PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	
Forenames	RASHID MEHMOOD
Address	10439205 - Touch Omar St
Home telephone number	77300682

Place of examination: MP Date: 29/8/22

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

Birth date: 21/9/92 Nationality: Pakistan Country of birth: Pakistan Religion: Muslim

☑ Male ☐ Female ☑ Married ☐ Single ☐ Seperated /Divorced

Relationship to employee: ☐ Wife ☐ Son ☐ Daughter

Number of children:

Reason for examination: Pre-Employment ☑ Periodic medical check-up ☐ Pre-Overseas ☐

Job: H.DD

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		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: 29/8/2022 **Signature of Applicant:** Rashid

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
179	72	22.5	134/60	75 /mins.	L N 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.)

WLSM

ASSESSMENT:

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

Date: 29/8/22 Name (Block Capitals): Dr. / Nurse

Signature:

Dr. Shima Sayadabdollah Jafar
Cardiology Specialist
[illegible] No. 21362

PEACE LAND MEDICAL CENTER

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

Employee Data	
Name: RASHID MEHMOOD	Date: 29/8/22
I. D No. 1014 39205 Tel #: 7730068	Department/Company: Truck Oman
	Designation: HOD

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 [illegible] machinery in the workplace.

Declaration: I, [illegible] (Name) certify that to the best of my knowledge the above information supplied [illegible] correct.

Signature: [signature] Date: 29/8/22

PEACE LAND MEDICAL CENTER C.R. 71189

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:	RASHID MEHMOOD	**Doc No:**	0023868
Age:	29 Y **Nationality:** PAKISTANI	**File No:**	0034289
Gender:	M	**Bill No:**	0039843
Ref. By:	DR.SHIMA	**Date:**	29/08/2022
GSM No.:	77300682	**Time:**	10:56

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
COMPLITE BLOOD COUNT		
RBC	5.6 10"12/l	Male 4.38 -5.78 10"12/l Female 4.0- 5.0 10"12/l
HAEMOGLOBIN	16.9 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	**50.2 %**	Male 39.30 -50.00 % Female 37 -47 %
MCV	**79 fl**	84-94 fl
MCH	27.1 pg	27 - 33 pg
MCHC	34.4 g/dl	29.6 - 35.6 %
WBC COUNT	5.8 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	63 %	40-75 %
LYMPHOCYTE	33 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	11	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**238 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	72 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.70 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**23.8 U/L**	0 - 35.0 U/L
S.G.P.T.	**28.6 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:	RASHID MEHMOOD	**Doc No:**	0023868
Age:	29 Y **Nationality:** PAKISTANI	**File No:**	0034289
Gender:	M	**Bill No:**	0039843
Ref. By:	DR.SHIMA	**Date:**	29/08/2022
GSM No.:	77300682	**Time:**	10:56

Test	Result	Normal Range
GGT	**36.3 U/L**	0 - 55.0 U/L
ALBUMIN	**4.3 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.1 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.16 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**42.4 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.94 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**6.8 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**160 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**62.7 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**54.9 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**92.6 mg/dl**	< 100 mg/dl
VLDL	**12.5 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	88.7 mg/dl	74 - 100 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	

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:	RASHID MEHMOOD	**Doc No:**	0023868
Age:	29 Y **Nationality:** PAKISTANI	**File No:**	0034289
Gender:	M	**Bill No:**	0039843
Ref. By:	DR.SHIMA	**Date:**	29/08/2022
GSM No.:	77300682	**Time:**	10:56

Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
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	Alkaline	
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

2022-08-29 08:25:44

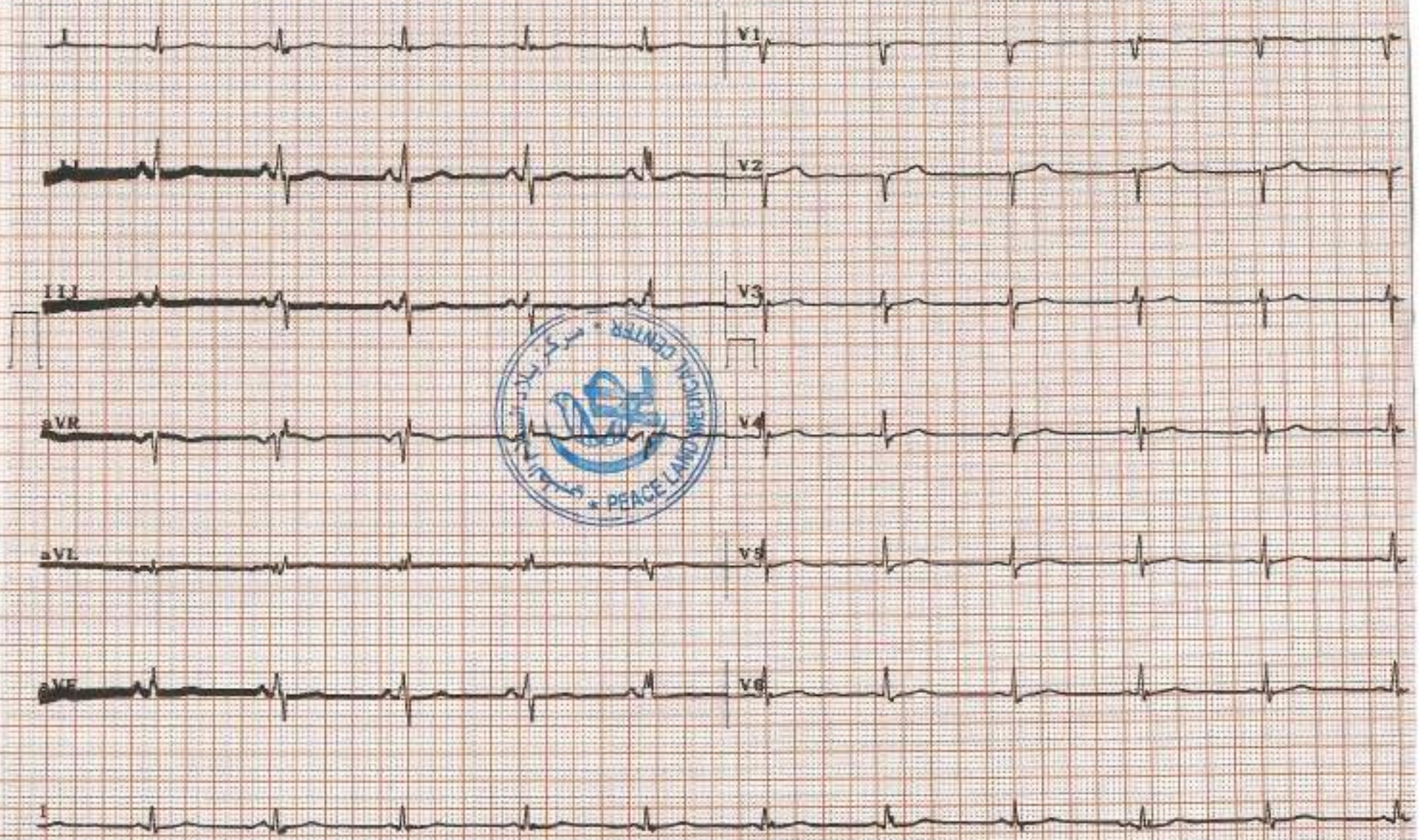
6Channel+1 Rhythm Report

Hospital:PLMS
Confirmed by:

RASHID MEHMOOD
29 Y(M) <Blank>
29/08/22 08:22
0034269
PEACELAND

Heart Rate : 66 BPM
PR Int.: 122 ms
QRS Dur.: 84 ms
QT/QTc: 372/388 ms
P-R-T axes: 73 -23 -54

** Analysis Result ** (Unconfirmed Report)
NORMAL SINUS RHYTHM
NORMAL AXIS
ICRBBB(INCOMPLETE RIGHT BUNDLE BRANCH BLOCK)
[NORMAL ECG]



0.1Hz- 40Hz,AC50Hz.PM.Qik. 10.0/5.0mm/mV. 25.0mm/sec. CARDIO-M PLUS 1.13.30 Medical Econet Gm

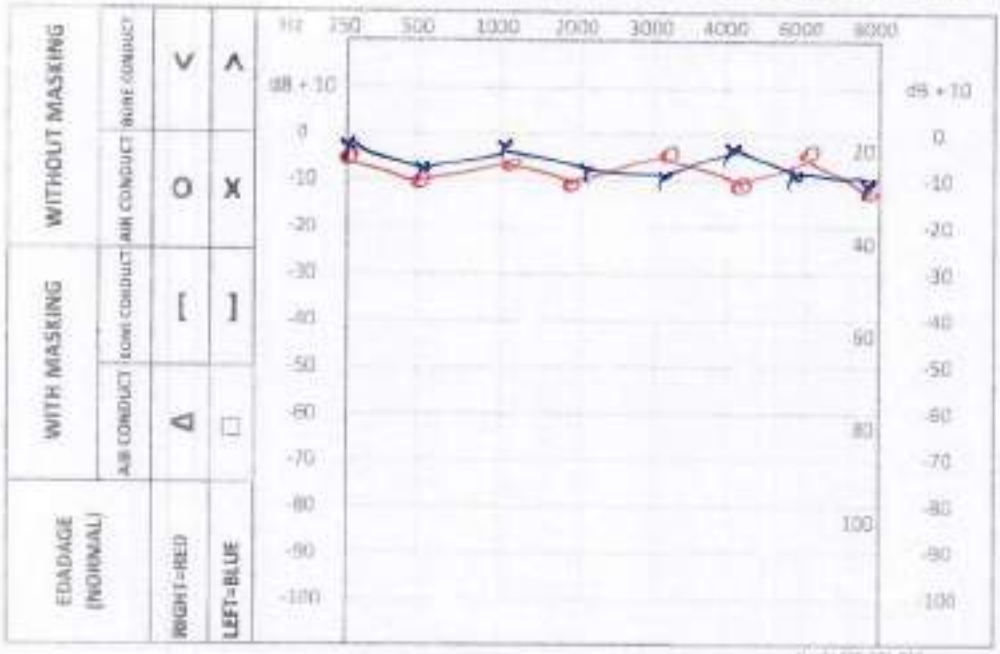
مركز بلاد السلام الطبي
Peace Land Medical Center

RASHID MEHMOOD
29 Y(M) «Blank»
29/08/22 09:22
0034289
70870
Bill # 0038543
PEACELAND

NAME
AGE
REF. B

TRY TEST REPORT

COMPANY	Tatweer Oman
OCCUPATION	H.DD
DATE	29/8/22



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
- [x] NORMAL
- [ ] HEARING LOSS
- [ ] RIGHT
- [ ] LEFT

PEACE LAND MEDICAL CENTER

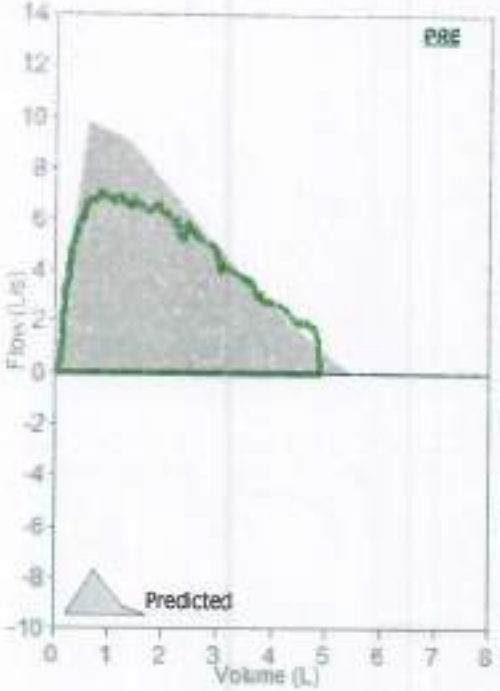
ص.ب ١٤٠٣، الرمز البريدي ١٣٣، دوار العذيبة شارع الصحوة مبنى ٢، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel : 24617117 / 24617148 / 24617149 هاتف ٢٤٦١٧١١٧/٢٤٦١٧١٤٨/٢٤٦١٧١٤٩

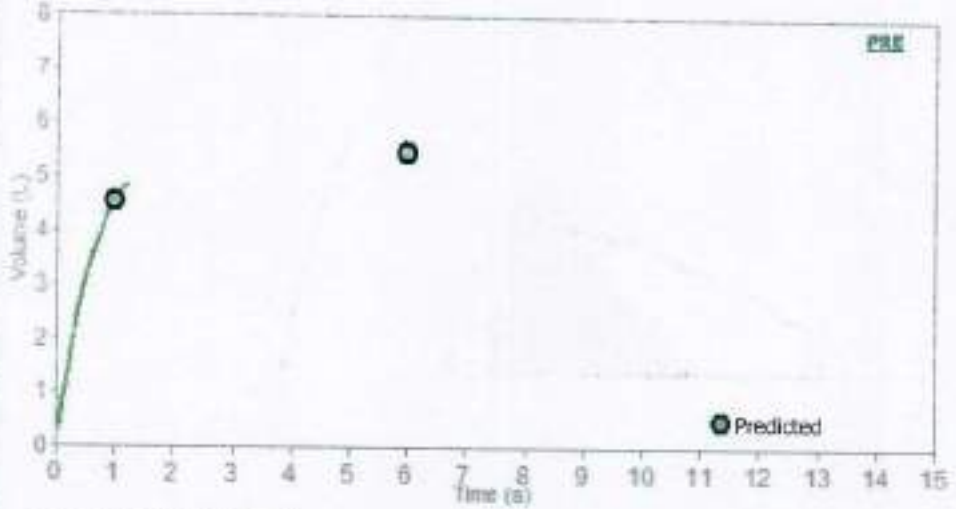
Pulmonary Function Test Results

Visit date 29/08/2022

Patient code	101439205	Age	29
Surname	MEHMOOD	Gender	Male
Name	RASHID	Height, cm	179
Date of birth	21/09/1992	Weight, kg	72
Ethnic group	Not defined	BMI	22.47
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1% PEF





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 29/08/2022 15:20:45

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	4.41	5.46	4.86*	89	-0.94	4.86			*		
FEV1	L	3.68	4.54	4.57*	101	0.05	4.57			*		
FEV1/FVC	%	73.5	83.7	94.0*	112	1.67	94.0			*		
PEF	L/s	6.40	9.82	7.17*	73	-1.27	7.17			*		
ELA	Years		29	29	100		29					
FEF2575	L/s	3.01	4.79	5.23	109	0.40	5.23					
FET	s		6.00	1.19	20		1.19					
FIVC	L	4.41	5.46									
FEV1/VC	%	73.5	83.7									

*Best values from all loops - BTPS 1.092 25 °C (77 °F) - Predicted Knudson

Conclusion / Medical report

PEACE LAND MEDICAL CENTER

Signature

Instrument used
Minispir S S/N C11507
Last calibration check 01/11/2021 09:35:10

MIR

INTERNATIONAL SPECIALIZED CENTER
FOR HEART AND VASCULAR DISEASES

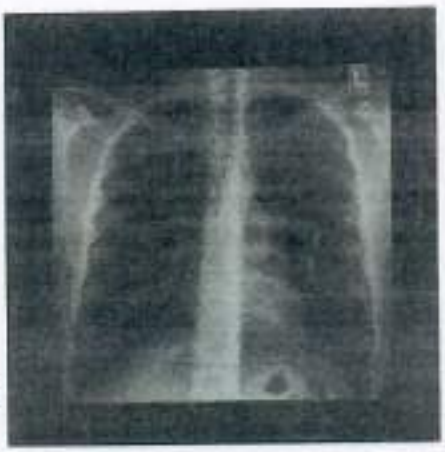
المركز الدولي التخصصي
لأمراض القلب و الأوعية الدموية

Name: Rashid Mehmood

Date: 29-Aug-22

File No: 10459

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 appears normal.

Comment: Normal PA chest x-ray.

DR IRAJ EMAMYAR RAMEZANI, GENERAL PRACTITIONER

العذيبة الشمالية- شارع ١٨ توفير البناية رقم ٣٢٥ ، ص.ب :٢٧ ، الرمز البريدي : ١١٨ ، مسقط ، سلطنة عمان.هاتف :٢٤١٣٨٠٩٣ (٩٦٨) ٩٢٢٦٩١٨٩ (٩٦٨) س.ت ١٢٩٠٤٨٨
Azaiba North- 18 Nov St.Bldg No:325,P.O.Box: 27 ,Postal Code: 117, Muscat, Sultanate of Oman tel:(968)24138093,(968)92269189,C.R.No.1290488

مركز بلاد السلام الطبي

Peace Land Medical Center

Peace Land

Fitness for work certificate

Employee Data		Date	29/8/22
Name	RASHID MEHMOOD	Department/Company	T onicle oman SLB
I.D No.	10143920 5	Occupation	HSD

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)			
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		FIT	
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 29/8/22
Name of health advisor Signature			

PEACE LAND MEDICAL CENTER

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ بوار القديمة شارع اراح الصحوة مبنى ١ سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel : 24617117 / 24617148 / 24617149