TOH-

16053

Appendix 33: EX2 Form (Routine/Periodic Medical Examination)

INE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

velopment Oman
AL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames	KHALID HAMDAN AL-BAKUSHI
Nationality	OMANI
D.O.B:	10-08-1981
Mobile No.	99060098
Address:	10531969
Company Number:	10157
Reference Indicator:	

Personal Details

A ☑ Male ☐ Female

☑ Married ☐ Single ☐ Separated /Divorced /Widow(er)

Home/Leave Address:

Relationship to employee
☐ Wife ☑ 3 Son ☑ 2 Daughter

No of Children: 5

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☑ Final / Retirement ☐ Other Reason: ☐

Employee only

B Present Job and Location: SUPERVISOR

Next Job and Location:

Are you a registered person with special needs? ☐

Do you belong to any Medical Insurance Scheme? ☐

Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.

Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' please describe

		N	Y	Description
Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?		√		
1	Ear, nose, eye or throat problems	√		
2	Chest problems like asthma, bronchitis, another bad cough	√		
3	Heart abnormality, chest pains	√		
4	Abdominal pains, abnormal bowel motions	√		
5	Urogenital problems (kidney disease, menstrual disorder)	√		
6	Skin trouble or allergies	√		
7	Epileptic fits, dizzy spells or migraine	√		
8	History of mental illness, depression anxiety	√		
9	Diabetes, thyroid disease ,history of Hypertension	√	✓	DM ON MEDKATION, HTN ON MEDICA
10	Blood disorder e.g. anaemia, blood cancer e.g. leukaemia	√		
11	Any history of accidents or fractures	√		
12	**Have you had any serious allergies**	√		
13	Do any dependants have a significant ongoing illness?	√		
14	Any family history of cancers	√		
Do you take any regular medicines, or have your taken in the past?		√	✓	TAB BISOPROLOL 2.5MG 1-0-0 / TAB LISINOPRIL 10MG 1-0-0
Do you smoke? If yes, what and how much each day?		√		TAB METFORMIN 500MG - 1-1-1
Do you drink alcohol? If yes, what is your average weekly intake?		√		
Have you ever taken elicited/recreational drugs?		√		
Are you doing regular sports or physical activities?		√		

STATEMENT: I have read the above questions and the above answers are correct and no information concerning my present or past state of health has been withheld. . I understand and agree that this form will be held as a confidential record by PDO Medical Department, and may be copied (by paper or secure electronic transmission) to the Occupational Health Services for the purpose of Health Surveillance and other Occupational Health review.

Date: 10-11-2024

Peace Land Clinic Mukhaizna

Signature of Applicant:

Appendix 33: EX2 Form (Routine/Periodic Medical Examination)

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N = Normal	A = Anormal (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.

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	Color Vision
164	72	26.8	140/90 mmhg	98 /mins.	L N R N	DISTANT R 6/6 L 6/6; NEAR R L; Uncorrected / Corrected	1. Normal ✓ 2. Abnormal

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis		✓		7. Audiogram
✓		2. Hb, Blood count, 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.)

FIT

ASSESSMENT AND RECOMMENDATIONS:

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

Date: 10/11/2025 Name (Block Capitals): Dr. / Nurse DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087

Peace Land Clinic Mukhaizna P.O. Box 7401, P.C. 133, Sultanate of Oman

Signature:

REVIEW/CONSULTATION

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

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	: 16053	Doc No	: 11152
Name	: KHALID HAMDAN ALI AL BALUSHI	Doc Date	: 2024-11-10T16:20:00
Age	: 43Y	Bill No	: 32069
Gender	: Male	Date	: 10/11/2024 16:20 PM
Nationality	: OMANI	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 99060098	Ref.by	: DR.HASHIM ABDALLAH

TEST RESULT : PDOM PDO MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
PDO MEDICAL CHECKUP			
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	88 u/l	44-147 U/ L	
T. BILIRUBIN	0.7 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.2 mg / dl	up to 0.4 mg /dl	
INDIRECT BILIRUBIN	0.5 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.	40 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	8 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	4.5 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	33 mg / dl	10-50 mg /dl	
S.CREATININE	1 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	7 mg / dl	3.4 - 7.2 mg /dl	
FASTING BLOOD SUGAR	108 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.020		
pH	Acidic		
Appearance	Clear		
CHEMICAL	0		
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC			

Reported By:
Lab Technician

Sr. Lab Technologist

Printed at: 10/11/2024 16:21:56

Peace Land Clinic Mukhaizna

Verified By:
Lab Technician

Sr. Lab Technologist

Signed at: 10/11/2024 16:21:56

Approved By:
Lab Technician

Sr. Lab Technologist

Test	Result	Normal Range	Detailed Description
PUS_CELLS	1-2		
EPITHELIAL CELLS.	1-2		
RBCS	1-2		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA.	NIL		
OTHERS.	NIL		
COMPLETE BLOOD COUNT			
RBC	6 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	15 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	49 %	Male 42 -52 % Female 37 -47 %	
MCV	76 fl	76 - 96 fl	
MCH	26 pg	27 - 33 pg	
MCHC	32 %	32 36 %	
WBC COUNT	9600 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	54 %	40-75 %	
LYMPHOCYTE	33 %	20-45 %	
EOSINOPHIL	5 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
PLATELET	3.5 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
LIPID PROFILE			
Total Cholesterol	200 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	150 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	67 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	129 mg/dl	< 130 mg/dl	
VLDL	30 mg/dl	2-30 mg/dl	
NON HDL CHOLESTEROL	130 mg/dl	Less than 130mg/dl	

Remarks:

Peace Land Clinic Mukhaizna

2024-11-10 13:48:10 6 Channel + 1 Rhythm Report Hosp:

16053

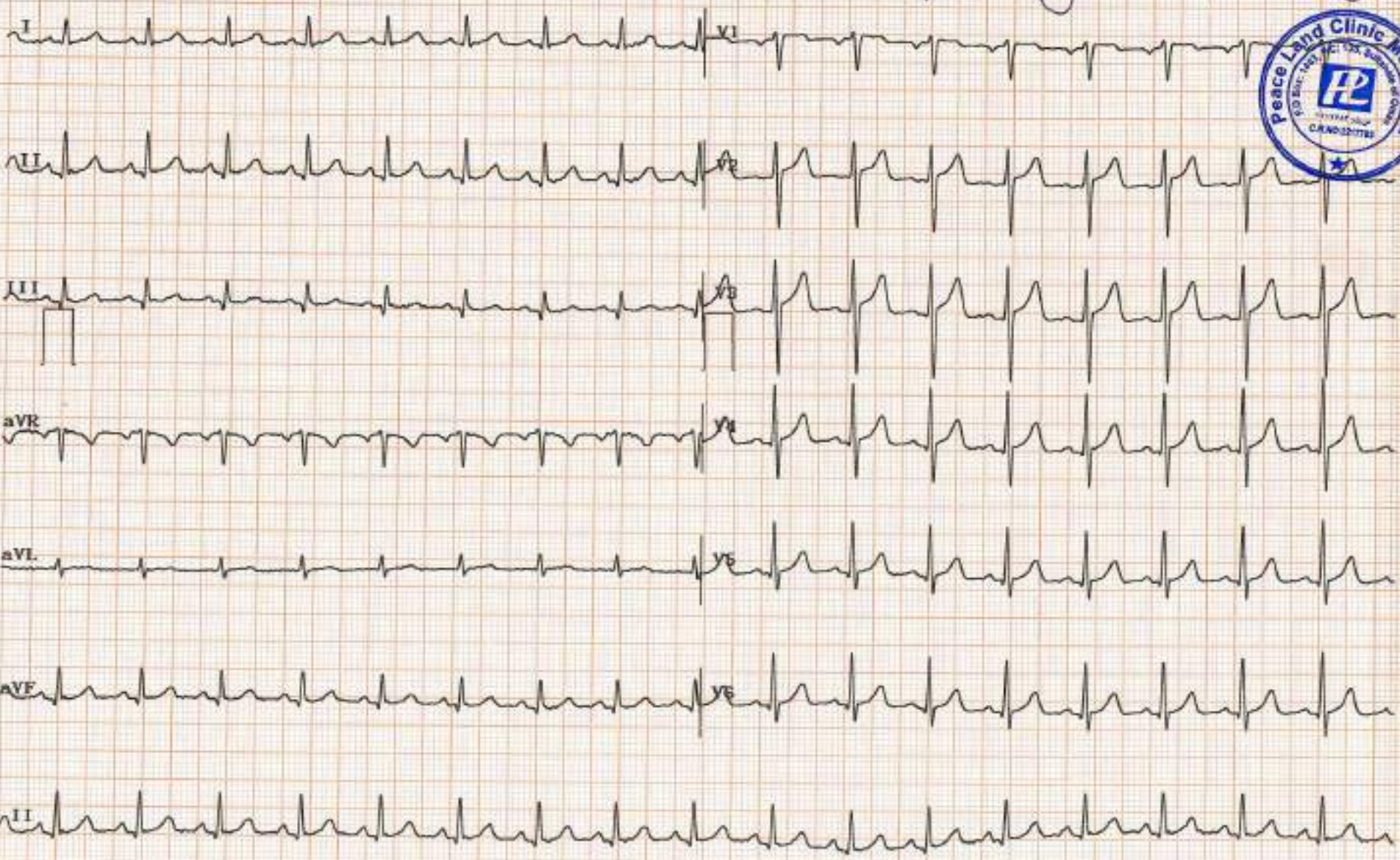
Prescribed by:

Heart Rate: 106 bpm
PR/RR Int.:138/566 ms
QRS Dur: 90 ms
QT/QTc: 322/428 ms
P-R-T axes: 53 49 44
SV1/RV5/R+S:0.56/0.92/1.48mV

** Analysis Result ** (To be finally confirmed by physician)
Sinus Tachycardia(HR:100-130)
[Minimally Abnormal or Normal Variation ECG]

Normally NO C/M - regular

Peace Land Clinic Mukhaizna



Base:0.2Hz LPF:Off AC:50Hz EMG:Off 10.0mm/mV 25.0mm/sec EXG2000 6.00/3.24 Bionet Co., Ltd.

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

PATIENT ID: 16053

Estimated 10-year Global CVD Risk

13.20%

Risk Category

High Risk

Estimated Vascular Age

60 Years

Treatment Guidelines

ATP-III (2004)
Treatment Targets

LDL <100 mg/dL (<2.59 mmol/L)
Non-HDL <130 mg/dL (<3.37 mmol/L)

CCS (2009)
Treatment Targets

LDL <2 mmol/L (<77 mg/dL) or ≥50 % decrease in LDL-C
apoB <0.8 g/L (80 mg/dL)

ESC (2007, see Info for more)
Treatment Targets

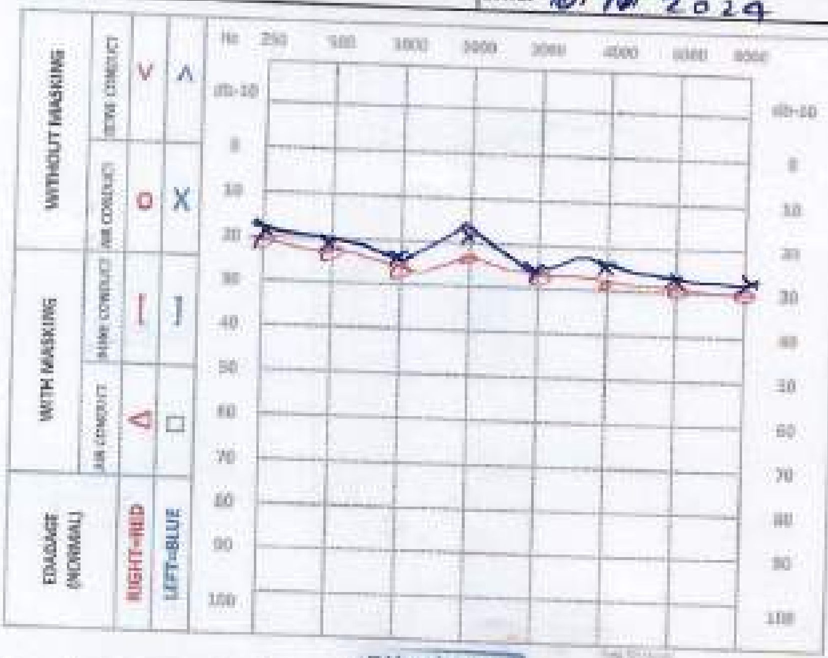
LDL <2-2.5 mmol/L (<80-100 mg/dL)
TChol <4-4.5 mmol/L (<155-175 mg/dL)

Peace Land Clinic Mukhaizna

مركز بلاد السلام الطبي
Peace Land Medical Center

AUDIOMETRY TEST REPORT

NAME: KHALID HAMDAN AL BALUSHI	COMPANY: TRUCKOMAN
AGE: 10/08/1981 GENDER: M/F	OCCUPATION: SUPERVISOR
REF. BY:	DATE: 10/ / 2024



INTERPRETATION
O RIGHT EAR
X LEFT EAR

RESULT

- [x] NORMAL

HEARING LOSS

- [ ] RIGHT
- [ ] LEFT

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

Peace Land Clinic Mukhaizna

P.O. Box 1403, Postal Code : 131, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617149 / 24617149

مركز بلاد السلام الطبي
Peace Land Medical Center

Fitness for work certificate

Employee Data	
Name: KHALID HAMDAN AL BALUSHI	Date: 10/11/2024
I.D No.: 10531969.	Department/Company: TRUCK OMAN
	Occupation: SUPERVISOR

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			
Pulling, pushing, or carrying weight over ___ Kg		FIT	
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 10/11/2024
Name of health advisor Signature			

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

Peace Land Clinic Mikhaizna

P.O. Box 1403, Postal Code ... Al Azaiba Roundabout ... Sultanate of Oman