PEACE LAND MEDICAL CENTER

T.O-8

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	HOWLADER
Forenames	MOHAMMAD RANA
Address	115373499 Company Name: TRUKOMAN
Home telephone number	96529841
Forenames:	
Country of birth: BANGLADESH	Religion: MUSLIM

Place of examination: SHARJAH Date: 4/3/2013

If a dependant enters employee's name here:
Surname:

Birth date: 5/2/97 Nationality: BANGLADESHI

[√] 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 (1) (2)

List your last 3 jobs (1) (2) (3)

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		√	47. Any gynaecological treatment		
16. Marked change in bowel habits		√	36. Joints/spinal trouble		√			
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: ALL 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: 4/3/2013 Signature of Applicant: RANA

00180984 00411633

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
171	76.6	26	112/80	83 /mins.	L N R	Uncorrected 6/6 Corrected	6/6			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.)

USM - Dichloroquin advised

FIT

ASSESSMENT:

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

Date: 13/3/23 Name (Block Capitals): Dr. / Nurse Signature:

PEACE LAND MEDICAL CENTER

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	**Doc No:**	0031148
Age:	26 Y **Nationality:** BANGLADESHI	**File No:**	0040637
Gender:	M	**Bill No:**	0047666
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	12/03/2023
GSM No.:	96529841	**Time:**	11:25

Test	Result	Normal Range
TRUCKOMAN-MEDICAL CHECKUP BELOW 40 YRS ON SITE		
COMPLITE BLOOD COUNT		
RBC	5.6 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	16.2 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	47.7 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.5 pg	27 - 33 pg
MCHC	32.9 g/dl	29.6 - 35.6 %
WBC COUNT	8.8 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	62 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	06 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**258 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	76 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.44 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**30.0 U/L**	0 - 35.0 U/L
S.G.P.T.	**42.0 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
Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name:	MOHAMMAD RANA	**Doc No:**	0031148
Age:	26 Y **Nationality:** BANGLADESHI	**File No:**	0040637
Gender:	M	**Bill No:**	0047666
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	12/03/2023
GSM No.:	96529841	**Time:**	11:25

Test	Result	Normal Range
GGT	**42.1 U/L**	0 - 55.0 U/L
ALBUMIN	**4.6 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.8 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.15 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**26.1 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.76 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**5.3 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**210 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**108.6 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**68.3 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**120.0 mg/dl**	< 100 mg/dl
VLDL	**21.7 mg/dl**	2.0 - 30 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.015	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	
Urobilinogen	Normal	

.....
Medical Technologist

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	**Doc No:**	0031148
Age:	26 Y **Nationality:** BANGLADESHI	**File No:**	0040637
Gender:	M	**Bill No:**	0047666
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	12/03/2023
GSM No.:	96529841	**Time:**	11:25

Test	Result	Normal Range
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	
RANDOM BLOOD SUGAR	**89.0 mg/dl**	80 - 120 mg/dl

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

Medical Technologist

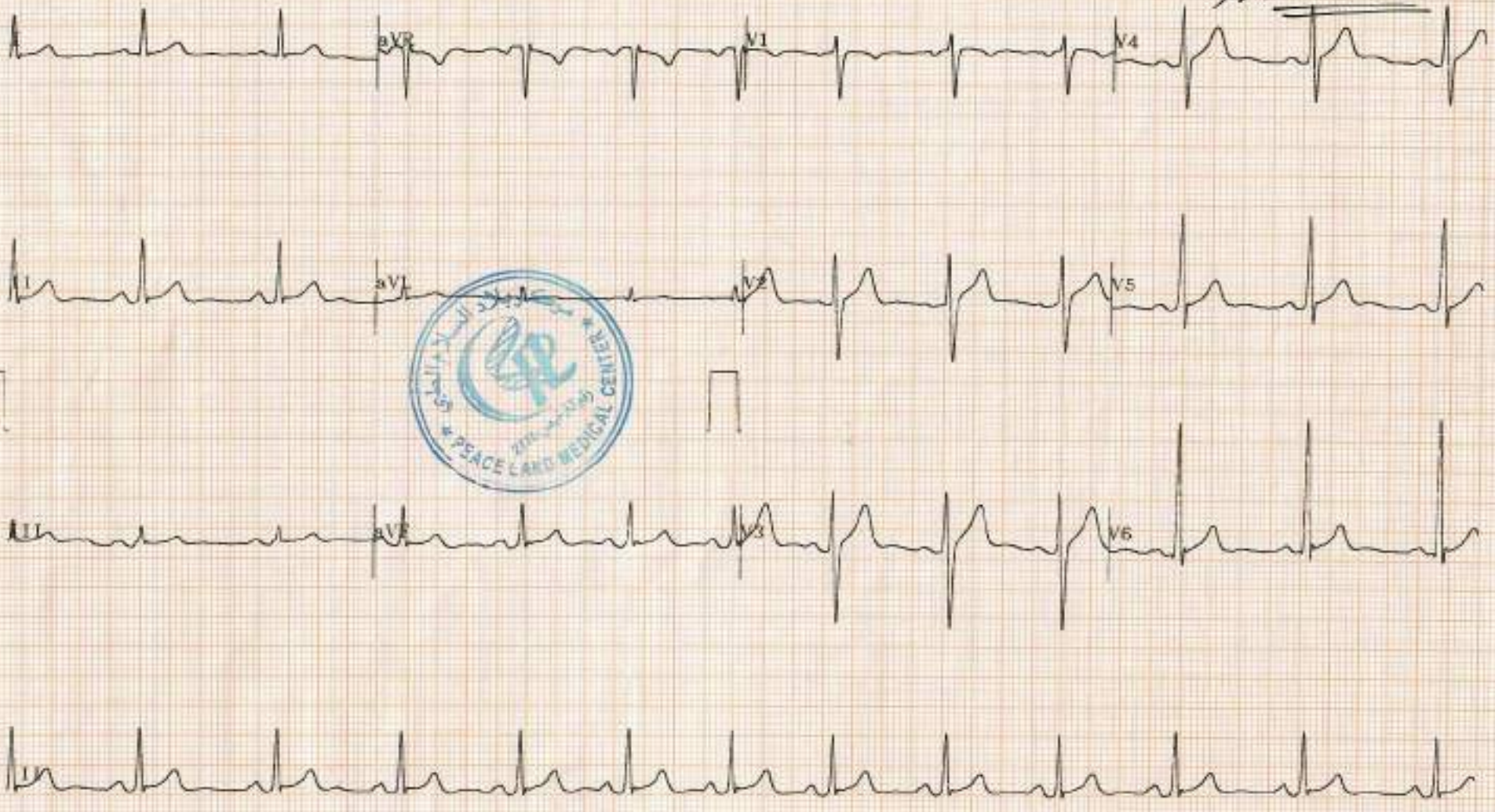
2023-03-04 09:31:54 3 Channel + 1 Rhythm Report

Hospital:CCED SHAHAD
Prescribed by:

ID :
Name:
yrs. /
cm / kg

Heart Rate: 74bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 150 ms Normal Sinus Rhythm
QRS Dur.: 84 ms PAC(Presature Atrial Contraction)
QT/QTc: 362/400 ms Normal Axis
P-R-T axes: [Minimally Abnormal or Normal Variation ECG]
65 47 50

MOHAMMAD RANA
115373499 HOWLADER
TRUCK OMAN

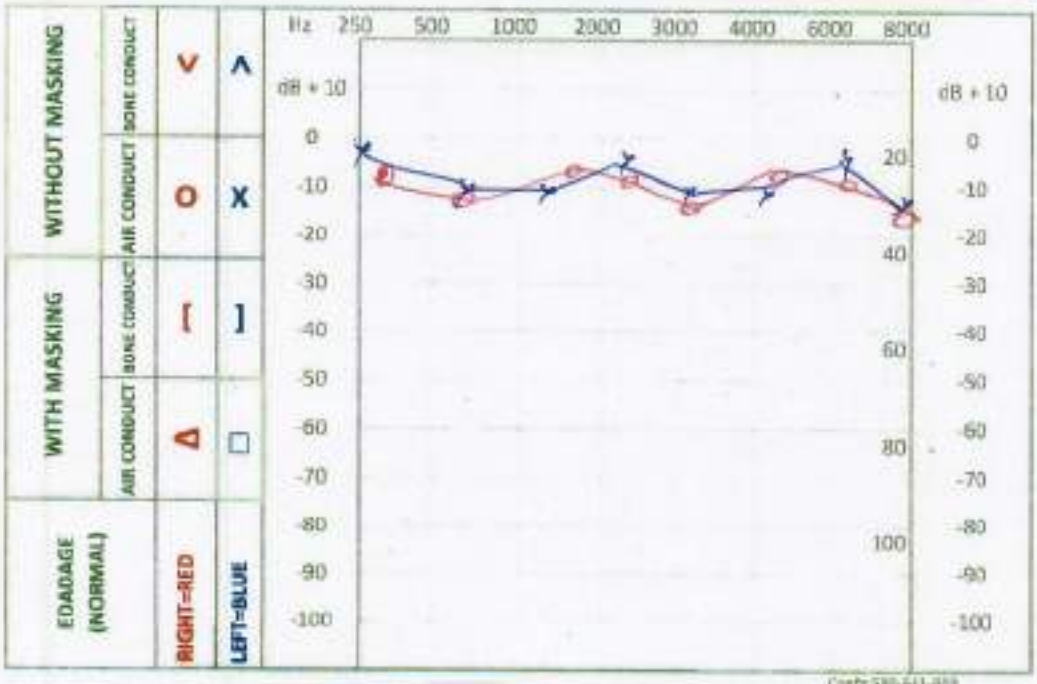


0.1Hz- 40Hz,AC50Hz. All Channels:10.0mm/mV,25.0mm/sec. CARDIO-M Ver5.11M.30 Medical Econet GmbH.

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

AUDIOMETRY TEST REPORT

NAME	MOHAMMAD RANA HOWLADER			COMPANY	TECK OMAN
AGE		GENDER	M	OCCUPATION	RIGGER
REF. BY				DATE	04/02/2023



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
NORMAL
HEARING LOSS
RIGHT
LEFT

ص.ب ١٤٠٣، الرمز البريدي ١٣٣، دوار العذيبة مبنى اراح 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

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

Fitness for work certificate

Employee Data		Date	13 /03/2023
Name	MOHAMMAD RANA	Department/Company	TRUCK OMAN
I.D No.	115 3734 99	Occupation	RIGGER

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 with following restriction(s)			FIT
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			
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			Date 13 /03/2023
Name of health advisor Signature			

PEACE LAND MEDICAL CENTER

Dr. MUHAMMAD AKRAM KHAN
General Practitioner
MOH Lic. No. 4464

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ عوار العذيبة مبنى ابراج الصحوة مبنى ٢ سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout at Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149