



# PEACE LAND MEDICAL CENTER

## Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

ABDUL GHAFOOR MALAK MUHAMMAD  
PID : 61200 Age 44Y Male B.No : 85509



SpecID : 103584 SERUM 24/12/25 10:52

		Surname :					
PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS		Forenames : <b>ABDULGHAFOOR MALAK MUHAMMAD</b>					
		Address : <b>93816915</b> Company Name : <b>TRUCK OMAN</b>					
		Home telephone number : <b>93 28 08 90</b>					
Place of examination: <b>MUSCAT</b>	Date <b>24/12/2025</b>						
If a dependant enter employee's name here:		Forenames:					
Surname:		Country of birth: <b>PAKISTAN</b> Religion: <b>MUSLIM</b>					
DOB: <b>12/6/1981</b>	Nationality: <b>PAKISTANI</b>	Relationship to employee					
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated / Divorced	<input type="checkbox"/> Wife <input checked="" type="checkbox"/> Son <input type="checkbox"/> Daughter					
		Number of children: <b>5</b>					
Reason for examination		Job: <b>CRANE OPERATOR</b>					
Pre-Employment <input checked="" type="checkbox"/> Pre-Overseas <input type="checkbox"/>		Area:					
Name and address of family doctor		List your last 3 jobs					
		(1)					
		(2)					
Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>					
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		<input checked="" type="checkbox"/>	21. Cancer	<input checked="" type="checkbox"/>	HAVE YOU EVER BEEN:-		
2. Neck swelling/glands		<input checked="" type="checkbox"/>	22. Heart Disease	<input checked="" type="checkbox"/>	40. Rejected for employment or insurance for medical reasons		<input checked="" type="checkbox"/>
3. Difficulty in vision		<input checked="" type="checkbox"/>	23. Rheumatic fever	<input checked="" type="checkbox"/>	41. Awarded benefits for industrial injury/illness		<input checked="" type="checkbox"/>
4. Any ear discharge		<input checked="" type="checkbox"/>	24. Abnormal heartbeat	<input checked="" type="checkbox"/>	42. Treated for a mental condition, e.g. depression		<input checked="" type="checkbox"/>
5. Asthma/bronchitis		<input checked="" type="checkbox"/>	25. High blood pressure	<input checked="" type="checkbox"/>	43. Treated for problem drinking or drug abuse		<input checked="" type="checkbox"/>
6. Hayfever /other significant allergy		<input checked="" type="checkbox"/>	26. Stroke	<input checked="" type="checkbox"/>	44. Exposed to toxic substance or noise		<input checked="" type="checkbox"/>
7. Any skin trouble		<input checked="" type="checkbox"/>	27. Serious chest pain	<input checked="" type="checkbox"/>	FOR WOMEN ONLY		
8. Tuberculosis		<input checked="" type="checkbox"/>	28. Any blood disease	<input checked="" type="checkbox"/>	Have you ever had:-		
9. Shortness of breath		<input checked="" type="checkbox"/>	29. Kidney disease	<input checked="" type="checkbox"/>	45. An abnormal smear		
10. Coughed/vomited blood		<input checked="" type="checkbox"/>	30. Blood in urine	<input checked="" type="checkbox"/>	46. Any gynaecological treatment		
11. Severe abdominal pain		<input checked="" type="checkbox"/>	31. Diabetes	<input checked="" type="checkbox"/>	47. Are you pregnant?		
12. Stomach ulcer		<input checked="" type="checkbox"/>	32. Headaches/migraine	<input checked="" type="checkbox"/>	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
13. Recurrent indigestion		<input checked="" type="checkbox"/>	33. Dizziness/fainting	<input checked="" type="checkbox"/>			
14. Jaundice or hepatitis		<input checked="" type="checkbox"/>	34. Epilepsy	<input checked="" type="checkbox"/>			
15. Gall Bladder disease		<input checked="" type="checkbox"/>	35. Joints/spinal trouble	<input checked="" type="checkbox"/>			
16. Marked change in bowel habits		<input checked="" type="checkbox"/>	36. Surgical operation	<input checked="" type="checkbox"/>			
17. Blood in stools (motions)		<input checked="" type="checkbox"/>	37. Serious accident/fracture	<input checked="" type="checkbox"/>			
18. Marked change in weight		<input checked="" type="checkbox"/>	38. Tropical disease	<input checked="" type="checkbox"/>			
19. Varicose veins		<input checked="" type="checkbox"/>	39. Fear of heights	<input checked="" type="checkbox"/>			
20. Lump in breast/armpit		<input checked="" type="checkbox"/>					
How much tobacco each day? <b>NO</b>		Average daily alcohol consumption <b>NO</b>					
Have you ever taken elicited drugs? (X ) PDO test all new/potential employees for elicited/recreational drugs							
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. I am also aware that PDO reserve the right to dismiss me if it was found that I have purposely withheld important medical information.							
Date: <b>24/12/2025</b>		Signature of Applicant:					



## PEACE LAND MEDICAL CENTER

ABDUL GHAFOR MALAK MUHAMMAD  
PID : 61200 Age 44Y Male B.No : 65509



SpecID : 103584 SERUM 24/12/25 10:52

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	NEAR	Colour Vision	Blood Group
183	103	30.76	138/86	56 /mins.	L N R N	Uncorrected Corrected	R 6/6 L 6/6	R L	(N)	

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis		✓		7. Audiogram
✓		2. Hb, Blood count, 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. Sickie Cell test		0/7-9 Low		12. HIV, Hepatitis screening

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

### ASSESSMENT:

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

Date:

Name (Block Capitals): Dr. / Nurse

**FIT**

Signature:

**DR. HASHIM ABDALLAH**  
GENERAL PRACTITIONER  
MOH License No: 9087

### REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature:






# مركز بلاد السلام الطبي

## Peace Land Medical Center

### Epworth Screening Quest. for Sleep Apnoea

<b>Employee Data</b>	ABDUL GHAFOOR MALAK MUHAMMAD PID : 61200 Age 44Y Male B.No : 85509	Date: 24/12/2025
Name:		Department/Company: TRUCK OMANI
I. D No.	SpecID : 103584 SERUM 24/12/25 10:52	Occupation : CRANE 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

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, ABDUL GHAFOOR (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

**Signature:**  **Date:** 24/12/2025





DEPARTMENT OF LABORATORY

Patient ID	: 61200	Doc No	: 68391
Name	: ABDUL GHAFOR MALAK MUHAMMAD	Doc Date	: 24/12/2025 14:26
Age, Gender	: 44Y, Male	Bill No	: 85509
Nationality	: PAKISTANI	Bill Date	: 24/12/2025 10:38
GSM No	: 93280890	Approved Date	:
Doctor's Name	: DR.HASHIM ABDALLAH	Collected Time	: 24/12/2025 10:52
Customer	: TRUCK OMAN EQUIPMENT RENTEL LLC	Recieved Time	: 24/12/2025 10:52

Test	Result	Unit	Normal Range
<b>TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS</b>			
COMPLITE BLOOD COUNT			
RBC	5.0	$\times 10^{12}/L$	Male 4.38 -6.0 $\times 10^{12}/L$ Female 4.0- 5.2 $\times 10^{12}/L$
HAEMOGLOBIN	14.4	gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	43.9	%	Male 39.30 -50.00 % Female 37 -47 %
MCV	87	fl	84-94 fl
MCH	28.3	pg	27 - 33 pg
MCHC	32.7	g/dl	29.6 - 35.6 %
WBC COUNT	10.0	$\times 10^9/L$	4.0 - 11.0 $\times 10^9/L$
DIFFERENTIAL COUNT			
NEUTROPHIL	70	%	40-70 %
LYMPHOCYTE	26	%	20-45 %
EOSINOPHIL	02	%	1-6 %
MONOCYTE	02	%	2-8%
BASOPHIL	00	%	0-1%
PLATELET	220	$\times 10^9/L$	150 - 450 $\times 10^9/L$
SICKLE CELL TEST	NEGATIVE		
LIVER FUCTION TEST			
ALKALINE PHOSPHATASE	61	U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.53	mg/dl	0 - 2.0 mg/dl
S.G.O.T.	32.8	U/L	0 - 35.0 U/L
S.G.P.T.	37.6	U/L	10 - 45 U/L
ALBUMIN.	4.48	g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN.	7.47	g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.19	mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST			
UREA	20	mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.9	mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	6.7	mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE.			

Remarks:

Reported By:  
**Lab Tech**

Sr. Lab Technologist



Approved By:  
Lab Tech



DEPARTMENT OF LABORATORY

<b>Patient ID</b>	: 61200	<b>Doc No</b>	: 68391
<b>Name</b>	: ABDUL GHAFOOR MALAK MUHAMMAD	<b>Doc Date</b>	: 24/12/2025 14:26
<b>Age, Gender</b>	: 44Y, Male	<b>Bill No</b>	: 85509
<b>Nationality</b>	: PAKISTANI	<b>Bill Date</b>	: 24/12/2025 10:38
<b>GSM No</b>	: 93280890	<b>Approved Date</b>	:
<b>Doctor's Name</b>	: DR.HASHIM ABDALLAH	<b>Collected Time</b>	: 24/12/2025 10:52
<b>Customer</b>	: TRUCK OMAN EQUIPMENT RENTEL LLC	<b>Recieved Time</b>	: 24/12/2025 10:52

Test	Result	Unit	Normal Range
Total Cholesterol	208		0.0 - 200 mg/dl
		mg/dl	
Triglyceride	174	mg/dl	0.0 - 150 mg/dl
HDL - CHOL	44.6		35.0 - 79.0 mg/dl
LDL - CHOL	128	mg/dl	< 100 mg/dl
VLDL	35	mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	97.5	mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5	ml	
Colour	Pale yellow		
Sp. Gravity	1.015		
pH	Acidic		
Appearance	Clear		
CHEMICAL			
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC			
PUS CELLS	1-2		
EPITHELIAL CELLS	0-2		
RBC	0-1		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NIL		
OTHERS	NIL		

Remarks:

Reported By:  
Lab Tech

Sr. Lab Technologist

Verified By:  
Lab Tech



Sr. Lab Technologist

Approved By:  
Lab Tech



2025-12-24 11:06:01  
ID:61200

ABDUL GHAFOR MALAK MUHAMMAD  
PID : 61200 Age 44Y Male B.No : 85509



SpecID : 103584 SERUM 24/12/25 10:52

3 Channel + 3 Rhythm Report

Hosp : PEACELAND MEDICAL CENTE...

Heart Rate: 55 bpm  
PR/RR Int.: 134/1091 ms

QRS Dur.: 104 ms

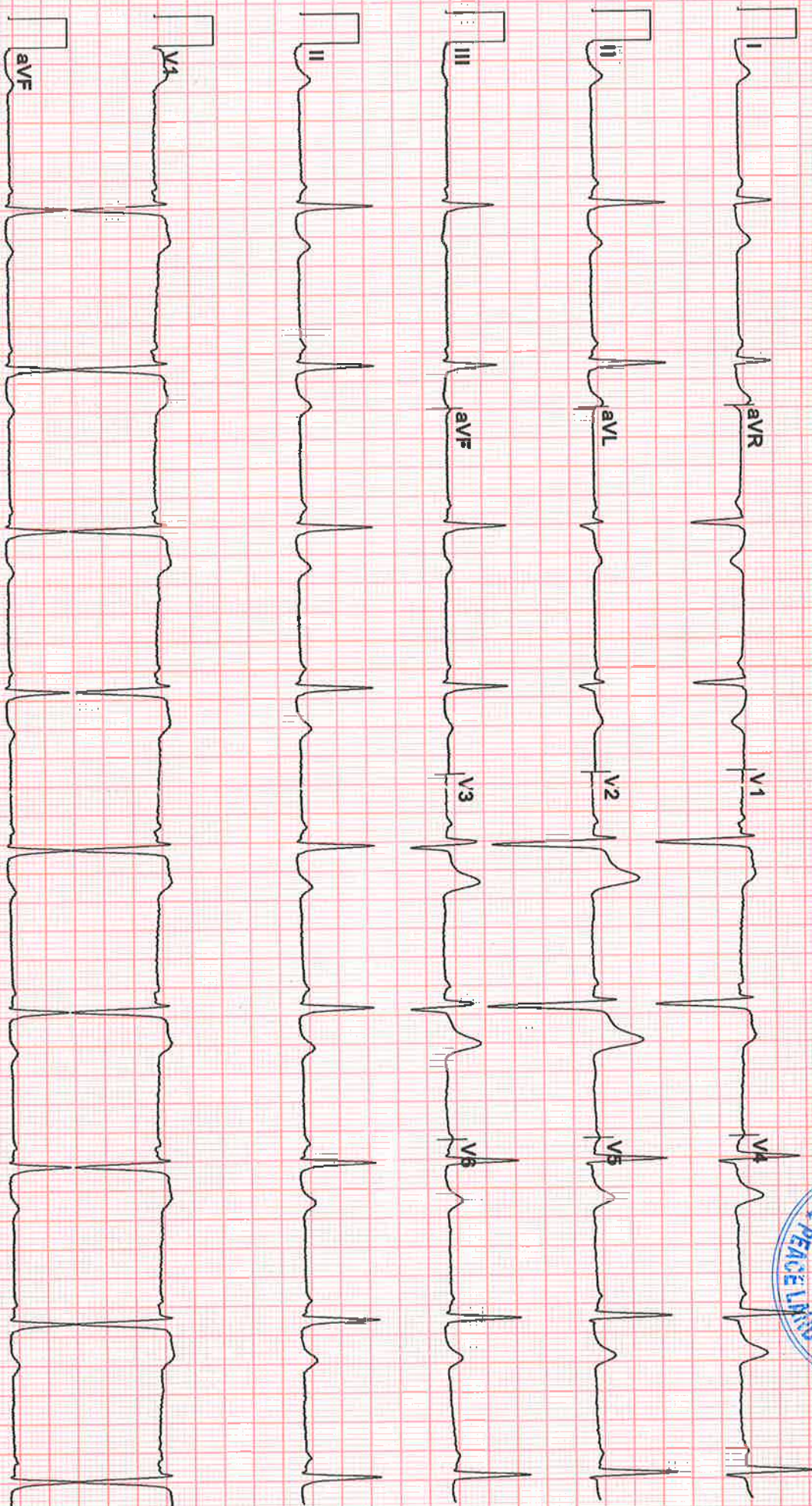
QT/QTc: 406/388 ms

P-R-T axes: 17 67 14

SV1/RV5/R+S: 1.45/1.26/2.71 mV

\*\* Analysis Result \*\* (To be finally confirmed by cardiologist)  
Sinus Bradycardia (HR:50-59)  
[ Minimally Abnormal or Normal Variation ECG ]

*Handwritten signature*



Base:0.2 Hz L.P.F.:100 Hz A.C:60 Hz E.M.G:Off

25 mm/sec 10 mm/mV

CardioQ70 ver.1.16 (3.26) Bionet Co., Ltd





بلاد السلام للخدمات الطبية ش.م.م.  
Peace Land Medical Services L.L.C

### Framingham Risk Score Form

ABDUL GHAFOOR MALAK MUHAMMAD  
PID : 61200 Age 44Y Male B.No : 85509



Spec.ID : 103584 SERUM 24/12/25 10:52

### Estimated 10-year Global CVD Risk

7.90%

### Risk Category

Low Risk

### Estimated Vascular Age

51 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)



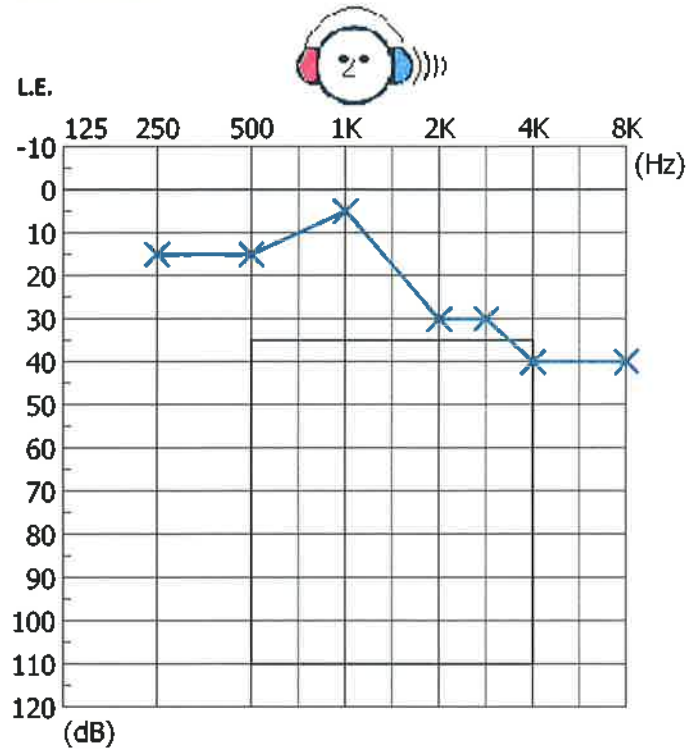
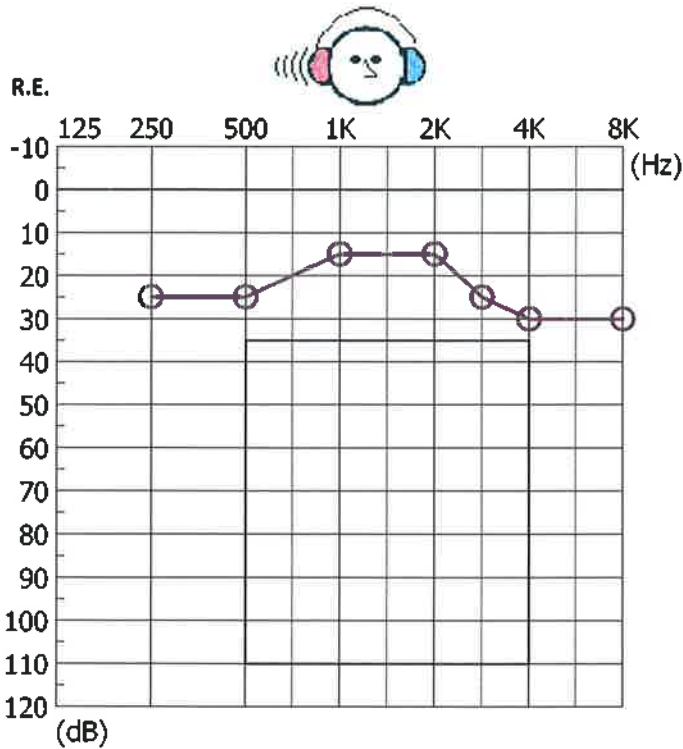
# PEACELAND MEDICAL CENTER AZAIBA

## AUDIOMETRY REPORT

Name: ABDUL GHAFOR MALAK MUHAMMAD  
Age(y): PID : 61200 Age 44Y Male B.No : 85509  
Sex:  
Height (cm):  
Weight(Kg):  
BMI:  
Spec.ID : 103584 SERUM 24/12/25 10:52  
*Aud.*

## SIBELMED W50

Test date: 24/12/2025  
Reference: 61200  
Technician:  
Reason:  
Origin:  
Equipment:  
Device serial numb.:  
Flash Version:



### MINISTRY OF LABOUR AND SOCIAL AFFAIRS

	R.E.	L.E.
Hearing Loss (%)	0.0	0.0
Average dBs	20.0	20.0
Bilateral Loss (%)	0.0	

Right ear Normal  
Left ear Normal

### COMMENTS

*[Handwritten signature]*



No Masking	R.E.	L.E.	With Masking	R.E.	L.E.
Air	○	×	Air	△	□
Bone	<	>	Bone	≡	≡
F.Field	∅	∕			
No response	⊗	⊗			





# مركز بلاد السلام الطبي

## Peace Land Medical Center

### Appendix 15: Fitness to Work Certificate

Employee Data	ABDUL GHAFOR MALAK MUHAMMAD PID : 61200 Age 44Y Male B.No : 85509	Date	24/12/2025
Name		Department/Company	TRUCK OMAN.
I.D No.	SpecID : 103584 SERUM 24/12/25 10:52	Occupation	CRANE 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)			
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			
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			
Signature		Date	24/12/25
			
			
			