PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname: MANSOORI
Forenames: MOHAMMAD SHAFIQUE
Address: 55032967 – Touch Oman
Home telephone number: 79240832.

Place of examination: 27/1/22 Date: mil

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

Birth date: 10/3/83 Nationality: Indian Country of birth: India Religion:

☑ 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: mechanic
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: 27/1/22

Signature of Applicant: x M Sho

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)

N	A		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	Colour Vision	Blood Group
166	64	23,2	122/70	70 /mins.	L R N	DISTANT R L / NEAR 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 27/4/2022 Name (Block Capitals): Dr. / Nurse Signature:

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

General Practitioner
MOH License No.

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 SAAFIQUE MANOORI	**Doc No:**	0019755
Age:	39 Y **Nationality:** INDIAN	**File No:**	0030241
Gender:	M	**Bill No:**	0035536
Ref. By:	ABDULRAHMAN ABDULLATEIF ABDULRAHMAN ZEINELDEEN	**Date:**	27/04/2022
GSM No.:	79240832	**Time:**	11:05

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
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	14.3 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	43.7 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.5 pg	27 - 33 pg
MCHC	32.7 g/dl	29.6 - 35.6 %
WBC COUNT	8.8 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	58 %	40-75 %
LYMPHOCYTE	36 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	05 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**286 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	109 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.44 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**23.1 U/L**	0 - 35.0 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 SAAFIQUE MANOORI	**Doc No:**	0019755
Age:	39 Y **Nationality:** INDIAN	**File No:**	0030241
Gender:	M	**Bill No:**	0035536
Ref. By:	ABDULRAHMAN ABDULLATEIF ABDULRAHMAN ZEINELDEEN	**Date:**	27/04/2022
GSM No.:	79240832	**Time:**	11:05

Test	Result	Normal Range
S.G.P.T.	**30.5 U/L**	10 - 45 U/L
GGT	**25.9 U/L**	0 - 55.0 U/L
ALBUMIN	**4.4 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.8 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.18 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**22.3 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.89 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**8.0 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**215 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**123.9 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**70.8 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**119.5 mg/dl**	< 100 mg/dl
VLDL	**24.7 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	92.3 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.010	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	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:	MOHAMMAD SAAFIQUE MANOORI	**Doc No:**	0019755
Age:	39 Y **Nationality:** INDIAN	**File No:**	0030241
Gender:	M	**Bill No:**	0035536
Ref. By:	ABDULRAHMAN ABDULLATEIF ABDULRAHMAN ZEINELDEEN	**Date:**	27/04/2022
GSM No.:	79240832	**Time:**	11:05

Test	Result	Normal Range
Ketones	Negative	
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	

PEACE LAND MEDICAL CENTER

.....

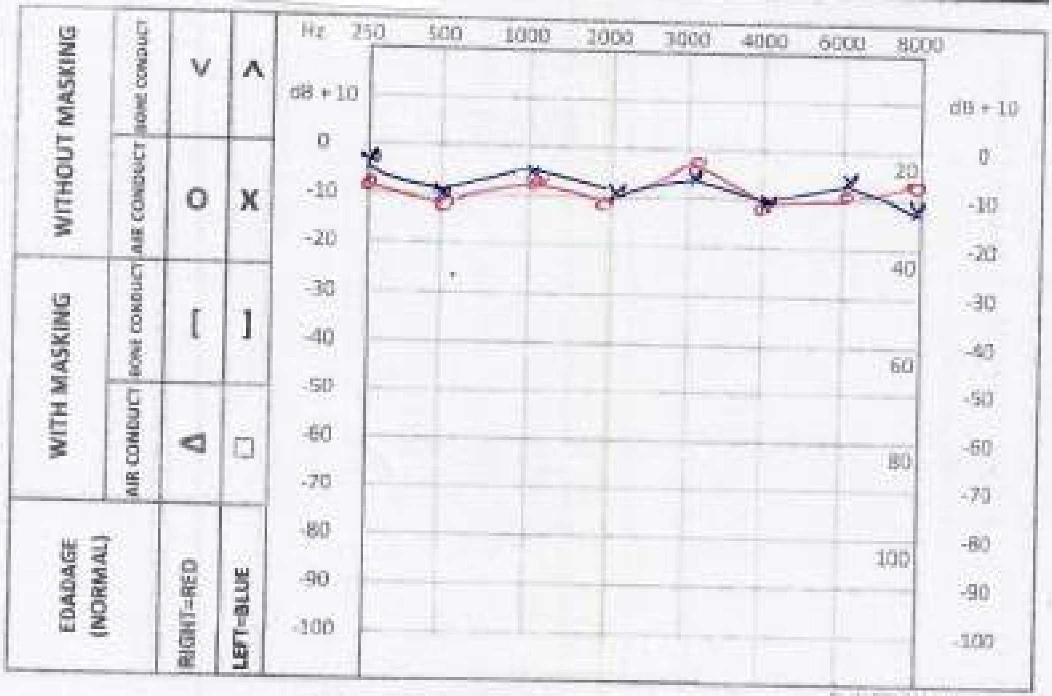
Medical Technologist

مركز بلاد السلام الطبي
Peace Land Medical Center

MOHAMMAD SAAFIQUE MANOORI
39 Y(M) «Blank» 27/04/22 09:10
0030241
67882 Bill # 0039636
PEACELAND

[AUDIO]METRY TEST REPORT

NAME		COMPANY	Tawun oman
AGE		OCCUPATION	mechanic
REF		DATE	27/04/22



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
☑ NORMAL
☐ HEARING LOSS
☐ RIGHT
☐ LEFT

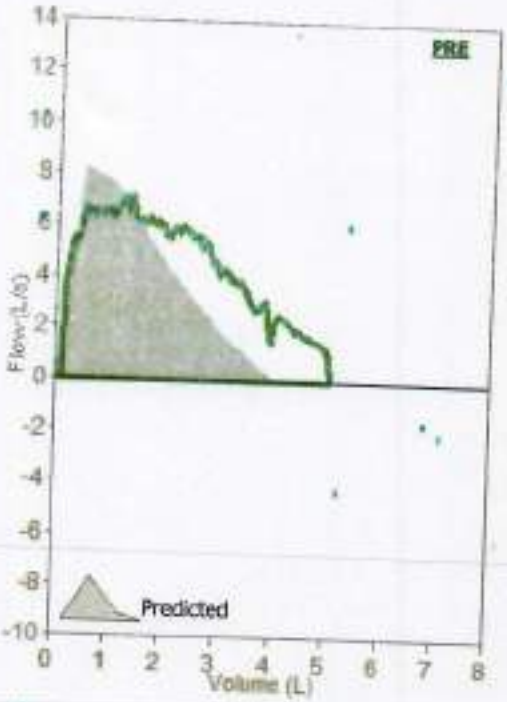
مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

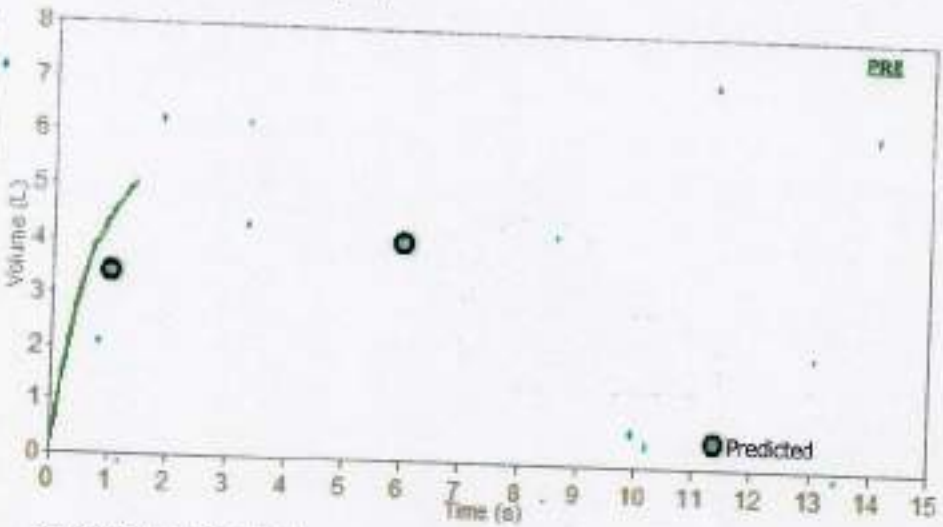
ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العذيبة مبنى ابراج الصحوة مبنى ٢، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف: ٢٤٦١٧١١٧ / ٢٤٦١٧١٤٨ / ٢٤٦١٧١٤٩

Pulmonary Function Test Results

Visit date 27/04/2022

Patient code	85032967	Age	39
Surname	SHAFIQUE	Gender	Male
Name	MOHAMMED	Height, cm	166
Date of birth	10/03/1983	Weight, kg	64
Ethnic group	Not defined	BMI	23.23
Smoke		Pack-Year	
Patient group			





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 27/04/2022 09:28:42

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.02	4.07	5.04*	124	1.53	5.04			*		
FEV1	L	2.52	3.39	4.48*	132	2.09	4.48			*		
FEV1/FVC	%	73.8	84.0	88.9*	106	0.80	88.9			*		
PEF	L/s	4.83	8.25	7.21*	87	-0.50	7.21			*		
ELA	Years		39	39	100		39					
FEF2575	L/s	1.90	3.68	4.81	131	1.05	4.81					
FET	s		6.00	1.39	23		1.39					
FIVC	L	3.02	4.07									
FEV1/VC	%	73.8	84.0									

*Best values from all loops - BTPS 1.073 29 °C (84.2 °F) - Predicted Knudson

Conclusion / Medical report

Signature

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

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

Fitness for work certificate

Employee Data		Date	27/4/2022
Name	MOHAMMAD SHAFIQUE	Department/Company	T.O.
I.D No.	85032967	Occupation	Mech.

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			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		Date	27/4/2022
Name of health advisor Signature			Dr. [illegible] General Practitioner MOH License No. [illegible]

مركز بلاد السلام الطبي PEACE LAND MEDICAL CENTER

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