chamber	N	N

Visual Acuity

	Description	Distance		Near	
		Right	Left	Right	Left
Aided					
Unaided	6/12	6/6			

Diagnosis

No	Code	Working / Provisional Diagnosis	Remarks
1	H52.6	Other Disorders Of Refraction	

Procedure

SI No.	Date	Special Notes	Procedure	Qty	Remarks	Reference Consultant	Billed/Not Billed
1	30/09/2025		REFRACTION	1.00			Billed

Glass Prescription

OD

OS

	Sph	Cyl	Axis	VA
Distance	-0.50	-0.75	180	6/6
Remarks	BE N6.	PRESCRIBED		

	Sph	Cyl	Axis	VA
	-----	-0.50	30	6/6

OPHTHALMOLOGY
DR KAVITA TUMKAR

20. KAVITA TUMKAR
DR KAVITA TUMKAR
06/06/2025
PWC Tumkar Council of Govt.