PEACELAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname: SHAHZAD SIDDIQUE
Forenames: MUHAMMAD
Address: 102413146 Company Name: T.O
Home telephone number: 97431470

Place of examination: MUSCAT Date: 3-8-23
If a dependant enters employee's name here:
Surname:
Forenames:
Birth date: 1-1-83 Nationality: PAKISTANI Country of birth: PAKISTAN Religion: MUSLIM
[√] Male [ ] Female [√] Married [ ] Single [ ] Separated /Divorced
Relationship to employee: [ ] Wife [ ] Son [ ] Daughter Number of children: 3
Reason for examination: Pre-Employment [√] Periodic medical check-up [ ] Pre-Overseas Job: DRIVER (HDD) 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? (X)
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.

Date: 03-08-2023 Signature of Applicant:

PEACELAND 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 DISTANT	VISION NEAR	Colour Vision	Blood Group
168	81	28.7	120/80	59 /mins.	L R N	Uncorrected R 6/6 L 6/6 Corrected	R L	N	

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS
√		1. Urinalysis
√		2. Hb, Bloodcount, ESR
√		3. LFT, RFT, RBS
		4. Drug Screen
	√	5. Lipids (40 years +)
√		6. Sickle Cell test

FBDh

N	A	
√		7. Audiogram
		8. Lung Function
		9. Chest X-Ray
√		10. ECG
67%		11. CVS risk for 40 yrs. & above
		12. HIV, Hepatitis screening

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

Advised - HSM
- Exercise + Diet control
- Follow up in (12 weeks) i Lipid profile and Review.

ASSESSMENT:

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

FIT

03/08/2023

Date: Name (Block Capitals): Dr. / Nurse DR. SHAH FAISAL General Practitioner MOH Lic No. 22368 Signature:

REVIEW/CONSULTATION

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

مركز بلاد السلام الطبي

Peace Land Medical Center

Peace Land

Epworth Screening Questionnaire for Sleep Apnoea

MUHAMED SHAHZAD SIDDIQUE 00531
03/08/23 10:12
78717

	Date: 3-08-23
	Department/Company: T.O
Tel #	Occupation: DRIVER

...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 & talking with someone
0	Sitting quietly after lunch without alcohol
0	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 operate machinery in the workplace.

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

Signature: M. Shahzad Date: 03/8/2023

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:	MUHAMED SHAHZAD SIDDIQUE	**Doc No:**	0036113
Age:	40 Y **Nationality:** KAZAKISTAN	**File No:**	0044348
Gender:	M	**Bill No:**	0053188
Ref. By:	DR.SHAH FAISAL	**Date:**	03/08/2023
GSM No.:	97431470	**Time:**	14:43

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS		
COMPLITE BLOOD COUNT		
RBC	4.9 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	15.0 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	44.0 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	87 fl	84-94 fl
MCH	28.3 pg	27 - 33 pg
MCHC	32.8 g/dl	29.6 - 35.6 %
WBC COUNT	8.4 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	62 %	40-75 %
LYMPHOCYTE	33 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	158 x 10^9/L	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	81 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.43 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	29.4 U/L	0 - 35.0 U/L
S.G.P.T.	38.7 U/L	10 - 45 U/L

Medical Technologist

Peace Land Medical Center
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Ref. By:	DR.SHAH FAISAL	**Date:**	03/08/2023
GSM No.:	97431470	**Time:**	14:43

Test	Result	Normal Range
ALBUMIN	4.2 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	6.8 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.18 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	29.1 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.87 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	181 mg/dl	0.0 - 200 mg/dl
Triglyceride	103.6 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	37.3 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	123.0 mg/dl	< 100 mg/dl
VLDL	20.7 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	97.6 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	5 ml	
Colour	Yellow	
Sp. Gravity	1.015	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	
Urobilinogen	Normal	

Medical Technologist

Peace Land Medical Center
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Gender:	M	**Bill No:**	0053188
Ref. By:	DR.SHAH FAISAL	**Date:**	03/08/2023
GSM No.:	97431470	**Time:**	14:43

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	

Medical Technologist

2023-08-03 10:27:47 6 Channel + 1 Rhythm Report

Hospital:

Prescribed by:

MUHAMMED SHAHZAD SIDDIQUE

00531

09/08/23 10:12

Heart Rate: 59bpm ** Analysis Result ** (To be finally confirmed by cardiologist)

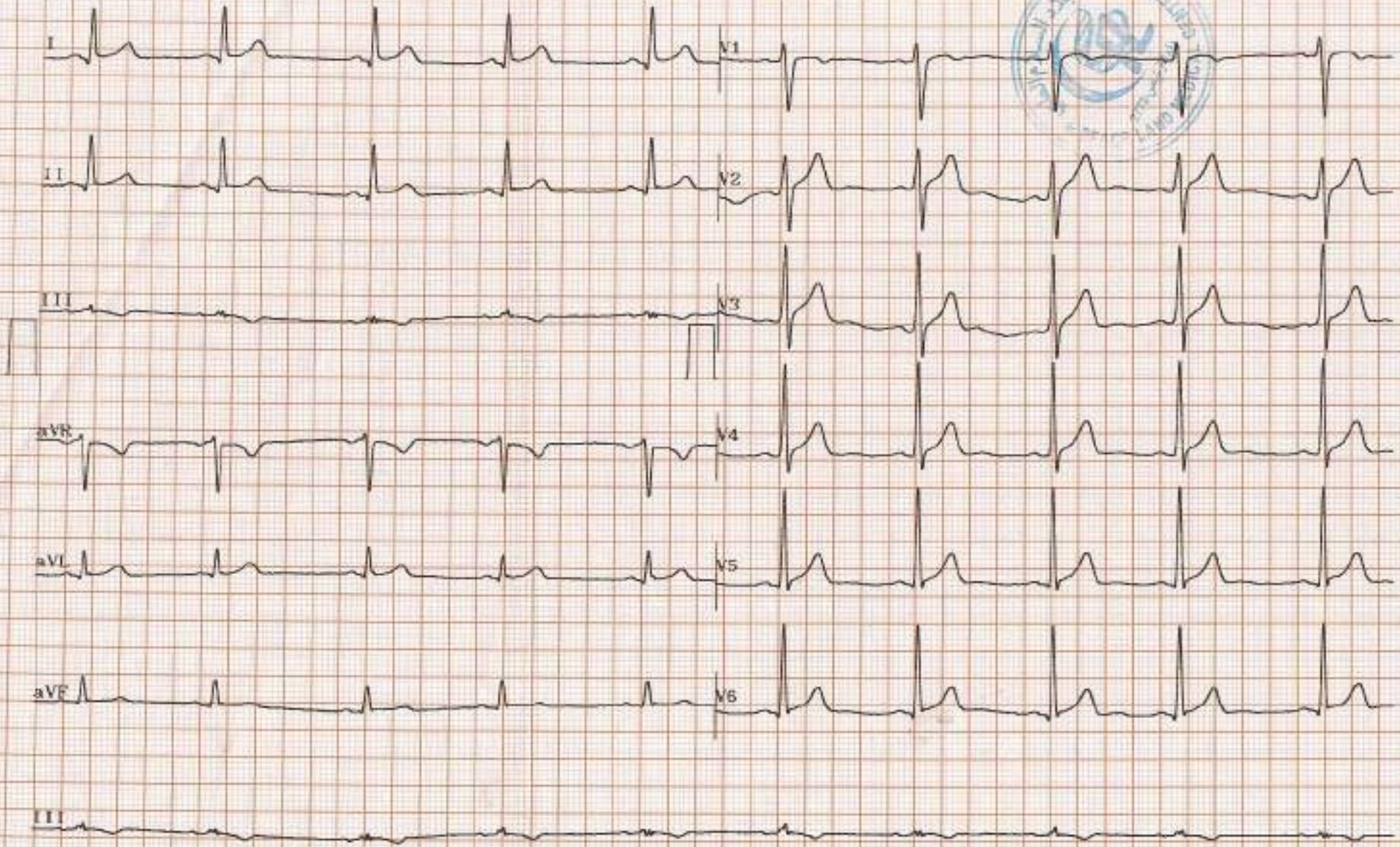
PR Int.: 128 ms Sinus Bradycardia(HR:50-59)

QRS Dur.: 106 ms Normal Axis

QT/QTc: 410/406 ms [Minimally Abnormal or Normal Variation ECG]

P-R-T axes:

16 34 13



0.1Hz- 150Hz,AC50Hz. All Channels:10.0mm/mV,25.0mm/sec. EKG2000 Ver5.05M.30 Bionet Co., Ltd.

Copy Results

Results

Estimated 10-year Global CVD Risk

6.7%

Risk Category

Low Risk

Estimated Vascular Age

48 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)

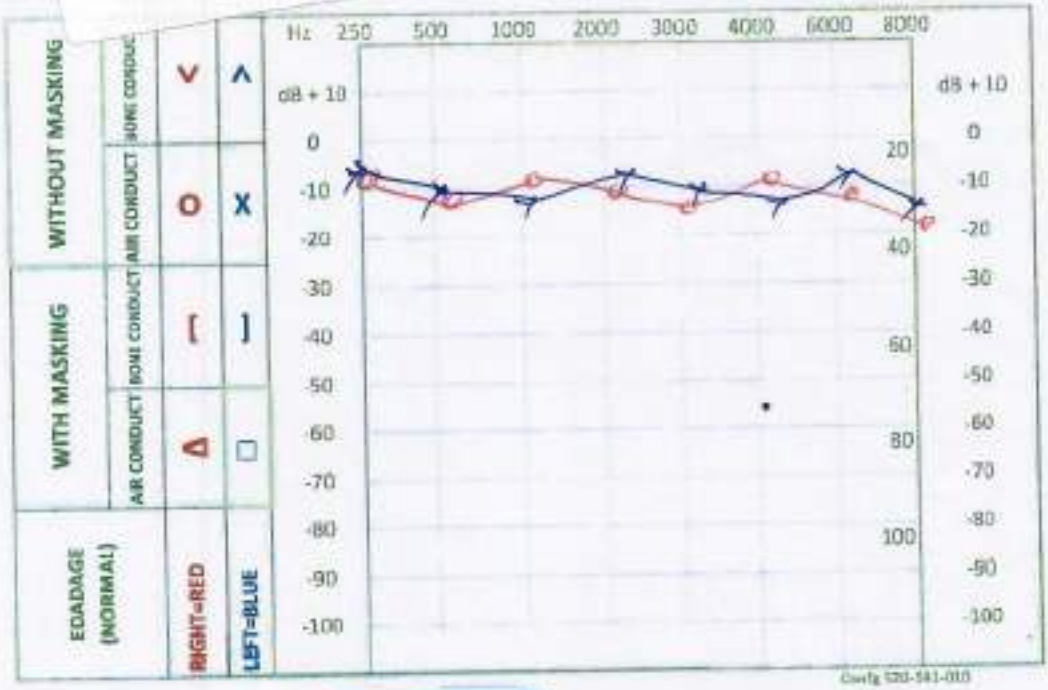
Treatment Targets
≥50 % decrease in LDL-C

ESC (2007, see Info for more)
Treatment Targets
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

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

METRY TEST REPORT

NAI	COMPANY	To:
AGE	OCCUPATION	HDD
REF.	DATE	3/8/23



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
☑ NORMAL
☐ HEARING LOSS
☐ RIGHT
☐ LEFT

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العذيبة مبنى أبراج 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

MUHAMED SHAHZAD SIDDIQUE 00631
03/08/23 10:12

ness for work certificate

Employee Data		Date	03-08-2023
Name		Department/Company	TRUCK OMRN
I.D No.		Occupation	HDD

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 03-08-2023
Name of health advisor Signature			

FIT

DR. SHAH FAISAL
General Practitioner
MOH Lic No. 22368

PO Box 1403 Postal Code 133 Al Azaiba, Roundabout at Sahwa Tower, Sultanate of Oman
Tel: 24617177 / 24617148 / 24617149