PEACE LAND MEDICAL CENTER

T.no. 9

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	AL SABAHI
Forenames	KHALIFA YAHYA SULAIMAN
Address	744278 Company Name: TRILOGAS
Home telephone number	97763939

Place of examination: SHAHAD	Date: 4/3/2023		
If a dependant enters employee's name here: Surname:		Forenames:	
Birth date: 30/11/77	Nationality: OMANI	Country of birth: OMAN	Religion: MUSLIM
[√] Male [ ] Female	[√] Married [ ] Single [ ] Separated /Divorced	Relationship to employee: [ ] Wife [2] Son [1] Daughter	Number of children: 3
Reason for examination: Pre-Employment [ ] Pre-Overseas [ ]	Periodic medical check-up [√]	Job: SUPERVISOR	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 Have you ever had:-		
13. Recurrent indigestion		√	33. Headaches/migraine		√			
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? (✓)

FAMILY HISTORY: Diabetes ( ) Tuberculosis ( ) Epilepsy ( ) Asthma ( ) Eczema ( )
Heart disease ( ) High blood pressure (✓) Stroke ( ) Blood Disease ( ) Cancer ( )

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: 4/3/2023 Signature of Applicant:

00180976 00411639

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
174	106	35	127/76	77 /mins.	L N R	DISTANT R L / NEAR R L; Uncorrected; Corrected	6/6	

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis		✓		7. Audiogram
✓		2. Hb, Bloodcount, 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	HbS - 27% → Bade alsama hosp. 1,6,2023			12. HIV, Hepatitis screening

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

1. advise family screening. (SCA)
2. LSM & RFR (Lut, Exercise & diet)

⊕ severe obesity

ASSESSMENT:

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

Date: 2/7/23 Name (Block Capitals): Dr. / Nurse Signature:

Dr. [illegible] Cardiologist Specialist MOH Lic. No. 21962

PEACE LAND MEDICAL CENTER C.R. 1110[illegible]

REVIEW/CONSULTATION

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

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:	KHALIFA YAHYA	**Doc No:**	0031143
Age:	45 Y **Nationality:** OMANI	**File No:**	0040640
Gender:	M	**Bill No:**	0047510
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	12/03/2023
GSM No.:	97763939	**Time:**	11:10

Test	Result	Normal Range
TRUCKOMAN-MEDICAL CHECKUP BELOW 40 YRS ON SITE		
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	13.0 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	39.9 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	**80 fl**	84-94 fl
MCH	**24.6 pg**	27 - 33 pg
MCHC	32.8 g/dl	29.6 - 35.6 %
WBC COUNT	5.0 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	62 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	03 %	1-6 %
MONOCYTE	05 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**279 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	POSITIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	62 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.67 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**25.0 U/L**	0 - 35.0 U/L
S.G.P.T.	**36.1 U/L**	10 - 45 U/L

PEACE LAND MEDICAL CENTER

Medical Technologist

Peace Land Medical Center
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Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name:	KHALIFA YAHYA	**Doc No:**	0031143
Age:	45 Y **Nationality:** OMANI	**File No:**	0040640
Gender:	M	**Bill No:**	0047510
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	12/03/2023
GSM No.:	97763939	**Time:**	11:10

Test	Result	Normal Range
GGT	**27.0 U/L**	0 - 55.0 U/L
ALBUMIN	**4.5 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.8 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.17 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**29.1 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.82 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**7.1 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**205 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**110.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**60.5 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**122.5 mg/dl**	< 100 mg/dl
VLDL	**22.0 mg/dl**	2.0 - 30 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	
Urobilinogen	Normal	

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LAB RESULT

Name: KHALIFA YAHYA
Age: 45 Y **Nationality:** OMANI
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 97763939

Doc No: 0031143
File No: 0040640
Bill No: 0047510
Date: 12/03/2023
Time: 11:10

Test	Result	Normal Range
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	
RANDOM BLOOD SUGAR	**90.0 mg/dl**	80 - 120 mg/dl

PEACE LAND MEDICAL CENTER

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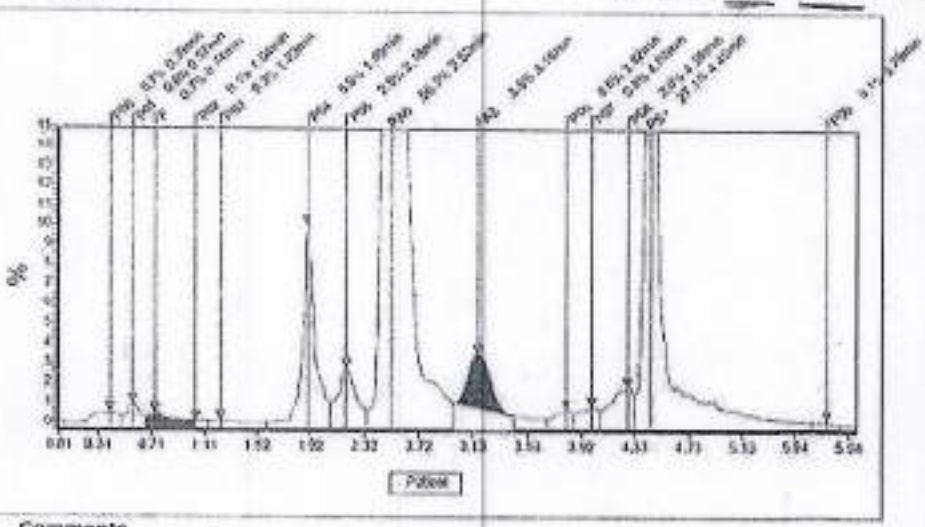
Medical Technologist

Star Metropolis clinical Laboratories
802-803 8th Floor, Al Musalla Towers
Bur dubai, Dubai, 82533
UAE
Email : info@starmetropolis.ae

C000000044-OMAN - BADR AL SAMAA GROUP OF HOSPITALS

NAME:	**KHALIFA YAHYA SULAIMAN AL SABAHI**	**ACCESSION NO:**	**0001LF000175**
AGE:	**45 Years**	**LAB REF NO:**	**0001LF000175**
GENDER:	**Male**	**COLLECTED ON:**	**29/05/2023 00:00**
PATIENT CD:	**KHALM0106781A**	**REGISTERED ON:**	**01/06/2023 14:04**
REFERRED BY:	**DR. AMMAR**	**REPORTED ON:**	**03/06/2023 14:15**
File No:	**3442227**	**Report Status:**	**Final**

Tests	Results		Biological Reference Range	Units
HEMATOLOGY				
HAEMOGLOBIN VARIANT STUDIES BY HPLC				
HAEMOGLOBIN A0(HBAO)	**68.7**	**Low**	Above 2 Year: 95.5 - 98.5	%
METHOD : HPLC				
HAEMOGLOBIN A2(HBA2)	3.5		2.0-3.5	%
METHOD : HPLC				
FOETAL HAEMOGLOBIN(HBF)	0.7		Above 2 Year: 0 - 2	%
METHOD : HPLC				
HAEMOGLOBIN S	**27.1**	**High**	0.0 - 0.0	%
METHOD : HPLC				
HAEMOGLOBIN C	Not Detected		0.0 - 0.0	%
METHOD : HPLC				
HAEMOGLOBIN D	Not Detected		0.0 - 0.0	%
METHOD : HPLC				
HAEMOGLOBIN E	Not Detected		0.0 - 0.0	%
METHOD : HPLC				
HAEMOGLOBIN OTHER	Not Detected		0.0 - 0.0	%
METHOD : HPLC				
IMPRESSION	Sickle Cell Trait / Carrier / Heterozygous for HbS (HbAS).			



Comments

Correlation with Family studies and confirmation with Genetic analysis is recommended.

Interpretation(s)

-The assay is based on chromatographic separation of the analytes by ion exchange high performance liquid chromatography (HPLC).
And it is used for Beta-thalassemia screening by quantitation of HbA2 and HbF

Authorized signatory nominated by Lab Director for release of results in SMCL

Star Metropolis clinical Laboratories
802-803 8th Floor, Al Musalla Towers
Bur dubai, Dubai, 82533
UAE
Email : info@starmetropolis.ae

014-LB-MED

C000000044-OMAN - BADR AL SAMAA GROUP OF HOSPITALS

NAME:	**KHALIFA YAHYA SULAIMAN AL SABAHI**	**ACCESSION NO:**	**0001LF000175**
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REFERRED BY:	**DR. AMMAR**	**REPORTED ON:**	**03/06/2023 14:15**
File No:	**3442227**	**Report Status:**	**Final**

Tests	Results	Biological Reference Range

Adult blood contains primarily haemoglobin A (HbA) and a small percentage of haemoglobin A2 (HbA2) and trace amounts of fetal haemoglobin (HbF).
Carriers of beta-thalassemia typically have HbA2 levels >3.5% (usually 4-9%) and HbF levels of 1-5%
Iron Deficiency Anaemia can mask A2 levels. It is recommended to repeat thalassemia screening after the treatment in case of iron deficiency anaemia.
The most commonly occurring haemoglobin variants include hemoglobins S, E, C and D.
This result does not rule out all hemoglobinopathies. Test result to be interpreted in the light of clinical history and family background plus laboratory data including serum iron and iron binding capacity, red cell morphology, haemoglobin, hematocrit and mean corpuscular volume (MCV).

****End Of Report****

Varsha.

Dr. Varsha Pradeep Ingale.
MD(Path) DCP

Dr.Varsha P. Ingale MD(Path) DCP
Specialist Clinical Pathology
Laboratory Director
DHA-P-0185731

BADR AL SAMAA HOSPITAL

Authorized signatory nominated by Lab Director for release of results in SMCL

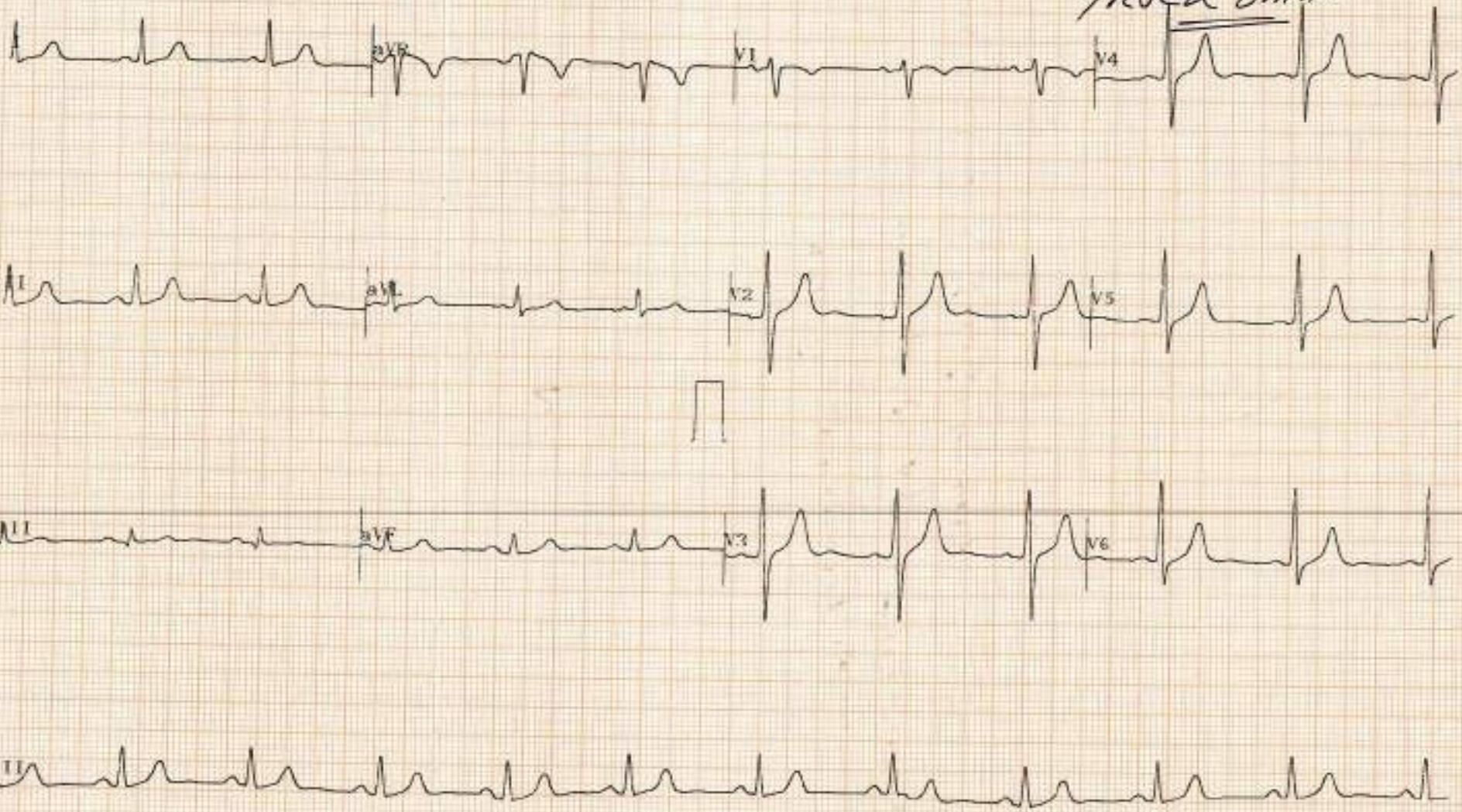
2023-03-04 09:42:17 3 Channel * 1 Rhythm Report

Hospital:CCED SHAHAD
Prescribed by:

ID :
Name:
yrs. /
cm / kg

Heart Rate: 67bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 138 ms Normal Sinus Rhythm
QRS Dur.: 92 ms Normal Axis
QT/QTc: 382/402 ms [Normal ECG]
P-R-T axes:
55 37 37

KHALIFA YAHYA AL SABAHI
7442878
TRUCK OMAN



0.1Hz- 40Hz, AC50Hz

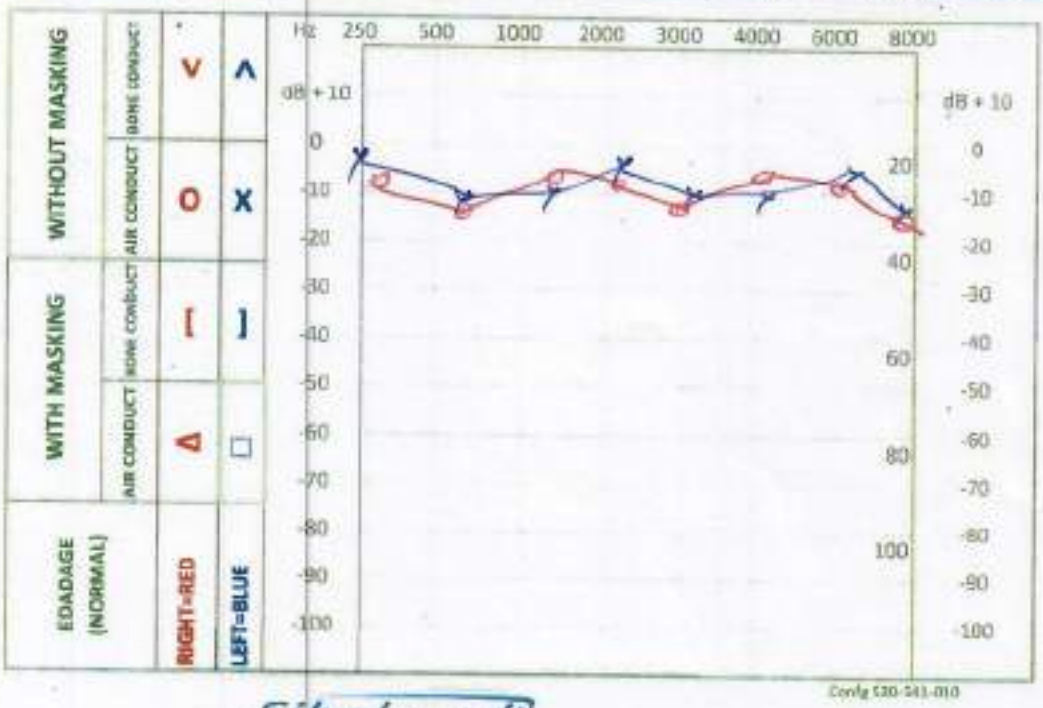
All Channels:10.0mm/mV,25.0mm/sec

CARDIO-M Vers 11M 20 Medical

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land
بلاد السلام

AUDIOMETRY TEST REPORT

NAME	KHALIFA YAHYA SABAHI			COMPANY	TRUCK OMAN
AGE		GENDER	M	OCCUPATION	SUPERVISOR
REF. BY				DATE	04 / 03 / 2023



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

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

ص.ب ٣٠١٤٠٣ الرمز البريدي ١٢٣ دوار العذيبة مبنى اراج الصحوة مبنى ٢ سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 | 24617148 / 24617149 هاتف ٢٤٦١٧١١٧ / ٢٤٦١٧١٤٨ / ٢٤٦١٧١٤٩

مركز بلاد السلام الطبي

Peace Land Medical Center

Peace Land
بلاد السلام

Fitness for work certificate

Employee Data		**Date**	2 /03/2023
Name	KHALIFA YAHYA	**Department/Company**	TRUCK OMAN
I.D No.	7442878	**Occupation**	SUPERVISOR

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 ✓
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			
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** 2 /03/2023
Name of health advisor Signature			Dr. [illegible] Abdullah Jafar Cardiologist Specialist [illegible] No. [illegible]

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العذيبة مبنى ابراج الصحوة مبنى ٢ 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