PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	IMRAN
Forenames	RANA MUHAMMAD
Address	117133209 Company Name: Tawkoman
Home telephone number	9460058 / SCB
Place of examination: muscat Date: 7/6/23	
If a dependant enters employee's name here: Surname:	Forenames:
Birth date: 10/3/84 Nationality: pakistan	Country of birth: pakistan Religion: Muslim
☑ Male ☐ Female	☑ Married ☐ Single ☐ Separated /Divorced
	Relationship to employee ☐ Wife ☐ Son ☐ Daughter
	Number of children: 4
Reason for examination: Pre-Employment ☑ Periodic medical check-up ☐ Pre-Overseas	Job: H.D.D
Name and address of family doctor (1) (2)	Area:
	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		√			
3. Difficulty in vision		√	23. Rheumatic fever		√	41. Rejected for employment or insurance for medical reasons		√
4. Any ear discharge		√	24. Abnormal heartbeat		√			
5. Asthma/bronchitis		√	25. High blood pressure		√	42. Awarded benefits for industrial injury/illness		√
6. Hayfever /other significant allergy		√	26. Stroke		√			
7. Any skin trouble		√	27. Serious chest pain		√	43. Treated for a mental condition, e.g. depression		√
8. Tuberculosis		√	28. Any blood disease		√			
9. Shortness of breath		√	29. Kidney disease		√	44. Treated for problem drinking or drug abuse		√
10. Coughed/vomited blood		√	30. Blood in urine		√			
11. Severe abdominal pain		√	31. Painful passage of urine		√	45. Exposed to toxic substance or noise		√
12. Stomach ulcer		√	32. Diabetes		√			
13. Recurrent indigestion		√	33. Headaches/migraine		√	FOR WOMEN ONLY Have you ever had -		
14. Jaundice or hepatitis		√	34. Dizziness/fainting		√	46. An abnormal smear		
15. Gall Bladder disease		√	35. Epilepsy		√			
16. Marked change in bowel habits		√	36. Joints/spinal trouble		√	47. Any gynaecological treatment		
17. Blood in stools (motions)		√	37. Surgical operation		√	48. Are you pregnant?		
18. Marked change in weight		√	38. Serious accident/fracture		√			
19. Varicose veins		√	39. Tropical disease		√	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
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: 7/6/23 Signature of Applicant: Rana Mimran

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	Colour Vision	Blood Group
182	100	30	138/86	92 /mins.	L R N	DISTANT R L; NEAR R L; Uncorrected 6/6 6/6; Corrected	N	

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis		✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR				8. Lung Function
✓		3. LFT, RFT, FBS		✓		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.)
LSM - Diet, exercise, & wt advised

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
رقم الترخيص 2775

FIT

ASSESSMENT:

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

Date: 8/6/23 Name (Block Capitals): Dr. / Nurse Signature:

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

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

Rana Muhammad IMRAN
78188 07/06/23 09:41

Date: 7/6/23.

Department/Company: T.O.

Occupation: H.D.D.

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

If you score a total of [illegible] or more you should seek advice from medical personnel on site before continuing to drive / operate machinery / the workplace.

Declaration: I, [illegible] (Print Name) certify that to the best of my knowledge the above information provided by me is true & correct.

PEACE LAND MEDICAL CENTER

Signature: Rana M [illegible] Date: 7/6/23.

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:	Rana Muhammed IMRAM	**Doc No:**	0034126
Age:	39 Y **Nationality:** PAKISTANI	**File No:**	0042905
Gender:	M	**Bill No:**	0050905
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	07/06/2023
GSM No.:	94600551	**Time:**	17:40

Test	Result	Normal Range
MEDICAL CHECKUP SCHLUMBERGER SPECIFICATION		
COMPLITE BLOOD COUNT		
RBC	5.2 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	42.6 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.6 pg	27 - 33 pg
MCHC	33.1 g/dl	29.6 - 35.6 %
WBC COUNT	9.5 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	65 %	40-75 %
LYMPHOCYTE	31 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	07	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**297 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	65 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.58 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**35.0 U/L**	0 - 35.0 U/L

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: Rana Muhammed IMRAM
Age: 39 Y **Nationality:** PAKISTANI
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 94600551

Doc No: 0034126
File No: 0042905
Bill No: 0050905
Date: 07/06/2023
Time: 17:40

Test	Result	Normal Range
S.G.P.T.	**45.0 U/L**	10 - 45 U/L
ALBUMIN	**4.1 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.4 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.19 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**20.1 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.71 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**5.1 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**191 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**140.6 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**52.1 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**110.7 mg/dl**	< 100 mg/dl
VLDL	**28.1 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	96.6 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	

PEACE LAND MEDICAL CENTER

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Medical Technologist

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LAB RESULT

Name: Rana Muhammed IMRAM
Age: 39 Y **Nationality:** PAKISTANI
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 94600551

Doc No: 0034126
File No: 0042905
Bill No: 0050905
Date: 07/06/2023
Time: 17:40

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	
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	

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Medical Technologist

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LAB RESULT

Name:	Rana Muhammed IMRAM	**Doc No:**	0034126
Age:	39 Y **Nationality:** PAKISTANI	**File No:**	0042905
Gender:	M	**Bill No:**	0050905
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	07/06/2023
GSM No.:	94600551	**Time:**	17:40

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

PEACE LAND MEDICAL CENTER

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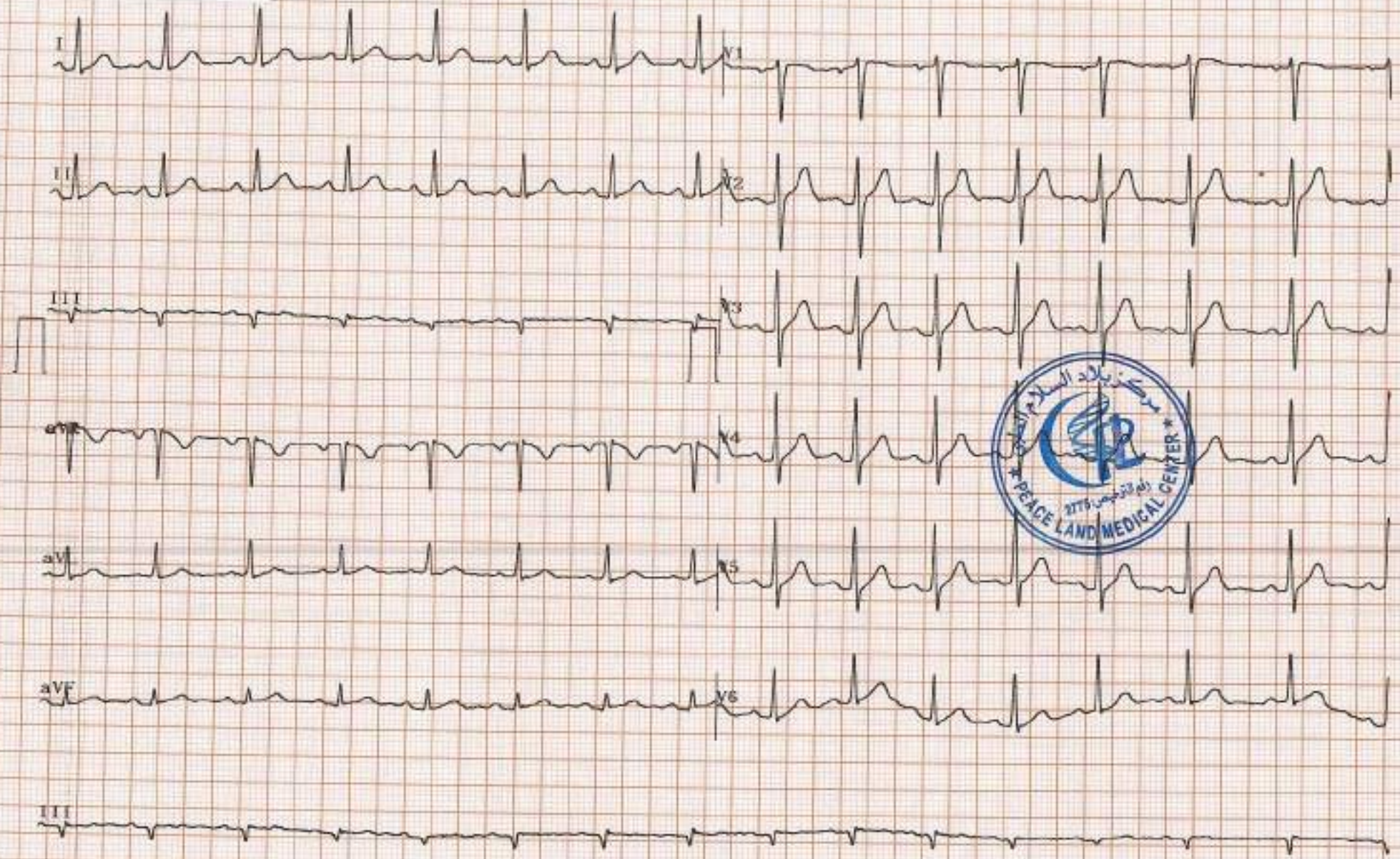
Medical Technologist

2023-06-07 08:55:31 6 Channel + 1 Rhythm Report

Hospital:
Prescribed by:

Rana Muhammed IMRAM
0042808 # 26 Y30 BASHA 80 02509
78106 07/06/23 08:41

Heart Rate: 92bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 164 ms Normal Sinus Rhythm
QRS Dur.: 80 ms Normal Axis
QT/QTc: 326/404 ms [Normal ECG]
P-R-T axes:
44 20 34



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

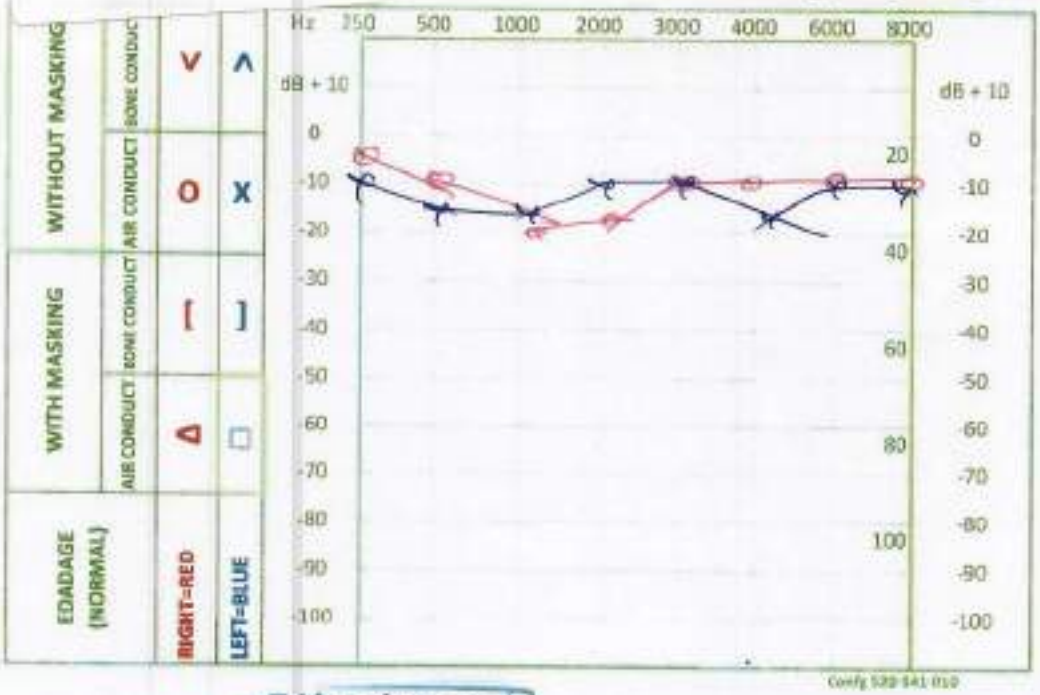
مركز بلاد السلام الطبي
Peace Land Medical Center

Rana Muhammad IMRAN
00609

DIOMETRY TEST REPORT

COMPANY	T.P.D
OCCUPATION	
DATE	7/6/23

07/06/23 09:41



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
- NORMAL
- HEARING LOSS
- RIGHT
- LEFT

PEACE LAND MEDICAL CENTER

ص.ب ١٤٠٣، الرمز البريدي ١٣٣، دوار العذيبة مبنى اجراح الصحوة مبنى ٢، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel:. 24617147 / 24617148 / 24617149 هاتف ٢٤٦١٧١٤٧/٢٤٦١٧١٤٨/٢٤٦١٧١٤٩

مركز فرح للخدمات الطبية
FARAH MEDICAL SERVICE CENTER
عضو مختبرات مجموعة سلطان مديكا
Member of Sultan Medical Group

RADIOLOGY REPORT

PATIENT NAME:	RANA MUHAMMAD IMRAN		
PATIENT ID:	PAT011427(PEACE LAND)	**PROCEDURE DATE:**	07-06-2023
AGE/SEX:	39Y/M	**SITE NAME:**	FARAH MEDICAL CENTER

CHEST X-RAY/PA VIEW

Clear lungs and costophrenic angles

Heart of normal size and shape

Normal mediastinum and hilar shadows and bony thorax

Impression:

Normal study

Dr Hussam Al Kindi Senior Specialist Radiologist, MOH License No- 15665, Safa Medical Diagnostic Center

07-06-2023

* This Report is Digitally Signed

مركز بلاد السلام الطبي

Peace Land Medical Center

Peace Land

Fitness for work certificate

Rana Muhammad IMRAN
00509
79196
07/06/23 08.41

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

Type of Medical Evaluation Mark those apply

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			
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 8/6/23
Name of health advisor Signature			

Peace Land Medical Center

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