



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 ZAHID IQBAL
Address 109201716 Company Name: T.O.SCB
Home telephone number 94835544

Place of examination: **Muscat** Date: **8/6/23**

If a dependant enters employee's name here:

Surname: Forenames: Country of birth: **Pakistan** Religion: **Muslim**

Birth date: **1/1/91** Nationality: **Pakistan** Relationship to employee: ☐ Wife ☐ Son ☐ Daughter ☒ Married ☐ Single ☐ Separated / Divorced Number of children: **1**

Reason for examination: Pre-Employment ☒ Periodic medical check-up Job: **H.D.D**
Pre-Overseas ☐ Area:

Name and address of family doctor: 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		☒	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/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: **8/6/23** 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 172	WEIGHT kg 81	BMI 27	B.P. 132/86	PULSE 86 /mins.	HEARING L N R	VISION DISTANT R L Uncorrected 6/6 6/6 Corrected	NEAR R L	Colour Vision ✓	Blood Group
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N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
✓		1. Urinalysis	✓	
✓		2. Hb, Bloodcount, ESR		
✓		3. LFT, RFT, RBS		
✓		4. Drug Screen		
✓		5. Lipids (40 years +)		
✓		6. Sickie Cell test		
		mild ↑ lipid,		
		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.)

- ✓ Lm - Diet exercise, & wt. advised.
- Borderline lipids on Diet control.
- Repeat lipids after 3 months to review.

FIT

ASSESSMENT:

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

Date: 11/6/23 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

Enrollment No: ZAHID IGBAL # 00340294 # 32 YOM 155% 52 00509	Date: 8/6/23
78238 date 08/06/23 10:11	Department/Company: Home/omaha
	Occupation: H.O.D

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

Signature: [Signature] Date: 8/6/23



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: ZAHID IQBAL
Age: 32 Y Nationality: PAKISTANI
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 94835544

Doc No: 0034154
File No: 0024094
Bill No: 0050950
Date: 10/06/2023
Time: 19:30

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
COMPLITE BLOOD COUNT		
RBC	4.9 x10 ¹² /L	Male 4.38 -6.0 x 10 ¹² /L Female 4.0- 5.2x10 ¹² /L
HAEMOGLOBIN	13.9 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	40.8 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	28.1 pg	27 - 33 pg
MCHC	32.9 g/dl	29.6 - 35.6 %
WBC COUNT	8.6 x 10 ⁹ /L	4.0 - 11.0 x 10 ⁹ /L
DIFFERENTIAL COUNT		
NEUTROPHIL	63 %	40-75 %
LYMPHOCYTE	31 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	12	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	282 x 10 ⁹ /L	150 - 450 x 10 ⁹ /L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	79 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.50 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	24.9 U/L	0 - 35.0 U/L
S.G.P.T.	45.0 U/L	10 - 45 U/L



Medical Technologist



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Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 94635544

Doc No: 0034154
File No: 0024094
Bill No: 0050950
Date: 10/06/2023
Time: 19:28

Test	Result	Normal Range
ALBUMIN	4.1 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	6.2 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.19 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	18.1 mg/dl	18.0 - 55.0 mg/dl
S. CREATININE	0.88 mg/dl	0.70 - 1.30 mg/dl
S. URIC ACID	7.0 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	210 mg/dl	0.0 - 200 mg/dl
Triglyceride	160.0 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	48.2 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	129.8 mg/dl	< 100 mg/dl
VLDL	32.0 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	92.2 mg/dl	74 - 100 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	



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Test	Result	Normal Range
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	2-3	
EPITHELIAL CELLS	1-2	
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	



Medical Technologist



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Test	Result	Normal Range
METHAMPHETAMINE(MET)	NEGATIVE	
TRAMADOL(TRA)	NEGATIVE	
BARBITURATES(BAR)	NEGATIVE	
BENZODIAZEPINES(BZO)	NEGATIVE	
MEDTHODONE(MED)	NEGATIVE	
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE	
MARIJUANA(THC)	NEGATIVE	

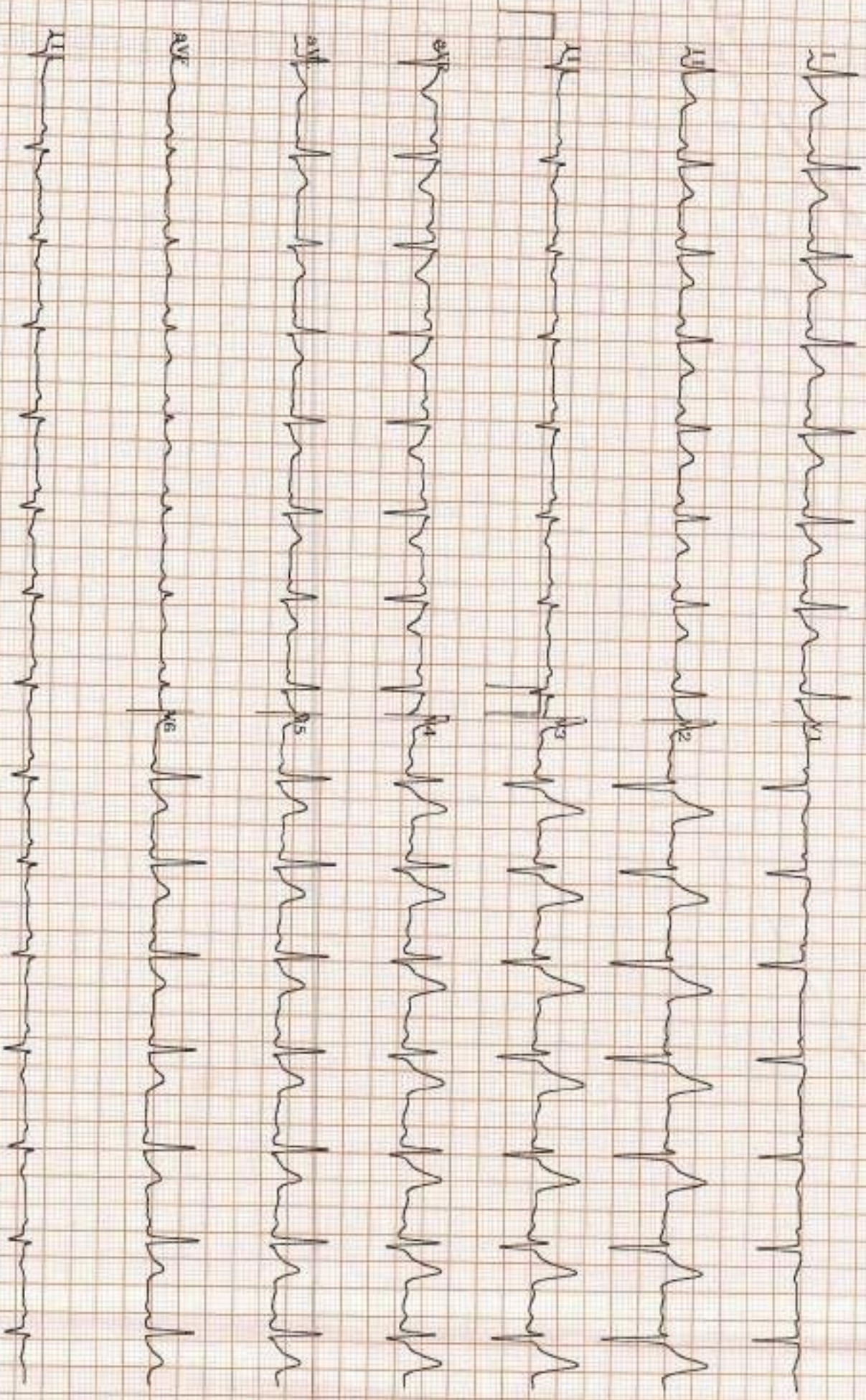


Medical Technologist



Heart Rate: 69bpm
PR: 148 ms
QRS: 84 ms
QT/QTc: 340/414 ms
P-R-T axes: 57 18 16

Analysis Result: (To be finally confirmed by cardiologist)
Normal Sinus Rhythm
Normal Axis
Normal ECG I





مركز بلاد السلام الطبي

Peace Land Medical Center

ZAHID IQBAL

0024084

32 Y/M

MM/DD/YY

00509

AETRY TEST REPORT

NAM
AGE
REF.



78230

08/05/23

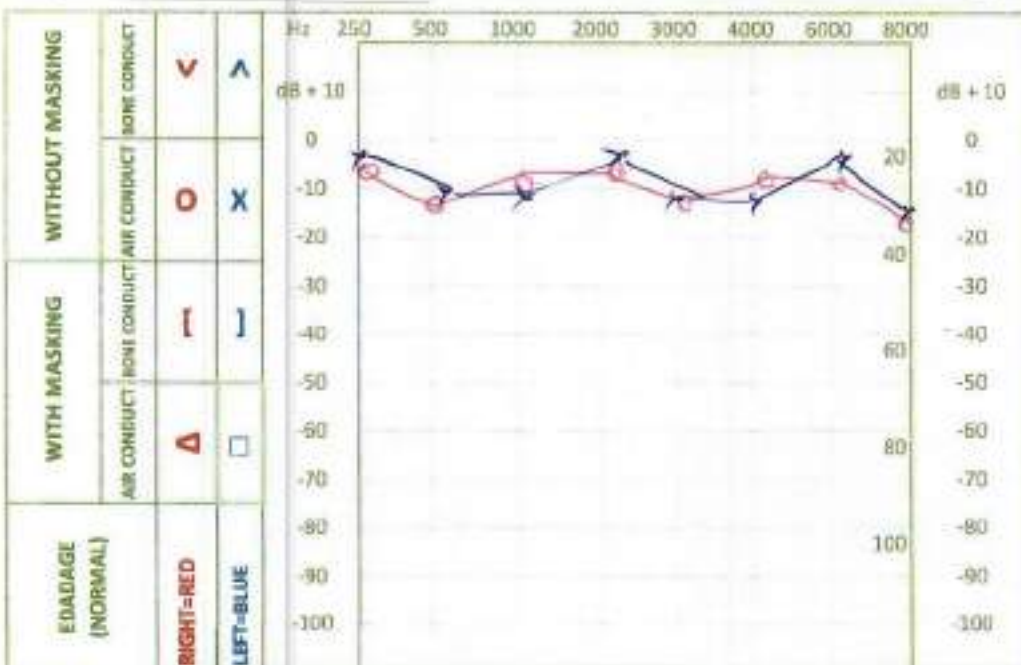
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COMPANY

OCCUPATION

DATE

T. Hassan
HDD
8/16/23



Sibelmed

Contig 120-541-010

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	
Name		Department/Company	
I.D No.		Occupation	
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			
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		11/6/23	

Dr. MOHAMMED ABDEL KADER
General Practitioner
MOH Lic. No. 4404

