



# PEACE LAND MEDICAL CENTER

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

### ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Patient: 26946 Reg. Dt: 11/09/202  
 Name: SARFRAZ MUHAMMAD  
 Gender: Male Nationality: PAKISTAN  
 Age: 42y Mar. Status: Married  
 Address:



PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/Forenames: SARFRAZ MUHAMMAD  
 Nationality: PAKISTAN, DOB: 26/02/1983  
 Company Number: Reference Indicator:

Mobile No. 77006483 Home/Leave Address: 88290144

**Personal Details**

A ☒ Male ☐ Female ☒ Married ☐ Single ☐ Separated /Divorced /Widow(er)

Home/Leave Address: Relationship to employee ☐ Wife ☐ Son ☒ Daughter No of Children: 4

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☒ Final / Retirement ☐ Other Reason: ☐

#### Employee only

B Present Job and Location: HD DRIVER Next Job and Location:

Are you a registered person with special needs? ☐ Do you belong to any Medical Insurance Scheme? ☐

**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

	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: 11/09/2025

Signature of Applicant:

*[Signature]*

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	HEARING	VISION	DISTANT	NEAR	Colour Vision	Blood Group
178		64		20.2	130/70	60/min.	L N R N	Uncorrected Corrected	R L 6/18 6/18	R L +	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 +)						6.4		11. CVS risk for 40 yrs. & above		
✓		6. Sickie Cell test								12. HIV, Hepatitis screening		

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

Fit to work as per speech report

## ASSESSMENT:

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

**FIT**

Date: 13/10/2025 Name (Block Capitals): Dr. / Nurse

Signature: *reels*

## REVIEW/CONSULTATION

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

Signature:



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



# مركز بلاد السلام الطبي Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea		
NAME: SARFRAZ MUHAMMAD	COMPANY: TCR	
ID No: 88290144	OCCUPATION: HD DRIVER	
Mob.No: 77006483	GENDER: M / F	DATE: 11/09/2009
<p>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.</p>		
<p>How likely are you to fall asleep in the following situations? (Use 0 to 3 score as Shown below)</p> <p>0 - Would never doze 1 - Slight chance of dozing 2 - Moderate chance of dozing 3 - High chance of dozing</p> <p><input checked="" type="radio"/> Sitting and reading <input type="radio"/> Watching TV <input type="radio"/> Sitting inactive in a public place (e.g. Theatre or meeting) <input type="radio"/> As a Passenger in the car for an hour without a break <input type="radio"/> Lying down to rest in the afternoon when circumstances permit <input type="radio"/> Sitting a talking with someone <input type="radio"/> Sitting quietly after lunch without alcohol <input type="radio"/> In a car, while stopped for a few minutes in traffic</p> <p>Total: <input checked="" type="radio"/></p>		
<p>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.</p>		
<p>Declaration : I SARFRAZ MUHAMMAD (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.</p>		
Signature:	Date: 11/09/2009	



ص ب ١٤٠٣ الرمز البريدي ١٣٣ دوار القديسة ميلني ابراج المسجودة ميلني ٢ سلطنة عمان  
P.O. Box 1403, Postal Code : 133, Al Aziba, Roundabout al Sahwa Tower, Sultanate of Oman  
هاتف 24617117 / 24617148 / 24617149 ٢٤٦١٧١٤٧ / ٢٤٦١٧١٤٨ / ٢٤٦١٧١٤٩





Peace Land 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

Printed at: 11/09/2025 17:26:45



Verified By:  
Lab Technician

Sr. Lab Technologist

Signed at: 11/09/2025 17:26:45

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/c	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:





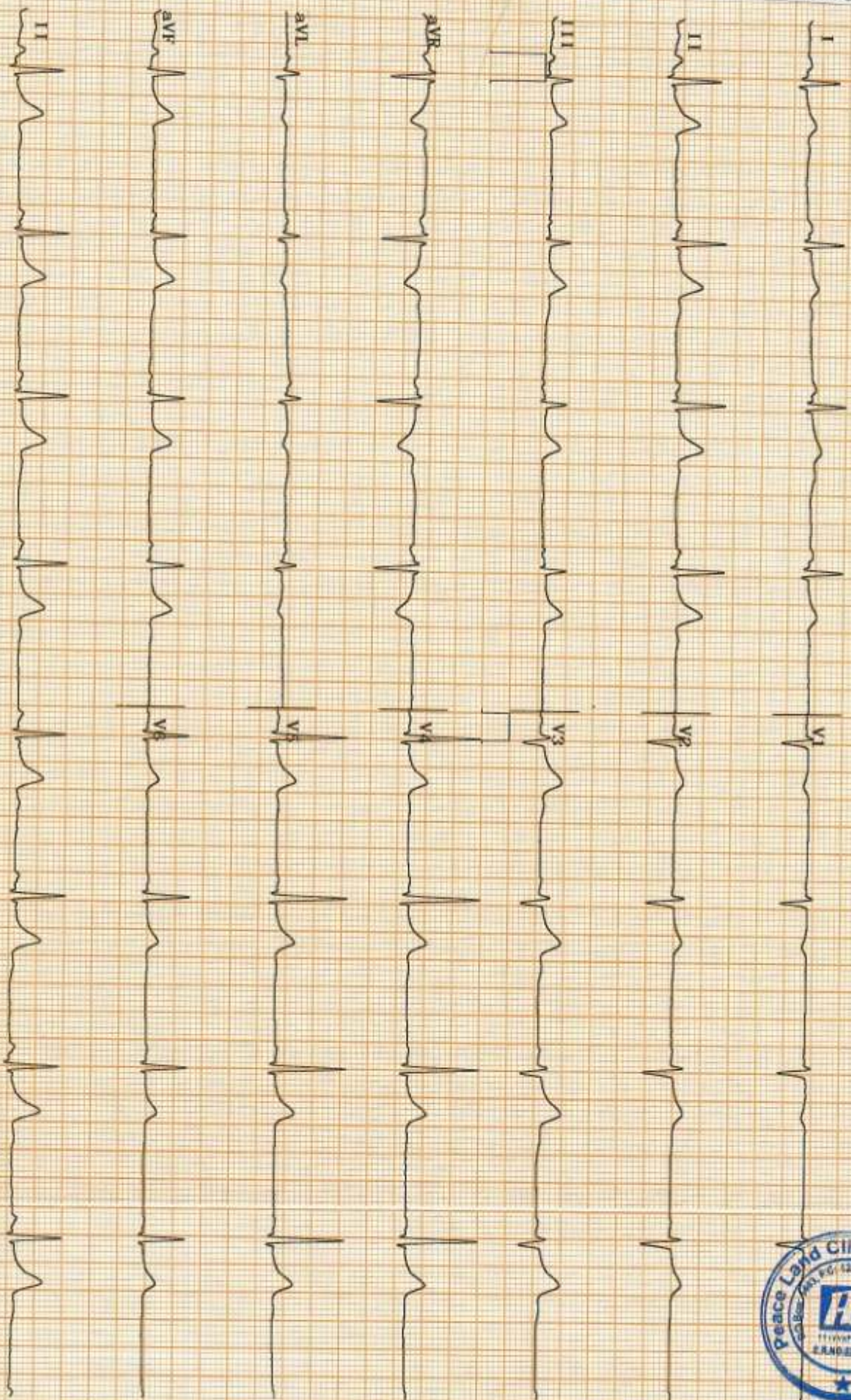
Patient: 26946  
 Name: SARFRAZ MUHAMMAD  
 Gender: Male  
 Age: 42Y  
 Address:  
 Reg. Dt: 11/09/202  
 Nationality: PAKISTAN  
 Mar. Status: Married



ID :  
 Name :  
 Age : 0 years  
 Sex : Female  
 H : 0 cm / W : 0 kg

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



Pace: 0Hz L.P.F: 100Hz AC: 50Hz EMG: On

10.0/5.0mm/mV 25.0mm/sec

EKG2000 6.00/3.24 Bionet Co., Ltd.

RECEIVED

72120





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		COMPANY: TER	
AGE: 42 Yr	GENDER: M/F	OCCUPATION: HD DRIVER	
REF. BY:		DATE: 11/09/2005	



Sibelmed

INTERPRETATION  
 O RIGHT EAR  
 X LEFT EAR

RESULT  
 ✓ NORMAL  
 HEARING LOSS  
 RIGHT  
 LEFT



قرية: 12-3، البريمى 133، دار القبة، مركز أراج الصحوة، عنترة، سلطنة عمان  
 P.O. Box: 1403, Postal Code: 833, Al Azaha, Roundabout al Sahn Tower, Sultanate of Oman  
 هاتف: 24617117 / 24617142 / 24617146 / 25119125 / 25119128 / 25119119





# مركز بلاد السلام الطبي

## Peace Land Medical Center

### Appendix 15: Fitness to Work Certificate

Employee Data		Date 11/09/2025	
Name: SARFAZ MUHAMMAD		Department/Company TER	
I.D No. 8829044	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	
<p>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.</p>			
Fit with no restrictions		FIT ✓	
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			
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	Date 13.10.2025	



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



## 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

Policy No :

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				20	99		67	0				
		Regular													

#### Anterior Segment

	Right	Left
Eyelids	N	N
Conjunctiva	N	N
Cornea	N	N
Anterior Chamber	N	N

#### Visual Acuity

Aided	Unaided	Description	Distance		Near	
			Right	Left	Right	Left
		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	Sph	Cyl	Axis	VA	
Distance	-0.50	-0.75	180	6/6	-----	-0.50	30	6/6	
Remarks	BE N6. PRESCRIBED								

OPHTHALMOLOGY  
DR KAVITA TUMKAR

