TON-

PEACE LAND MEDICAL CENTER MUKHAIZNA

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

ient 18781 Reg.Dt 18/09/2022

me NASSER ABDULLAH SAAIYID AL DALHAMI

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	SAAIYID AL-DALHAMI
Forenames	NASSER ABDULLAH
Address	2999194
Home telephone number	91128884 .(EMP # 620)

Place of examination: NKHAIZNA Date: 18-9-22

If a dependant enter employee's name here: Surname: Forenames:

Birth date: 26-10-74 Nationality: OMANI Country of birth: OMAN Religion: MUSLIM

☑ Male ☐ Female ☑ Married ☐ Single ☐ Seperated /Divorced Relationship to employee ☐ Wife ☐ Son ☐ Daughter Number of children: 4

Reason for examination Pre-Employment ☐ Periodic medical check-up ☑ Pre-Overseas ☐ Job: PRO 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			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? NO Average daily alcohol consumption NO

Have you ever taken elicited drugs? ( )

FAMILY HISTORY: Diabetes (M F) 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: 18-9-22 Signature of Applicant:

Peace Land Clinic Mukhaizna

PEACE LAND MEDICAL CENTER MUKHAIZNA

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.	PULSE	HEARING	VISION DISTANT R L	VISION NEAR R L	Colour Vision	Blood Group
168	56	19.8	120/80	80 / mins.	L N R N	Uncorrected 6/6 6/6		N	
						Corrected			

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 3.90
✓		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: Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

DR. AMR MOHAMED
M.O.H. REG. NO. - 18901

Peace Land Clinic Mukhaizna

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

TON

مركز بلاد السلام الطبي
Peace Land Medical Center

Epworth Screening Questionnaire for Sleep Apnoea					
NAME	NASSER ABDULLAH			COMPANY	TRUCK BADAN NORTH
ID No	29979194	GENDER	M	OCCUPATION	DRO
Mob.No	91128884			DATE	18/9/22

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-Hight chance of dozing

0 Sitting and reading

0 Watching TV

0 Sitting inactive in a public place(e.g.Teatere 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 Nasser Abdullah (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: [signature] Date: 18-9-22

Peace Land Clinic Makhaizna

Peaceland Medical Service LLC, Mukhaizna
CR No.:2/13627/9, P.O.Box: 1403,
Postal Code: 133,
Occidential Camp Mukhaizna, Sultanate of Oman

PATIENTDETAILS :

Patient ID	: 15781	**Doc No**	: 2311
Name	: NASSER ABDULLAH SAAIYID AL DALHAMI	**Doc Date**	: 2022-09-18T10:24:00
Age	: 47Y	**Bill No**	: 20507
Gender	: Male	**Date**	: 18/09/2022 10:24 AM
Nationality	: OMANI	**Customer**	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 91126884	**Ref.by**	: AMR MOHAMED AHMED

TEST RESULT : PDOM PDO MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
PDO MEDICAL CHECKUP			
URINE ROUTINE ANALYSIS			
Colour	Pale yellow		
Sp. Gravity	1.020		
pH	Acidic		
Appearance	Clear		
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
PUS CELLS	1-2		
EPITHELIAL CELLS	1-2		
RBC'S	1-2		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NIL		
OTHERS	NIL		

ported By:
MED ALHAG

Lab Technologist

ted at: 18/09/2022 10:33:19

Peace Land Clinic Mukhaizna

Verified By:

Sr. Lab Technologist

Signed at: 18/09/2022 10:33:17

Specialist Pathologist:

Sr. Lab Technologist

Peaceland Medical Service LLC, Mukhaizna
CR No.:2/13627/9, P.O.Box: 1403,
Postal Code: 133,
Occidental Camp Mukhaizna, Sultanate of Oman

Test	Result	Normal Range	Detailed Description
COMPLITE BLOOD COUNT			
RBC	4.7 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	11.4 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	36 %	Male 42 -52 % Female 37 -47 %	
MCV	76 fl	76 - 96 fl	
MCH	24 pg	27 - 33 pg	
MCHC	32 %	32 36 %	
WBC COUNT	3100 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	40 %	40-75 %	
LYMPHOCYTE	47 %	20-45 %	
EOSINOPHIL	4 %	1-6 %	
MONOCYTE	9 %	2-8%	
BASOPHIL	0 %	0-1%	
PLATALATE	1.72 lakhs/cumm	1.5 - 3.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIPID PROFILE			
Total Cholesterol	180 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	179 mg/dl	Normal < 200 mg/dl Border line 200 - 250 mg/dl High > 250 mg /dl	
HDL - CHOL	61 mg/dl	Low Risk > 50 mg/dl Normal Risk 35 - 50 mg/dl High Risk < 35 mg/dl	

ported By:
MED ALHAG

Lab Technologist

ited at: 18/09/2022 10:33:19

Peace Land Clinic Mukhaizna

Verified By:

Sr. Lab Technologist

Signed at: 18/09/2022 10:33:17

Specialist Pathologist:

Sr. Lab Technologist

Peaceland Medical Service LLC, Mukhaizna
CR No.:2/13627/9, P.O.Box: 1403,
Postal Code: 133,
Occidential Camp Mukhaizna, Sultanate of Oman

Test	Result	Normal Range	Detailed Description
LDL - CHOL	83 mg/dl	65 - 130 mg/dl	
FASTING BLOOD SUGAR	95 mg/dl	70 - 110 mg/dl	
LIVER FUCTION TEST			
ALKALINE PHOSPHATASE	5 u/l	44-147 U/ L	
T. BILIRUBIN	0.6 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.2 mg / dl	up to 0.4 mg /dl	
IINDIRECT BILIRUBIN	0.4 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	19 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	20 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	7.7 g /dl	New born 5.2 - 9.1 g /dl Children 5.4 - 8.7 g /dl Adult 6.7 - 8.7 g /dl	
ALBUMIN	4.3 g / dl	3.6 - 5.5 g/dl	
GGT	32 u / L	4 - 48 U/L	
RENAL FUNCTION TEST			
UREA	31 mg / dl	10-50 mg /dl	
S.CREATININE	0.8 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	5.1 mg / dl	3.4 - 7.2 mg /dl	

emarks:

orted By:
MED ALHAG

Lab Technologist

ted at: 18/09/2022 10:33:19

Peace Land Clinic Mukhaizna

Verified By:

Sr. Lab Technologist

Signed at: 18/09/2022 10:33:17

Specialist Pathologist:

Sr. Lab Technologist

6 Channel + 1 Rhythm Report

Hosp:

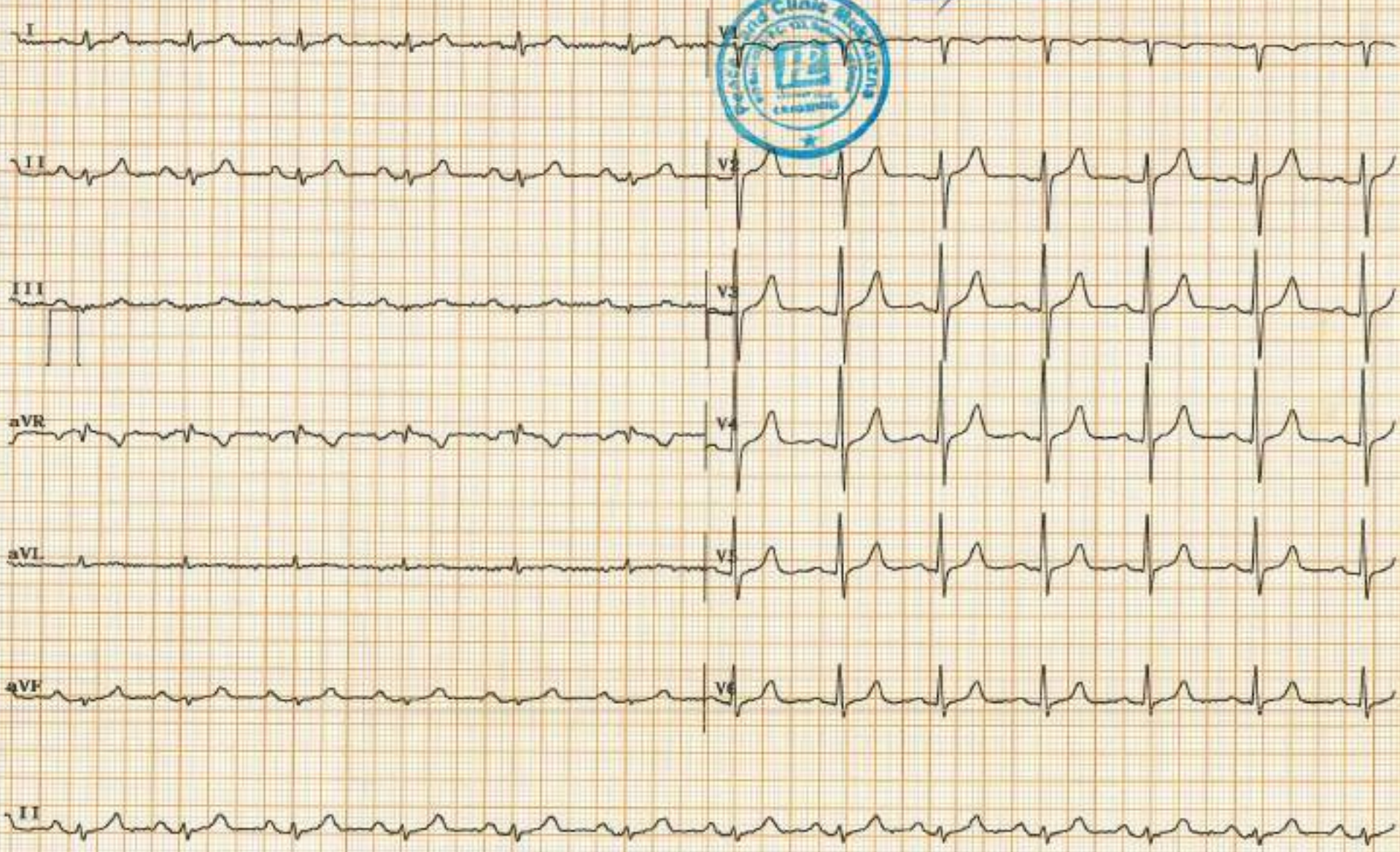
Prescribed by:

ient 15781 Reg.Dt 18/09/2022

me NASSER ABDULLAH SAAIYID AL DALHAM

Heart Rate: 78 bpm
PR/RR Int.:184/769 ms
QRS Dur: 106 ms
QT/QTc: 390/446 ms
P-R-T axes: 67 -15 55
SV1/RV5/R+S:0.42/1.02/1.44mV

** Analysis Result ** (To be finally confirmed by physician)
Normal Sinus Rhythm
[Normal ECG]



Base:OHz LPF:150Hz AC:50Hz EMG:Off 10.0mm/mV 25.0mm/sec EKG2000 6.00/3.24 Bionet Co., Ltd.

بلاد السلام للخدمات الطبية ش.م.م
Peace Land Medical Services L.L.C

PATIENT ID: 15781

Estimated 10-year Global CVD Risk
3.90%

Risk Category
Low Risk

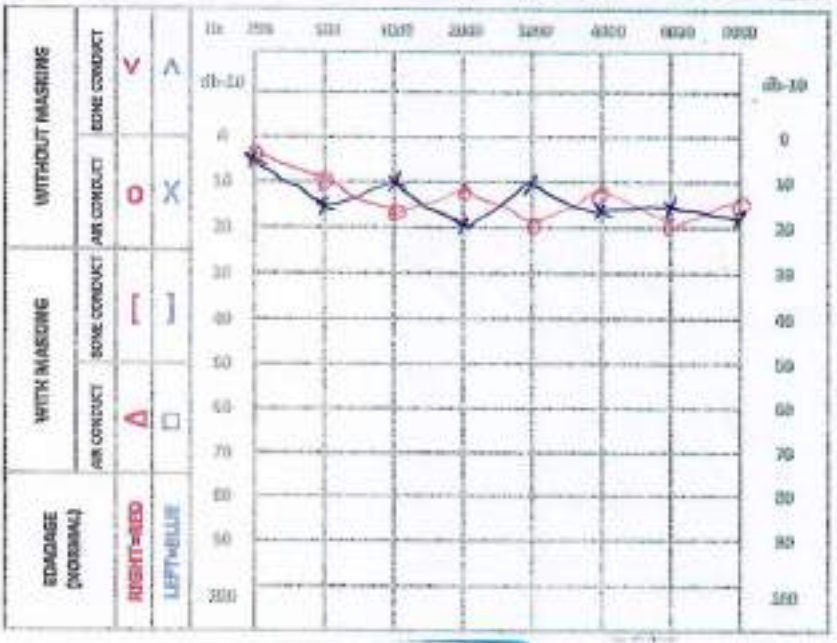
Estimated Vascular Age
40 Years

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)

Peace Land Clinic Mukhaizna

AUDIOMETRY TEST REPORT

NAME: Nasser Abdullah Saaiyid Al Dahami	COMPANY: TDN :
AGE: 26-10-1974 GENDER: M / F	OCCUPATION: PRO
REF. BY:	DATE: 18/09/2022



Sibelmed

INTERPRETATION
O RIGHT EAR
X LEFT EAR

RESULT
☑ NORMAL
HEARING LOSS
☐ RIGHT
☐ LEFT

Dr. Amr Mohamed

DR. AMR MOHAMED
GENERAL PRACTITIONER

Peace Land Clinic Mukhaizna

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

Fitness for work certificate

Employee Data			Date	18/09/2022
Name	Nasser Abdulkh Saaqid Al Dalhami		Department/Company	TON
I.D No.	2999194		Occupation	PRO

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 18/9/22
Name of health advisor Signature	Dr Ann mohand		

P.O. Box 1403 Postal Code 133 Al Azaiba Intersection of Sahwa Tower, Sultanate of Oman
Tel. 24817117 / 24817140 / 24817149