PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

#7067

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname

Forenames: ISFAQUE ALAM

Address: V 3597206 Company Name: Toyota Oman PDO

Home telephone number: 72876175

Place of examination: Muscat Date: 22/11/22

If a dependant enters employee's name here:

Surname:

Forenames:

Birth date: 31/12/86 Nationality: Indian Country of birth: India 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: Welder

Name and address of family doctor: (1) (2) Area:

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: Diabetes ( ) Tuberculosis ( ) Epilepsy ( ) Asthma ( ) Eczema ( )
Heart disease ( ) High blood pressure ( ) Stroke ( ) Blood Disease ( ) Cancer ( )

PEACE LAND MEDICAL CENTER

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: 22/11/22 Signature of Applicant: Isfaque Alam

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
167	51	18.29	121/79	72 /mins.	L N R	Uncorrected 6/6 Corrected	6/6			N	

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	mild elevated TC, Tgl, LDL	✓		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.)

LSM- Diet, exercise advised, Review after 3 months for lipid profile & follow up.

ASSESSMENT:

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

FIT

Date: 22/11/22 Name (Block Capitals): Dr. / Nurse Signature:

MUHAMMED AKBAR KHAN
General Practitioner
MOH Lic. No. 4404

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:	ISFAQUE ALAM	**Doc No:**	0027536
Age:	35 Y **Nationality:** INDIAN	**File No:**	0037751
Gender:	M	**Bill No:**	0043707
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	22/11/2022
GSM No.:	72876475	**Time:**	15:22

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.3 10"12/l	Male 4.38 -5.78 10"12/l Female 4.0- 5.0 10"12/l
HAEMOGLOBIN	14.8 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	44.4 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.8 pg	27 - 33 pg
MCHC	33.2 g/dl	29.6 - 35.6 %
WBC COUNT	9.9 10"9 d/l	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	64 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**268 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	**0.63 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**28.9 U/L**	0 - 35.0 U/L
S.G.P.T.	**37.4 U/L**	10 - 45 U/L

PEACE LAND MEDICAL CENTER

Medical Technologis

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: ISFAQUE ALAM
Age: 35 Y **Nationality:** INDIAN
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 72676475

Doc No: 0027536
File No: 0037751
Bill No: 0043707
Date: 22/11/2022
Time: 15:22

Test	Result	Normal Range
GGT	46.7 U/L	0 - 55.0 U/L
ALBUMIN	5.0 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	7.2 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.16 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	18.4 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.89 mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	5.4 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	206 mg/dl	0.0 - 200 mg/dl
Triglyceride	200.0 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	44.8 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	121.2 mg/dl	< 100 mg/dl
VLDL	40.0 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	86.6 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	
Ketones	Negative	

Medical Technologist

PEACE LAND MEDICAL CENTER

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:	ISFAQUE ALAM	**Doc No:**	0027536
Age:	35 Y **Nationality:** INDIAN	**File No:**	0037751
Gender:	M	**Bill No:**	0043707
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	22/11/2022
GSM No.:	72876475	**Time:**	15:22

Test	Result	Normal Range
Urobilinogen	Normal	
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	

Medical Technologist

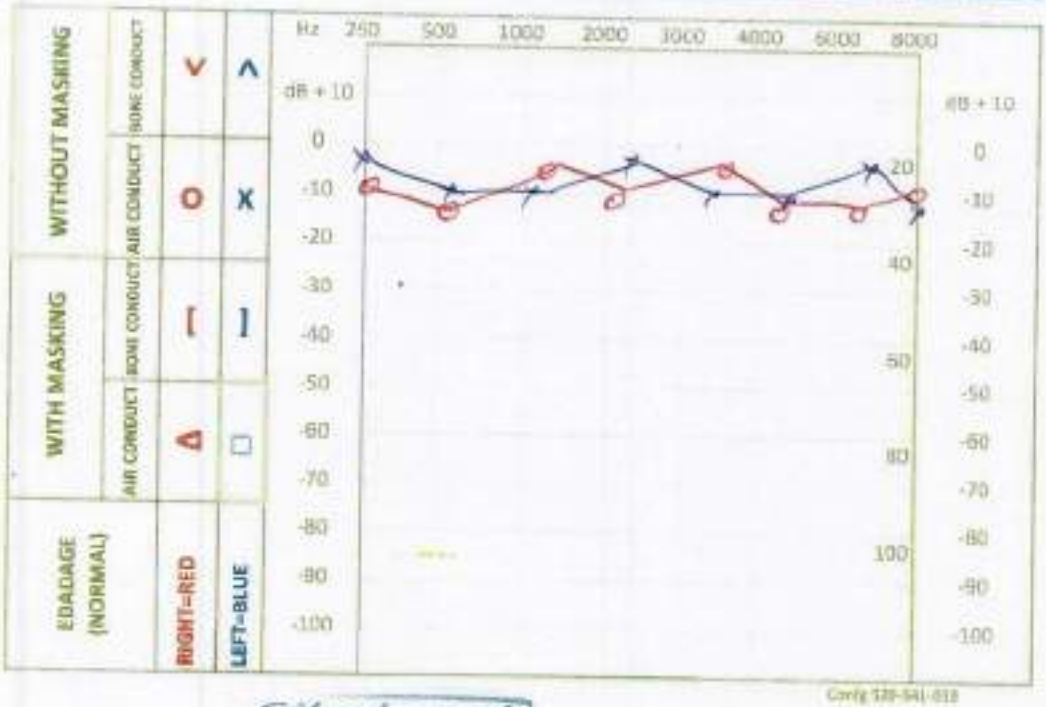
PEACE LAND MEDICAL CENTER

مركز بلاد السلام الطبي
Peace Land Medical Center

ISFAQUE ALAM
35 Y(M) «Blank»
22-11-22 08:25
6037751
PEACELAND
73598
BI # 0043757

ETRY TEST REPORT

NAME	
AGE	
REF. BY	
COMPANY	Trusthmar
OCCUPATION	Welder
DATE	22/11/22



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

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

PEACE LAND MEDICAL CENTER

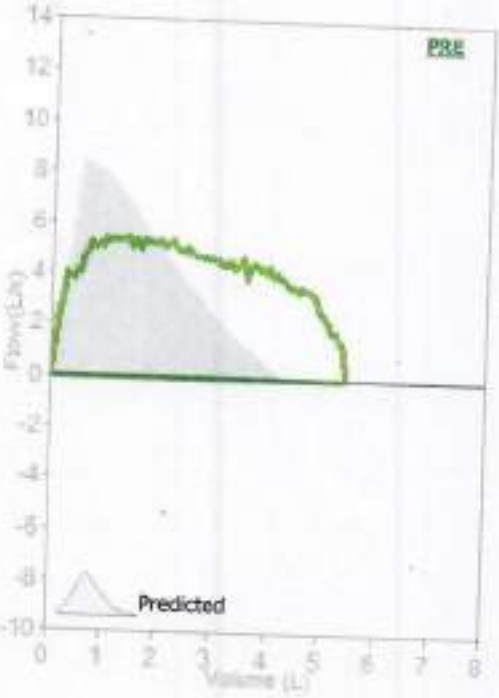
ص.ب ١٤٠٣، الرمز البريدي ١٣٣، دوار العذيبة مبنى أبراج الصحوة مبنى ٢، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel: 24617117 / 24617149 / 24617169

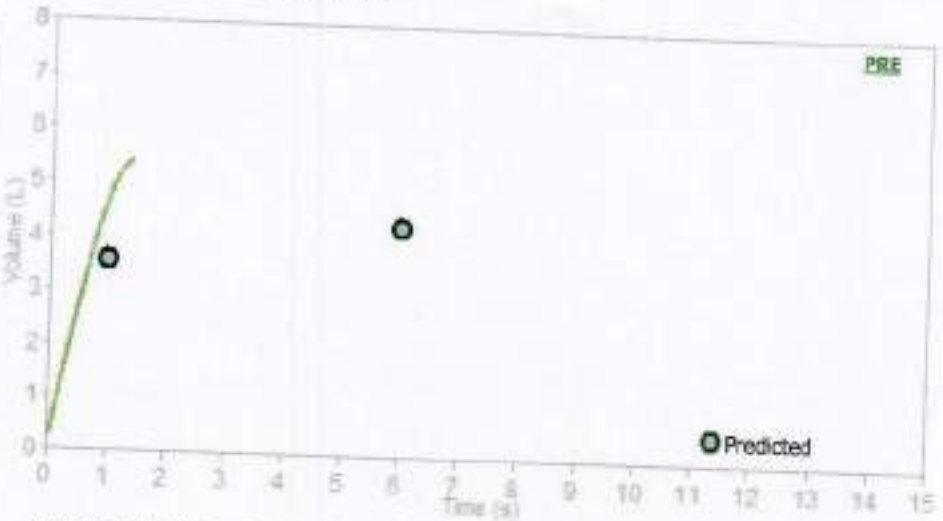
Pulmonary Function Test Results

Visit date 22/11/2022

Patient code	V 3897206	Age	35
Surname	ALAM	Gender	Male
Name	ISFAQUE	Height, cm	167
Date of birth	22/12/1986	Weight, kg	51
Ethnic group	Not defined	BMI	18.29
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 22/11/2022 11:00:04

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.22	4.27	5.42*	127	1.80	5.42			*		
FEV1	L	2.71	3.57	4.76*	133	2.27	4.76			*		
FEV1/FVC	%	74.2	84.4	87.8*	104	0.56	87.8			*		
PEF	L/s	5.06	8.48	5.56*	66	-1.41	5.56			*		
ELA	Years		35	35	100		35					
FEF2575	L/s	2.10	3.88	4.78	123	0.83	4.78					
FET	s		6.00	1.36	23		1.36					
FIVC	L	3.22	4.27									
FEV1/VC	%	74.2	84.4									

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

Conclusion / Medical report

Signature

PEACE LAND MEDICAL CENTER

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data			
Name	Isfaque Alam	Date	22/11/22
I.D No.	V3897206	Department/Company	Tawke oman PDO
		Occupation	Welder

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			
Pulling, 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 22/11/22

FIT

PEACE LAND MEDICAL CENTER

Dr. MOHAMED AKBAR KHAN
General Practitioner
MOH Lic. No. 4404