



T.O.N
OCCIDENTAL (Routine/Periodic Medical Examination)
ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

Ident 28018 Reg.Dt 27/08/2023
Name HAMED MUSLEM MASI AL MAHRUQI
Gender Male Nationality OMANI

Occidental Oman
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname/
Forenames HAMED MUSLEM MASI
AL MAHRUQI

Nationality OMANI DOB 13/11/1982
Company Number: 10170 Reference Indicator:

Mobile No. 96519141 Address: 8236497

Personal Details

A <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced /Widow(er)
Home/Leave Address:	Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter No of Children: 4

Reason for Examination (tick as appropriate)

Periodic Medical Examination <input checked="" type="checkbox"/>	Final / Retirement <input type="checkbox"/>	Other Reason: <input type="checkbox"/>
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Employee only

B Present Job and Location: OPERATION MANAGER	Next Job and Location:
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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	✓		
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 you taken in the past?	✓		
Do you smoke? If yes, what and how much each day?	✓	✓	OCCASSIONALY
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?	✓	✓	WALKING

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: 27/08/2023

Signature of Applicant:





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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.										
HEIGHT cm	WEIGHT kg	BMI	B.P. mmhg	PULSE 70/mins.	HEARING L N R N	VISION				Color Vision	
170	67	23.2	110 70			DISTANT Uncorrected Corrected	NEAR 6/6	R L	R L	✓ Normal 2. Abnormal	
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A				
✓	1. Urinalysis					✓	7. Audogram				
✓	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.)											
<p>Advised - LCM - Exercise + Diet control. - Review in 3 weeks and take specialist opinion from</p>											
FIT ASSESSMENT AND RECOMMENDATIONS: <input checked="" type="checkbox"/> FIT ALL AREAS <input type="checkbox"/> FIT WITH RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> UNFIT 28-8-23 Date: Name (Block Capitals): Dr. / Nurse REVIEW/CONSULTATION R. SHAH FAISAL General Practitioner MOH Lic No. 22368 Signature: Date: Name (Block Capitals): Dr. / Nurse Signature:											



Peace Land Medical Center
 P.O.Box 1403, Postal Code: 133, Al Azaiba Al Sahwa Tower
 Sultanate of Oman
 Tel: 24617117/24617148/24617149

Name: HAMED MUSLEM MASI AL MAHRUQI File No: 20018
 Age: 40 Y Nationality : OMANI Bill No: 25720
 Gender: MALE Date: 27/08/2023
 Ref.By: DR : SHIMA Time:
 GSM No.: 96519141

Test	Result	Nomal Range
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URINE ROUTINE ANALYSIS

PHYSICAL

Quantity	5 ml	5 ml
Colour	Yellow	Yellow
Sp. Gravity	1.020	
pH	Acidic	
Appearance	Clear	

CHEMICAL

Nitrite	Negative	Negative
Protein	Negative	Negative
Glucose	Negative	Negative
Ketones	Negative	Negative
Urobilinogen	Normal	Normal
Bilirubin	NIL	Negative
Blood	Negative	Negative

MICROSCOPIC

PUS CELLS	1-2	2-4/ hpf
EPITHELIAL CELLS	1-2	2-4/ hpf
RBC'S	1-2	0-4/ hpf
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	

COMPLETE BLOOD COUNT

RBC	6	Male 4.38 - 4.98 10 12/l Female 4.5 - 5.5 10 12/l
HAEMOGLOBIN	15	Male 13 -16 gm % Female 11 - 14 gm %
HCT	46.00%	Male 39.30 -44.10 % Female 37-47 %
MCV	71	84-94 ft
MCH	23	26.3-31.9 pg
MCHC	33	29.6-35.6g/dl (4.0-11.0) 10 9/l
WBC COUNT	4.7	

Medical Technologist



DIFFERENTIAL COUNT		
NEUTROPHIL	23%	53-69.7 %
LYMPHOCYTE	72%	23.9-37.9 %
EOSINOPHIL	1%	1-6 %
MONOCYTE	4%	2-10 %
BASOPHIL	0%	0-1%
PLATELET	240	156-342 10 9/l
FASTING BLOOD SUGAR	97 mg/dl	80-110 mg/dl
LIVER FUNCTION TEST		
TOTAL PROTEIN	8 mg/dl	6-8.0 mg/dl
ALBUMIN	4 mg/dl	3.50-5.20 mg/dl
S. BILIRUBIN TOTAL	0.4 mg/dl	0.0-2.0 mg/dl
SERUM BILIRUBIN DIRECT	0.1 mg/dl	0.0-0.40 mg/dl
ALKALINE PHOSPHATE	59 U/L	44-147U/L
GGT	61 U/L	0.0-55 U/L
S.G.OT	17 U/L	0.0-45.0 U/L
S.G.P.T	34 U/L	10-45 U/L
RENAL FUNCTION TEST		
UREA	28 mg/dl	18.0-55.0 mg/dl
S. CREATININE	1 mg/dl	0.70-1.30mg/dl
URIC ACID	8.5 mg/dl	3.4-7.2 mg/dl
LIPID PROFILE(CH, TG, HDL,LDL)		
Total Cholesterol	<u>262 mg/dl</u>	Normal < 200 mg/dl Borderline 200- 239 mg/dl High > 240 mg/dl
TG	<u>569 mg/dl</u>	Normal < 200 mg/dl Borderline 200- 250 mg/dl High > 250 mg/dl
HDL-CHOL	48 mg/dl	35.3-79 mg/dl Low Risk > 50 mg/dl Nomal Risk 35-50 mg/dl High Risk < 35 mg/dl
LDL-CHOL	<u>161 mg/dl</u>	<130 mg/dl

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Medical Technologist

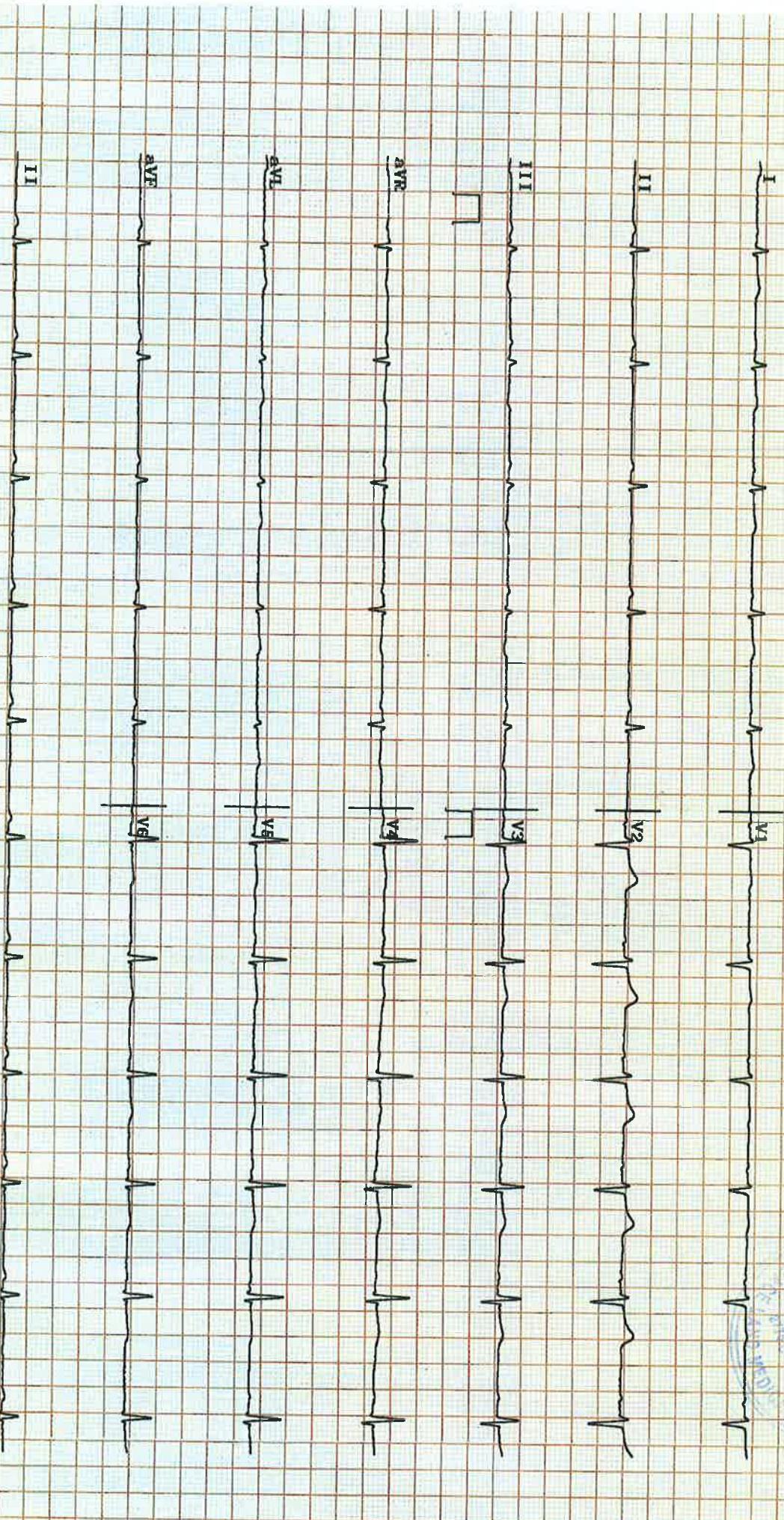


Int 20018 Reg'D 27/06/2023

mc HAMID NUSEIRI AL KAFRQI

id# 101 Nationality OMANI

6 Channel + 1 Rhythm Report. Hosp: Prescribed by:
 Heart Rate: 66 bpm ** Analysis Result ** (To be finally confirmed by physician)
 PR/RR Int.: 164/909 ms Normal Sinus Rhythm
 QRS Dur: 98 ms [Normal ECG]
 QT/QTc: 448/469 ms
 P-R-T axes: 66 44 -7
 SV1/RV5/R+S: 0.77/1.33/2.10mV





PATIENT ID: 20018

Estimated 10-year Global CVD Risk

9.40%

Risk Category

Low Risk

Estimated Vascular Age

54 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)

Initial 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)

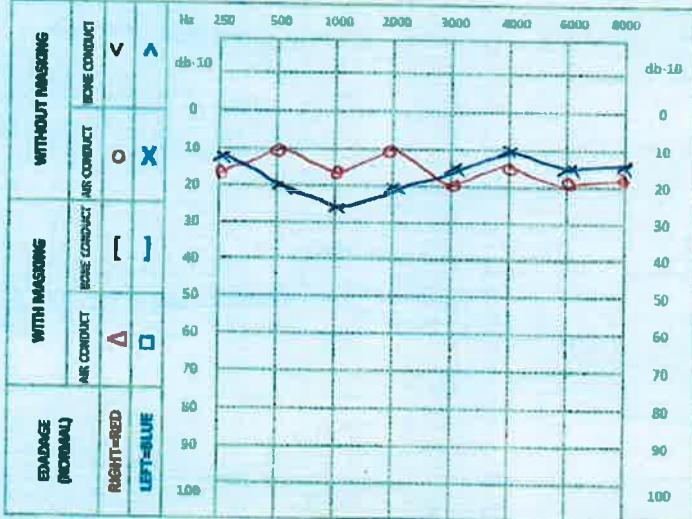
TChol <5 mmol/L (<194 mg/dL)





AUDIOLOGY TEST REPORT

NAME: HAMED MUSLEM MASI AL MAHRUQI		COMPANY: TRUCKMAN
AGE: 13/11/1982	GENDER: M/F	OCCUPATION: OPERATION MANAGER.
REF. BY:		DATE: 27/08/2023



INTERPRETATION

Sibelmed

RESULT
 NORMAL
HEARING LOSS
 RIGHT
 LEFT





مركز بلا حدود للطب والجراحة

Fitness for work certificate

Employee Data		Date	27/08/2023																																											
Name	HAMED MUSLEM AL MAHRUGI	Department/Company	TRUCKMAN																																											
I.D No.	8236497	Occupation	OPERATION MANAGER																																											
Type of Medical Evaluation Mark those applying ✓																																														
A1 Aircraft refuelling		A8 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) ✓ HI																																														
<p><i>The employee is fit for above work but should avoid the following task(s)</i></p> <table border="1"> <thead> <tr> <th></th> <th>Temporary restriction</th> <th>Permanent restriction</th> </tr> </thead> <tbody> <tr> <td>Work near moving machinery or sharp edges</td> <td></td> <td></td> </tr> <tr> <td>Working at height</td> <td></td> <td></td> </tr> <tr> <td>Pulling, pushing, or carrying weight over _____ Kg</td> <td></td> <td></td> </tr> <tr> <td>Ascend/descend ladders or stairs</td> <td></td> <td></td> </tr> <tr> <td>Operate motor vehicles, forklifts or heavy machinery</td> <td></td> <td></td> </tr> <tr> <td>Use of a respirator</td> <td></td> <td></td> </tr> <tr> <td>Repetitive twisting of valves or wrenches</td> <td></td> <td></td> </tr> <tr> <td>Flying</td> <td></td> <td></td> </tr> <tr> <td>Other (Specify)</td> <td colspan="3"><i>adult - LSM - Expert Delcally Review in 6 months</i></td> </tr> <tr> <td>Temporary Unfit until</td> <td colspan="3"><i>28-8-23</i></td> </tr> <tr> <td>Permanently Unfit</td> <td colspan="3"></td> </tr> <tr> <td>Name of health advisor Signature</td> <td colspan="3"><i>82</i></td> </tr> </tbody> </table>					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)	<i>adult - LSM - Expert Delcally Review in 6 months</i>			Temporary Unfit until	<i>28-8-23</i>			Permanently Unfit				Name of health advisor Signature	<i>82</i>		
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Specialist
opin. on dipos