



TRULCONOMAN

10/8/2023

PEACE LAND MEDICAL CENTER

lent 19852 Reg.Dt 09.08/2023

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)
Appendix 32: EX1 Form (Initial Examination Report)me NADIR MANA ABDUL GHAFOR BAI
JABOUBPLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname GHAFOR BAI JABOUB	
Forenames NADIR MANA ABDUL	
Address 3137392	Company Name: TRULCONOMAN
Home telephone number 93338483	
Place of examination: MUSCAT	Date: 09-08-23
If a dependant enters employee's name here: Surname:	
Forenames:	
Birth date: 13-12-1988	Nationality: OMAN
Country of birth: OMAN	Religion: MUSLIM
☒ Male ☐ Female	☒ Married ☐ Single ☐ Separated /Divorced
Relationship to employee ☐ Wife ☐ Son ☐ Daughter	
Number of children: 3	
Reason for examination ☒ Pre-Employment ☐ Periodic medical check-up	Job: OPERATION MANAGER
☐ Pre-Overseas	Area: HAINA
Name and address of family doctor	List your last 3 jobs
(1)	(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
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/ampit	40. Fear of heights
HAVE YOU EVER BEEN: -	
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? 000091010101	
Average daily alcohol consumption NO	
Have you ever taken elicited drugs? ()	
FAMILY HISTORY: Diabetes (M) Tuberculosis (X) Epilepsy (X) Asthma (X) Eczema (X)	
Heart disease (X) High blood pressure (X) Stroke (X) Blood Disease (X) Cancer (X)	
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: 09-08-2023	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									
✓		1 Eyes & Pupils									
✓		2 E.N.T.									
✓		3. Teeth & Mouth									
✓		4. Lungs & Chest									
✓		5. Cardiovascular System									
✓		6. Abdo. Viscera									
✓		7. Hemial Orifices									
		8. Anus & Rectum									
✓		9 Genito-urinary									
✓		10. Extremities									
✓		11. Musculo-skeletal									
✓		12 Skin & Varicose Vns.									
✓		13 C.N.S.									
		14. Breast									
HEIGHT cm 178		WEIGHT kg 114	BMI 36	B.P. 130 70	PULSE 62/min.	HEARING L N R N	VISION DISTANT R L NEAR R L Uncorrected Corrected 6/6 6/6		Colour Vision N	Blood Group	
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS									
✓		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 Sickie Cell test				12. HIV, Hepatitis screening					

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

Iron profile $\rightarrow$ NI range (MOH)

4. LSM & RFR (↓ wt, edrns- & dist)

ASSESSMENT:

☒ FIT ALL AREAS☐ FIT WITH RESTRICTION

Dr. Shima Seyedabbodhanazar
Cardiologist Specialist
MOH Lic. No. 21962

UNFIT

Date: 23/8/23 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 Al Sahwa Tower

Sultanate of Oman

Tel: 24617117/24617148/24617149

Name:	NADIR MANA ABDUL GHAFOOR BAIT JABOOB	File No:	19852
Age:	34 Y Nationality : OMANI	Bill No:	25506
Gender:	MALE	Date:	8/9/2023
Ref.By:	DR : SHIMA	Time:	
GSM No.:	93338483		

Test	Result	Normal Range
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PDO MEDICAL CHECKUP :

URINE ROUTINE ANALYSIS

PHYSICAL

Quantity	5 ml	5 ml
Colour	Yellow	Yellow
Sp. Gravity	1.025	
pH	Alkaline	
Appearance	Clear	

CHEMICAL

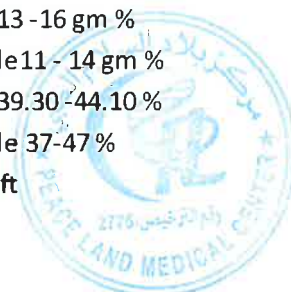
Nitrite	Negative	Negative
Protein	Negative	Negative
Glucose	Negative	Negative
Ketones	Negative	Negative
Urobilinogen	Normal	Normal
Bilirubin	NIL	Negative
Blood	Negative	Negative

MICROSCOPIC

PUS CELLS	1-2	2-4/ hpf
EPITHELIAL CELLS	1-2	2-4/ hpf
RBC'S	2-3	0-4/ hpf
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	

COMPLETE BLOOD COUNT

RBC	5.7	Male 4.38 - 4.98 10 ¹² /l Female 4.5 - 5.5 10 ¹² /l
HAEMOGLOBIN	13.6	Male 13 - 16 gm % Female 11 - 14 gm %
HCT	40.00%	Male 39.30 - 44.10 % Female 37 - 47 %
MCV	70	84 - 94 ft



MCH	24	26.3-31.9 pg
MCHC	33	29.6-35.6g/dl
WBC COUNT	11	(4.0-11.0) 10 9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	77%	53-69.7 %
LYMPHOCYTE	18%	23.9-37.9 %
EOSINOPHIL	2%	1-6 %
MONOCYTE	3%	2-10 %
BASOPHIL	0%	0-1%
PLATELET	340	156-342 10 9/l
SICKLE CELL TEST	Negative	
FASTING BLOOD SUGAR	88 mg/dl	80-110 mg/dl
LIVER FUNCTION TEST		
ALKALINE PHOSPHATE	122 U/L	44-147U/L
S. BILIRUBIN TOTAL	0.9 mg/dl	0.0-2.0 mg/dl
GGT	50 mg/dl	0.0-55.0 mg/dl
S.G.OT	14 U/L	0.0-45.0 U/L
S.G.P.T	23 U/L	10-45 U/L
ALBUMIN	4.0 mg/dl	3.50-5.20 mg/dl
TOTAL PROTEIN	8.0 mg/dl	6-8.0 mg/dl
SERUM BILIRUBIN DIRECT	0.3 mg/dl	0.0-0.40 mg/dl
RENAL FUNCTION TEST		
UREA	26 mg/dl	18.0-55.0 mg/dl
S. CREATININE	0.8 mg/dl	0.70-1.30mg/dl
URIC ACID	7.0 mg/dl	3.4-7.2 mg/dl
LIPID PROFILE(CH, TG, HDL,LDL)		
Total Cholestrol	197 mg/dl	Normal < 200 mg/dl Borderline 200- 239 mg/dl High > 240 mg/dl
TG	52 mg/dl	Normal < 200 mg/dl Borderline 200- 250 mg/dl High > 250 mg/dl
HDL-CHOL	53 mg/dl	35.3-79 mg/dl Low Risk > 50 mg/dl Normal Risk 35-50 mg/dl High Risk < 35 mg/dl
LDL-CHOL	127 mg/dl	<130 mg/dl



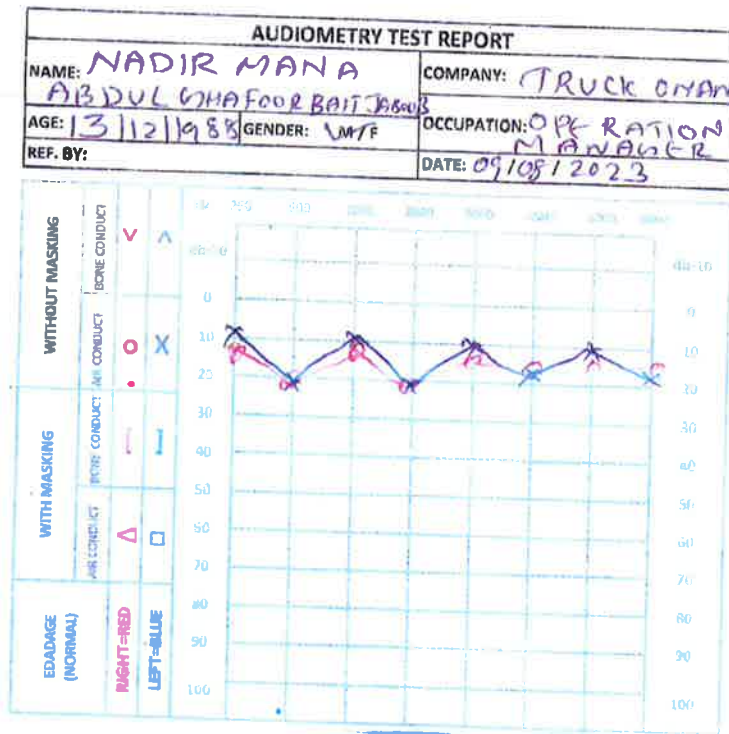
VLDL

10 mg/dl

5-40 mg/dl

Medical Technologist





INTERPRETATION
 ○ RIGHT EAR
 × LEFT EAR

RESULT
☒ NORMAL
☐ HEARING LOSS
☐ RIGHT
☐ LEFT

Sibelmed





مرکز طب السلام Peace Land Medical Center

Fitness for work certificate

Employee Data		Date 09/08/2023	
Name NADIR MANA BAH JABAR		Department/Company TRUCK OMAN	
I.D No. 3137392		Occupation OPERATION MANAGER	
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	
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			
Lifting, 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 23, 8, 23	

 Dr. Seyed Adollah Jafar
Regist. Specialist
MCH Lic. No. 21962

OP Notes

Patient: 136883 : Nadir Mana Abdul Ghafoor Male, OMANI, 34 Year(s), Tel: 93338483
Bait Jaboob

Department: General Medicine

Doctor: Mohammed Jamal
Taha

Unit head: Karema Faik Hamed
Armed

Vital Signs

Date	Temp.	Heart Rate	Pulse	Resp.	BP	Spo2
21/08/2023 09:05	T- 36.1		P- 60	R- 20	BP- 116/75	Spo2 - 99

Presenting Complaints

21/08/2023 08:12 Mohammed Jamal Taha - General Medicine

pt came to check his CBC as he had abnormal MCV in his last test in a private clinic on 10/8/2023

Addendum Notes

Entered by MOHAMMED JAMAL TAHA on 22/08/2023 10:29

lab review: iron profile is normal, CBC > normal Hb, platelet, slight decrease in MCV, with little elevation in WBCs for further igv

Diagnosis

Provisional: Laboratory examination

ICD

Primary: Z01.7 - Laboratory examination

Lab Investigations

Execute Date	Test Name	Released Date
21/08/23 08:12	IRON PROFILE, PANEL	21/08/23 09:12
Transferrin = 24.00 umol/L (22 - 46)		
IRON, SERUM = 16.20 umol/L (9 - 30)		
Transferrin Saturation in = 34.00 % (20 - 50)		
Unsaturated Iron Binding = 31.10 umol/L (22.3 - 61.7)		
21/08/23 08:12	CBC	21/08/23 08:27
WBC = ^ 13.36 10 ⁹ /L (2.2 - 10)		
RBC = ^ 6.57 10 ¹² /L (4.5 - 5.8)		
HGB = 14.52 g/dL (11.5 - 15.5)		
HCT = ^ 48.73 % (35 - 45) 35 - 45		
MCV = ^ 74.21 fL (78 - 96) 78 - 96		
MCH = ^ 22.11 pg (26 - 33) 26 - 33		
MCHC = ^ 29.79 g/dL (31 - 35) 31 - 35		
PLT = 272.00 K/uL (140 - 400) 140 - 400		
RDW = 13.02 %CV (11.5 - 16.5) 11.5 - 16.5		
MPV = 7.71 fL (7.2 - 10.5) 7.2 - 10.5		
PDW = 18.65 K/uL		
NEU% = 60.33 %		
LYM% = 30.42 %		
EOS% = 3.57 %		
BASO% = 0.76 %		
MONO% = 4.92 %		
NEU# = ^ 8.06 K/uL (1 - 5)		
LYM# = ^ 4.07 K/uL (1.2 - 4) 1.2 - 4		
EOS# = 0.48 K/uL (.1 - .5) .1 - .5		
BASO# = 0.10 K/uL (0 - .2) 0 - .2		