



PEACE LAND MEDICAL CENTER



MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname MAHMOOD HUSSAIN	
Forenames WASEEM MEHMOOD	
Address 79532692 - TRUKOMAN	
Home telephone number 92127418	
Place of examination: MUSCAT	Date: 17/10/2022
If a dependant enter employee's name here: Surname: _____ Forenames: _____	
Birth date: 20/4/83	Nationality: PAKISTANI Country of birth: PAKISTAN 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
Relationship to employee <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"/> Pre-Overseas <input type="checkbox"/>	Job: 1st D.D 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
1. Sinus trouble	21. Cancer
2. Neck swelling/glands	22. Heart Disease
3. Difficulty in vision	23. Rheumatic fever
4. Any ear discharge	24. Abnormal heartbeat
5. Asthma/bronchitis	25. High blood pressure
6. Hayfever /other significant allergy	26. Stroke
7. Any skin trouble	27. Serious chest pain
8. Tuberculosis	28. Any blood disease
9. Shortness of breath	29. Kidney disease
10. Coughed/vomited blood	30. Blood in urine
11. Severe abdominal pain	31. Painful passage of urine
12. Stomach ulcer	32. Diabetes
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/arm/pit	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: Waseem Mehmood



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	
<input checked="" type="checkbox"/>		1. Eyes & Pupils
<input checked="" type="checkbox"/>		2. E.N.T.
<input checked="" type="checkbox"/>		3. Teeth & Mouth
<input checked="" type="checkbox"/>		4. Lungs & Chest
<input checked="" type="checkbox"/>		5. Cardiovascular System
<input checked="" type="checkbox"/>		6. Abdo. Viscera
<input checked="" type="checkbox"/>		7. Hernial Orifices
		8. Anus & Rectum
<input checked="" type="checkbox"/>		9. Genito-urinary
<input checked="" type="checkbox"/>		10. Extremities
<input checked="" type="checkbox"/>		11. Musculo-skeletal
<input checked="" type="checkbox"/>		12. Skin & Varicose Vns.
<input checked="" type="checkbox"/>		13. C.N.S.
		14. Breast

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING L R	VISION DISTANT NEAR	Colour Vision	Blood Group
178	93	29.3	130/84	70 /mins.	N	Uncorrected: 6/6 Corrected: 6/6	N	

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
<input checked="" type="checkbox"/>		1. Urinalysis	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		2. Hb, Bloodcount, ESR	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		3. LFT, RFT, RBS		
		4. Drug Screen		
<input checked="" type="checkbox"/>		5. Lipids (40 years +)		
<input checked="" type="checkbox"/>		6. Sickle Cell test		

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

1. LSM (Low, Exercise & diet)

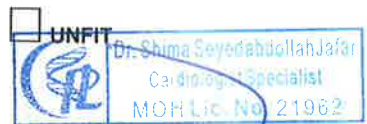
ASSESSMENT:

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

Date: 8/10/22 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» 17/10/22 08:39 0036235 72412 B# 0042010	Date: 17/10/2022
Name:		Department/Company: TRUK OMAN
I. D No.		Occupation: H.O.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

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 and talking with someone

0 Sitting quietly after lunch without alcohol

0 In a car, while stopped for a few minutes in traffic

Total

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: Waseem

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
Age: 39 Y **Nationality:** PAKISTANI
Gender: M
Ref. By: DR.SHIMA
GSM No.: 92127418

Doc No: 0025996
File No: 0036235
Bill No: 0042010
Date: 17/10/2022
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	



Medical Technologist

Page

2 of 3



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

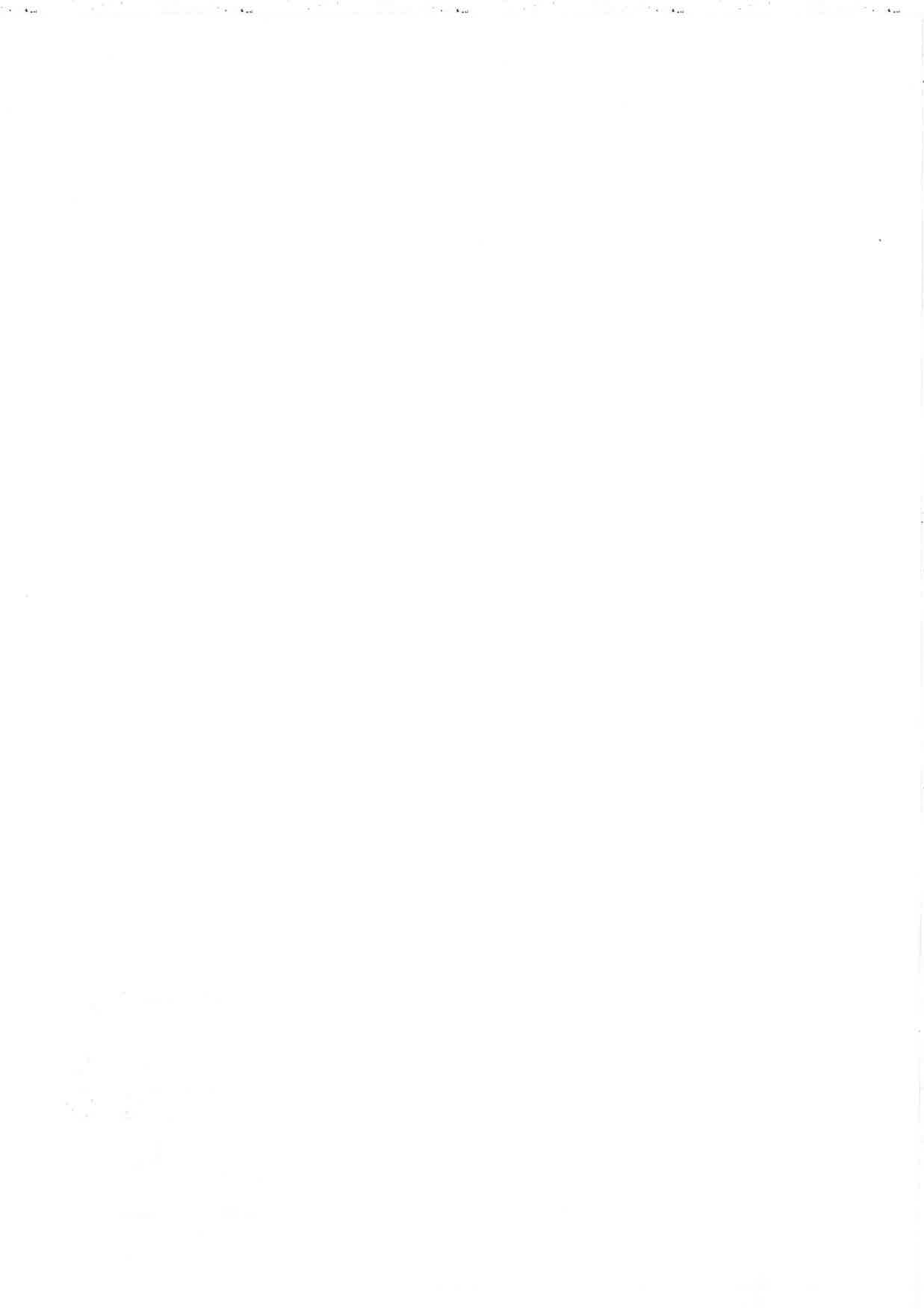
Date: 17/10/2022

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



72412

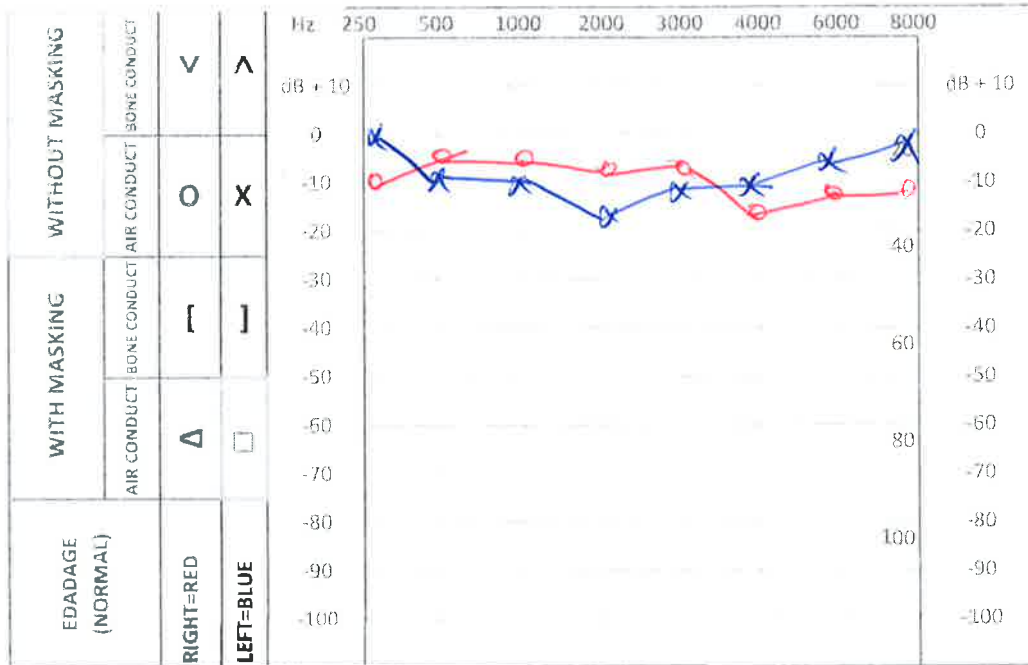
Bill #

0036235

0042010

DIOMETRY TEST REPORT

COMPANY	Towekomen
OCCUPATION	H-O-D
DATE	17/10/22



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

Surname MEHMOOD

Name WASEEM

Date of birth 20/04/1983

Ethnic group Not defined

Smoke

Patient group

Age 39

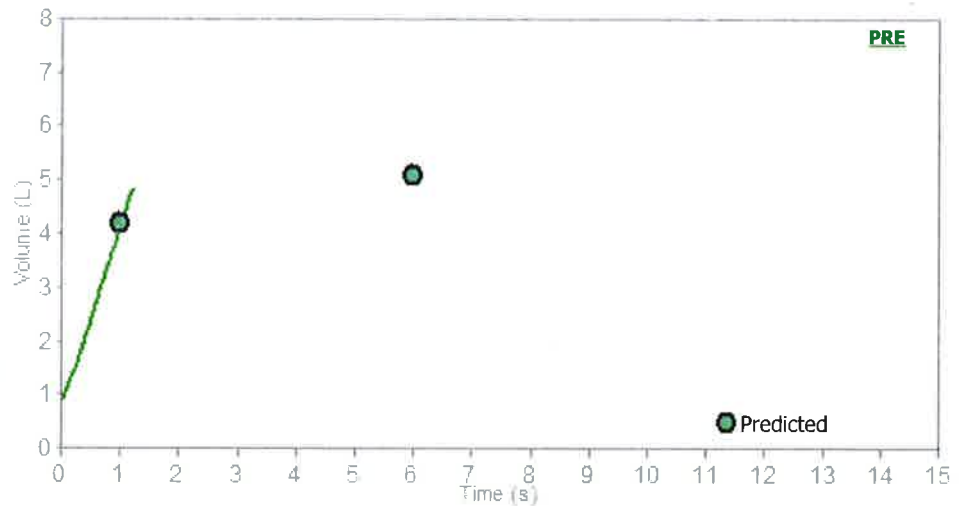
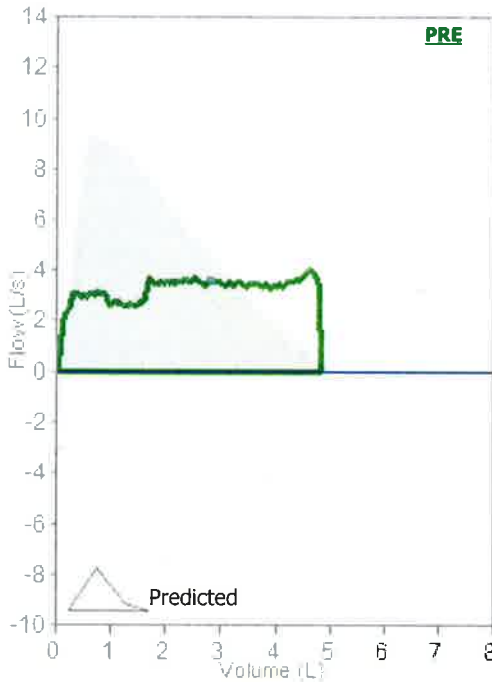
Gender Male

Height, cm 178

Weight, kg 93

BMI 29.35

Pack-Year



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

Fitness for work certificate

Employee Data		Date 18/10/22	
Name WASSEM MEHMOOD		Department/Company truckman	
I.D No.	79532692	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		Date 18/10/22	
Permanently Unfit			
Name of health advisor Signature		 Dr. Shima Seyed Jouda Cardiologist Specialist MOH No. 21962	

