PEACE LAND MEDICAL CENTER

7-0-12

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	KHALFAN AL FAILANI
Forenames	KHALFAN SALIM
Address	161 75-455
Company Name:	T RUCK OMAN
Home telephone number	96448156

Place of examination: SHAHAD	Date: 4/3/23		
If a dependant enters employee's name here: Surname:		Forenames:	
Birth date: 13/11/87	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 [ ] Periodic medical check-up Job: H.D.D

Pre-Overseas [ ] Area:

Name and address of family doctor (1) (2)

List your last 3 jobs (1) (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? (✱)

FAMILY HISTORY: NIL 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: 4/3/23 Signature of Applicant:

00180978

00411481

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	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
166	128.5	46.5	123/76	78 mins	L N R	Uncorrected 6/6	6/6			N	
						Corrected					

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			12. HIV, Hepatitis screening

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

Morbid Obesity - Internal Consultation done.
Adv: Lifestyle modification and weight reduction.
Diet and Excercises. (Brisk walking 30 minutes daily)

ASSESSMENT:

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

PEACE LAND MEDICAL CENTER

Date: 19/3/23 Name (Block Capitals): Dr. / Nurse Seyedabdollat Jalai Signature:

Cardiologist Specialist
MOH Lic. No. 21962

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: KHALAN SALIM	Date: 4/3/23
I. D No. 16175455 Tel #	Department/Company: T Rock Oman
	Occupation: M.D.D

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

B	sitting and reading
D	watching TV
P	sitting inactive in a public place (e.g. theatre or meeting)
D	as a passenger in the car for an hour without a break
C	Lying down to rest in the afternoon when circumstances permit
D	Sitting a talking with someone
A	Sitting quietly after lunch without alcohol
B	In a car, while stopped for a few minutes in traffic
Total	0

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

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

Signature: _____ Date: 4/3/23

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:	KHALFAN SALIM KHALFAN AL FAILANI	**Doc No:**	0031146
Age:	35 Y **Nationality:** OMANI	**File No:**	0040595
Gender:	M	**Bill No:**	0047458
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	12/03/2023
GSM No.:	96448156	**Time:**	11:18

Test	Result	Normal Range
TRUCKOMAN-MEDICAL CHECKUP BELOW 40 YRS ON SITE		
COMPLITE BLOOD COUNT		
RBC	5.6 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	**81 fl**	84-94 fl
MCH	**25.0 pg**	27 - 33 pg
MCHC	33.2 g/dl	29.6 - 35.6 %
WBC COUNT	5.5 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	**258 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	76 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.52 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**22.0 U/L**	0 - 35.0 U/L
S.G.P.T.	**32.8 U/L**	10 - 45 U/L

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PEACE LAND MEDICAL CENTER

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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:**	0047458
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	12/03/2023
GSM No.:	96448156	**Time:**	11:18

Test	Result	Normal Range
GGT	33.7 U/L	0 - 55.0 U/L
ALBUMIN	4.4 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	7.6 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.16 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	28.0 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.71 mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	6.7 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	180 mg/dl	0.0 - 200 mg/dl
Triglyceride	100.0 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	62.0 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	98.0 mg/dl	< 100 mg/dl
VLDL	20.0 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	

Medical Technologist

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LAB RESULT

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Gender:	M	**Bill No:**	0047458
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	12/03/2023
GSM No.:	96448156	**Time:**	11:18

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	**88.0 mg/dl**	80 - 120 mg/dl

مركز بلاد السلام الطبي * PEACE LAND MEDICAL CENTER *

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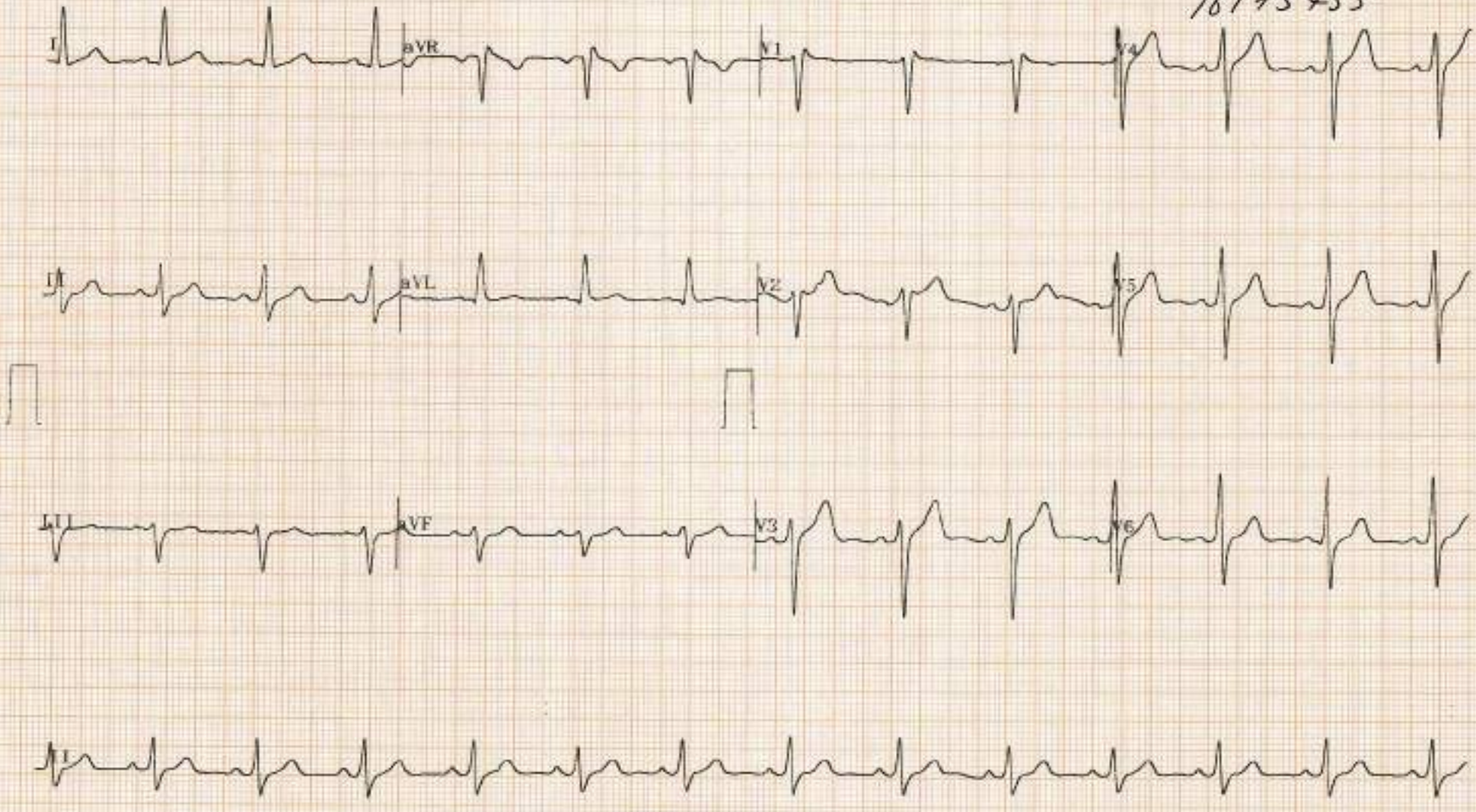
Medical Technologist

2023-03-04 09:52:11 3 Channel + 1 Rhythm Report Hospital:CCED SHAHAD
Prescribed by:

ID :
Name:
yrs. /
cm / kg

Heart Rate: 81bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 142 ms Normal Sinus Rhythm
QRS Dur.: 122 ms Normal Axis
QT/QTc: 380/442 ms CRBBB(Complete Right Bundle Branch Block)
P-R-T axes: [Minimally Abnormal or Normal Variation ECG]
51 -9 44

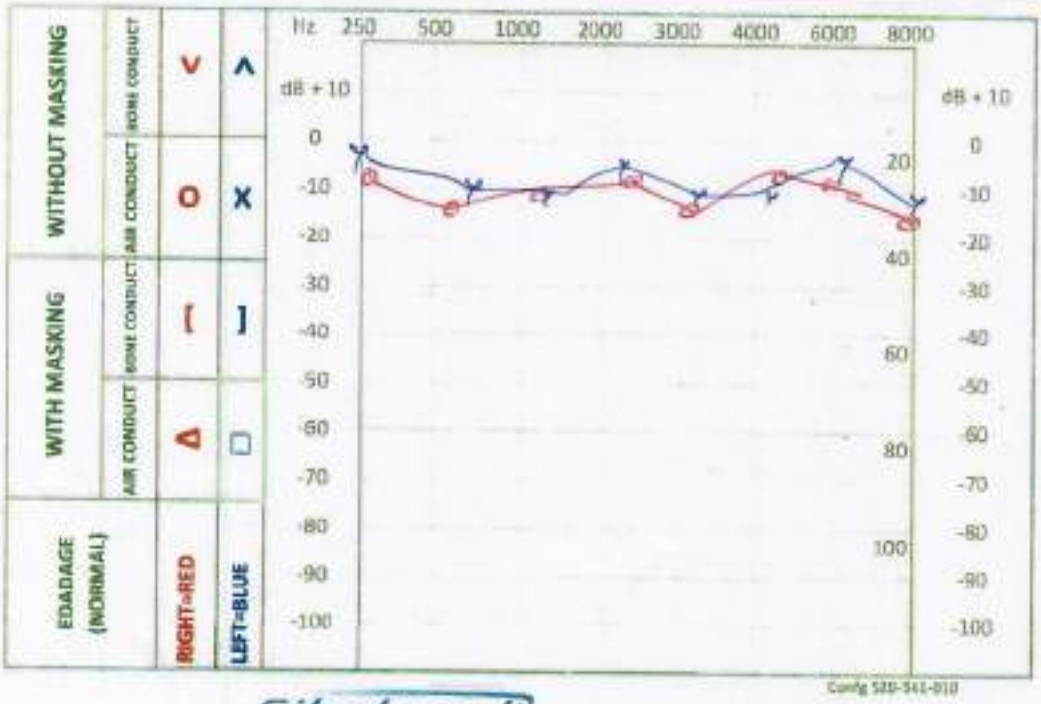
TRUCH OMAN
KHALFAN SALIM
AL FAICANI
16175455



0.1Hz- 40Hz, AC50Hz. All Channels:10.0mm/mV, 25.0mm/sec. CARDIO-M Ver5.11M.30 Medical Econet GmbH.

مركز بلاد السلام الطبي
Peace Land Medical Center

AUDIOMETRY TEST REPORT					
NAME	KHALFAN SALIM			COMPANY	TRUCK OMAN
AGE		GENDER	M	OCCUPATION	I.D.D
REF. BY				DATE	4/12/2023



Sibelmed

INTERPRETATION	
X	LEFT EAR
O	RIGHT EAR

RESULT	
	NORMAL
	HEARING LOSS
	RIGHT
	LEFT

PEACE LAND MEDICAL CENTER

ص.ب ١٤٠٣، الرمز البريدي ١٣٣ دوار العذيبة مبنى اراح الصحوة مبنى ٢ سلطنة عمان
P.O. Box 1463, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف: ٢٤٦١٧١١٧/ ٢٤٦١٧١٤٨/ ٢٤٦١٧١٤٩

nmc specialty hospital,al-hail

P.O BOX : 613, Postal Code : 133
al-hail
24269222

Medical Report

RefNo: 0000197/MED/NMC/2023

NAME: *KHALFAN SALIM KHALFAN AL FAILANI*			
AGE : *35 Y*	**DOB :** *11/13/1987*	**GENDER :** *M*	**NATIONALITY :** *OMANI*
FILE NO : *50096690*	**ResidentCardNo :** *16175455*	**Emp No :**	

To Whom it may Concern

This is to inform that Mr KHALFAN SALIM KHALFAN AL FAILANI had consulted for Obesity (BMI 46.5) detected during his routine PDO medical check up. His routine blood investigations and other vital signs are with in normal limits. Now he advised to consult dietician to for diet modification aiming weight reduction. He is also advised to follow regular exercise. Plan to consider medical treatment if diet and lifestyle modification doesn't work.

ON EXAMINATION:

INVESTIGATION:

DIAGNOSIS:
Obesity

TREATMENT GIVEN:

FURTHER PLAN:

DR NISANTH KALLINKEEL
GENERAL MEDICINE
(Name with seal)

DR. NISANTH KALLINKEEL
Specialist - Internal Medicine
MOH Lic. No: 15347
nmc specialty hospital, Al-Hail

Place : nmc specialty hospital,al-hail

DEPARTMENT OF LABORATORY MEDICINE

File No:	50096690	**Report No:**	0080644		
Name:	KHALFAN SALIM KHALFAN AL FAILANI	**Sample Date:**	19/03/2023	**Time:**	11:40
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 35 Y **Nationality:** OMANI	**Report Date:**	19/03/2023	**Time:**	12:22
GSM No.:	96448156 **ID Card No.:** 16175455	**Bill No:**	0221397	**Bill Date:**	19/03/2023
Ref. By:	DR NISANTH KALLINKEEL	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
TSH	2.29 µ IU/mL	Adult 0.27 - 4.20 µIU/mL Cord blood: 3-12 New born (up to 28 days) : 3-18 After 28 Days : 2-10
Method:Electrochemiluminescence immunoassay.		
FREET4	14.88 pmol / L	12.0 - 22.0 pmol/ l

Verified By:

10593
Lab Technologist
MOH License No:
Electronically signed at: 3/19/2023 12:22:00

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 19/03/2023 12:23:00

مستشفى إن إم سي التخصصي
nmc specialty hospital

NMC Healthcare LLC
C.R.No: 1058137
Plot No: 294, Block: 316
Building No: 812, Al Hail North
Sultanate of Oman
T: (+968) 2426 9222
F: (+968) 2426 9268
www.nmcoman.com

Printed at: 19/03/2023 12:33:11 PM

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Peace Land Medical Center
Peace Land
بلاد السلام

Fitness for work certificate

Employee Data		**Date**	19 /03/2023
Name	KHALFAN SALIM	**Department/Company**	TRUCK OMAN
ID No.	16175455	**Occupation**	HDO

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			
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 19/03/2023
Name of health advisor Signature			

Dr. Sima Seyedabdolhah Jalali
Cardiologist Specialist
MOH Lic. No. 21962

ص.ب ١٤٨٣ الرمز البريدي ١٣٣ ، دوار العذيبة مبنى ابراج الصحوة مبنى ٢ ، سلطنة عمان
P.O. Box 1483, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149