PEACE LAND MEDICAL CENTER

# MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

SAQIB KABIR
38 Y(M) «Blank» 16/11/21 11:31
63675 Bill # 0024521 0029317 PEACELAND

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname
Forenames
Address 57990887
Home telephone number 94832715 TrueOwner

Place of examination MLT Date 16/11/21

If a dependant enter employee's name here
Surname
Forenames

Birth date 26/11/83 Nationality PAKISTANI Country of birth PAKISTAN Religion Muslim

☑ Male ☐ Female ☐ Married ☑ Single ☐ Separated /Divorced

Relationship to employee: ☐ Wife ☐ Son ☐ Daughter

Number of children:

Reason for examination: Pre-Employment ☑ Periodic medical check-up ☐ Pre-Overseas ☐

Job: OPERATOR

Name and address of family doctor

Area

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 | | | 42. Awarded benefits for industrial injury/illness | | |
| 4. Any ear discharge | | | 24. Abnormal heartbeat | | | 43. Treated for a mental condition, e.g. depression | | |
| 5. Asthma/bronchitis | | | 25. High blood pressure | | | 44. Treated for problem drinking or drug abuse | | |
| 6. Hayfever /other significant allergy | | | 26. Stroke | | | 45. Exposed to toxic substance or noise | | |
| 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? Sometimes

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:** 16/11/21 **Signature of Applicant:**

## 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 (MMHG) | PULSE | HEARING | VISION DISTANT R L NEAR R L | Colour Vision | Blood Group |
|---|---|---|---|---|---|---|---|---|
| 166 | 98 | 35.6 | 130/84 | 81 mins. | L N<br>R | Uncorrected 6/6 6/6<br>Corrected | 14 | |

| 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.)**

**ASSESSMENT:**

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

Date: 16/11/2021 Name (Block Capitals): Dr. / Nurse Signature:

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

**REVIEW/CONSULTATION**

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

مركز بلاد السلام الطبي

Peace Land Medical Center

## Epworth Screening Questionnaire for Sleep Apnoea

| | |
|---|---|
| Employee Dat: SAQIB KABR 38 Y(M) «Blank» 16/11/21 11:31 0024521 PEACELAND 63875 Bill 0029317 | Date: 16/11/21 |
| Name: | Department/Company: Irrig Oman |
| I. D No. | Occupation: Operator |

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 a 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 Saqib (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: _____ Date: 16/11/21

**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:** | SAQIB KABIR | **Doc No:** | 0013828 |
| **Age:** | 38 Y **Nationality:** PAKISTANI | **File No:** | 0024521 |
| **Gender:** | M | **Bill No:** | 0029317 |
| **Ref. By:** | DR. EMAD OMER | **Date:** | 16/11/2021 |
| **GSM No.:** | 94832715 | **Time:** | 20:11 |

| Test | Result | Normal Range |
|---|---|---|
| TRUCK OMAN-PDO MEDICAL CHECKUP BELOW 40 YRS | | |
| COMPLITE BLOOD COUNT | | |
| RBC | **4.9 10"9/l** | Male 4.38 -4.98 10"2/l<br>Female 4.5- 5.5 10"12/l |
| HAEMOGLOBIN | **14.3 gm %** | Male 13 - 16 gm %<br>Female 11 - 14 gm % |
| HCT | **41.2 %** | Male 39.30 -44.10 %<br>Female 37 -47 % |
| MCV | **87 fl** | 84-94 fl |
| MCH | 28.4 pg | 27 - 33 pg |
| MCHC | **30.4 g/dl** | 29.6 - 35.6 % |
| WBC COUNT | **9.0 10"9 d/l** | 5.0 - 11.0 10"9/l |
| DIFFERENTIAL COUNT | | |
| NEUTROPHIL | 60 % | 40-75 % |
| LYMPHOCYTE | 35 % | 20-45 % |
| EOSINOPHIL | 02 % | 1-6 % |
| MONOCYTE | 02 % | 2-8% |
| BASOPHIL | 01 % | 0-1% |
| ESR | | Male 0 - 22 mm / 1st hour<br>Female 0 - 20 mm / 1st hour |
| PLATELET | **188 10"9/l** | 156 - 342 10"9/l |
| SICKLE CELL TEST | NEGATIVE | |
| LIVER FUCTION TEST | | |
| ALKALINE PHOSPHATASE | **68 U/L** | 53 - 128 U/L |
| S. BILIRUBIN TOTAL | **0.57 mg/dl** | 0 - 2.0 mg/dl |
| S.G.O.T. | **33.0 U/L** | 0 - 35.0 U/L |
| S.G.P.T. | **42.8 U/L** | 10 - 45 U/L |

*Medical Technologist*

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## LAB RESULT

**Name:** SAQIB KABIR
**Age:** 38 Y **Nationality:** PAKISTANI
**Gender:** M
**Ref. By:** DR. EMAD OMER
**GSM No.:** 94832715

**Doc No:** 0013828
**File No:** 0024521
**Bill No:** 0029317
**Date:** 16/11/2021
**Time:** 20:11

| Test | Result | Normal Range |
|---|---|---|
| GGT | **50.0 mg/dl** | 0 - 55.0 mg/dl |
| ALBUMIN | **4.2 mg/dl** | 3.50 - 5.20 mg/dl |
| TOTAL PROTEIN | **7.1 mgd/l** | 6 - 8 mgd/l |
| S. BILIRUBIN DIRECT | **0.13 mg/dl** | 0.0 - 0.20 mg/dl |
| RENAL FUNCTION TEST | | |
| UREA | **18.0 mg/dl** | 18.0 - 55.0 mg/dl |
| S.CREATININE | **0.85 mg/dl** | 0.70 -1.30 mg/dl |
| S.URIC ACID | **6.4 mg/dl** | 3.5 - 7.2 mg/dl |
| LIPID PROFILE | | |
| Total Cholesterol | **190 mg/dl** | 0.0 - 200 mg/dl |
| Triglyceride | **158 mg/dl** | 0.0 - 150 mg/dl |
| HDL - CHOL | **41.6 mg/dl** | 35.0 - 79.0 mg/dl |
| LDL - CHOL | **116.8 mg/dl** | < 100 mg/dl |
| VLDL | **31.6 mg/dl** | 2.0 - 30 mg/dl |
| FASTING BLOOD SUGAR | **90.5 mg/dl** | 74 - 100 mg/dl |
| URINE ROUTINE ANALYSIS | | |
| PHYSICAL | | |
| Quantity | **5 ml** | |
| Colour | Yellow | |
| Sp. Gravity | 1.000 | |
| pH | Acidic | |
| Appearance | Clear | |
| CHEMICAL | | |
| Nitrite | Negative | |
| Protein | Negative | |
| Glucose | Negative | |
| Ketones | Negative | |

*Medical Technologist*

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| **Ref. By:** | DR. EMAD OMER | **Date:** | 16/11/2021 |
| **GSM No.:** | 94832715 | **Time:** | 20:11 |

| Test | Result | Normal Range |
|---|---|---|
| Urobilinogen | Normal | |
| Bilirubin | Negative | |
| Blood | Negative | |
| MICROSCOPIC | | |
| PUS CELLS | 2-3 | |
| EPITHELIAL CELLS | 1-2 | |
| RBC'S | 1-2 | |
| CASTS | NIL | |
| CRYSTALS | NIL | |
| BACTERIA | NIL | |
| OTHERS | NIL | |

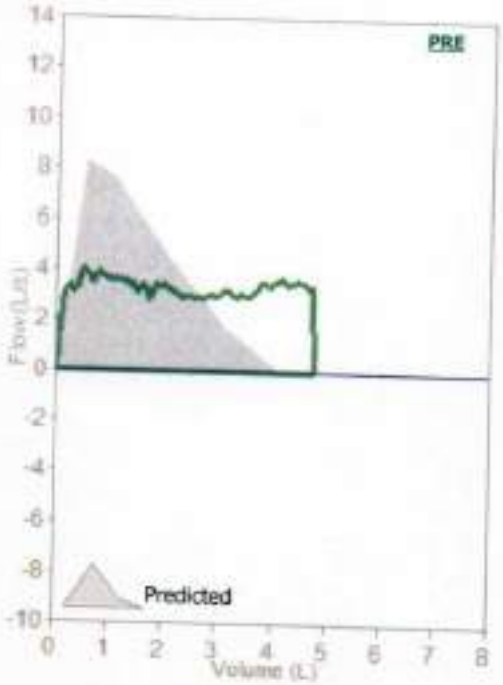
*Medical Technologist*

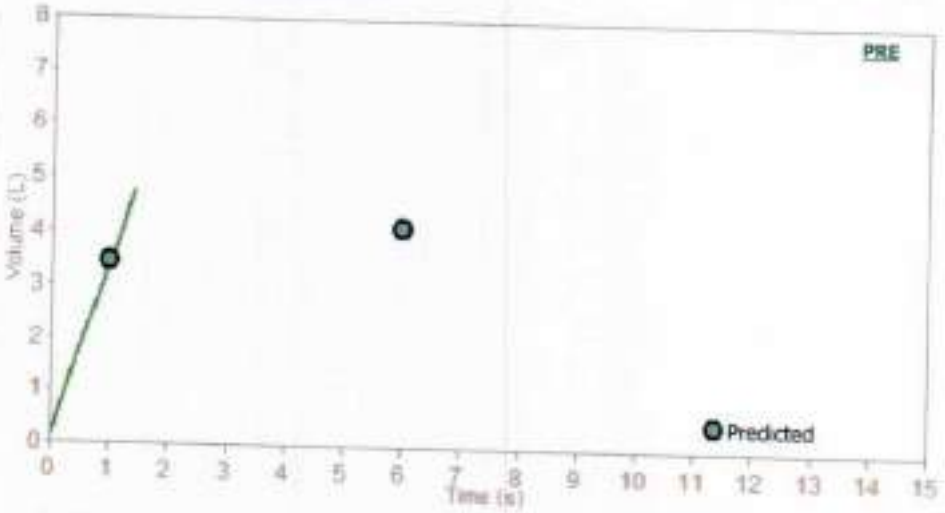
## Pulmonary Function Test Results

### Visit date 16/11/2021

| | | | |
|---|---|---|---|
| Patient code | 57990887 | Age | 37 |
| Surname | KABIR | Gender | Male |
| Name | SAQIB | Height, cm | 166 |
| Date of birth | 26/11/1983 | Weight, kg | 98 |
| Ethnic group | Not defined | BMI | 35.56 |
| Smoke | | Pack-Year | |
| Patient group | | | |

FVC FEV1 FEV1%




Quality Control Grade: F
0 Acceptable trials

### Interpretation

Normal Spirometry

### PRE Trial date 16/11/2021 11:43:03

| Parameters | | LLN | Pred | Best | %Pred | Z-score | PRE # 1 | PRE # 2 | PRE # 3 | POST | %Pred | %Chg |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FVC | L | 3.08 | 4.13 | 4.76* | 115 | 0.99 | 4.76 | | | * | | |
| FEV1 | L | 2.58 | 3.44 | 3.40* | 99 | -0.08 | 3.40 | | | * | | |
| FEV1/FVC | % | 74.1 | 84.2 | 71.4* | 85 | -2.08 | 71.4 | | | * | | |
| PEF | L/s | 4.90 | 8.32 | 4.07* | 49 | -2.04 | 4.07 | | | * | | |
| ELA | Years | | 37 | 39 | 105 | | 39 | | | | | |
| FEF2575 | L/s | 1.97 | 3.75 | 3.18 | 85 | -0.53 | 3.18 | | | | | |
| FET | s | | 6.00 | 1.39 | 23 | | 1.39 | | | | | |
| FIVC | L | 3.08 | 4.13 | | | | | | | | | |
| FEV1/VC | % | 74.1 | 84.2 | | | | | | | | | |

*Best values from all loops - BTPS 1.082 27 °C (80.6 °F) - Predicted Knudson

### Conclusion / Medical report

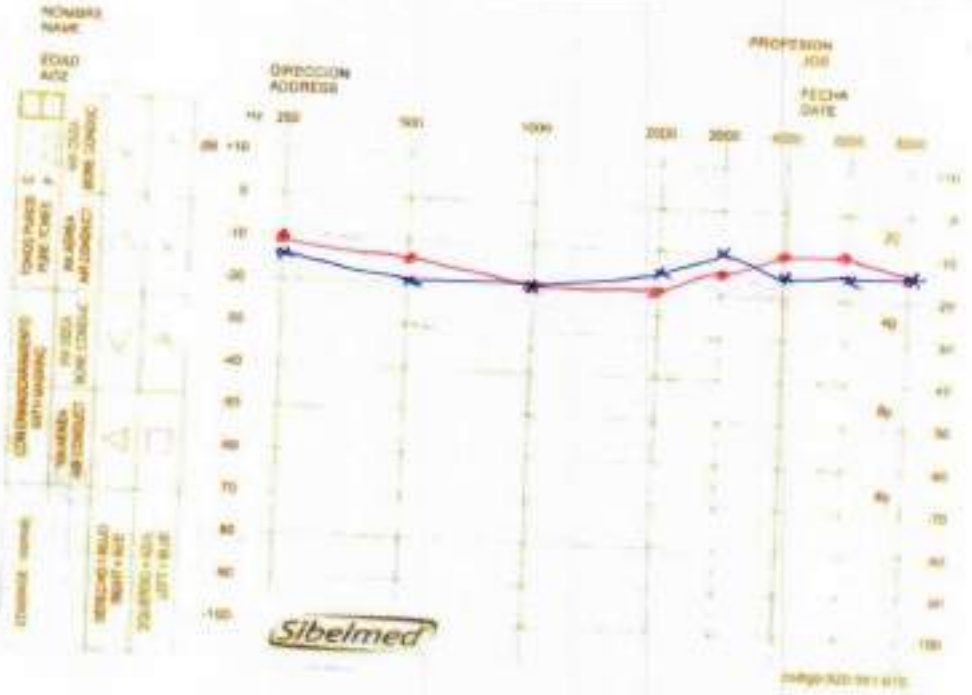
*Signature*

Instrument used
Minispir S S/N C11S07
Last calibration check 01/11/2021 09:35:10

# Peace Land Medical Center

## AUDIOMETRY TEST REPORT

| | | | | | |
|---|---|---|---|---|---|
| Name: | | SACIB KABIR | | Company | TRUCKMAN |
| Gender: | M | 36 Y(M) «Blank» | 16/11/21 11:31 | Occupation | OPERATOR |
| Ref By: | Dr. Emad Omer | 63875 | 0024521 | Date: | 16/11/21 |
| | | Bill # | 0029317 | PEACELAND | |




INTERPRETATION
× LEFT EAR
○ RIGHT EAR

RESULT
☑ Normal
☐ Hearing Loss
☐ Left ☐ Right

PEACE LAND MEDICAL CENTER

## Fitness for work certificate

| Employee Data | | Date | 16/11/2021 |
|---|---|---|---|
| Name | Saqib Kabir | Department/Company | T-O |
| I.D No. | 57990887 | Occupation | Operator |

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 | | | |
| Name of health advisor Signature | | Date | 16/11/2021 |

Dr. EMAD OMER
General Practitioner
MOH License No.:6805