



PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname	MC HATTAN
Forenames	SALEM MUHAMMAD SAID
Address	1151501
Company Name	Toukoun
Home telephone number	92160359

Place of examination: mt Date: 22/2/2023

If a dependant enters employee's name here:

Surname: mt Forenames: mt
 Birth date: mt Nationality: Oman Country of birth: Oman Religion: muslim

☒ Male ☐ Female ☒ Married ☐ Single ☐ Separated / Divorced ☐ Wife ☒ Son ☒ Daughter Number of children: 3

Reason for examination: Pre-Employment ☒ Periodic medical check-up Job: HDD
 Pre-Overseas ☐ Area:

Name and address of family doctor: (1) (2) List your last 3 jobs: (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		✓	42. Awarded benefits for industrial injury/illness		✓
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	43. Treated for a mental condition, e.g. depression		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓	44. Treated for problem drinking or drug abuse		✓
6. Hayfever /other significant allergy		✓	26. Stroke		✓	45. Exposed to toxic substance or noise		✓
7. Any skin trouble		✓	27. Serious chest pain		✓	FOR WOMEN ONLY		
8. Tuberculosis		✓	28. Any blood disease		✓	Have you ever had: -		
9. Shortness of breath		✓	29. Kidney disease		✓	46. An abnormal smear		
10. Coughed/vomited blood		✓	30. Blood in urine		✓	47. Any gynaecological treatment		
11. Severe abdominal pain		✓	31. Painful passage of urine		✓	48. Are you pregnant?		
12. Stomach ulcer		✓	32. Diabetes		✓	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
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/arm/pit		✓	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 ()

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: 22/2/2023 Signature of Applicant: [Signature]

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. 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		WEIGHT kg	BMI	B.P.	PULSE	HEARING L R	VISION DISTANT R L Uncorrected Corrected		NEAR R L	Colour Vision	Blood Group
173		57	19	136 82	82/min.	M	6/6 6/6			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						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: _____

23/2/23

Name (Block Capitals): Or. / Nurse

Signature _____

2

REVIEW/CONSULTATION



Date: _____

Name (Block Capitals): Dr. / Nurse

Signature:



مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

SALIM MOOSA SAID AL HATTALI

38 Y(M) •Slant•

22/02/2023 10:13

0040300



75940

Sl #

0047087

PEACE LAND

Date:

22/2/2023.

Department/Company:

F.O.

Occupation:

H.O.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

- ☐ sitting and reading
- ☐ watching TV
- ☐ sitting inactive in a public place (e.g. theatre or meeting)
- ☐ as a passenger in the car for an hour without a break
- ☐ Lying down to rest in the afternoon when circumstances permit
- ☐ Sitting a talking with someone
- ☐ Sitting quietly after lunch without alcohol
- ☐ In a car, while stopped for a few minutes in traffic

Total

0

If you score a total of 15 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

Declaration: Salim (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature:

Date:

22/2/2023.



Peace Land Medical Center

P.O. Box 1403, Postal Code: 133, Al Azaliba, Roundabout Al Sahwa Tower
Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name: SALIM MOOSA SAID AL HATTALI
Age: 36 Y Nationality: OMANI
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 92160359

Doc No: 0030656
File No: 0040308
Bill No: 0047087
Date: 22/02/2023
Time: 15:10

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	$5.7 \times 10^{12}/L$	Male $4.38 - 6.0 \times 10^{12}/L$ Female $4.0 - 5.2 \times 10^{12}/L$
HAEMOGLOBIN	14.2 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	42.0 %	Male 39.30 - 50.00 % Female 37 - 47 %
MCV	81 fl	84-94 fl
MCH	25.7 pg	27 - 33 pg
MCHC	32.8 g/dl	29.6 - 35.6 %
WBC COUNT	$5.0 \times 10^9/L$	$4.0 - 11.0 \times 10^9/L$
DIFFERENTIAL COUNT		
NEUTROPHIL	57 %	40-75 %
LYMPHOCYTE	37 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	04 %	2-8 %
BASOPHIL	00 %	0-1 %
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	$171 \times 10^9/L$	$150 - 450 \times 10^9/L$
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	126 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.55 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	33.4 U/L	0 - 35.0 U/L
S.G.P.T.	44.5 U/L	10 - 45 U/L



Medical Technologist



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Time: 15:10

GSM No.: 92160359

Test	Result	Normal Range
GGT	54.0 U/L	0 - 55.0 U/L
ALBUMIN	4.5 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	6.9 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.19 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	19.8 mg/dl	18.0 - 55.0 mg/dl
S. CREATININE	0.76 mg/dl	0.70 - 1.30 mg/dl
S. URIC ACID	3.6 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	170 mg/dl	0.0 - 200 mg/dl
Triglyceride	90.0 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	64.9 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	87.1 mg/dl	< 100 mg/dl
VLDL	18.0 mg/dl	2.0 - 30 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	
Urobilinogen	Normal	



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Test	Result	Normal Range
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	
RANDOM BLOOD SUGAR	108.5 mg/dl	80 - 120 mg/dl



Medical Technologist



مركز بلاد السلام الطبي

Peace Land Medical Center

SALIM MOOSA SAID AL HATTALI

33 Y(M) «Silent» 22/02/23 10:13

N/ 75840
AC
RE

0040308

Bill #

0047087

DMETRY TEST REPORT

COMPANY

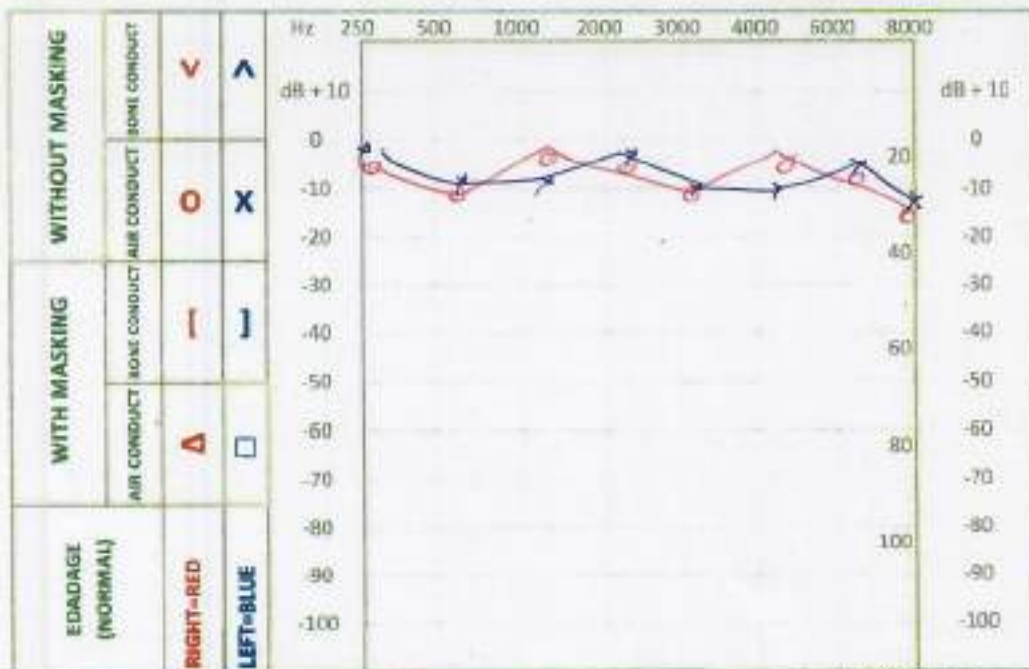
T.6

OCCUPATION

LDD

DATE

22/2/2023



Contig S20-241-010

Sibelmed

INTERPRETATION

X LEFT EAR

○ RIGHT EAR

RESULT

☒ NORMAL

☐ HEARING LOSS

☐ RIGHT

☐ LEFT





مركز بلاد السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date 23/2/23.	
Name Salim Matar		Department/Company Tiquet Oman	
ID No. 14151501		Occupation HSD	
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	FIT
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		Date 23/2/23.	
Permanently Unfit			
Name of health advisor Signature			

