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 ALAWI

Forenames: SULTAN SAIF SAID

Address: 9099066 Company Name: Truck oman

Home telephone number: 92922611

Place of examination: Muscat Date: 2/2/23

If a dependant enter employee's name here:

Surname: / Forenames:

Birth date: 17/5/87 Nationality: Omani Country of birth: Oman Religion: Muslim

[√] Male [ ] Female [√] Married [ ] Single [ ] Separated / Divorced

Relationship to employee: [ ] Wife [ ] Son [ ] Daughter Number of children: 4

Reason for examination: Pre-Employment [ ] Periodic medical check-up [√] Pre-Overseas [ ] Job: H.D.D. Area:

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

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 Have you ever had: -		
13 Recurrent indigestion		√	33 Headaches/migraine		√			
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 ( )
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: 2/2/23 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)

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 L / R	VISION DISTANT R L / NEAR R L	Colour Vision	Blood Group
175	97	31.5	130/78	80 /mins.	N	Uncorrected 6/9 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, 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	Hb S: 27.1			12. HIV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.) (A1 borg diagnostics → 2.2.23) sickle cell trait

1. C.Sm & RFR (Diet, Exercise & diet)

2. Advise family screening

ASSESSMENT:

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

Date: 5/2/23 Name (Block Capitals) Dr / Nurse Signature:

REVIEW/CONSULTATION

Date Name (Block Capitals) Dr / Nurse Signature:

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

Employ	SULTAN SAIF SAED AL ALAWI 39 Y(M) «Blank» 02/12/2023 05:39		Date: 2/2/23
Name:			Department/Company: Truckman
I. D No.	75439 Bill 0046980		Occupation: H.D.D.

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 and talking with someone
0	sitting quietly after lunch without alcohol
0	in a car, while stopped for a few minutes in traffic

Total 0

Your score (total of 8) is [illegible] you should seek advice from medical [illegible] before undertaking to drive or operate machinery in the workplace.

Declaration Sultan (Print name) hereby declare that the information given by me in the above questionnaire is true and correct.

Signature [signature] Date 2/2/23

PEACELAND 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:	SULTAN SAIF SAID AL ALAWI	**Doc No:**	0030057
Age:	35 Y **Nationality:** OMANI	**File No:**	0039845
Gender:	M	**Bill No:**	0046380
Ref. By:	DR SHIMA	**Date:**	02/02/2023
GSM No.:	92922611	**Time:**	15 33

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5 7 x10^12/L	Male 4.38 -5.0 x 10^12/L Female 4 0- 5.2x10^12/L
HAEMOGLOBIN	14.5 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	44 4 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	81 fl	84-94 fl
MCH	24.0 pg	27 - 33 pg
MCHC	32 6 g/dl	29.6 - 35.6 %
WBC COUNT	8.7 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	65 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	228 x 10^9/L	150 - 450 x 10^9/L
SICKLE CELL TEST	POSITIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	64 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.29 mg/dl	0 - 2 0 mg/dl
S G O.T.	10.5 U/L	0 - 35.0 U/L
S G P T.	15.7 U/L	10 - 45 U/L

Medical Technologist

Peace Land Medical Center
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Age:	35 Y **Nationality:** OMANI	**File No:**	0039845
Gender:	M	**Bill No:**	0046380
Ref. By:	DR.SHIMA	**Date:**	02/02/2023
GSM No.:	92922611	**Time:**	15 33

Test	Result	Normal Range
GGT	**22.6 U/L**	0 - 55.0 U/L
ALBUMIN	**4.8 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.8 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.11 mg/dl**	0 0 - 0 20 mg/dl
RENAL FUNCTION TEST		
UREA	**26.9 mg/dl**	18 0 - 55 0 mg/dl
S.CREATININE	**0.82 mg/dl**	0 70 -1.30 mg/dl
S.URIC ACID	**6.3 mg/dl**	3 5 - 7 2 mg/dl
LIPID PROFILE		
Total Cholesterol	**161 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**140.2 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**48.0 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**85.0 mg/dl**	< 100 mg/dl
VLDL	**28.0 mg/dl**	2 0 - 30 mg/dl
FASTING BLOOD SUGAR	98.4 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.005	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	

Medical Technologist

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LAB RESULT

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Age:	35 Y **Nationality:** OMANI	**File No:**	0039845
Gender:	M	**Bill No:**	0046380
Ref. By:	DR.SHIMA	**Date:**	02/02/2023
GSM No.:	92922611	**Time:**	15:33

Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-3	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	

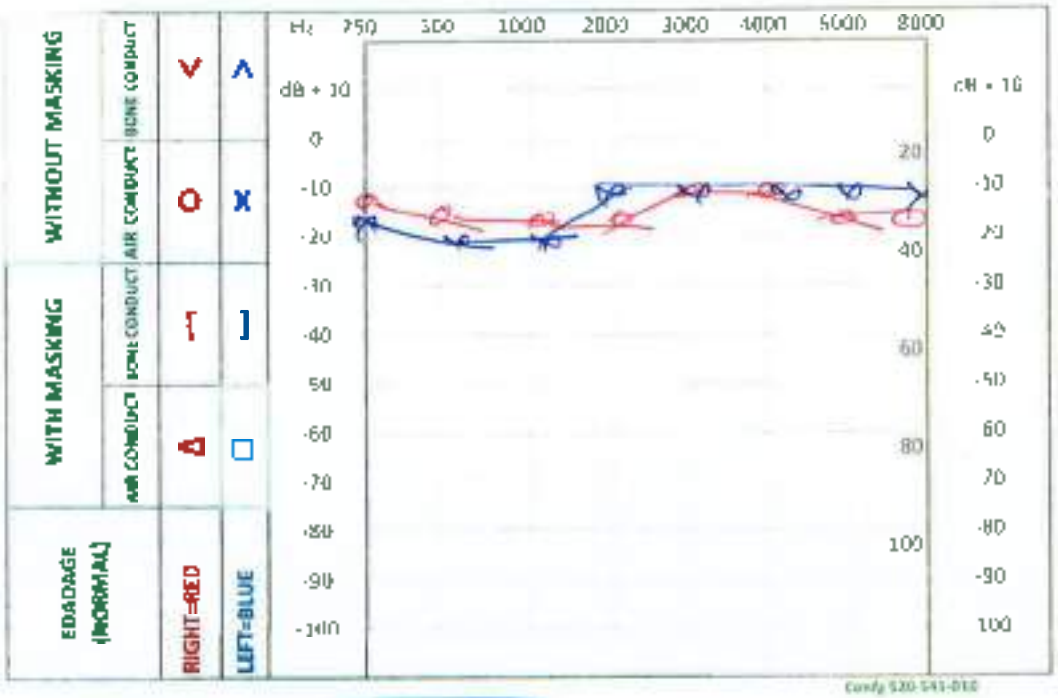
Medical Technologist

SULTAN SAIF SAID AL ALAWI
33 Y(M) 02/02/23 09:36
8038845
75439

AUDIOMETRY TEST REPORT

PEACELAND

COMPANY	Truck oman
OCCUPATION	H. D. D
DATE	2 / 2 / 23



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
NORMAL
HEARING LOSS
RIGHT
LEFT

PEACE LAND MEDICAL CENTER

www.alborgdc.com

مختبرات البرج
Al Borg Diagnostics

ISO 15189:2012
Medical Laboratories

Name	: SULTAN SAIF SAID AL ALAWI	Sample Date	: 02/02/2023 15:54 PM
Lab. No.	: 3523488774	Report Date	: 02/02/2023 18:28 PM
Contract.	: Peace Land Medical Center		
Patient No.	: B722-39845		
File No.	:		

Branch : Muscat Age : 35 Year Sex : Male

Haematology Unit

Hemoglobin Electrophoresis (Capillary)

Test	Result		Unit	Ref. Range
Different Hemoglobin Bands				
Haemoglobin A region	69.7	L	%	95.8 - 98
Haemoglobin A2 region	2.9		%	2 - 3.3
Haemoglobin F region	0.4		%	0 - 0.9
Haemoglobin S region	27.0		%	
Auxiliary Tests :				
Sickle Cell Solubility Test	POSITIVE			
Golf Ball Cells (by Supravital Staining)	-			

Comments

Method:
The assay is based on chromatographic separation of the analytes by ion exchange high performance liquid chromatography (HPLC).

Interpretation(s):
The assay is used for Beta-thalassemia screening by quantitation of HbA2 and HbF. Adult blood contains primarily haemoglobin A (HbA) and a small percentage of Haemoglobin A2 (HbA2) and trace amounts of fetalhaemoglobin (HbF). Carriers of beta-thalassemia typically have HbA2 levels >3.5% (usually 4-9 %) and HbF levels of 1-5%. Iron Deficiency Anaemia can mask A2 levels. It is recommended to repeat thalassemia screening after the treatment in case of iron deficiency anaemia. The most common occurring haemoglobin variants include hemoglobins S, E, C nd D. This results does not rule out all hemoglobinopathies. Test result to be interpreted in the light of clinical history and family background plus laboratory data including serum iron and iron binding capacity, red cell morphology, haemoglobin, hematocrit and mean corpuscular volume (MCV).

Comments Hb. variant study by HPLC revealed the presence of a structural variant constituting (27.0 %) of total hemoglobin in Hb-S zone. It was confirmed by positive sickling test. A pattern of sickle cell trait was identified

Reviewed By:

Dr. Hanan Makhlouf
Lab Manager
MOH License No 10973

Verified By : Adel Zieca
Printed By: System

Page 1 Of 1

AM :Printed Date 08:59 05/02/2023

PCL XL Warning

IllegalMediaSize

مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date	5/2/23
Name	SULTAN SAIF SAID	Department/Company	Truck Oman
I.D No.	90990066	Occupation	HDD

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 5/2/23
Name of health advisor Signature			