PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	
Forenames	AMJAD ALI
Address	7282929 Company Name: T.O SUN.
Home telephone number	93912210
Forenames:	
Country of birth: Pakistani	Religion: Muslim.

Place of examination: mat Date: 10/04/23

If a dependant enters employee's name here:
Surname:
Birth date: 10/2/79 Nationality: Pakistani

☒ Male ☐ Female ☒ Married ☐ Single ☐ Separated /Divorced

Relationship to employee: ☐ Wife ☐ Son ☐ Daughter

Number of children: 3

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

Job: Operator

Area:

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

List your last 3 jobs (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		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		
13. Recurrent indigestion		√	33. Headaches/migraine		√	Have you ever had:-		
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? (X)

FAMILY HISTORY: Diabetes (X) 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: 10/04/2023 **Signature of Applicant:** Amjad Ali

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. 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	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
172	74	24	112/70	72 /mins.	L R N	Uncorrected 6/6	6/6			N	
						Corrected					

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
—		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 +)	3.9	—		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.)

FIT

PEACE LAND MEDICAL CENTER

ASSESSMENT:

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

Date: 11/4/23 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Dr. MOHAMMED AKBAR KHAN
General Practitioner
MOH Lic. No. 4494

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Peace Land
بلاد السلام

Epworth Screening Questionnaire for Sleep Apnoea

AMJAD ALI
0041871 # 44 Y/M 00489
78869 <Blank> 10/04/23 09:34

Em	Date: 10/4/2023
Nar	Department/Company: T.O SLB-
I.D	Occupation: Operator

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 a talking with someone

0 Sitting quietly after lunch without alcohol

0 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: I, Amjad (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Amjad Ali Date: 10/4/2023

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:	AMJAD ALI	**Doc No:**	0032351
Age:	44 Y **Nationality:** PAKISTANI	**File No:**	0041671
Gender:	M	**Bill No:**	0048946
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	10/04/2023
GSM No.:	93912240	**Time:**	13:38

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
COMPLITE BLOOD COUNT		
RBC	5.7 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	17.0 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	50.0 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.5 pg	27 - 33 pg
MCHC	33.2 g/dl	29.6 - 35.6 %
WBC COUNT	8.8 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	07	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**283 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	110 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.74 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**29.0 U/L**	0 - 35.0 U/L
S.G.P.T.	**40.9 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

LAB RESULT

Name:	AMJAD ALI	**Doc No:**	0032351
Age:	44 Y **Nationality:** PAKISTANI	**File No:**	0041671
Gender:	M	**Bill No:**	0048946
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	10/04/2023
GSM No.:	93912240	**Time:**	13:35

Test	Result	Normal Range
ALBUMIN	**4.7 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	**24.1 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.98 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**5.8 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**196 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**154.2 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**44.9 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**120.3 mg/dl**	< 100 mg/dl
VLDL	**30.8 mg/dl**	2.0 - 30 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.015	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	
Urobilinogen	Normal	
Bilirubin	Negative	

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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

LAB RESULT

Name: AMJAD ALI
Age: 44 Y **Nationality:** PAKISTANI
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN

GSM No.: 93912240

Doc No: 0032351
File No: 0041671
Bill No: 0048946
Date: 10/04/2023
Time: 13:35

Test	Result	Normal Range
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
STOOL ROUTINE ANALYSIS		
PHYSICAL		
Colour	Brownnish	
Consistency	Soft	
Reaction	Alkaline	
Mucus	NIL	
MICROSCOPIC		
Ova:	NIL	
Cyst:	NIL	
Pus Cells:	1-2 Cells/hpf	
RBCs	0-1 Cells/hpf	
Others	NIL	
Bacteria	NIL	
DRUG TESTING		
AMPHETAMINES(AMP)	NEGATIVE	
MORPHINE(MOP)	NEGATIVE	
COCAINE(COC)	NEGATIVE	
PHENCYCLIDINE(PCP)	NEGATIVE	
METHAMPHETAMINE(MET)	NEGATIVE	

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
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LAB RESULT

Name:	AMJAD ALI	**Doc No:**	0032351
Age:	44 Y **Nationality:** PAKISTANI	**File No:**	0041671
Gender:	M	**Bill No:**	0048946
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	10/04/2023
GSM No.:	93912240	**Time:**	13:35

Test	Result	Normal Range
TRAMADOL(TRA)	NEGATIVE	
BARBITURATES(BAR)	NEGATIVE	
BENZODIAZEPINES(BZO)	NEGATIVE	
MEDTHODONE(MED)	NEGATIVE	
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE	
MARIJUANA(THC)	NEGATIVE	
RANDOM BLOOD SUGAR	**96.0 mg/dl**	80 - 120 mg/dl

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

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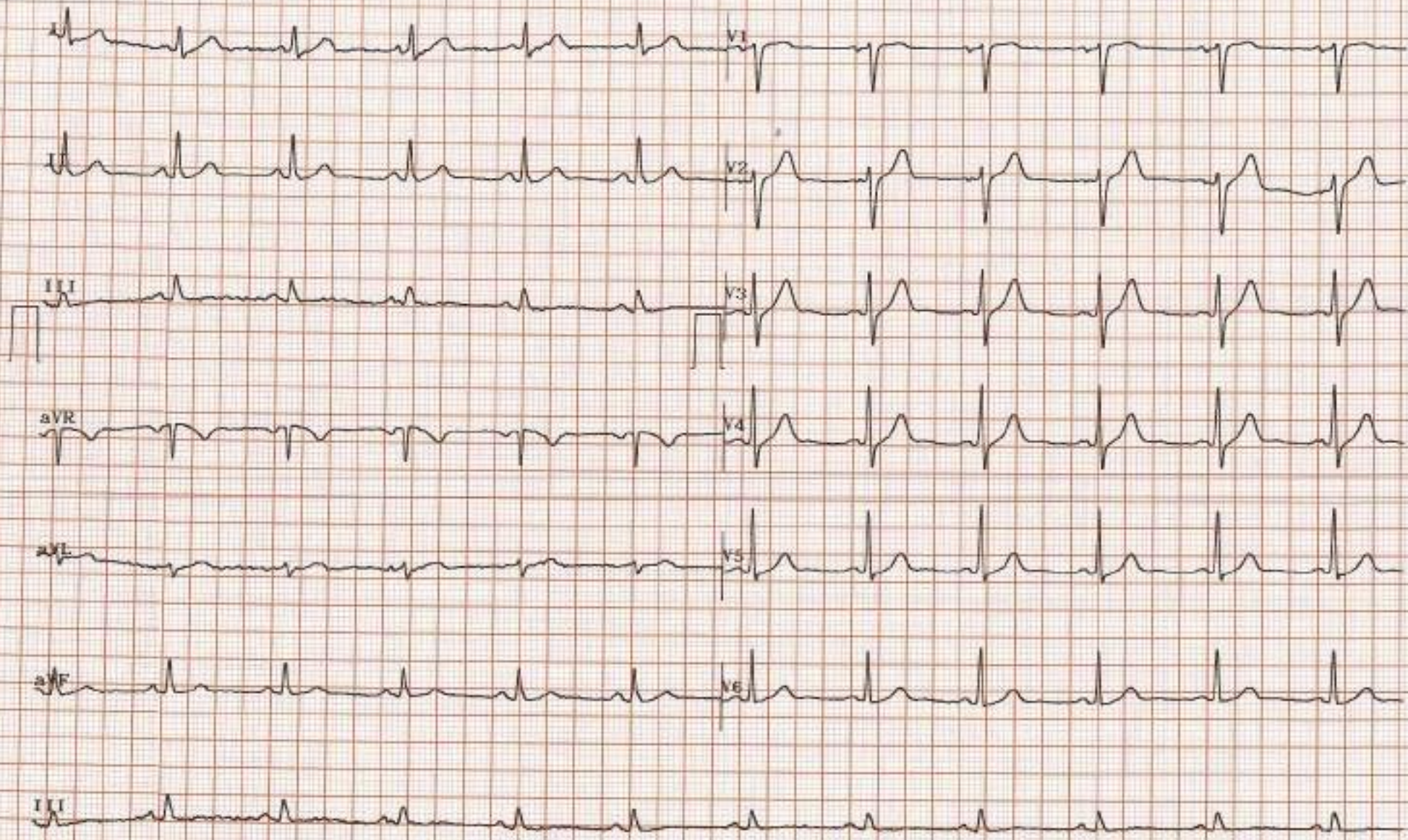
Medical Technologist

2023-04-10 09:50:15 6 Channel + 1 Rhythm Report Hospital:
Prescribed by:

Heart Rate: 71bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 130 ms Normal Sinus Rhythm
QRS Dur.: 88 ms Normal Axis
QT/QTc: 360/393 ms [Normal ECG]
P-R-T axes:
60 57 24



0.1Hz- 150Hz, AC50Hz. All Channels: 10.0mm/mV, 25.0mm/sec. EKG2000 Ver5.05M.30 Bionet Co., Ltd.

Copy Results

Results

Estimated 10-year Global CVD Risk

3.9%

Risk Category

Low Risk

Estimated Vascular Age

40 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)

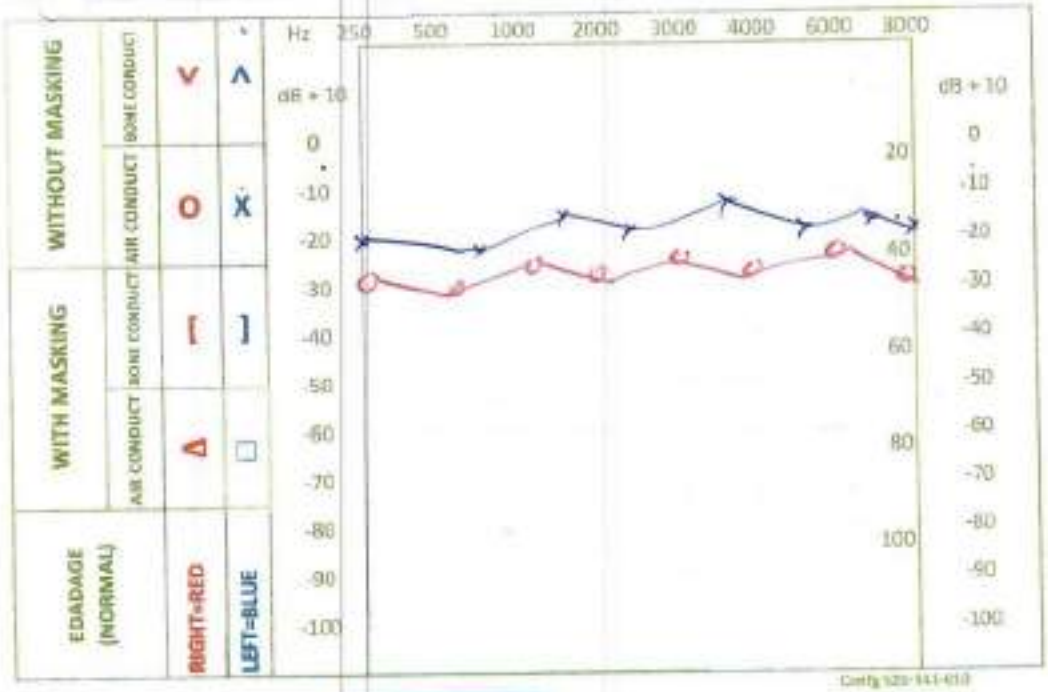
مركز بلاد السلام الطبي
Peace Land Medical Center

AMJAD ALI

10/04/23 09:24

METRY TEST REPORT

COMPANY	TO SCB
OCCUPATION	Operator
DATE	10 4 23.



Sibelmed

INTERPRETATION
- X LEFT EAR
- O RIGHT EAR

RESULT
- [x] NORMAL
- [ ] HEARING LOSS
- [ ] RIGHT
- [ ] LEFT

ص.ب ٢ ١٤٠ الرمز البريدي ١٣٣ دوار العذيبة مبنى ابراج الصحوة مبنى ٢، سلطنة عمان
P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف: ٢٤٦١٧١١٧/ ٢٤٦١٧١٤٨/ ٢٤٦١٧١٤٩

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land

Fitness for work certificate

AMJAD ALI
[illegible] [illegible] [illegible] 00469
10/04/23 09:34

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

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)			FIT
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			
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 11/4/23
Name of health advisor Signature	Dr. MOHAMMED ANSAR KHAN General Practitioner MOH Lic. No. 4494		

PEACE LAND MEDICAL CENTER

P.O. Box 1403, Postal Code : 103, Al Azaiba, Roundabout at Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149

مركز فرح للخدمات الطبية

FARAH MEDICAL SERVICE CENTER

عضو مختبرات مجموعة سلطان مديكا

Member of Sultan Medica™ Group

Patient	
Patient No.	
Age	
Gender	

X-RAY REPORT

Doctor	
Transaction	
Date/ Time	
Serial	

Doc No.	PAT009998
Date:	10/04/2023
Name:	AMJAD ALI
Sex:	MALE
Referred By:	DR. SHIMA
Age/DOB	10/02/1979
X-Ray:	CHEST PA

REPORT

Normal heart and mediastinal shadow

Both lung fields are clear

Normal pleural spaces

IMPRESSION:

NORMAL STUDY

Signature: .....

Seal

18th Nov. Street, Muscat • Tel: (968) 24695757 • Fax: (968) 24693310 • Mob.: (968) 95230224 • P.O. Box: 706 Postal code 111, South
Email: sultan@sultanmedica.com • www.sultanmedica.com