



PEACE LAND MEDICAL CENTER

ABDUL GHAFOOR MALAK MUHAMMAD
P.I.D : 61200 Age 44Y Male B.No : 85509



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

Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)



Petroleum Development Oman
MEDICAL FTW

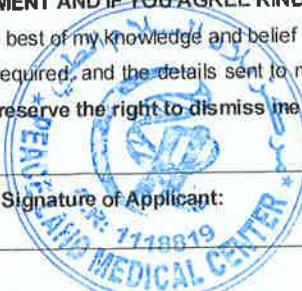
PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname :

Forenames : ABDUL GHAFOOR MALAK MUHAMMAD

Address : 93816915 Company Name : TRUCK OMAN

Home telephone number : 93280890

Place of examination: MUSCAT	Date 24/12/2025																																																																																																																																																			
If a dependant enter employee's name here:																																																																																																																																																				
Surname:	Forenames:																																																																																																																																																			
DOB: 12/6/1981	Nationality: PAKISTANI	Country of birth: PAKISTAN	Religion: MUSLIM																																																																																																																																																	
<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: 5																																																																																																																																																	
Reason for examination	Pre-Employment <input checked="" type="checkbox"/>	Job: CRANE OPERATOR.																																																																																																																																																		
	Pre-Overseas <input type="checkbox"/>	Area:																																																																																																																																																		
Name and address of family doctor	List your last 3 jobs																																																																																																																																																			
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	(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.)																																																																																																																																																				
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How much tobacco each day? <input checked="" type="checkbox"/>	Average daily alcohol consumption <input checked="" type="checkbox"/>																																																																																																																																																			
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: 24/12/2025	Signature of Applicant: 																																																																																																																																																			



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



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

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 L R	VISION Uncorrected Corrected	DISTANT R L	NEAR R L	Colour Vision	Blood Group																						
183	103	30.76	138/86	56/mins.	NY		6/6/6	+	(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. Sickle Cell test																															✓

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



ASSESSMENT:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

Date:

24/12/2025

Name (Block Capitals): Dr. / Nurse



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

Employee Data		ABDUL GHAFOR MALAK MUHAMMAD P.I.D : 61200 Age 44Y Male B.No : 85509	Date: <u>24/12/2025</u>
Name:			
I. D No.	Spec.ID : 103584 SERUM 24/12/25 10:52		
<p>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.</p>			
<p>How likely are you to fall asleep in the following situations? (use 0 to 3 score as shown below)</p> <p>0 Would never doze 1 Slight chance of dozing 2 Moderate chance of dozing 3 High chance of dozing</p> <p><u>0</u> sitting and reading <u>0</u> watching TV <u>0</u> sitting inactive in a public place (e.g. theatre or meeting) <u>0</u> as a passenger in the car for an hour without a break <u>0</u> Lying down to rest in the afternoon when circumstances permit <u>0</u> Sitting a talking with someone <u>0</u> Sitting quietly after lunch without alcohol <u>0</u> In a car, while stopped for a few minutes in traffic</p> <p>Total _____</p> <p>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.</p> <p>Declaration: I, <u>ABDUL GHAFOR</u> (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.</p> <p>Signature: <u></u> Date: <u>24/12/2025</u></p>			





DEPARTMENT OF LABORATORY

Patient ID	: 61200	Doc No	: 68391
Name	: ABDUL GHAFOOR 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	Received Time	: 24/12/2025 10:52

Test	Result	Unit	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS			
COMPLITE BLOOD COUNT			
RBC	5.0	x10 ¹² /L	Male 4.38 -6.0 x 10 ¹² /L Female 4.0- 5.2x10 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	x 10 ⁹ /L	4.0 - 11.0 x 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	x 10 ⁹ /L	150 - 450 x 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



Verified By:
Lab Tech

Sr. Lab Technologist



DEPARTMENT OF LABORATORY

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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
Total Cholesterol	208	mg/dl	0.0 - 200 mg/dl
Triglyceride	174	mg/dl	0.0 - 150 mg/dl
HDL - CHOL	44.6	mg/dl	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 GHAFIIR MALAK MUHAMMAD
PID: 61200 Age: 44Y Male B.NG: 35509



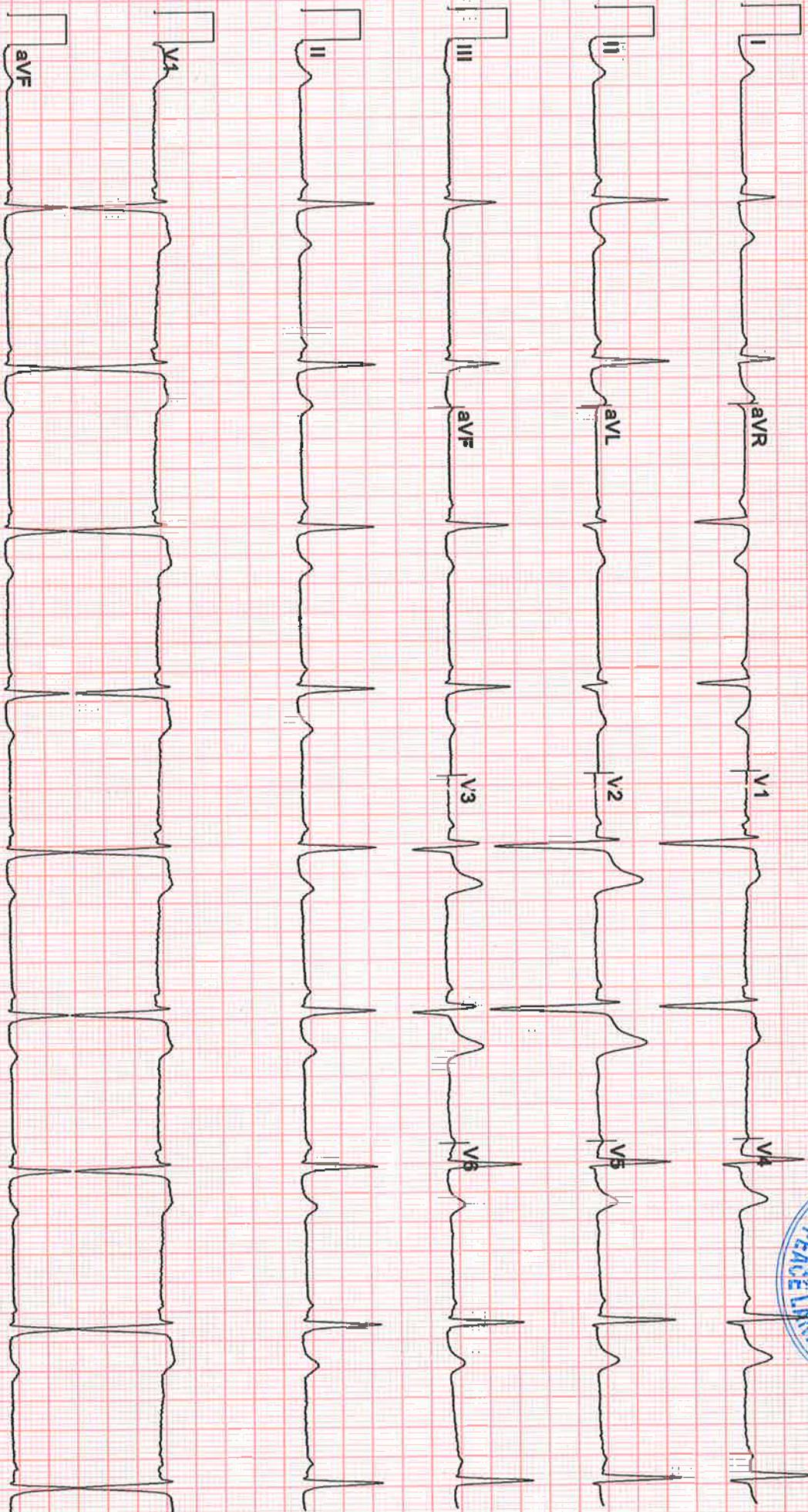
SpecID: 103584 SERUM 24/12/23 10:52

3 Channel + 3 Rhythm Report

Hosp : PEACELAND MEDICAL CENTRE...

Prescribed by : ** Analysis Result ** (To be finally confirmed by cardiologist)

Sinus Bradycardia (HR:50-59)
[Minimally Abnormal or Normal Variation ECG]





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 GHAFOOR MALAK MUHAMMAD

PID: 61200 Age 44Y Male B.No: 85509

Age(y):

Sex:

Height (cm):

Weight(Kg):

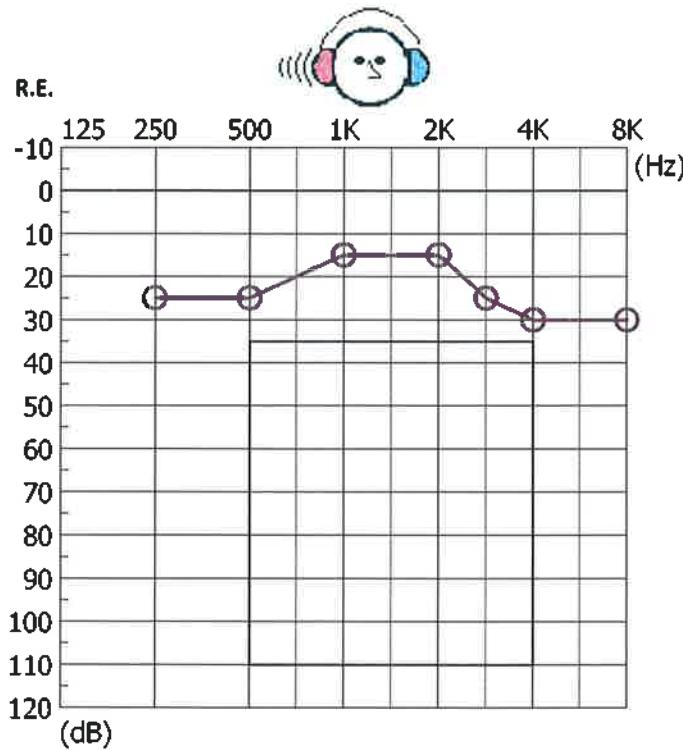
BMI:

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



Aud.

R.E.



SIBELMED W50

Test date: 24/12/2025

Reference: 61200

Technician:

Reason:

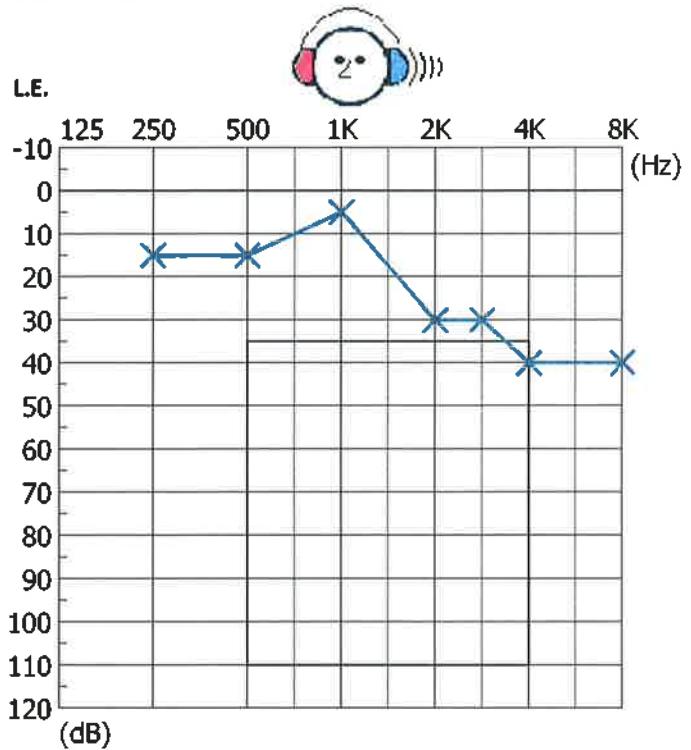
Origin:

Equipment:

Device serial numb.:

Flash Version:

L.E.



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

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 GHAFOOR MALAK MUHAMMAD P.I.D : 61200 Age 44Y Male B.No : 85509	Date	24/12/2028
Name			
I.D No.	SpecID : 103564 SERUM 24/12/25 10:52	Department/Company	TRUCK/OMAN
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)			
<i>The employee is fit for above work but should avoid the following task(s)</i>		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		Date	
 DR. HASHIM ABDULLAH GENERAL PRACTITIONER Name of health advisor MOH License No: 9087		 Signature Date	
		24/12/2028	

ص.ب : ١٤٠٣، الرمز البريدي : ١٣٣، دوار العذيبة ميتشي ابراج الصحة ميتشي ٣، سلطنة عمان

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

Tel.: 24617117 / 24617148 / 24617149 ٢٤٦١٧١١٧ / ٢٤٦١٧١٤٨ / ٢٤٦١٧١٤٩