PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	MUHAMMAD IRSHAD.
Forenames	FAISAL SHAHZAD.
Address	87065316 Company Name: T-O SUB.
Home telephone number	97243983.

Place of examination:	mnt	Date:	5/6/2023
If a dependant enters employee's name here: Surname:		Forenames:	
Birth date:	7/5/84	Nationality:	Pakistani
Country of birth:	Pakistan	Religion:	Muslim

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

Relationship to employee: ☐ Wife ☐ Son ☐ Daughter

Number of children: 3

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

Job: H.DD

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: 05/6/2023 Signature of Applicant:

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)

N	A		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	Colour Vision	Blood Group
167	83	29	130/78	76 /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				
✓		2. Hb, Bloodcount, ESR		✓		7. Audiogram
✓		3. LFT, RFT, FBS				8. Lung Function
✓		4. Drug Screen		✓		9. Chest X-Ray
✓		5. Lipids (40 years +)		✓		10. ECG
✓		6. Sickle Cell test				11. CVS risk for 40 yrs. & above
						12. HIV, Hepatitis screening

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

LSM – Diet, exercise, & wt advised

FIT

ASSESSMENT:

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

Date: 9/6/23 Name (Block Capitals): Dr. / Nurse Signature:

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

PEACE LAND MEDICAL CENTER مركز بلاد السلام الطبي رقم الترخيص 2775

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea

Employee Data		
Name:	FAISAL SHAHZAD MUHAMMAD IRSHAD	Date: 05/6/2023.
I. D No.	78113 05/06/23 09:34	Department/Company: T.O SLM.
		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

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 and 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 15 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

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

Signature: Faisal Date: 05/6/2023

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:	FAISAL SHAHZAD MUHAMMAD IRSHAD	**Doc No:**	0034042
Age:	39 Y **Nationality:** PAKISTANI	**File No:**	0042839
Gender:	M	**Bill No:**	0050810
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	05/06/2023
GSM No.:	97243983	**Time:**	15:38

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	13.1 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	39.9 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	**81 fl**	84-94 fl
MCH	**24.3 pg**	27 - 33 pg
MCHC	31.4 g/dl	29.6 - 35.6 %
WBC COUNT	7.2 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	63 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	05 %	2-8%
BASOPHIL	00 %	0-1%
ESR	08	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**354 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	71 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.50 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**17.0 U/L**	0 - 35.0 U/L
S.G.P.T.	**16.2 U/L**	10 - 45 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

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Gender:	M	**Bill No:**	0050810
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	05/06/2023
GSM No.:	97243983	**Time:**	15:38

Test	Result	Normal Range
ALBUMIN	**3.7 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.1 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.18 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**18.0 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.71 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**4.8 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**146 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**147.8 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**44.5 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**72.0 mg/dl**	< 100 mg/dl
VLDL	**29.5 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	80.8 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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Medical Technologist

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Gender:	M	**Bill No:**	0050810
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	05/06/2023
GSM No.:	97243983	**Time:**	15:38

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

PEACE LAND MEDICAL CENTER

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Medical Technologist

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LAB RESULT

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Age:	39 Y **Nationality:** PAKISTANI	**File No:**	0042839
Gender:	M	**Bill No:**	0050810
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	05/06/2023
GSM No.:	97243983	**Time:**	15:38

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

2023-06-05 08:49:11 6 Channel + 1 Rhythm Report

Hospital:
Prescribed by:

FAISAL SHAHZAD MUHAMMAD IRSHAD
0042858 # 39 Y/M Male 80 00609
78118 05/06/23 08:44

Heart Rate: 75bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 144 ms Normal Sinus Rhythm
QRS Dur.: 96 ms Normal Axis
QT/QTc: 380/426 ms [Normal ECG]
P-R-T axes:
61 71 20

I
II
III
aVR
aVL
aVF
III
V1
V2
V3
V4

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

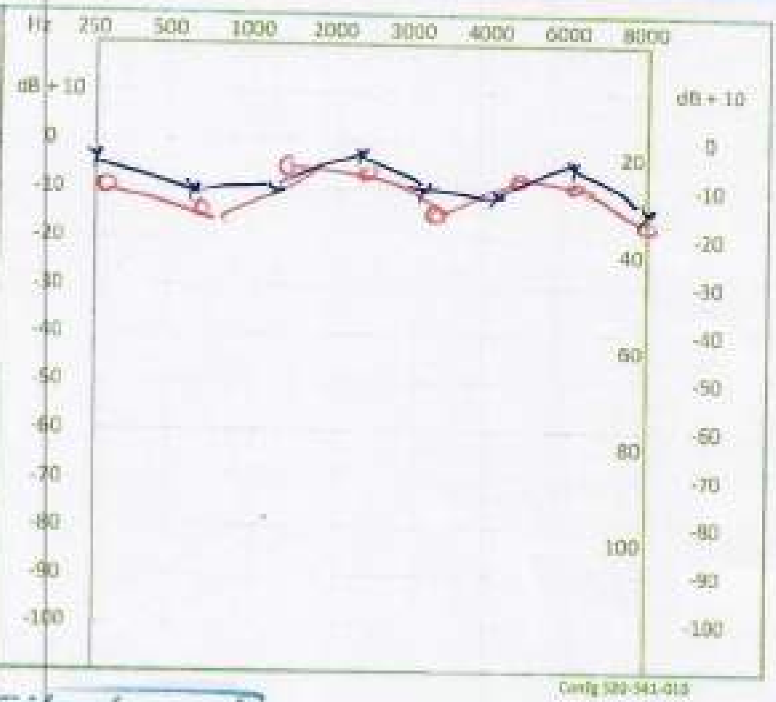
Peace Land

FAISAL SHAHZAD MUHAMMAD IRSHAD
0042839 # 39 Y(M) 00509
78118 <Blank> 05/06/23 08:34

...METRY TEST REPORT

NAM...		COMPANY	T.O SUB
AGE		OCCUPATION	H.DD
REF. BY		DATE	5 16 12023

		RIGHT	LEFT
WITHOUT MASKING	BONE CONDUCT	<	>
	AIR CONDUCT	O	X
WITH MASKING	BONE CONDUCT	[	]
	AIR CONDUCT	Δ	☐
EDADAGE (NORMAL)		RIGHT=RED	LEFT=BLUE



Sibelmed

INTERPRETATION
LEFT EAR
O RIGHT EAR

RESULT

- [✓] NORMAL
- [ ] HEARING LOSS
- [ ] RIGHT
- [ ] LEFT

★ مركز بلاد السلام الطبي ★ PEACE LAND MEDICAL CENTER

ص.ب ١٤٠٣، الرمز البريدي ١٣٣، دوار العذيبة مبنى أبراج الصحوة مبنى ٩، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 ٢٤٦١٧١٤٩ / ٢٤٦١٧١٤٨ / ٢٤٦١٧١١٧ هاتف :

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

RADIOLOGY REPORT

PATIENT NAME:	FAISAL SHAHZAD		
PATIENT ID:	PAT011386(PEACE LAND)	**PROCEDURE DATE:**	05-06-2023
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

05-06-2023

* This Report is Digitally Signed

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land

Fitness for work certificate

FAISAL SHAHZAD MUHAMMAD IRSHAD
00609
05/06/23 08:34

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

Type of Medical Evalu... [illegible] 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			
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 6/6/23
Name of health advisor Signature			

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

P.O. Box 1403 Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
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