PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname: HOWLADER
Forenames: MOHAMMAD RANA
Address: 115373499 – [illegible]
Home telephone number: 79488714

Place of examination: mut   Date: 27/6/21

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

Birth date: 5/2/97   Nationality: Bangladeshi   Country of birth: Bangladesh   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: Rigger
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
1. Sinus trouble		✓	21. Cancer		✓
2. Neck swelling/glands		✓	22. Heart Disease		✓
3. Difficulty in vision		✓	23. Rheumatic fever		✓
4. Any ear discharge		✓	24. Abnormal heartbeat		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓
6. Hayfever /other significant allergy		✓	26. Stroke		✓
7. Any skin trouble		✓	27. Serious chest pain		✓
8. Tuberculosis		✓	28. Any blood disease		✓
9. Shortness of breath		✓	29. Kidney disease		✓
10. Coughed/vomited blood		✓	30. Blood in urine		✓
11. Severe abdominal pain		✓	31. Painful passage of urine		✓
12. Stomach ulcer		✓	32. Diabetes		✓
13. Recurrent indigestion		✓	33. Headaches/migraine		✓
14. Jaundice or hepatitis		✓	34. Dizziness/fainting		✓
15. Gall Bladder disease		✓	35. Epilepsy		✓
16. Marked change in bowel habits		✓	36. Joints/spinal trouble		✓
17. Blood in stools (motions)		✓	37. Surgical operation		✓
18. Marked change in weight		✓	38. Serious accident/fracture		✓
19. Varicose veins		✓	39. Tropical disease		✓
20. Lump in breast/armpit		✓	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? 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: 27/6/21   **Signature of Applicant:** RANA

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 (MMHG)	PULSE	HEARING	VISION DISTANT NEAR	Colour Vision	Blood Group
171	74	25.3	133/86	72 /mins.	L R N	R L R L Uncorrected 6/6 6/6 Corrected	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.)

ASSESSMENT:

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

Date: 28/6/2021 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

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

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:	MOHAMMAD RANA HOWLADER	**Doc No:**	0010255
Age:	24 Y **Nationality:** BANGLADESHI	**File No:**	0015965
Gender:	M	**Bill No:**	0020123
Ref. By:	DR. EMAD OMER	**Date:**	28/06/2021
GSM No.:	90000000	**Time:**	11:22

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	**5.1 10"9/l**	Male 4.38 -4.98 10"2/l Female 4.5- 5.5 10"12/l
HAEMOGLOBIN	**16.1 gm %**	Male 13 - 16 gm % Female 11 - 14 gm %
HCT	**46.5 %**	Male 39.30 -44.10 % Female 37 -47 %
MCV	**79 fl**	84-94 fl
MCH	27.5 pg	27 - 33 pg
MCHC	**34.6 g/dl**	29.6 - 35.6 %
WBC COUNT	**7.5 10"9 d/l**	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	64 %	40-75 %
LYMPHOCYTE	34 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	01 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**235 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	**87 U/L**	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.36 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**30.3 U/L**	0 - 35.0 U/L
S.G.P.T.	**34.6 U/L**	10 - 45 U/L

PEACE LAND MEDICAL CENTER

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Medical Technologist

Peace Land Medical Center
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Test	Result	Normal Range
GGT	40.6 mg/dl	0 - 55.0 mg/dl
ALBUMIN	4.6 mg/dl	3.50 - 5.20 mg/dl
TOTAL PROTEIN	8.1 mgd/l	6 - 8 mgd/l
S. BILIRUBIN DIRECT	0.12 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	18.0 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.90 mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	7.1 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	230 mg/dl	0.0 - 200 mg/dl
Triglyceride	180.0 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	63.7 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	130.0 mg/dl	< 100 mg/dl
VLDL	36.0 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	97.7 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	5 ml	
Colour	Pale yellow	
Sp. Gravity	1.015	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	

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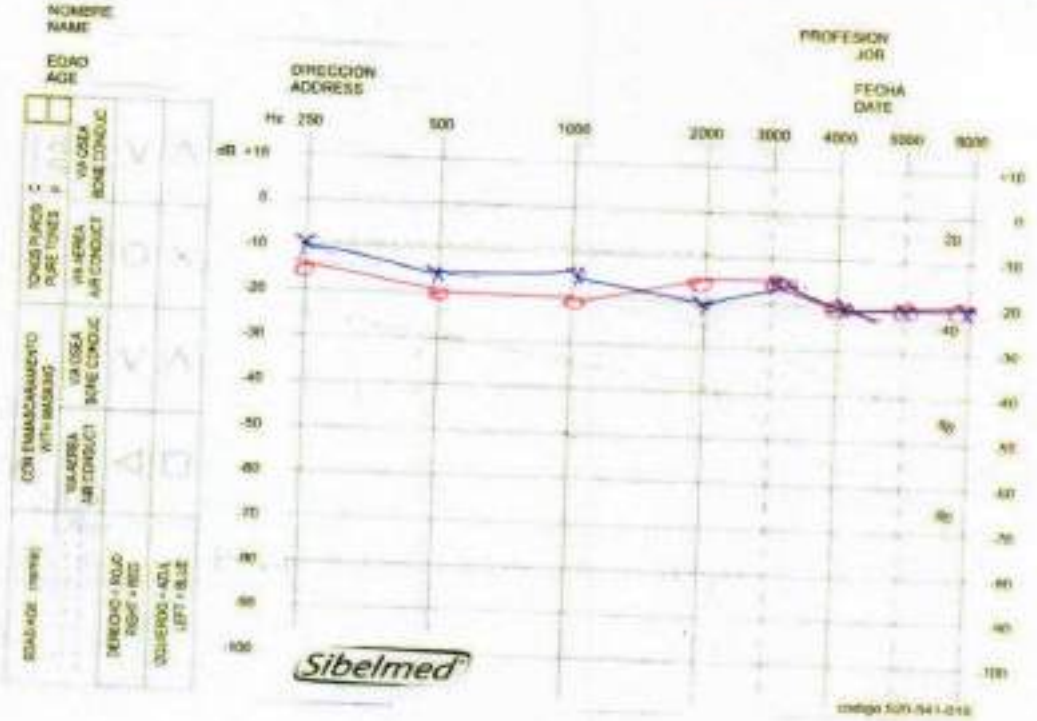
Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	2-3	
RBC'S	0-1	
CASTS	Nil	
CRYSTALS	Nil	
BACTERIA	Nil	
OTHERS	Nil	

Medical Technologist

Peace Land Medical Center

AUDIOMETRY TEST REPORT			
Name:	Mohammed Rana	Company	Tawil Oman
Gender:	M	Occupation	Engineer
Ref By:	Dr. Emad Omer	Date:	21/6/24



INTERPRETATION
× LEFT EAR
O RIGHT EAR

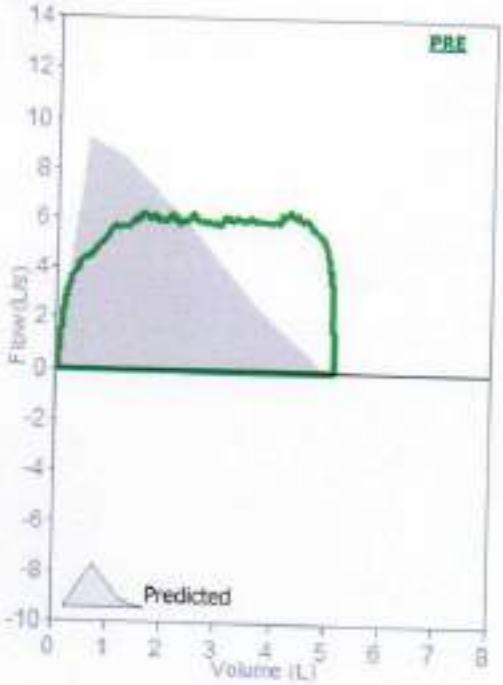
RESULT ☑ Normal ☐ Hearing Loss ☐ Left ☐ Right

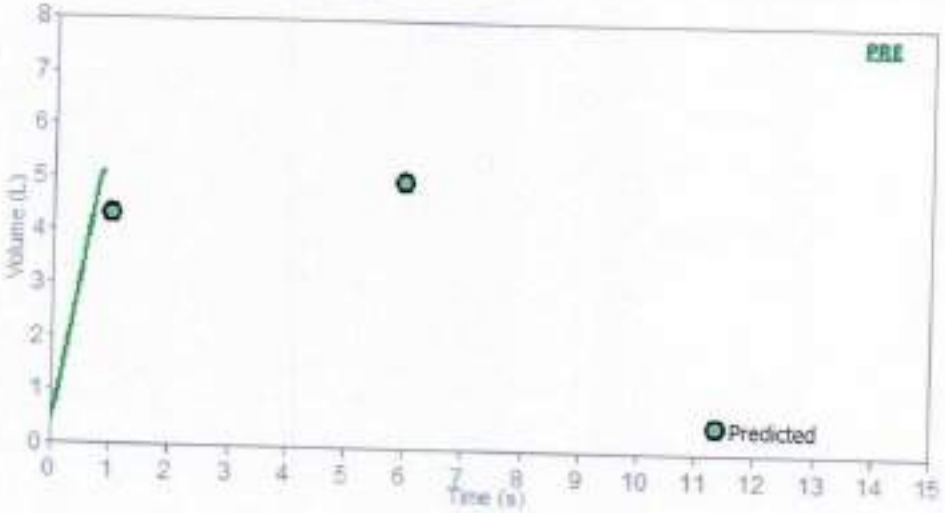
Pulmonary Function Test Results

Visit date 27/06/2021

Patient code	115373499	Age	24
Surname	RANA	Gender	Male
Name	MOHAMMAD	Height, cm	171
Date of birth	05/02/1997	Weight, kg	74
		BMI	25.31
Smoke		Pack-Year	
Patient group			

FVC PRE | FEV1 PRE | FEV1% PRE





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 27/06/2021 12:14:08

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	4.20	4.98	5.13*	103	0.33	5.13			*		
FEV1	L	3.55	4.28	5.13*	120	1.90	5.13			*		
FEV1/FVC	%	75.0	85.6	100.0*	117	2.22	100.0			*		
PEF	L/s	6.54	9.26	6.40*	69	-1.73	6.40			*		
ELA	Years		24									
FEF2575	L/s	3.19	4.82	6.04	125	1.24	6.04					
FET	s		6.00	0.86	14		0.86					
FIVC	L	4.20	4.98									
FEV1/VC	%	75.0	85.6									

*Best values from all loops - BTPS 1.082 27 °C (80.6 °F) - Predicted Knudson

Conclusion / Medical report

Signature

Instrument used
Minispir S S/N C11507

MIR

مركز بلاد السلام الطبي
Peace Land Medical Center

Fitness for work certificate

Employee Data			
Name	MOHAMMAD RANA	Date	28/6/2021
I.D No.	115373499	Department/Company	Truck Oman
Type of Medical Evaluation Mark those applying √		Occupation	Rigger

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*	
Work near moving machinery or sharp edges			
Working at height			FIT
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 28/6/2021

ص.ب ١٤٠٣، الرمز البريدي ١٣٣، دوار العذيبة مبنى ابراج 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 هاتف : ٢٤٦١٧١١٧/٢٤٦١٧١٤٨/٢٤٦١٧١٤٩