CRYSTAL POLYCLINIC

مجمع كريستال الطبي

South Mawaleh, Sultanate of Oman

Cofidential

MEDICAL EXAMINATION REPORT

Petroleum Development Oman

MEDICAL DEPARTMENT

EXAMINATION REPORT

Surname: MUHAMMAD LATIF

Forenames: ADIL LATIF

Address:

Telephone No: 93375840

Place of Examination	Date:
CRYSTAL POLYCLINIC	01/07/2024

If a dependant or fiancee enter employee's name here:
Surname:

Forenames:

Date of Birth:	Nationality:	Country of Birth:	Religion:
10/05/1991	PAKISTANI	PAKISTAN	MUSLIM

☑ Male ☐ Single ☐ Widow(e)

☐ Female ☑ Married ☐ Divorced/ Separated

Relationship to employee

☐ Wife ☐ Son ☐ Daughter

☐ Fiancee

Number of Children: 1

Reason For Examination

☐ Pre-Employment

☐ Pre-Overseas

Designation:

Area:

☐ Two Yearly ☐ Transfer ☐ 40+/Request

☐ Travel ☐ Retirement and Date

Name and address of family doctor	List your last 3 jobs
	(1)
	(2)
	(3)
Are you a Registered Disabled Person? (UK only) ☐	Do you belong to any Medical Insurance Scheme ?

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Petroleum Development Oman LLC

Revision: 3.0
Effective: 16 Apr 2007

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		✓	22. Heart Disease		✓	42. Awarded benefits for industrial injury/illness		✓
2. Neck swelling/glands		✓	23. Rheumatic fever		✓			
3. Difficulty in vision		✓	24. Abnormal heartbeat		✓	43. Treated for a mental condition, eg depression		✓
4. Any ear discharge		✓	25. High blood pressure		✓			
5. Asthma/bronchitis		✓	26. Stroke		✓	44. Treated for problem drinking or drug abuse		✓
6. Hayfever/other allergy		✓	27. Serious chest pain		✓			
7. Any skin trouble		✓	28. Any blood disease		✓	45. Exposed to toxic		✓
8. Tuberculosis		✓	29. Kidney disease		✓	**FOR WOMEN ONLY**		
9. Shortness of breath		✓	30. Painful passage of urine		✓			
10. Coughed/vomited blood		✓	31. Blood in urine		✓	Have you ever had:-		
11. Severe abdominal pain		✓	32. Diabetes		✓			
12. Stomach ulcer		✓	33. Headaches/migraine		✓	46. An abnormal smear		
13. Recurrent indigestion		✓	34. Dizziness/fainting		✓	47. Any gynaecological treatment		
14. Jaundice or hepatitis		✓	35. Epilepsy		✓			
15. Gall Bladder disease		✓	36. Joints/spinal trouble		✓	48. Are you pregnant?		
16. Marked change in bowel habits		✓	37. Surgical operation		✓	**49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE**		
17. Blood in stools (motions)		✓	38. Serious accident/fracture		✓			
HAVE YOU EVER BEEN:-			39. Tropical disease		✓			
18. Marked change in weight		✓	40. Fear of heights		✓			
19. Varicose veins		✓	**Have You Ever Been:-**					
20. Lump in breast/armpit		✓	41. Rejected for employment or insurance for medical reasons		✓			
21. Cancer		✓						

How much tobacco each day? Nil

Average daily alcohol consumption : Nil

FAMILY HISTORY

Diabetes	X	Tuberculosis	X	Epilepsy	X
Heart disease	X	High blood pressure	X	Blood Disease	X
Stroke	X	Cancer	X	Eczema	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: 01/07/2024

Signature of Applicant: Adil

CRYSTAL POLYCLINIC

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To be filled by the examining Doctor or Nurse:

N = Normal A = Abnormal (Please describe)			PHYSICAL EXAMINATION
N	A		
N		1. Eyes & Pupils	
N		2. E.N.T	
N		3. Teeth & Mouth	
N		4. Lungs & Chest	
N		5. Cardiovascular System	
N		6. Abdo. Viscera	
N		7. Hernial Orifices	
N		8. Anus & Rectum	
N		9. Genito- urinary	
N		10. Extremities	
N		11.Musclo-Skeletal	
N		12. Skin & Varicose Vns	
N		13. C.N.S	

HEIGHT	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	DISTANT R	DISTANT L	NEAR R	NEAR L	Colour Vision	Blood Group
171 cm	84 kg	28.76	130/80	80/m	L N R N	Uncorrected Corrected	6/6	6/6	N	N	N	

N	A		LABORATORY AND SPECIAL INVESTIGATIONS	N	A	
		1. Urineanalysis				6. Stool Analysis
		2. HB, Blood Count, ESR				7. Audiometry
		3. HbsAg				8. Spirometry
		4. RBS				9. Drug Analysis
		5. Lipid Profile				10. ECG
		6. LFT				11. OTHERS

ASSESSMENTS AND RECOMMENDATIONS:

- [x] A. Fit without restriction
- [ ] B. Fit with specified restriction
- [ ] C. Unfit
- [ ] D. Awaiting specilist assessment

FIT

مجمع كريستال الطبي
C.R: 1712616
P.O.Box:389
P.C:124, Ruwayl
CRYSTAL POLY CLINIC

C.M.O INITIALS: Dr. Mahi Susool

DATE: 01/07/2024

CRYSTAL POLYCLINIC

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11.15 Appendix 15: Fitness to Work Certificate

Employee Data			Date: 01/07/2024
Name: FADIL WATIF MUHAMMAD WATIF			Department/Company: TRUCKOMAN
I.D No: 98457854	Age: 33 YRS		Occupation:

Type of Medical Evaluation			Mark Those Applying √		
A1	Aircraft Refuelling		A6	Fire/Emergency response te	
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		A9	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)	**Temporar restrictior**	**Permanent restriction**	
Work near moving machinery or sharp edges			
Working at height			
Pull,Push 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(Specifiy)			
Temporary Unfit until			
Permanently Unfit		**Date**	

FIT

C.R: 172616
P.O Box 319
P.C 32, Hawally
CRYSTAL POLY CLINIC

Appendix 20: (Form SQS) Epworth Screening Quest for Sleep Apnoea

Employee Data		Date: 01/07/2024
Name: FADIL LATIF MUHAMMAD LATIF		Department / Company: TRUCKOMAN
I.D No. 98457854	Tel # 93375840	Occupation :

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 stituations? (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

1 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 minute in traffic

Total 1

If you score a total of 15 or more you should seek advice from medical personnel on site before continuing ot drive or operate machinery in the workplace.

Declaration: I FADIL LATIF MUHAMMAD (Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature Adil Date 01/07/2024

CRYSTAL POLYCLINIC مجمع كريستال الطبي

LABORATORY TEST RESULTS

Health Packages

Lab Test Rec. No: 148500 **Date: 01/07/2024**

DETAILS

Full Name:	**ADIL LATIF MUHAMMAD LATIF**	Invoice No:	150738
Age:	33.0	Doctor:	Dr. Manu Suseel
Gender:	Male	File No:	70386
Nationality:	Pakistani	Contact No:	93375840

No	Test Name	Results	Unit	Reference Range	Remarks
	BLOOD SUGAR (RBS)				
1	BLOOD SUGAR (RBS)	5.05	mmol/L	<7.8	
	CBC				
2	Haemoglobin	14.7	g/dL	Male: 13-18 Female: 12-15	
3	WBC - Total (Adult)	7700	mm3	Male: 4000-11000 Female: 4000-11000	
4	Differential Count-Neutrophils	48	%	40-60	
5	Differential Count-Lymphocytes	43	%	20-50	
6	Differential Count-Eosinophils	02	%	0-6	
7	Differential Count-Monocytes	07	%	2-15	
8	Platelet Count	3.5	Lakhs/cu mm	1.5 - 4.5	
9	RBC	5.1	million/ml	3.8 - 6.0	
10	PCV	43.8	%	Male: 40-50 Female: 37-43	
11	MCV	85.7	fl	80.0-100.0	
12	MCH	28.8	pg	26.0-34.0	
13	MCHC	33.6	g/dL	31-36	
	CREATININE (SERUM/PLASMA)				
14	Creatinine (Serum/Plasma)	77.8	µmol/l	Male: 62 - 114.9 Female: 53 - 97.2 Child : 26.5 - 62	
	CRP				

LABORATORY TEST RESULTS

Health Packages

Lab Test Rec. No: 148500 **Date: 01/07/2024**

DETAILS

Full Name:	**ADIL LATIF MUHAMMAD LATIF**	Invoice No:	150738
Age:	33.0	Doctor:	Dr. Manu Suseel
Gender:	Male	File No:	70386
Nationality:	Pakistani	Contact No:	93375840

No	Test Name	Results	Unit	Reference Range	Remarks
15	CRP	NEGATIVE	mg/L	Negative(<6.0 mg/L)	
	ESR				
16	ESR	14	mm/hr	MALE : up to 15 mm/hr FEMALE : 5-20 mm/hr	
	LIPID PROFILE				
17	Cholesterol (Serum/Plasma)	4.56	mmol/L	<5.2 moderate risk 5.2 - 6.2 High risk >6.22	
18	Triglycerides (Serum/Plasma)	1.94	mmol/L	Up to 2.26	
19	HDL	1.27	mmol/L	Male : 0.9 - 2.0 Female : 1.0 - 2.28	
20	LDL	2.91	mmol/L	<3.8	
21	VLDL	0.38	mmol/L	<1.7	
	SGPT (ALT)				
22	SGPT (ALT)	20	U/L	Male: < 43 Female: < 38	
	SICKLING TEST				
23	sickling	NEGATIVE	-	Negative	
	URINE ANALYSIS				
24	Color	Pale yellow	-	Pale Yellow	
25	Appearance	Clear	-	Clear	

LABORATORY TEST RESULTS

Health Packages

Lab Test Rec. No: 148500 **Date: 01/07/2024**

DETAILS

Full Name:	**ADIL LATIF MUHAMMAD LATIF**	Invoice No:	150738
Age:	33.0	Doctor:	Dr. Manu Suseel
Gender:	Male	File No:	70386
Nationality:	Pakistani	Contact No:	93375840

No	Test Name	Results	Unit	Reference Range	Remarks
26	pH	6	-	5 - 8	
27	Specific Gravity	1.015	-	1.010-1.030	
28	Sugar	Nil	-	Nil	
29	Albumin	Nil	-	Nil	
30	Ketones/Acetones	Absent	-	Absent	
31	Bilirubin	Nil	-	Nil	
32	Urobilinogen	Normal	-	Normal	
33	Pus Cells	1 - 2	/ HPF	0-1	
34	Epithelial Cells	0 - 1	/ HPF	0 - 5	
35	Red cells	Nil	/ HPF	0 - 2	
36	Casts	Nil	/LPF	Nil	
37	Crystals	Nil	/ HPF	Nil	
38	Yeast cells	Nil	/ HPF	Nil	
39	Bacteria	Nil	/ HPF	NIL	
40	Trichomonas Vaginalis	Nil	/ HPF	Not Seen	
41	Amorphous Deposit	Negative	/ HPF	Negative	
42	Mucus Threads	Nil	/ HPF	Nil	
43	Others	Nil	-	-	

**********Nothing follows.**********

CPMC Laboratory 1

Laboratory Technician

FRAMINGHAM RISK SCORE: What is this patient's risk of cardiovascular disease (CVD)?

Patient Name: ADIL LAYIF MUHAMMED Date: 01 / 01 / 2014 Curent Lipid Values: LDL-C 2.91 TC 4.56 HDL-C 1.27 Apo B ____

FRAMINGHAM TABLE

Risk Factor	Risk Points (MEN)	Risk Points (WOMEN)	Points
Age 30-34 Years	0	0	
35-39	(2)	2	
40-44	5	4	
45-49	7	5	
50-54	8	7	
55-59	10	8	
60-64	11	9	
65-69	13	10	
70-74	14	11	
75+	15	12	
HDL-C Level (mmol/L)			
>1.6	-2	-2	
1.3-1.6	-1	-1	
1.2-1.3	(0)	0	
0.9-1.2	1	1	
<0.9	2	2	
Total Cholesterol Level (mmol/L)			
<4.1	0	0	
4.1-5.2	(1)	1	
5.2-6.2	2	3	
6.2-7.2	3	4	
>7.2	4	5	
Systolic Blood Pressure (mmHg)	Untreated / Treated		Untreated / Treated
<120	-2 / 0		-3 / -1
120-129	0 / 2		0 / 2
130-139	(1) / 3		1 / 3
140-149	2 / 4		2 / 5
150-159	2 / 4		4 / 6
>160	3 / 5		5 / 7
Smoker			
No	(0)		0
Yes	4		3
Diabetes			
No	(0)		0
Yes	3		4

Total Points 4

TOTAL RISK POINTS	MEN	WOMEN
-3 or less	<1	<1
-2	1.1	<1
-1	1.4	1.0
0	1.6	1.2
1	1.9	1.5
2	2.3	1.7
3	2.8	2.0
(4)	3.3	2.4
5	3.9	2.8
6	4.7	3.3
7	5.6	3.9
8	6.7	4.5
9	7.9	5.3
10	9.4	6.3
11	11.2	7.3
12	13.3	8.6
13	15.6	10.0
14	18.4	11.7
15	21.6	13.7
16	25.3	15.9
17	29.4	18.51
18	>30	21.5
19	>30	24.8
20	>30	27.5
21+	>30	>30

10-Year CVD Risk: 3.3 %

Is there a positive family history of CVD in a first degree relative before age 60?

☐ **YES** (if so, multiply above 10-year CVD risk (%) by 2)
Calculation: 10-year CVD risk ____% X 2 = ____%

☑ **NO**

ID: 635

01-07-2024 13:41:10

Male Years

Req. No. :

HR	: 66	bpm
P	: 92	ms
PR	: 148	ms
QRS	: 80	ms
QT/QTcBz	: 370/388	ms
P/QRS/T	: 25/41/31	°
RV5/SV1	: 1.318/0.913	mV

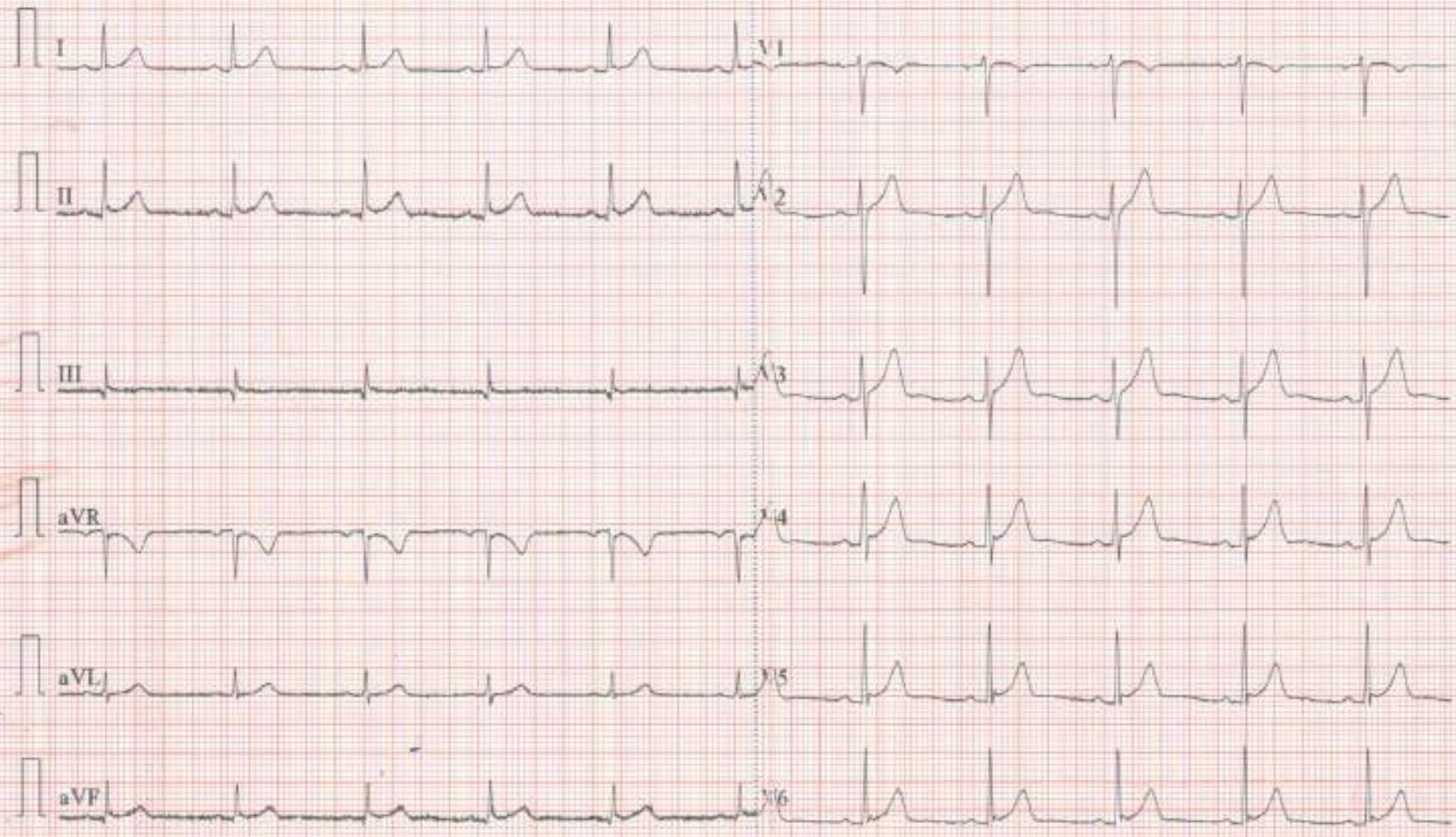
Diagnosis Information:

Sinus rhythm

Normal ECG

ADL LATIF → Fo386

Report Confirmed by:



0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s CARDIART 9108 [redacted] 1.44 Glasgow V28.6.7 [redacted]

CRYSTAL POLYCLINIC

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Date: 01/07/2024

Name: ADIL LAYIF MUHAMMAD LAYIF Age: 33y Sex: male

Following is the ECG report:

Rhythm	Regular
Rate	66 bpm
Axis	Normal
P Wave	Normal
QRS Complex	Normal
ST segment	N/ abnormal
Chamber enlargement	N/ abnormal

Dx : ECG WNL

For Crystal Polyclinic

Dr. Manu Susool
MOH Lic no:2021

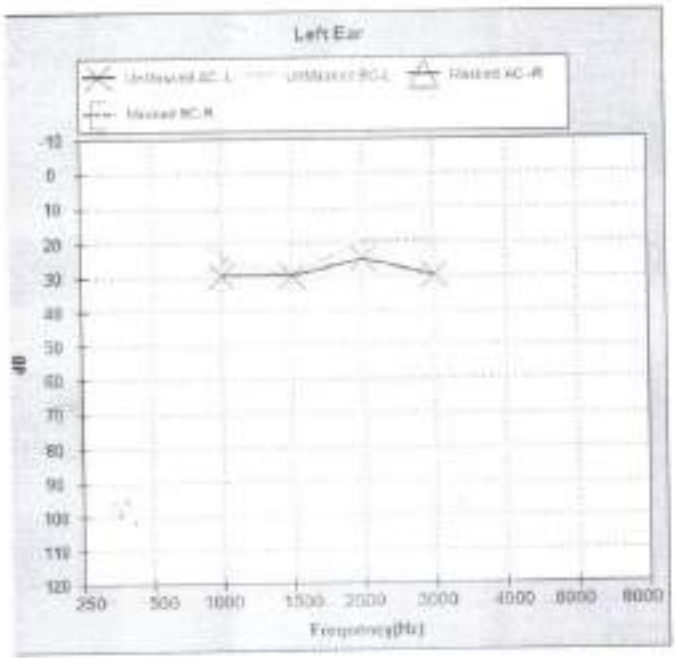
Doctor Signature

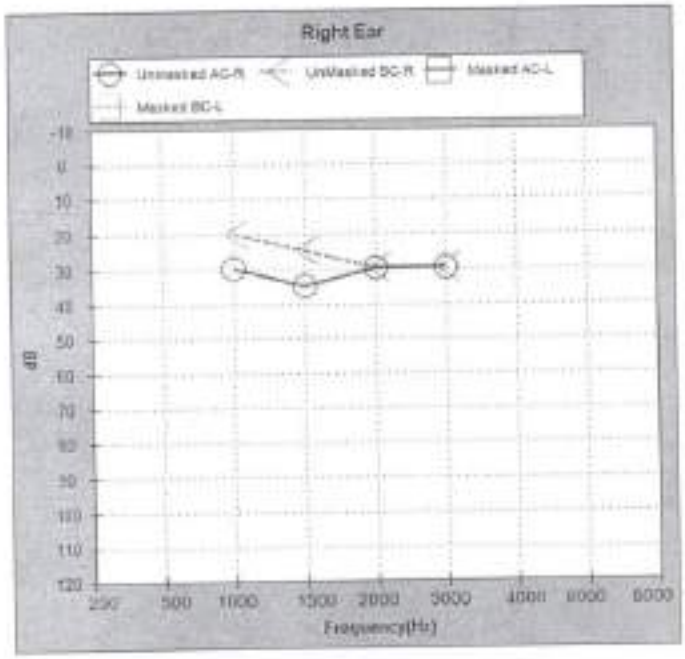
C.R: 1712619
PO Box:389
P.C:124, Rusayl
Sultanate of Oman
CRYSTAL POLYCLINIC

CRYSTAL POLYCLINIC

Sultanate of Oman.

Patient Details	
PATIENT NAME – ADIL LATIF MUHAMMAD LATIF	Appointment Date-01/07/2024
Mobile No. - 93375840	Email -
Address1 -	Address2 -
City -	State -
Zip -	DOB – 10/05/1991
Age – 33 Y	Doctor Name –Dr. Manu Suseel





Left Ear Comment

Right Ear Comment

Left-AC	
Frequency	dB
1000	30
1500	30
2000	25
3000	30

Left-BC	
Frequency	dB
1000	25
1500	30
2000	20
3000	20

Right-AC	
Frequency	dB
1000	30
1500	35
2000	30
3000	30

Right-BC	
Frequency	dB
1000	20
1500	25
2000	30
3000	30

Masked LEFT-AC	
Frequency	dB

Masked LEFT-BC	
Frequency	dB

Masked Right-AC	
Frequency	dB

Masked Right-BC	
Frequency	dB

Audiologist Signature

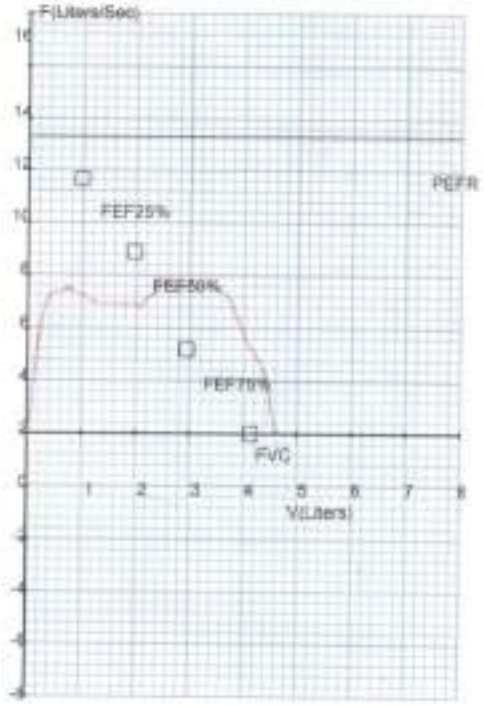
Post Medication Report :
Early Small Airway Obstruction Spirometery within Normal range FEF25-75% >= 60 **CRYSTAL POLYCLINIC** SULTANATE OF OMAN

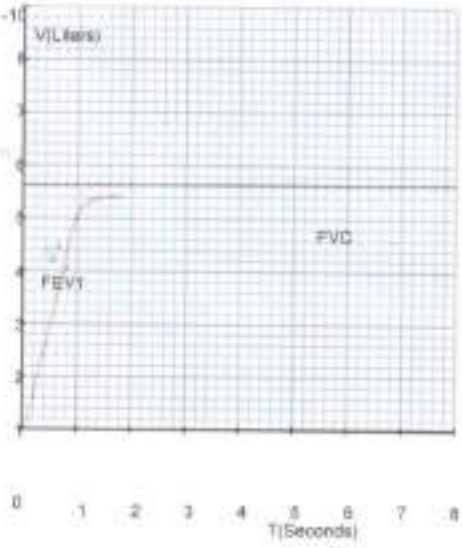
Vital FEV1/FVC >= 70 Post COPD Severity Report within Normal range

FVC TEST

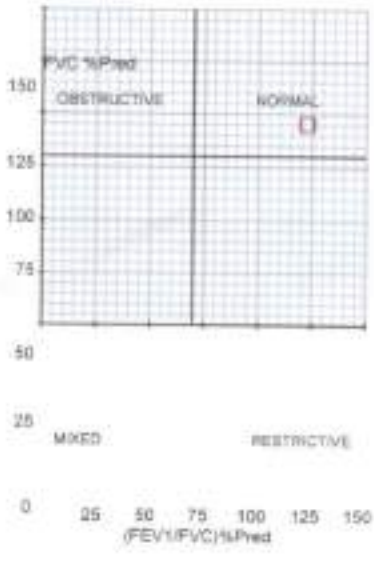
Name: Adil Latif **Muhammad Latif** 98/187854 | 33years / Male/ Ht 171cm/ 84Kg/ Non-Smoker | Date: 01-07-2024 (T1) | Pred Eqn : CLARITY | Eth.Corr : 100 | Temp : 0°C

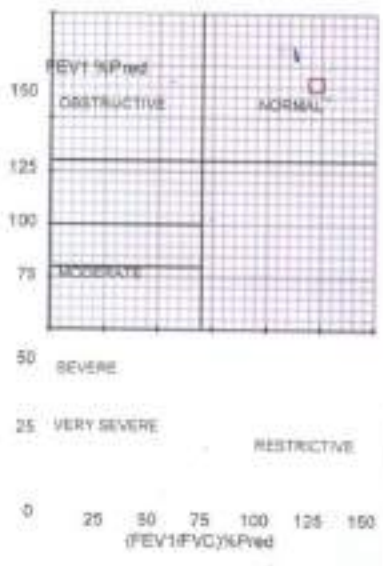
Ref By : **DR MANU SUSEEL**





Parameter		Pred	Pre	Pre%	Post	Post%	Imp%
FVC	[L]	4.15	--	--	3.97	92	--
FEV1	[L]	3.14	--	--	3.85	112	--
FEV.5	[L]	--	--	--	2.36	--	--
FEV3	[L]	4.18	--	--	3.84	93	--
FEV6	[L]	--	--	--	--	--	--
PEFR	[L/s]	9.31	--	--	4.89	52	--
FEF25-75	[L/s]	4.13	--	--	4.51	113	--
FEF75-85	[L/s]	--	--	--	4.42	--	--
FEF.2-1.2	[L/s]	7.51	--	--	4.37	52	--
FEF25%	[L/s]	8.33	--	--	4.92	54	--
FEF50%	[L/s]	5.83	--	--	5.24	80	--
FEF75%	[L/s]	2.76	--	--	5.82	204	--
FEV.5/FVC	[%]	--	--	--	84.20	--	--
FEV1/FVC	[%]	81.54	--	--	98.52	126	--
FEV3/FVC	[%]	97.58	--	--	98.45	103	--
FEV6/FVC	[%]	--	--	--	--	--	--
FEV1/FEV6	[%]	--	--	--	--	--	--
FET	[S]	--	--	--	4.43	--	--
ExplTime	[S]	--	--	--	0.55	--	--
LungAge	[Y]	42.25	--	--	37.15	82	--
FIVC	[L]	--	--	--	--	--	--
PIFR	[L/s]	--	--	--	--	--	--
FIF25%	[L/s]	--	--	--	--	--	--
FIF50%	[L/s]	--	--	--	--	--	--
FIF75%	[L/s]	--	--	--	--	--	--
FIV.5	[L]	--	--	--	--	--	--
FIV1	[L]	--	--	--	--	--	--
FIV3	[L]	--	--	--	--	--	--
FIV.5/FIVC	[%]	--	--	--	--	--	--
FIV1/FIVC	[%]	--	--	--	--	--	--





- Doctor's Comments :

DR MANU SUSEEL