PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname: MUHAMMAD QAYYUM
Forenames: OWAIS QAYYUM
Address: 96941652 - Tower One.
Home telephone number: 94693070.

Place of examination: Lrd. Date: 9/1/22.

If a dependant enter employee's name here:
Surname:
Forenames:

Birth date: 6/12/89 Nationality: Pakistani Country of birth: Pakistan 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: Driver

Name and address of family doctor:

Area:

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
1. Sinus trouble		
2. Neck swelling/glands		
3. Difficulty in vision		
4. Any ear discharge		
5. Asthma/bronchitis		
6. Hayfever /other significant allergy		
7. Any skin trouble		
8. Tuberculosis		
9. Shortness of breath		
10. Coughed/vomited blood		
11. Severe abdominal pain		
12. Stomach ulcer		
13. Recurrent indigestion		
14. Jaundice or hepatitis		
15. Gall Bladder disease		
16. Marked change in bowel habits		
17. Blood in stools (motions)		
18. Marked change in weight		
19. Varicose veins		
20. Lump in breast/armpit		

	Y	N
21. Cancer		
22. Heart Disease		
23. Rheumatic fever		
24. Abnormal heartbeat		
25. High blood pressure		
26. Stroke		
27. Serious chest pain		
28. Any blood disease		
29. Kidney disease		
30. Blood in urine		
31. Painful passage of urine		
32. Diabetes		
33. Headaches/migraine		
34. Dizziness/fainting		
35. Epilepsy		
36. Joints/spinal trouble		
37. Surgical operation		
38. Serious accident/fracture		
39. Tropical disease		
40. Fear of heights		

HAVE YOU EVER BEEN:-	Y	N
41. Rejected for employment or insurance for medical reasons		
42. Awarded benefits for industrial injury/illness		
43. Treated for a mental condition, e.g depression		
44. Treated for problem drinking or drug abuse		
45. Exposed to toxic substance or noise		
FOR WOMEN ONLY		
Have you ever had -		
46. An abnormal smear		
47. Any gynaecological treatment		
48. Are you pregnant?		
49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		

How much tobacco each day? 5-10/day

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: 9/1/22

Signature of Applicant: M.O.

PEACE LAND MEDICAL CENTER

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N	A	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
167	46	30.8	112/68	67/mins.	L ✓ R	Uncorrected 6/6	6/6			N	
						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		✓		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: 10/11/2022 Name (Block Capitals): Dr. / Nurse: Signature:

Dr. [illegible] General Practitioner MOH License No.: 19486

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

OWAIS QAYYUM MUHAMMED QAYYU
32 Y(M) «Blank» 09/01/22 10:17
0026333
85015 Bill 0031255 PEACELAND

Employee		Date: 9/1/22
Name:		Department/Company: Truck Owner
I. D No.		Occupation: Driver

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

Signature: _____ Date: 9/1/2022

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:	OWAIS QAYYUM MUHAMMED QAYYUM	**Doc No:**	0015708
Age:	32 Y **Nationality:** PAKISTANI	**File No:**	0026333
Gender:	M	**Bill No:**	0031286
Ref. By:	DR. EMAD OMER	**Date:**	10/01/2022
GSM No.:	94693070	**Time:**	09.36

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
COMPLITE BLOOD COUNT		
RBC	5.2 10"12/l	Male 4.38 -5.78 10"12/l Female 4.0- 5.0 10"12/l
HAEMOGLOBIN	15.8 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	45.9 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	87 fl	84-94 fl
MCH	30.0 pg	27 - 33 pg
MCHC	34.3 g/dl	29.6 - 35.6 %
WBC COUNT	7.1 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	50 %	40-75 %
LYMPHOCYTE	45 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	10	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**242 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	60 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.70 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**21.5 U/L**	0 - 35.0 U/L
S.G.P.T.	**29.4 U/L**	10 - 45 U/L

PEACE LAND MEDICAL CENTER

Medical Technologist

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Test	Result	Normal Range
GGT	48.8 U/L	0 - 55.0 U/L
ALBUMIN	4.3 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	7.3 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.16 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	28.1 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	1.1 mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	7.8 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	170 mg/dl	0.0 - 200 mg/dl
Triglyceride	114.1 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	48.5 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	98.7 mg/dl	< 100 mg/dl
VLDL	22.8 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	95.1 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	5 ml	
Colour	Pale yellow	
Sp. Gravity	1.020	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	

Medical Technologist

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Ref. By:	DR. EMAD OMER	**Date:**	10/01/2022
GSM No.:	94693070	**Time:**	09:36

Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	2-3	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
STOOL ROUTINE ANALYSIS		
PHYSICAL		
Colour	Brownnish	
Consistency	Soft	
Reaction	Acidic	
Mucus	NIL	
MICROSCOPIC		
Ova:	NIL	
Cyst:	NIL	
Pus Cells:	1-2 Cells/hpf	
RBCs	0-1 Cells/hpf	
Others	NIL	
Bacteria	NIL	
DRUG TESTING		
AMPHETAMINES(AMP)	NEGATIVE	
MORPHINE(MOP)	NEGATIVE	
COCAINE(COC)	NEGATIVE	

Medical Technologist

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Ref. By:	DR. EMAD OMER	**Date:**	10/01/2022
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Test	Result	Normal Range
PHENCYCLIDINE(PCP)	NEGATIVE	
METHAMPHETAMINE(MET)	NEGATIVE	
TRAMADOL(TRA)	NEGATIVE	
BARBITURATES(BAR)	NEGATIVE	
BENZODIAZEPINES(BZO)	NEGATIVE	
MEDTHODONE(MED)	NEGATIVE	
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE	
MARIJUANA(THC)	NEGATIVE	

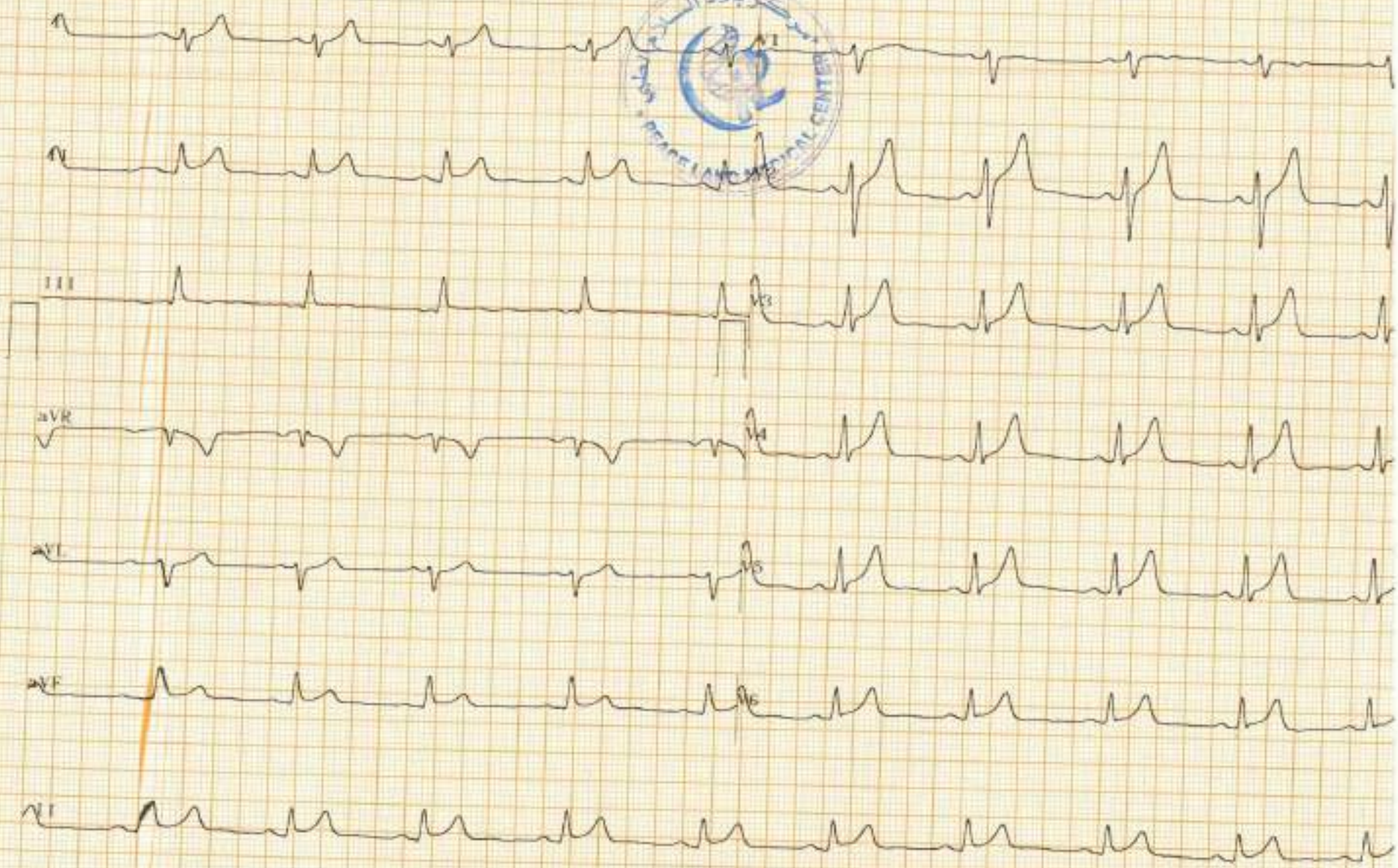
Medical Technologist

2022-01-09 15:31:43 6 Channel + 1 Rhythm Report

Hospital:
Prescribed by:

ID :
Name: Onkins
yrs. /
cm / kg

Heart Rate: 62bpm ** Analysis Result ** (To be finally confirmed by cardiologis
PR Int.: 152 ms Normal Sinus Rhythm
QRS Dur.: 96 ms Normal Axis
QT/QTc: 392/400 ms [Normal ECG]
P-R-T axes:
10 92 25



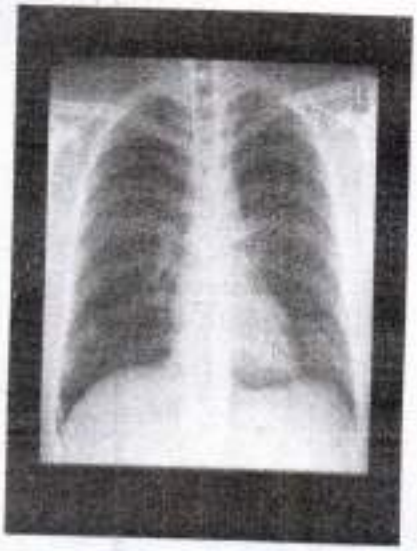
0.1Hz- 100Hz, AC50Hz, EMG. All Channels:10.0mm/mV, 25.0mm/sec. CARDIO-M Ver5.10M.30 Medical Econ

International Specialized
Heart & Vascular Center

المركز الدولي التخصصي لأمراض
القلب و الأوعية الدموية

Name: Owais Qayyum Muhammed Qayyum
File No: 8748

Date: SUNDAY 9JANUARY- 2022



Chest x-ray Report: PA chest x-ray.

- Lung fields appear normal.
- Hila appear normal.
- Both CP angles are clear.
- Cardiac silhouette is within normal limits.
- Bony thorax appear normal.

Comment: Normal PA chest x-ray.

Dr. MATLOOBA ALZADJALI MD, MPH, Dip Cardiology, PhD

C.R:1290488
P.O.Box: 27
Postal Code: 117
Sultanate of Oman
CENTER FOR HEART INTERNATIONAL SPECIALIZED

DR. OUSSAMA ADNAN MOHAMMED
CARDIOLOGIST
HEART & VASCULAR CENTER (IHVC)

Peace Land Medical Center

Name:	OWAIS QAYYUM MUHAMMED QAYYU
Gender:	32 Y(M) «Blank»
Ref By:	05015

09/01/22 10:17

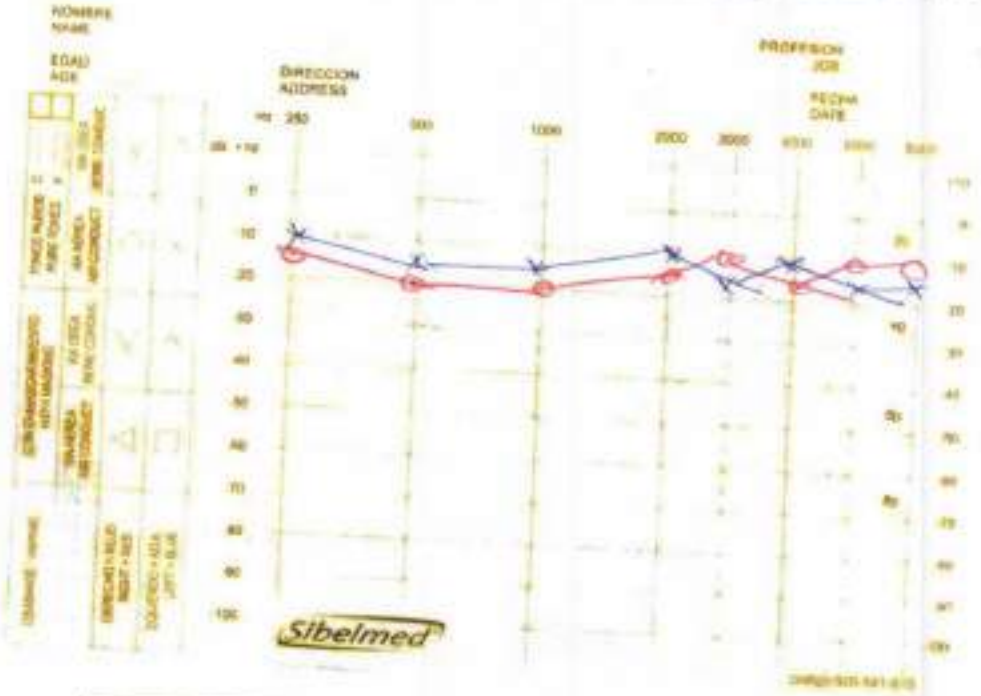
0028333

Bill # 0031288

PEACELAND

TRY TEST REPORT

Company	
Occupation	
Date:	9/1/22



INTERPRETATION
× LEFT EAR
○ RIGHT EAR

RESULT
☑ Normal
☐ Hearing Loss
☐ Left ☐ Right

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

Fitness for work certificate

Employee Data			
Name	EWAIS RAYYUM	Date	10/11/2022
I.D No.	96941682	Department/Company	T.O.
		Occupation	Driver

Type of Medical Evaluation Mark those applying √

A1 Aircraft refuelling		A6 Fire / Emergency resporise 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*	
Work near moving machinery or sharp edges			FIT
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	10/11/2022