



Peace Land Medical Services L.L.C.

بلاد السلام للخدمات الطبية ش.م.م.
Peace Land Medical Services L.L.C

OUTSIDE PRESCRIPTION

NAME: SOHRAB AHMED

ID NO: 26295

Rx

INTERNAL MEDICINE

CONSULTATION FOR

HIGH TG & URIC ACID



Appendix 33: EX2 Form (Routine/Periodic Medical Examination)

TRR

NE/PERIODIC EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

Attendant: 26295 Reg. Dt: 02/07/202
 Name: SOHRAB AHMED
 Gender: Male Nationality: PAKISTAN
 Age: 31Y Mar. Status: Married
 Address: Development Oman
 L DEPARTMENT

COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/ Forenames	SOHRAB AHMED	
Nationality	PAKISTANI	D.O.B: 14-09-1993
Mobile No.	94770623	Address: 121691314
Company Number:	9588	Reference Indicator:

Personal Details

A Male Female Married Single Separated /Divorced /Widow(er)

Home/Leave Address:

Relationship to employee

 Wife Son Daughter

No of Children: 1

Reason for Examination (tick as appropriate)

Periodic Medical Examination Final / Retirement Other Reason:

Employee only

B Present Job and Location:

HD DRIVER

Next Job and Location:

Are you a registered person with special needs? Do you belong to any Medical Insurance Scheme?

Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.

Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' please describe

	N	Y	Description
Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?	√		
1 Ear, nose, eye or throat problems	√		
2 Chest problems like asthma, bronchitis, another bad cough	√		
3 Heart abnormality, chest pains	√		
4 Abdominal pains, abnormal bowel motions	√		
5 Urogenital problems (kidney disease, menstrual disorder)	√		
6 Skin trouble or allergies	√		
7 Epileptic fits, dizzy spells or migraine	√		
8 History of mental illness, depression anxiety	√		
9 Diabetes, thyroid disease, history of Hypertension	√		
10 Blood disorder e.g. anaemia, blood cancer e.g. leukaemia	√		
11 Any history of accidents or fractures	√		
12 Have you had any serious allergies	√		
13 Do any dependants have a significant ongoing illness?	√		
14 Any family history of cancers	√		
Do you take any regular medicines, or have your taken in the past?	√		
Do you smoke? If yes, what and how much each day?	√		
Do you drink alcohol? If yes, what is your average weekly intake?	√		
Have you ever taken elicited/recreational drugs?	√		
Are you doing regular sports or physical activities?	√		

STATEMENT: I have read the above questions and the above answers are correct and no information concerning my present or past state of health has been withheld. I understand and agree that this form will be held as a confidential record by PDO Medical Department, and may be copied (by paper or secure electronic transmission) to the Occupational Health Services for the purpose of Health Surveillance and other Occupational Health review.

Date: 02-07-2025

Signature of Applicant: >

SOHRAB

Uric Acid. 10 mg/dl

TG - 411 mg/dl

F. H - M - DIA



Appendix 33: EX2 Form (Routine/Periodic Medical Examination)

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N = Normal A = Anormal (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.

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION				Color Vision
178	96	30.3	130/86 mmHg	74 mins.	L N R N	DISTANT		NEAR		1 Normal
						R	L	R	L	2. Abnormal
						Uncorrected				
						Corrected	6/6	6/6		

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
		1. Urinalysis		
		2. Hb, Blood count, ESR		
	✓	3. LFT, RFT, RBS		
		4. Drug Screen		
	✓	5. Lipids (40 years +)		
		6. Sickle Cell test		
		7. Audiogram		
		8. Lung Function		
		9. Chest X-Ray		
		10. ECG		
		11. CVS risk for 40 yrs. & above		
		12. HIV, Hepatitis screening		

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

* Continue taking medicines + Lifestyle modifications and follow up as advised by Internist



ASSESSMENT AND RECOMMENDATIONS:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

Date: Name (Block Capitals): Dr. / Nurse

DR. JOSE ANTONIO COLINA BRAUN
Specialist - Internal Medicine
MOH Lic. No: 2225
nmc specialty hospital

Signature:

REVIEW/CONSULTATION

Follow up after one month
OPD

Date: Name (Block Capitals): Dr. / Nurse

Signature:



DR. MASOOD SIDDIQUE
General Practitioner
MOH Lic. No: 11004
nmc specialty hospital, Al Hail



مركز بلاد السلام الطبي
Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea		
NAME: <u>SOHRAB AHMED</u>	COMPANY: <u>TRUKOMAN EQUIPMENT</u>	
ID No: <u>121691314</u>	OCCUPATION: <u>HD DRIVER</u>	
Mob.No: <u>94770623</u>	GENDER: <u>M / F</u>	DATE: <u>21/07/2005</u>
<p>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.</p>		
<p>How likely are you to fall asleep in the following situations? (Use 0 to 3 score as shown below)</p> <p>0 - Would never doze 1 - Slight chance of dozing 2 - Moderate chance of dozing 3 - High chance of dozing</p> <p>_____ 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 and talking with someone _____ Sitting quietly after lunch without alcohol _____ In a car, while stopped for a few minutes in traffic</p> <p>Total: _____</p> <p>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.</p>		
Declaration: I <u>SOHRAB AHMED</u> (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.		
Signature: <u>SOHRAB</u>		Date: <u>21/7/2005</u>



Peaceland Medical Service LLC, Mukhaizna
CR No.:2/13627/9, P.O.Box: 1403,
Postal Code: 133,
Occidental Camp Mukhaizna, Sultanate of Oman

PATIENT DETAILS :

Patient ID : 26295	Doc No : 14199
Name : SOHRAB AHMED	Doc Date : 2025-07-02T11:25:00
Age : 31Y	Bill No : 36048
Gender : Male	Date : 02/07/2025 11:25 AM
Nationality : PAKISTANI	Customer : TRUCKOMAN EQUIPMENT RENTAL LLC
GSM No : 94770623	Ref.by : DR.HAMMAD ISMAIL

TEST RESULT : PDOM PDO MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
PDO MEDICAL CHECKUP			
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	57 u/l	44-147 U/L	
T. BILIRUBIN	0.4 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.1 mg / dl	up to 0.4 mg /dl	
IINDIRECT BILIRUBIN	0.3 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	35 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	40 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	8 g /dl	New born 5.2 - 9.1 g /dl Children 5.4 - 8.7 g /dl Adult 6.7 - 8.7 g /dl	
ALBUMIN	5 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	28 mg / dl	10-50 mg /dl	
S.CREATININE	0.9 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	10 mg / dl	3.4 - 7.2 mg /dl	
FASTING BLOOD SUGAR	100 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.020		
pH	Acidic		
Appearance	Clear		
CHEMICAL			
Nitrite	Negative		

Reported By:
Lab Technician

Verified By:
Lab Technician

Approved By:
Lab Technician

Sr. Lab Technologist

Sr. Lab Technologist

Sr. Lab Technologist

Printed at: 02/07/2025 11:28:19

Signed at: 02/07/2025 11:28:19

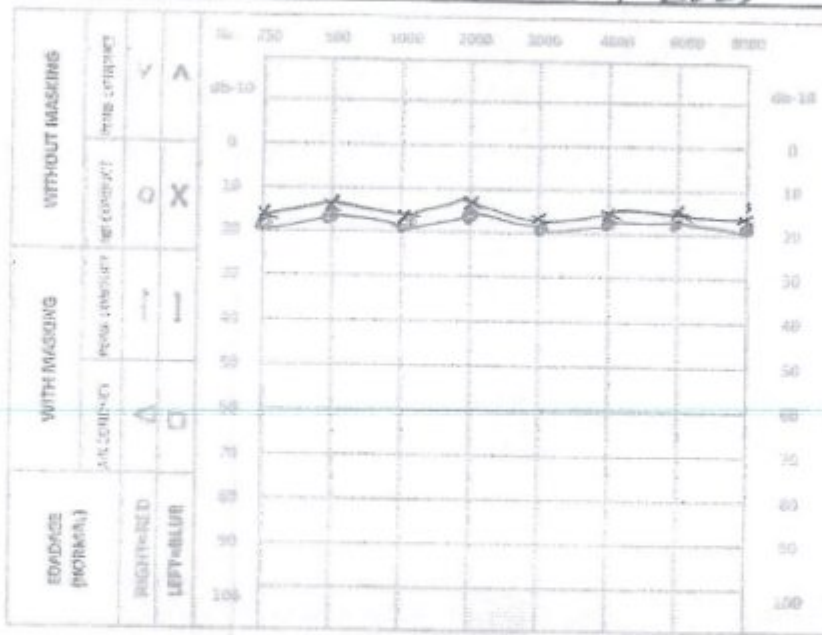
Test	Result	Normal Range	Detailed Description
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC.			
PUS_CELLS	1-2		
EPITHELIAL CELLS.			
RBCS	1-2		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA.			
OTHERS.	NIL		
COMPLETE BLOOD COUNT			
RBC	5.7 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	16.6 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	47 %	Male 42 -52 % Female 37 -47 %	
MCV	82 fl	76 - 96 fl	
MCH	28 pg	27 - 33 pg	
MCHC	35 %	32 36 %	
WBC COUNT	8500 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	47 %	40-75 %	
LYMPHOCYTE	42 %	20-45 %	
EOSINOPHIL	4 %	1-6 %	
MONOCYTE	7 %	2-8%	
BASOPHIL	0 %	0-1%	
PLATELET	2.1 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
LIPID PROFILE			
Total Cholesterol	186 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	411 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	39 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	120 mg/dl	< 130 mg/dl	

Remarks:





AUDIOMETRY TEST REPORT			
NAME: SOHRAB AHMED		COMPANY: TCR	
AGE: 31	GENDER: M/F	OCCUPATION: HD DRIVER	
REF. BY:		DATE: 02/07/2025	



Sibelmed

INTERPRETATION
 O RIGHT EAR
 X LEFT EAR

RESULT
 NORMAL
 HEARING LOSS
 RIGHT
 LEFT



مركز بلاد السلام الطبي Peace Land Medical Center

Fitness for work certificate

Employee Data		Date <u>02-07-2025</u>	
Name <u>SOHRAB AHMED</u>		Department/Company <u>TER</u>	
I.D No. <u>121691314</u>		Occupation <u>HD DRIVER</u>	
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)			
<i>The employee is fit for above work but should avoid the following task(s)</i>	<i>Temporary restriction</i>	<i>Permanent restriction</i>	
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		Date	
Name of health advisor Signature			