PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	HASSAN AHMAD
Forenames	SHAHBAZ AHMAD
Address	3578 UAU. Company Name: T.O SCB
Home telephone number	932937 UAU.

Place of examination: Amt	Date: 25/4/23		
If a dependant enters employee's name here: Surname:		Forenames:	
Birth date: 19/11/90	Nationality: Pakistani	Country of birth: Pakistan	Religion: Muslim
☑ Male ☐ Female	☑ Married ☐ Single ☐ Separated /Divorced	Relationship to employee: ☐ Wife ☐ Son ☐ Daughter	Number of children:
Reason for examination: Pre-Employment ☐ Pre-Overseas ☐	Periodic medical check-up ☑	Job: H-DD. Area:	
Name and address of family doctor (1) (2)		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		√			
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 Have you ever had:-		
13. Recurrent indigestion		√	33. Headaches/migraine		√			
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: 25/4/2023 **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-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
169	82	28.5	126/85	66/mins.	L R N	Uncorrected 6/6	6/6			√	
						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 +)			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.)

1, LSM (Diet, Exercise & diet)

ASSESSMENT:

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

Dr. Shima Sayeeda Abdullah Jalar
Consultant Specialist
MOH Lic. No. 21962

Date: 26/4/23 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

SHAHBAZ AHMAD HASSAN AHMAD
00482
77141 25.04.23 09:17

Em...	Date: 25/4/2023
Nar...	Department/Company: T.O
I. D...	Occupation: H.DD-

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

Score	Situation
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 Shahbaz (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: [signature] Date: 25/4/20..

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
2775

P.O. Box ..., Postal Code ..., Al ...

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

LAB RESULT

Name:	SHAHBAZ AHMAD HASSAN AHMAD	**Doc No:**	0032616
Age:	32 Y **Nationality:** PAKISTANI	**File No:**	0041912
Gender:	M	**Bill No:**	0049271
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	25/04/2023
GSM No.:	93293744	**Time:**	15:13

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
COMPLITE BLOOD COUNT		
RBC	5.3 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	14.5 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	43.3 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.3 pg	27 - 33 pg
MCHC	32.4 g/dl	29.6 - 35.6 %
WBC COUNT	9.0 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	66 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	11	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	263 x 10^9/L	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	112 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.36 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	33.0 U/L	0 - 35.0 U/L
S.G.P.T.	34.8 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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Gender:	M	**Bill No:**	0049271
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	25/04/2023
GSM No.:	93293744	**Time:**	15:13

Test	Result	Normal Range
ALBUMIN	4.6 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	7.7 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.14 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	33.8 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.87 mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	7.2 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	199 mg/dl	0.0 - 200 mg/dl
Triglyceride	150.3 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	53.3 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	115.7 mg/dl	< 100 mg/dl
VLDL	30.0 mg/dl	2.0 - 30 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	5 ml	
Colour	Yellow	
Sp. Gravity	1.020	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	
Urobilinogen	Normal	
Bilirubin	Negative	

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Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	25/04/2023
GSM No.:	93293744	**Time:**	15:13

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:	1-3 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	

Medical Technologist

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GSM No.:	93293744	**Time:**	15:13

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	117.0 **mg/dl**	80 - 120 mg/dl

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

.....
Medical Technologist

2023-04-25 08:30:51 6 Channel + 1 Rhythm Report

Hospital:

Prescribed by:

SHAHBAZ AHMAD HASSAN AHMAD 0462

77141 25/04/23 08:17

Heart Rate: 65bpm ** Analysis Result ** (To be finally confirmed by cardiologist)

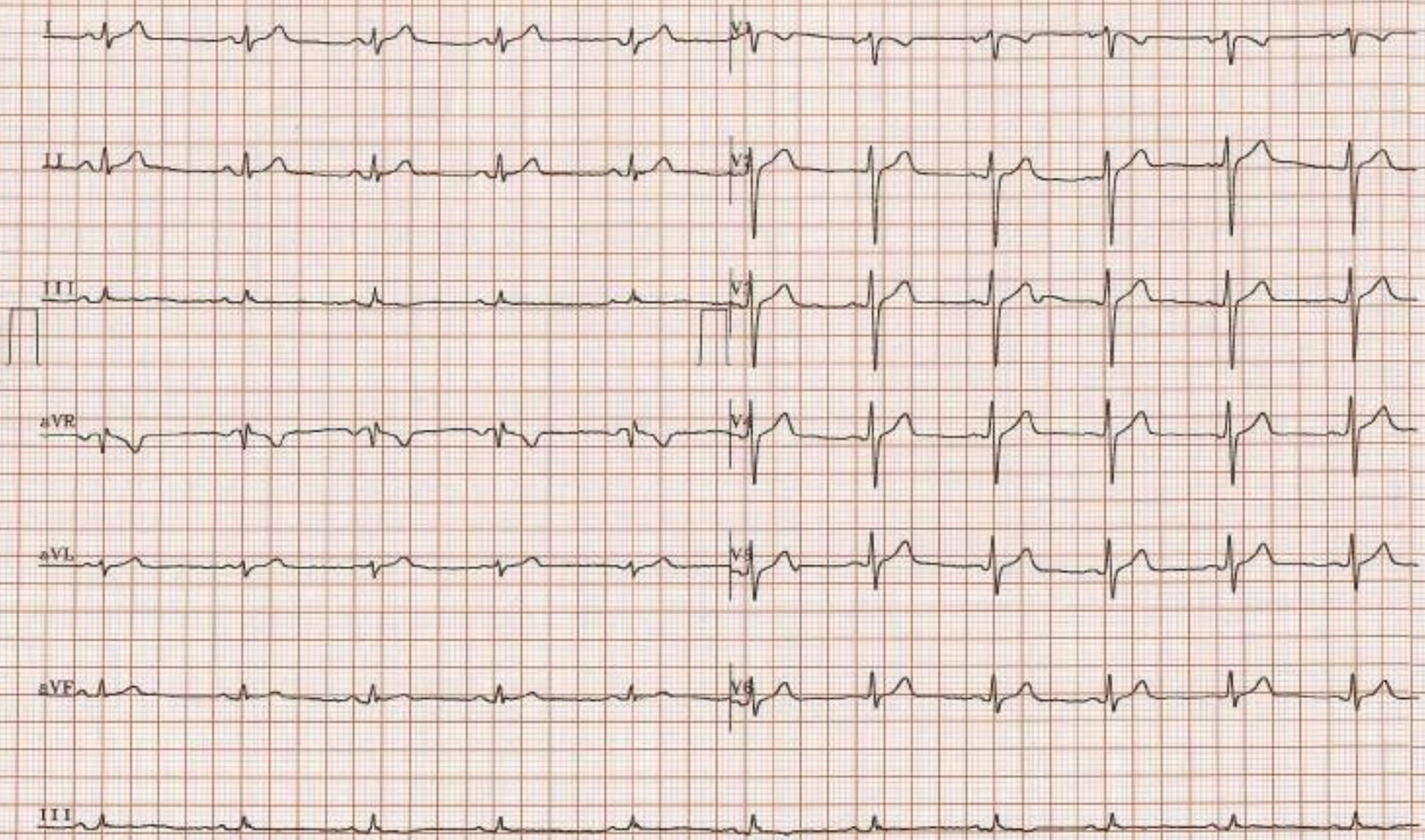
PR Int.: 148 ms Normal Sinus Rhythm

QRS Dur.: 90 ms Low Voltage (Limb Leads)

QT/QTc: 366/381 ms Normal Axis

P-R-T axes: *** Axis may be incorrect due to low voltage.

52 72 23 [Minimally Abnormal or Normal Variation ECG]



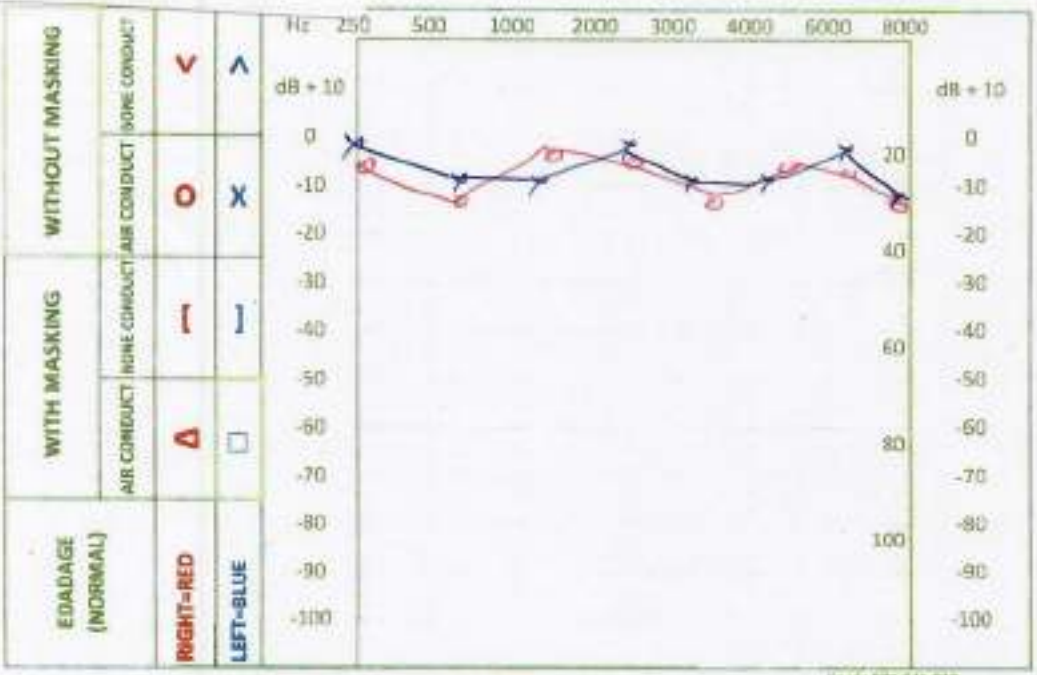
0.1Hz- 150Hz, AC50Hz. All Channels: 10.0mm/mV, 25.0mm/sec. EKG2000 Ver5.05M.30 Bionet Co., Ltd.

مركز بلاد السلام الطبي
Peace Land Medical Center

S-HAHBAZ AHMAD HASSAN AHMAD
00462
77141
25/04/29 08:17

DIOMETRY TEST REPORT

		COMPANY	
R		OCCUPATION	H.D.D
		DATE	25/4/23



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
NORMAL
HEARING LOSS
RIGHT
LEFT

ص.ب ١٤٠٣، الرمز البريدي ١٣٣، دوار العذيبة مبنى أبراج 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 فرح للخدمات الطبية
FARAH MEDICAL SERVICE CENTER
عضو مختبرات مجموعة سلطان مديكا
Member of Sultan Medica™ Group

Patient		Doctor
Patient No.		Transaction
Age		Date/Time
Gender		Serial

X-RAY REPORT

Doc No.	PAT0100
Date:	25/04/2023
Name:	SHAHBAZ AHMAD HASSAN
Sex:	MALE
Referred By:	DR. SHIMA
Age/DOB	19/11/1990
X-Ray:	CHEST PA

REPORT

Normal heart size

Normal pleural spaces

I'll defined parenchymal opacity seen at the right middle zone with peri bronchial thickening,can be attributed to bronchitis for clinical correlation and screening.

IMPRESSION:

Signature: Dr. Maisa

Seal

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

Fitness for work certificate

Employee Data			Date	26/4/23
Name	SHAH BAZ AHMAD HASSAN		Department/Company	
I.D No.	88781404		Occupation	HDD

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
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			
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 26/4/23
Name of health advisor Signature			

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العذيبة مقابل أبراج الصحوة مسقط ، سلطنة عمان
P.O. Box 1403 Postal Code 133 Al Azaiba Roundabout at Sahwa Tower Muscat, Sultanate of Oman
Tel: 24617117 / 24617148 / 24617149