6635

PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	
Forenames	BAKHT SHER ALI.
Address	83929275 – Premier Log.
Home telephone number	95361030.

Place of examination: Med-	Date: 22/3/21		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: 1/1/88	Nationality: Pakistan	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: Tyreman Area:	

Name and address of family doctor	List your last 3 jobs
	(1)
	(2)
	(3)
Are you a Registered Disabled Person? (UK only) ☐	Do you belong to any Medical Insurance Scheme? ☐

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? Occasionally 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: 22/3/21 Signature of Applicant: ×

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FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (please describe)	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 (MMHG)	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
187	102	29.2	135/87	66/mins.	L R N	Uncorrected 6/6 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 +)	High			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.)
Regular exercise, diet control and follow up with a physician

ASSESSMENT:

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

Date: 22/3/2021 Name (Block Capitals): Dr. / Nurse Signature:

PEACE LAND MEDICAL CENTER

Dr. EMAD OMER
General Practitioner
MOH License No.:6909

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:	BAKHT SHER ALI	**Doc No:**	0008011
Age:	33 Y **Nationality:** PAKISTANI	**File No:**	0013686
Gender:	M	**Bill No:**	0017623
Ref. By:	DR. EMAD OMER	**Date:**	22/03/2021
GSM No.:	95361030	**Time:**	14:40

Test	Result	Normal Range
PREMIER LOGISTICS-PRE EMPLOYMENT MEDICAL BELOW 40 YRS		
COMPLITE BLOOD COUNT		
RBC	**5.5 10"9/l**	Male 4.38 -4.98 10"2/l Female 4.5- 5.5 10"12/l
HAEMOGLOBIN	**16.2 gm %**	Male 13 - 16 gm % Female 11 - 14 gm %
HCT	**47.4 %**	Male 39.30 -44.10 % Female 37 -47 %
MCV	**86 fl**	84-94 fl
MCH	29.3 pg	27 - 33 pg
MCHC	**34.1 g/dl**	29.6 - 35.6 %
WBC COUNT	**8.5 10"9 d/l**	5.0 - 11.0 10"9/l
DIFFERENTIAL COUNT		
NEUTROPHIL	55 %	40-75 %
LYMPHOCYTE	40 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 22 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**286 10"9/l**	156 - 342 10"9/l
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	**114 U/L**	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.39 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**30.6 U/L**	0 - 35.0 U/L
S.G.P.T.	**46.8 U/L**	10 - 45 U/L

PEACE LAND MEDICAL CENTER

Medical Technologist

Peace Land Medical Center
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LAB RESULT

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Gender:	M	**Bill No:**	0017623
Ref. By:	DR. EMAD OMER	**Date:**	22/03/2021
GSM No.:	95361030	**Time:**	14:40

Test	Result	Normal Range
GGT	**59.1 mg/dl**	0 - 55.0 mg/dl
ALBUMIN	**4.4 mg/dl**	3.50 - 5.20 mg/dl
TOTAL PROTEIN	**7.6 mgd/l**	6 - 8 mgd/l
S. BILIRUBIN DIRECT	**0.17 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**23.3 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**1.0 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**11.1 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**256 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**741.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**42.7 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	- mg/dl	< 100 mg/dl
VLDL	**148.2 mg/dl**	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	**99.4 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	

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Gender:	M	**Bill No:**	0017623
Ref. By:	DR. EMAD OMER	**Date:**	22/03/2021
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Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	2-4	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	Nil	
CRYSTALS	Nil	
BACTERIA	Nil	
OTHERS	Nil	

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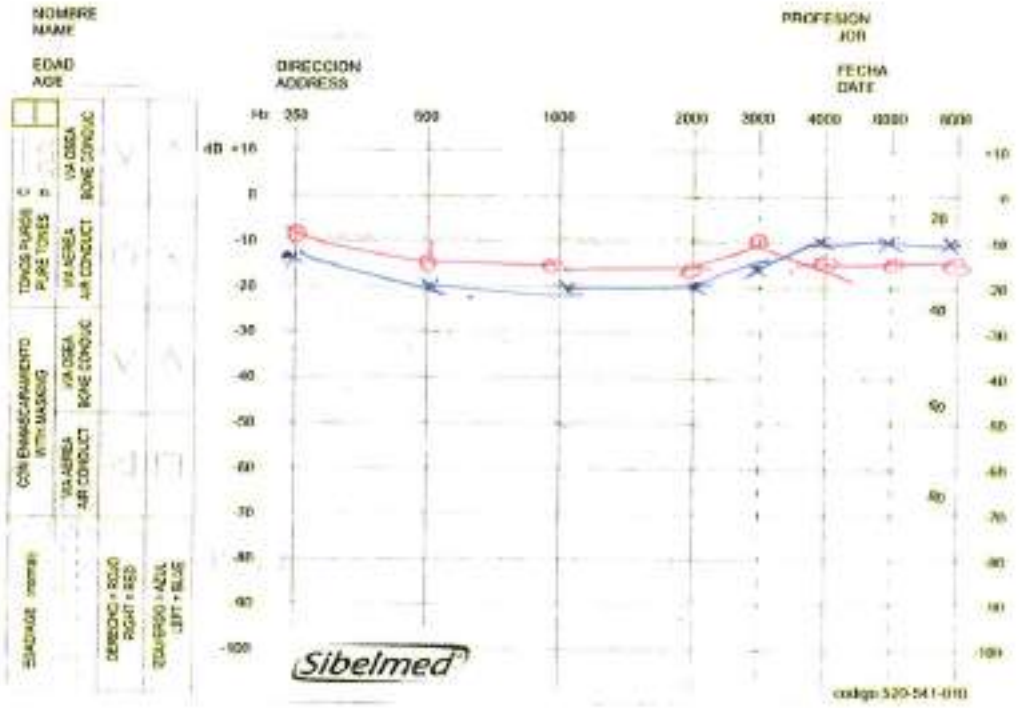
Medical Technologist

Peace Land Medical Center

AUDIOMETRY TEST REPORT			
Name:	Rakesh Sher Ma	Company	Pennco Logistics
Gender:	M	Occupation	Tyre man
Ref By:	Dr. Emad Omer	Date:	20/2/21



INTERPRETATION
× LEFT EAR
O RIGHT EAR

RESULT
☑ Normal
☐ Hearing Loss
☐ Left ☐ Right

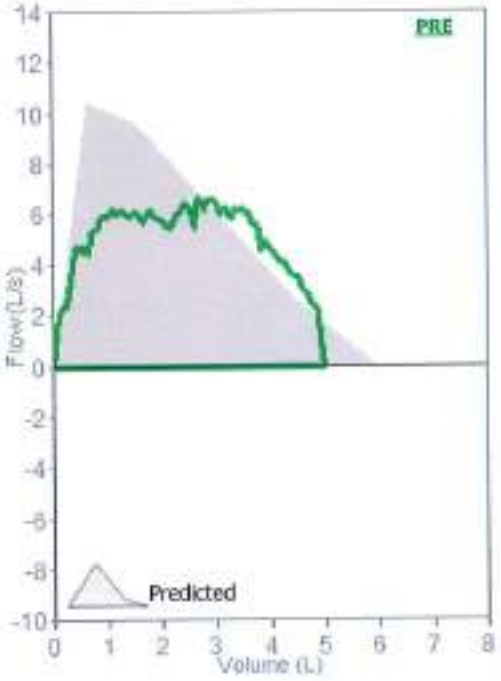
PEACE LAND MEDICAL CENTER

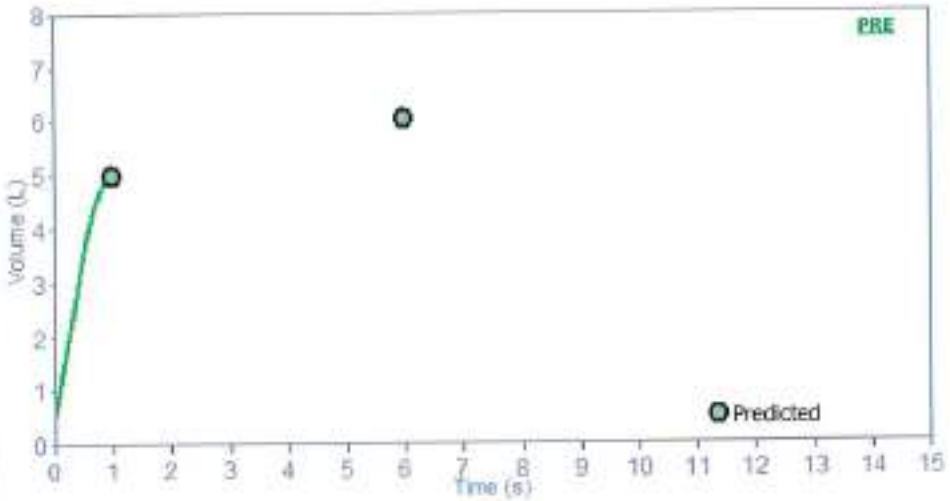
Pulmonary Function Test Results

Visit date 22/03/2021

Patient code	83929275	Age	33
Surname	SHER ALI	Gender	Male
Name	BAKHT	Height, cm	187
Date of birth	01/01/1988	Weight, kg	102
		BMI	29.17
Smoke		Pack-Year	
Patient group			

FVC PRE | FEV1 PRE | FEV1% PRE





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 22/03/2021 9:59:05 AM

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	4.97	6.02	4.99*	83	-1.61	4.99			*		
FEV1	L	4.09	4.96	4.99*	101	0.06	4.99			*		
FEV1/FVC	%	72.0	82.2	100.0*	122	2.88	100.0			*		
PEF	L/s	7.01	10.43	7.04*	67	-1.63	7.04			*		
ELA	Years		33	33	100		33					
FEF2575	L/s	3.33	5.11	6.08	119	0.90	6.08					
FET	s		6.00	0.96	16		0.96					
FIVC	L	4.97	6.02									
FEV1/VC	%	72.0	82.2									

*Best values from all loops - BTPS 1.111 21 °C (69.8 °F) - Predicted Knudson

Conclusion / Medical report

Signature

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Instrument used
Minispir S S/N C11507

MIR

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

Fitness for work certificate

Employee Data		Date	22/3/2021
Name	BAKHT SHER ALI	Department/Company	Premier Log.
I.D No.	83929275	Occupation	Typeman

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
Name of health advisor Signature Date			22/3/2021

PEACE LAND MEDICAL CENTER

Dr. EMAD OMER
General Practitioner
MOH License No.:0909

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 ٢٤٦١٧١١٧/ ٢٤٦١٧١٤٨/ ٢٤٦١٧١٤٩ هاتف