PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)
Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	NAJMAN AL ZADJALI
Forenames	OTHMAN MOHAMMED
Address	1119139 8. Company Name: Truckomen
Home telephone number	9 : 091609

Place of examination: Muscat.	Date: 15/3/23		
If a dependant enters employee's name here: Surname:		Forenames:	
Birth date: 4/1/1988	Nationality: Oman	Country of birth: Oman	Religion: Muslim
☑ Male ☐ Female	☑ Married ☐ Single ☐ Separated /Divorced	Relationship to employee: ☐ Wife ☐ Son ☐ Daughter	Number of children: 1
Reason for examination: Pre-Employment ☐ Periodic medical check-up ☑ Pre-Overseas ☐		Job: Driller.	
Name and address of family doctor (1) (2)		List your last 3 jobs (2) (2)	Area (3)

DO YOU HAVE OR HAVE YOU HAD: - (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailment")

	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/armpit		√	40. Fear of heights		√

	Y	N
HAVE YOU EVER ...EEN: -		
41. Rejected for em... oyment or insurance for m... dical reasons		√
42. Awarded benefi... for industrial injury/illness		√
43. Treated for a m... tal condition, e.g. depression		√
44. Treated for prob... m drinking or drug abuse		√
45. Exposed to toxic substance or no... e		√
FOR WOMEN ONL... Have you ever had: -		
46. An abnormal sm... r		
47. Any gynaecologi... l treatment		
48. Are you pregnan...		
49. HAVE YOU HAD ...N ILLNESS NOT MENTIONE... ABOVE		

How much tobacco each day? N/O.

Average daily alcohol consumption: 10.

Have you ever taken elicited drugs? (N)

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 med... al examination in general terms may be revealed to the Company if required, and the details sent to my own doctor if this is considere... necessary by the examining medical office...

Date: 15/3/2023 Signature of Applicant:

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-skelatal	
√		12. Skin & Varicose Vns.	
√		13. C.N.S.	
		14. Breast	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION				Colour Vision	Blood Group
						DISTANT		NEAR			
						R	L	R	L		
170	70	24	110/80	60 /mins.	L N R	Uncorrected	6/6	6/6		✓	
						Corrected					

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
—		1. Urinalysis	—		7. Audiog m
—		2. Hb, Bloodcount, ESR			8. Lung F ction
—		3. LFT, RFT, FBS			9. Chest X Ray
		4. Drug Screen	—		10. ECG
—		5. Lipids (40 years +)			
—		6. Sickle Cell test	—		11. CVS r k for 40 yrs. & above
		2.8			12. HIV, H patitis screening

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

FIT

ASSESSMENT:

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

Date: 16/3/23. Name (Block Capitals): Dr. / Nurse

Signature

DR. MUHAMMED AKBAR KHAN
General Practitioner
MOH Lic. No. 4404

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:	OTHMAN MOHAMMED NAJMAN AL ZADJALI	**Doc No:**	0031332
Age:	42 Y **Nationality:** OMANI	**File No:**	0040888
Gender:	M	**Bill No:**	0047862
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	15/03/2023
GSM No.:	92091609	**Time:**	16:05

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS		
COMPLITE BLOOD COUNT		
RBC	4.8 x10^12/L	Male 4.38 -6.0 x 1 ^12/L Female 4.0- 5.2x1 ^12/L
HAEMOGLOBIN	13.4 gm %	Male 13 - 17 gm % Female 11 - 14 gr % Male 39.30 -50.0(%
HCT	39.9 %	Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.9 pg	27 - 33 pg
MCHC	32.8 g/dl	29.6 - 35.6 %
WBC COUNT	5.0 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	57 %	40-75 %
LYMPHOCYTE	36 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	05 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm 1st hour
PLATELET	**268 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	60 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.45 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**26.1 U/L**	0 - 35.0 U/L
S.G.P.T.	**30.1 U/L**	10 - 45 U/L

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

.....
Medical Technologist

Peace Land Medical Center
P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout Al Sahwa Tower
Sultanate of Oman
Tel: 24617117/24617148/24617149

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Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	15/03/2023
GSM No.:	92091609	**Time:**	16:05

Test	Result	Normal Range
GGT	35.5 U/L	0 - 55.0 U/L
ALBUMIN	4.8 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	6.6 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.10 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	28.5 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.81 mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	5.5 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	159 mg/dl	0.0 - 200 mg/dl
Triglyceride	140.1 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	48.0 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	83.0 mg/dl	< 100 mg/dl
VLDL	28.0 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	93.1 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

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Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	15/03/2023
GSM No.:	92091609	**Time:**	16:05

Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
RANDOM BLOOD SUGAR	**93.1 mg/dl**	80 - 120 mg/dl

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

Medical Technologist

2016-11-02 17:02:39

6Channel+1 Rhythm Report

Hospital:PLMS

Confirmed by:

OTHMAN MOHAMMED NAJMAN AL ZADJALI

0047892

Heart Rate : 60 BPM

PR Int.: 146 ms

QRS Dur.: 86 ms

QT/QTc: 402/402 ms

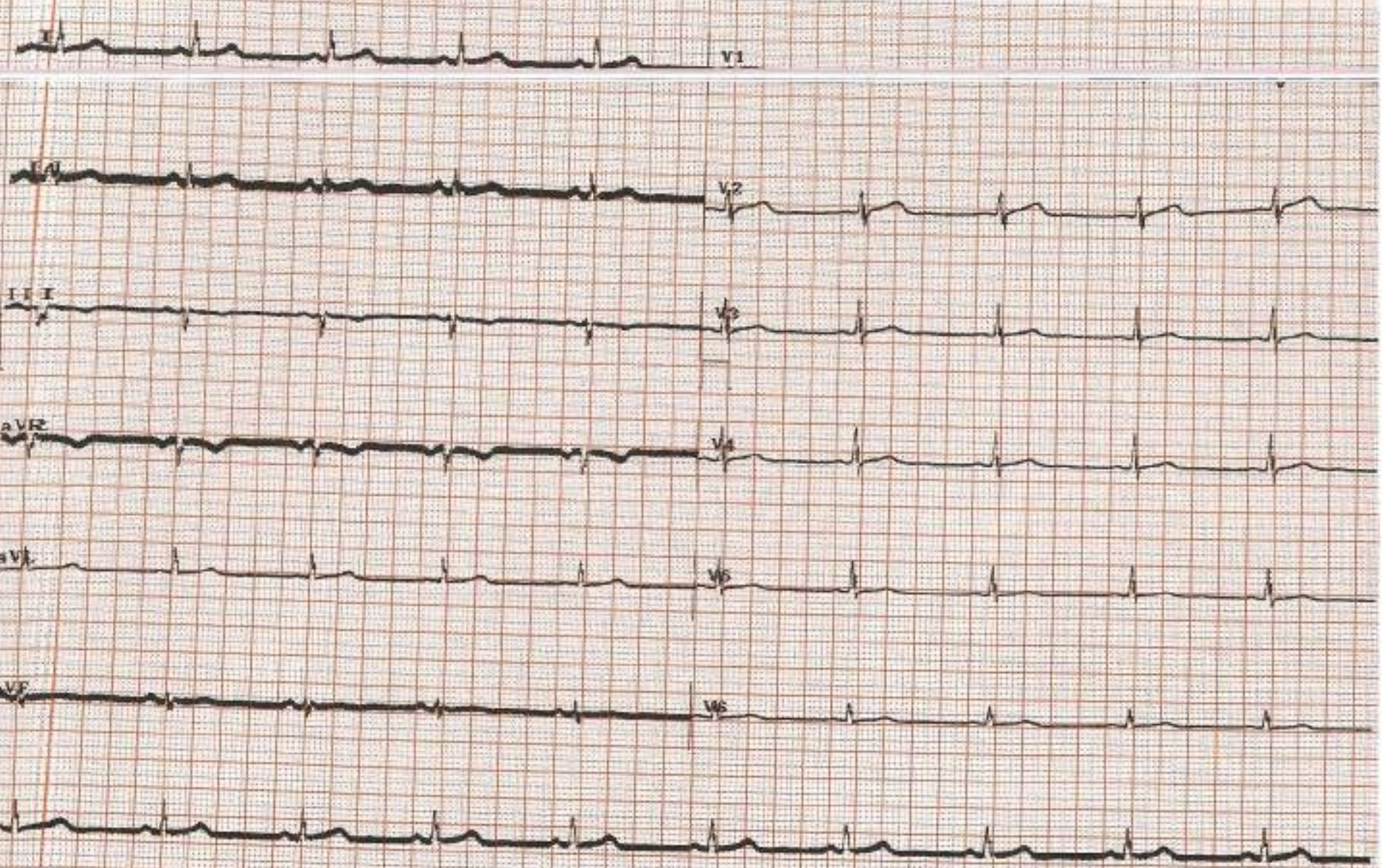
P-R-T axes: 51 2 19

** Analysis Result ** (Unconfirmed Report)

NORMAL SINUS RHYTHM

NORMAL AXIS

[NORMAL ECG]



0.1Hz- 100Hz,AC60Hz,EMG,PM,Qik. 10.0/5.0mm/mV, 25.0mm/sec

Results

Copy Results

Estimated 10-year Global CVD Risk

2.8%

Risk Category

Low Risk

Estimated Vascular Age

36 Years

Treatment Guidelines

ATP-III (2004)
Treatment Targets
LDL <160 mg/dL (<4.14 mmol/L)
Non-HDL <190 mg/dL (<4.93 mmol/L)

CCS (2009)
Initiate Pharmacotherapy if
LDL >5 mmol/L (>193 mg/dL)
TChol/HDL-C >6 mmol/L (>231 mg/dL)

Treatment Targets
≥50 % decrease in LDL-C

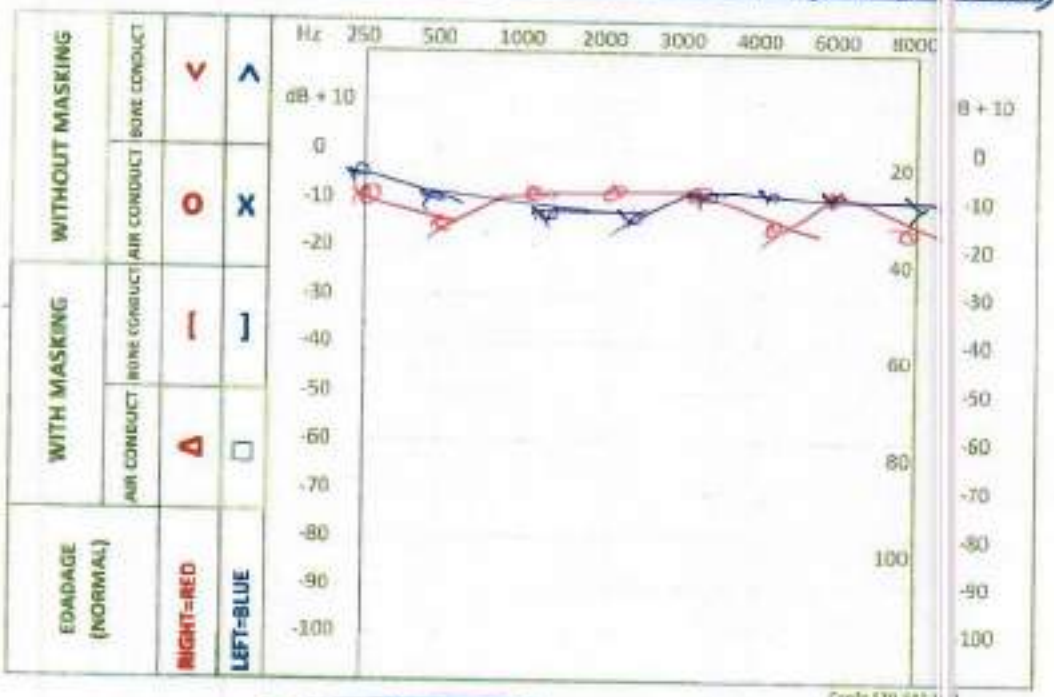
ESC (2007, see Info for more)
Treatment Targets
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

مركز بلاد السلام الطبي
Peace Land Medical Center

OTHMAN MOHAMMED NAJMAN AL ZAOJALI
0047662
78482 15/03/23 10:21

Y TEST REPORT

NAME		COMPANY	F O
AGE		OCCUPATION	Dailer
REF. BY		DATE	15 / 3 /2023



Sibelmed

INTERPRETATION
- X LEFT EAR
- O RIGHT EAR

RESULT
- ☑ NORMAL
- ☐ HEARING LOSS
- ☐ RIGHT
- ☐ LEFT

ص.ب ١٤٠٣، الرمز البريدي ١٣٣، دوار العذيبة ضمن لواء الصحوة مبنى ٢، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout a: Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 ٢٤٦١٧١٤٩/٢٤٦١٧١٤٨/٢٤٦١٧١١٧ هاتف

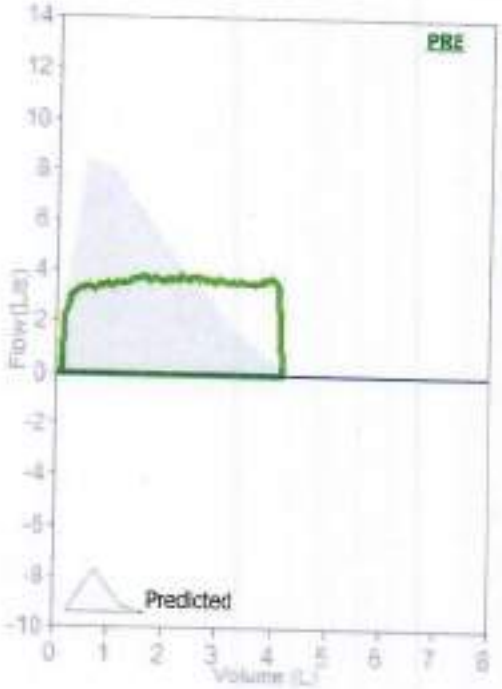
Pulmonary Function Test Results

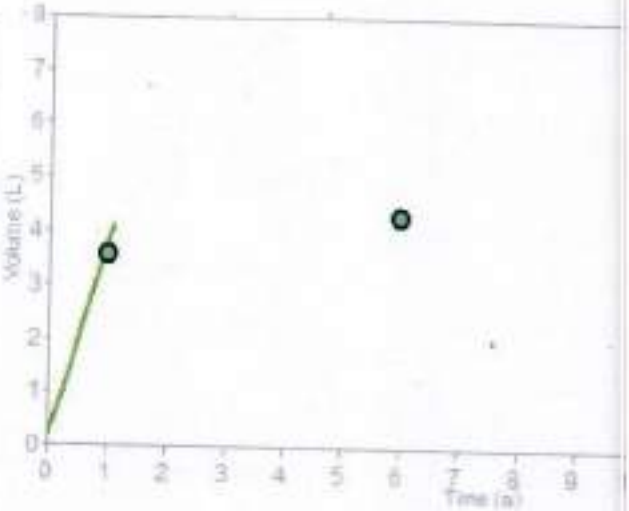
Visit date 15/03/2023

Patient code	11191398
Surname	MOHAMMED
Name	OTHMAN
Date of birth	04/01/1981
Ethnic group	Not defined
Smoke	
Patient group	

Age	42
Gender	Male
Height, cm	170
Weight, kg	70
BMI	24.22
Pack-Year	

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 15/03/2023 12:32:01

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	BST	%Pred	%Chg
FVC	L	3.26	4.31	4.12*	95	-0.30	4.12			*		
FEV1	L	2.70	3.56	3.79*	106	0.43	3.79			*		
FEV1/FVC	%	73.0	83.1	92.0*	111	1.44	92.0			*		
PEF	L/s	5.10	8.52	3.91*	46	-2.22	3.91			*		
ELA	Years		42	42	100		42					
FEF2575	L/s	2.02	3.80	3.70	97	-0.09	3.70					
FET	s		6.00	1.10	18		1.10					
FIVC	L	3.26	4.31									
FEV1/VC	%	73.0	83.1									

*Best values from all loops - BTPS 1.087 26 °C (78.8 °F) - Predicted Knudson

Conclusion / Medical report

Signature

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

MIR

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land
بلاد السلام

Fitness for work certificate

OTHMAN MOHAMMED NAJNAN AL ZADJALI
0047852
78482 15/03/23 10:21

Employee Data		Date	
Name		Department/Company	
I.D No.		Occupation	Driller

Type of Medical Evaluation Mark those applying √

A1 Aircraft refuelling		A6 Fire / Emergency response team	ork
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 lown in "Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work". At this time his/her fitness to work status r 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			Date 6/3/23.
Name of health advisor Signature			

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

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