



PEACE LAND MEDICAL CENTER



MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname **MAHMOOD HUSSAIN**
 Forenames **WASEGEM MEHMood**
 Address **79532692 - TRUK OMAN**
 Home telephone number

Place of examination: MUSCAT	Date: 17/10/2022	92127418		
If a dependant enter employee's name here:		Forenames:		
Surname: 		Forenames: 		
Birth date: 20/4/83	Nationality: Pakistani	Country of birth: Pakistan	Relationship to employee	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 type="checkbox"/> Son <input checked="" type="checkbox"/> Daughter	Number of children: 2	
Reason for examination	Pre-Employment <input type="checkbox"/> Periodic medical check-up <input checked="" type="checkbox"/>	Job: 1D + D		
	Pre-Overseas <input type="checkbox"/>	Area:		
Name and address of family doctor		List your last 3 jobs		
		(1) (2) (3)		
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.)

	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		<input checked="" type="checkbox"/>
3. Difficulty in vision			23. Rheumatic fever			42. Awarded benefits for industrial injury/illness		<input checked="" type="checkbox"/>
4. Any ear discharge			24. Abnormal heartbeat			43. Treated for a mental condition, e.g. depression		<input checked="" type="checkbox"/>
5. Asthma/bronchitis			25. High blood pressure			44. Treated for problem drinking or drug abuse		<input checked="" type="checkbox"/>
6. Hayfever /other significant allergy			26. Stroke			45. Exposed to toxic substance or noise		<input checked="" type="checkbox"/>
7. Any skin trouble			27. Serious chest pain			FOR WOMEN ONLY		
8. Tuberculosis			28. Any blood disease			Have you ever had:-		
9. Shortness of breath			29. Kidney disease			46. An abnormal smear		
10. Coughed/vomited blood			30. Blood in urine			47. Any gynaecological treatment		
11. Severe abdominal pain			31. Painful passage of urine			48. Are you pregnant?		
12. Stomach ulcer			32. Diabetes			49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
13. Recurrent indigestion			33. Headaches/migraine					
14. Jaundice or hepatitis			34. Dizziness/fainting					
15. Gall Bladder disease			35. Epilepsy					
16. Marked change in bowel habits			36. Joints/spinal trouble					
17. Blood in stools (motions)			37. Surgical operation					
18. Marked change in weight			38. Serious accident/fracture					
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: **17/10/2022**

Signature of Applicant: **W. Alim**



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 /mins.	HEARING L R	VISION DISTANT R L			NEAR R L	Colour Vision	Blood Group
178	93	29.3	120/84	70	N	Uncorrected Corrected	6/6	9/9	+	N	
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			

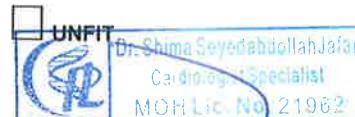
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

1. LSM (Lwt, Exercise & diet)

ASSESSMENT:

FIT ALL AREAS

FIT WITH RESTRICTION



Date: 18/10/22 Name (Block Capitals): Dr. / Nurse

Signature:

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		WASEEM MEHMOOD MAHMOOD HUS 39 Y(M) «Blank»		Date: 17/10/2022
Name:	17/10/22 08:39			Department/Company: TRUe oMAN
I. D No.	72412	Bill #	0036235 PEACELAND	Occupation: H. D. D
			0042010	

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

- sitting and reading
- watching TV
- sitting inactive in a public place (e.g. theatre or meeting)
- as a passenger in the car for an hour without a break
- Lying down to rest in the afternoon when circumstances permit
- Sitting a talking with someone
- Sitting quietly after lunch without alcohol
- 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, WASEEM (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: S. Williams

Date: 17/10/2022





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: WASEEM MEHMOOD MAHMOOD HUSSAIN **Doc No:** 0025996
Age: 39 Y **Nationality:** PAKISTANI **File No:** 0036235
Gender: M **Bill No:** 0042010
Ref. By: DR.SHIMA **Date:** 17/10/2022
GSM No.: 92127418 **Time:** 17:46

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.4 10 ¹² /l	Male 4.38 -5.78 10 ¹² /l Female 4.0- 5.0 10 ¹² /l
HAEMOGLOBIN	14.6 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	43.9 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	86 fl	84-94 fl
MCH	29.7 pg	27 - 33 pg
MCHC	33.2 g/dl	29.6 - 35.6 %
WBC COUNT	6.6 10 ⁹ d/l	5.0 - 11.0 10 ⁹ /l
DIFFERENTIAL COUNT		
NEUTROPHIL	63 %	40-75 %
LYMPHOCYTE	31 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	257 10 ⁹ /l	156 - 342 10 ⁹ /l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	86 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	1.0 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	17.6 U/L	0 - 35.0 U/L
S.G.P.T.	34.9 U/L	10 - 45 U/L





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: WASEEM MEHMOOD MAHMOOD HUSSAIN **Doc No:** 0025996
Age: 39 Y **Nationality:** PAKISTANI **File No:** 0036235
Gender: M **Bill No:** 0042010
Ref. By: DR.SHIMA **Date:** 17/10/2022
GSM No.: 92127418 **Time:** 17:46

Test	Result	Normal Range
GGT	21.6 U/L	0 - 55.0 U/L
ALBUMIN	4.3 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	6.6 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.19 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	46.6 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.87 mg/dl	0.70 - 1.30 mg/dl
S.URIC ACID	7.0 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	180 mg/dl	0.0 - 200 mg/dl
Triglyceride	142.0 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	51.6 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	100.0 mg/dl	< 100 mg/dl
VLDL	28.4 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	97.0 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	5 ml	
Colour	Yellow	
Sp. Gravity	1.020	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	





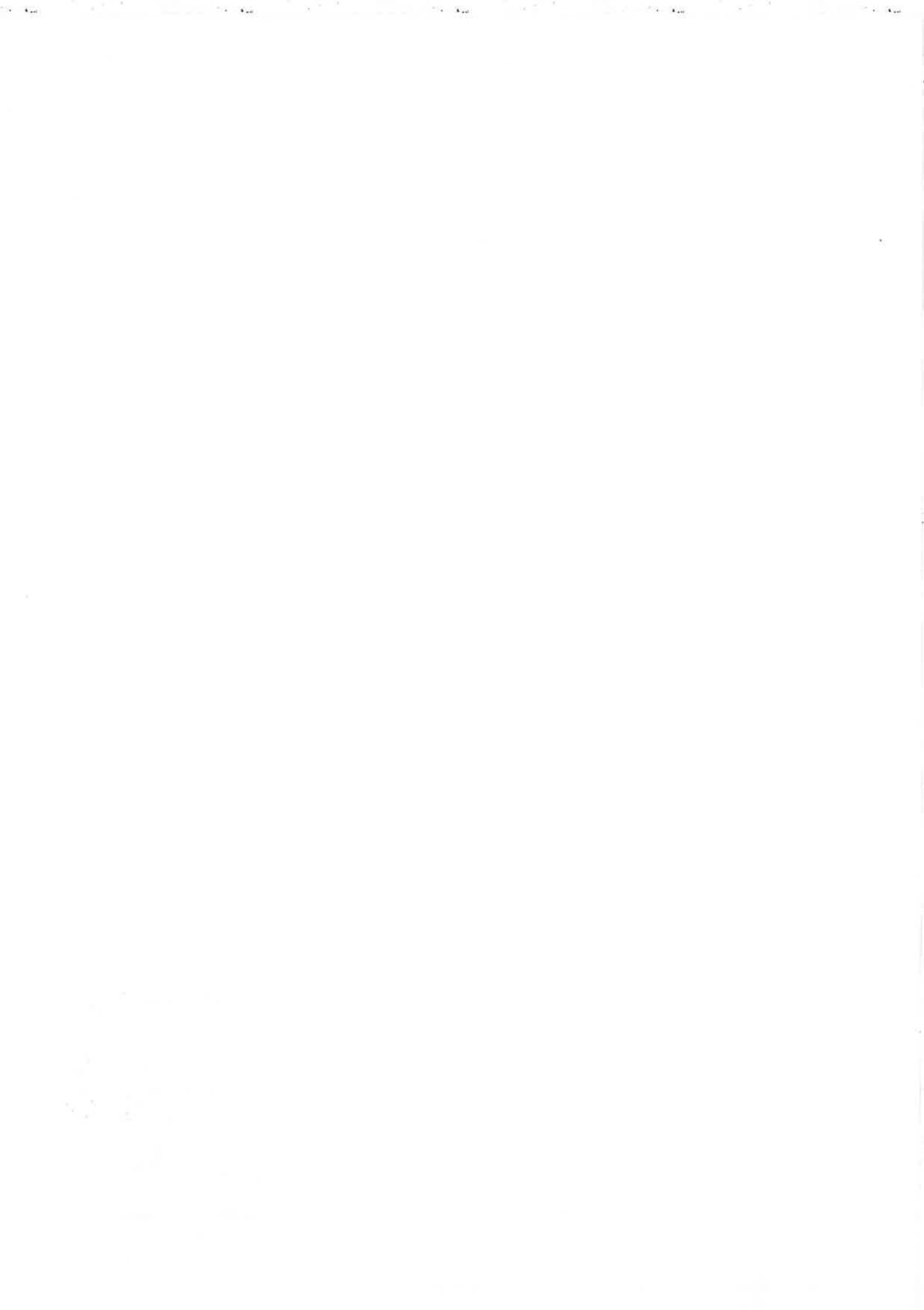
Peace Land Medical Center
P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout Al Sahwa Tower
Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name: WASEEM MEHMOOD MAHMOOD HUSSAIN **Doc No:** 0025996
Age: 39 Y **Nationality:** PAKISTANI **File No:** 0036235
Gender: M **Bill No:** 0042010
Ref. By: DR.SHIMA **Date:** 17/10/2022
GSM No.: 92127418 **Time:** 17:46

Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	1-2	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	







مركز بلاد السلام الطبي

Peace Land Medical Center

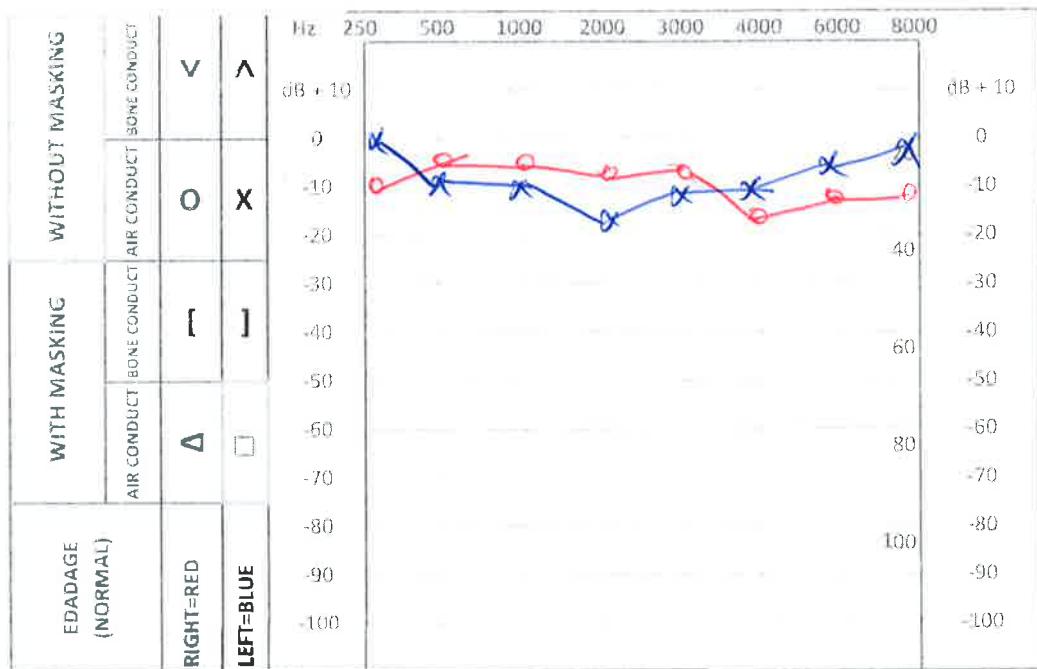
WASEEM MEHMOOD MAHMOOD HUS
39 Y(M) Blank 17/10/22 08:39



0036235
72412 BILL # 0042010

UDIOMETRY TEST REPORT

NAME	COMPANY
EDADER	OCCUPATION
DATE	17/10/22
72412	



Config 520-541-010

sibemed

INTERPRETATION

- X LEFT EAR
- O RIGHT EAR

RESULT

- NORMAL
- HEARING LOSS
- RIGHT
- LEFT

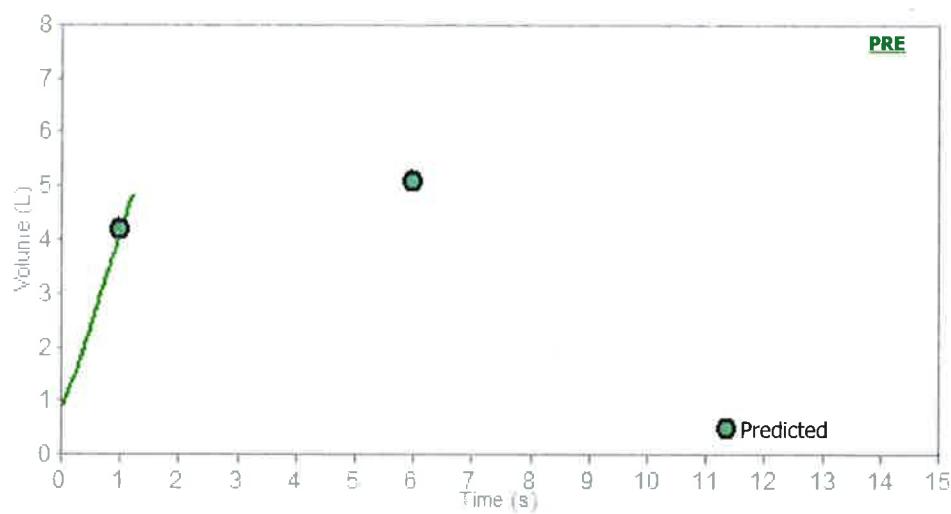
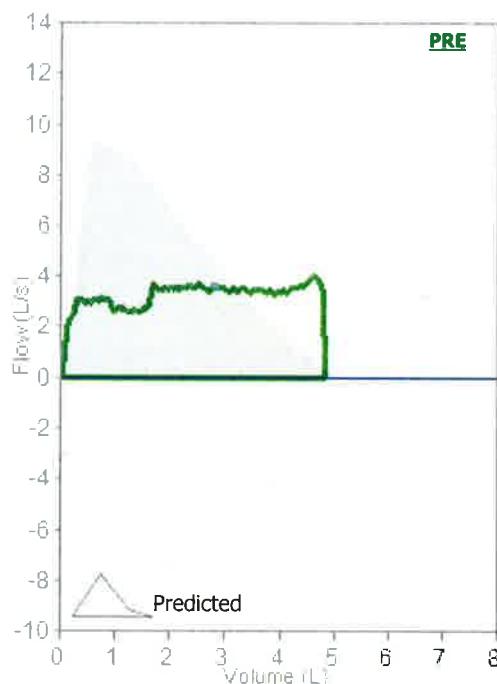


Pulmonary Function Test Results

Visit date 17/10/2022

Patient code	79532692	Age	39
Surname	MEHMOOD	Gender	Male
Name	WASEEM	Height, cm	178
Date of birth	20/04/1983	Weight, kg	93
Ethnic group	Not defined	BMI	29.35
Smoke		Pack-Year	
Patient group			

FVC PRE FEV1 PRE FEV1% PRE



Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry



PRE Trial date 17/10/2022 10:26:47

Parameters	LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC L	4.03	5.08	4.83*	95	-0.39	4.83				*	
FEV1 L	3.32	4.18	4.10*	98	-0.16	4.10				*	
FEV1/FVC %	72.4	82.5	84.9*	103	0.38	84.9				*	
PEF L/s	5.96	9.37	4.06*	43	-2.56	4.06				*	
ELA Years		39	42	108		42					
FEF2575 L/s	2.59	4.37	3.35	77	-0.95	3.35					
FET s		6.00	1.22	20		1.22					
FIVC L	4.03	5.08									
FEV1/VC %	72.4	82.5									

*Best values from all loops - BTPS 1.097 24 °C (75.2 °F) - Predicted Knudson

Conclusion / Medical report

Signature



Instrument used
Minispir S S/N C11507
Last calibration check 01/11/2021 09:35:10



مختبر السلام الطبي

Peace Land Medical Center

Fitness for work certificate

Employee Data		Date 18/10/22
Name WASHEEM MEHMOOD	I.D No. 79532692	Department/Company truckman
		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 ✓
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		
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 18/10/22
Name of health advisor Signature		

