PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	AL - MAHROUQI
Forenames	IBRAHIM SALIM NASSER
Address	18418283 Company Name: Tawkoman
Home telephone number	91331292

Place of examination: muscat	Date: 22/2/23		
If a dependant enters employee's name here: Surname		Forenames:	
Birth date: 19/1/96	Nationality: omani	Country of birth: oman	Religion: Muslim
[√] Male [ ] Female	[√] Married [ ] Single [ ] Separated /Divorced	[ ] Wife [ ] Son [ ] Daughter	Number of children:
Reason for examination	Pre-Employment [ ] Pre-Overseas [ ]	[√] Periodic medical check-up	Job: operation Coordinator Area:
Name and address of family doctor		List your last 3 jobs	
(1) (2)		(2) (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? nil

Average daily alcohol consumption no.

Have you ever taken elicited drugs? (No)

FAMILY HISTORY: Diabetes ( ) Tuberculosis ( ) Epilepsy ( ) Asthma ( ) Eczema ( )
nil 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: 22/2/23 **Signature of Applicant:**

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.	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
178	84	26.	137/87	88 /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, FBS				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.)

LSM - Diet, exercise advised

FIT

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ASSESSMENT:

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

Date: 23/2/23 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:	IBRAHIM SALIM NASSER AL MAHROUQI	**Doc No:**	0030657
Age:	27 Y **Nationality:** OMANI	**File No:**	0040309
Gender:	M	**Bill No:**	0047088
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	22/02/2023
GSM No.:	91331292	**Time:**	15:12

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
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	14.9 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	44.4 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	**82 fl**	84-94 fl
MCH	**26.1 pg**	27 - 33 pg
MCHC	32.5 g/dl	29.6 - 35.6 %
WBC COUNT	7.5 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	58 %	40-75 %
LYMPHOCYTE	33 %	20-45 %
EOSINOPHIL	03 %	1-6 %
MONOCYTE	06 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**259 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	91 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.76 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**17.3 U/L**	0 - 35.0 U/L
S.G.P.T.	**33.2 U/L**	10 - 45 U/L

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Medical Technologist

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Gender:	M	**Bill No:**	0047088
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	22/02/2023
GSM No.:	91331292	**Time:**	15:12

Test	Result	Normal Range
GGT	**40.2 U/L**	0 - 55.0 U/L
ALBUMIN	**4.7 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.5 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.16 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**35.4 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.94 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	**153 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**70.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**49.2 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**89.8 mg/dl**	< 100 mg/dl
VLDL	**14.0 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	98.6 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	

مركز بلاد السلام الطبي
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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	

PEACE LAND MEDICAL CENTER

Medical Technologist

مركز بلاد السلام الطبي

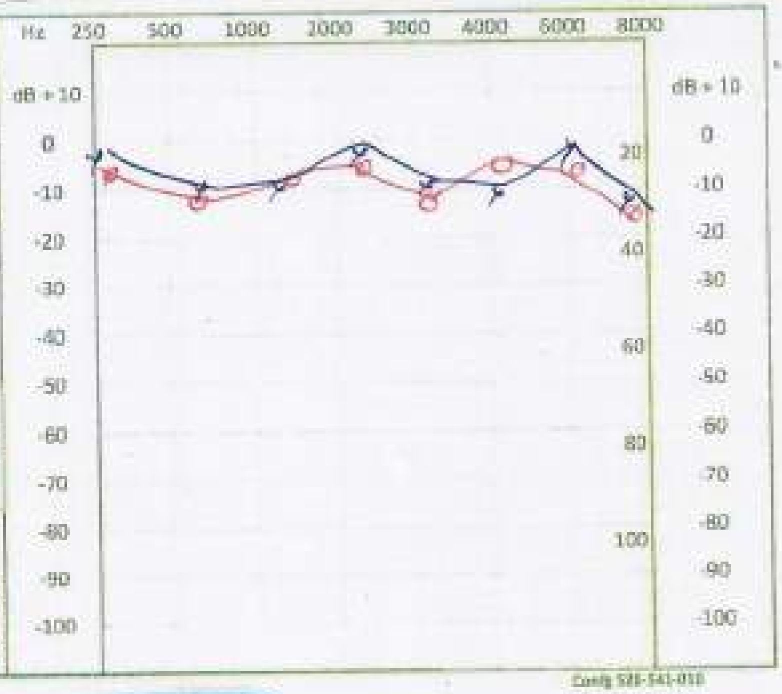
Peace Land Medical Center

IBRAHIM SALIM NASSER AL MAHROUI
27 Y(M) «Blank» 22/02/23 10:17
0040309
75941 Bill# 0047098
PEACELAND

[...]TRY TEST REPORT

NAME		COMPANY	T.O
AGE		OCCUPATION	operation coordinator
REF. BY		DATE	22 / 2 / 2023

		RIGHT=RED	LEFT=BLUE
WITHOUT MASKING	BONE CONDUCT	V	^
	AIR CONDUCT	O	X
WITH MASKING	BONE CONDUCT	[	]
	AIR CONDUCT	Δ	□
EDADAGE (NORMAL)		RIGHT=RED	LEFT=BLUE



Config 520-541-010

Sibelmed

INTERPRETATION

X LEFT EAR
O RIGHT EAR

RESULT

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

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
رقم الترخيص 2779

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

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

Fitness for work certificate

Employee Data		**Date** 23/2/23.	
Name Ibrahim		**Department/Company** Truck oman	
I.D No. 18418283.		**Occupation** operation co-ordinator.	
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** 23/2/23.
Name of health advisor Signature			

PEACE LAND MEDICAL CENTER

ص.ب ١٤٠٣، الرمز البريدي ١٣٣، دوار العذيبة خلف ابراج الصحوة ميني ٢، سلطنة عمان
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