



## OCCIDENTAL (Routine/Periodic Medical Examination)

## UTINE/PERIODIC EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

Ident 20018 Reg.Dt 27/08/2023  
me HAMED MUSLEEM MASI AL MAHRUQI  
ider Male Nationality OMANI

Occidental Oman  
CAL DEPARTMENT

Surname/  
Forenames HAMED MUSLEEM MASI  
AL MAHRUQI

Nationality OMANI DOB 13/11/1982

PLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Mobile No. 96519141 Address: 8236497 Company Number: 10170 Reference Indicator:

## Personal Details

A ☒ Male ☐ Female

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

Home/Leave Address:

Relationship to employee

☐ Wife ☐ Son ☐ Daughter

No of Children: 4

Reason for Examination (tick as appropriate)

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

## Employee only

B Present Job and Location:

OPERATION MANAGER

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	✓		
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?	✓	✓	OCCASSIONALLY
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:





## OCCIDENTAL (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
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.	PULSE	HEARING	VISION	Color Vision
170	67	23.2	110 70	70/mins.	L N R N	DISTANT R L R L Uncorrected 6/6 6/6 Corrected	✓ Normal 2. Abnormal

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
✓		1. Urinalysis	✓	7. Audlogram
✓		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 +)	9.4%	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.)

Advised - L.S.M  
- Exercise + Diet control  
- Review in 8 weeks and take specialist opinion then

#### ASSESSMENT AND RECOMMENDATIONS:

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

Date: 28-8-23 Name (Block Capitals): Dr. / Nurse

R. SHAH FAISAL  
General Practitioner  
MOH Lic No. 22368

#### REVIEW/CONSULTATION

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  
Age: 40 Y Nationality : OMANI  
Gender: MALE  
Ref.By: DR : SHIMA  
GSM No.: 96519141

File No: 20018  
Bill No: 25720  
Date: 27/08/2023  
Time:

Test	Result	Normal 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 <sup>12</sup> /l Female 4.5 - 5.5 10 <sup>12</sup> /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	
WBC COUNT	4.7	

Medical Technologist

29.6-35.6g/dl  
(4.0-11.0) 10<sup>9</sup>/l





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 <sup>9</sup> /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 Cholestrol	<u>262 mg/dl</u>	Normal < 200 mg/dl Borderline200- 239 mg/dl High > 240 mg/dl
TG	<u>569 mg/dl</u>	Normal < 200 mg/dl Borderline200- 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

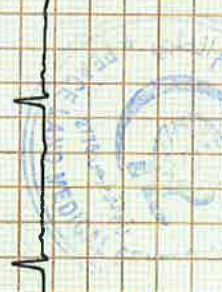
Medical Technologist





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## Analysis Result ## (To be finally confirmed by physician)
Normal Sinus Rhythm
[ Normal ECG ]
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Hosp:  
Prescribed by:



EKG2000 6.00/3.24 Bionet Co., Ltd.





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

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)

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)

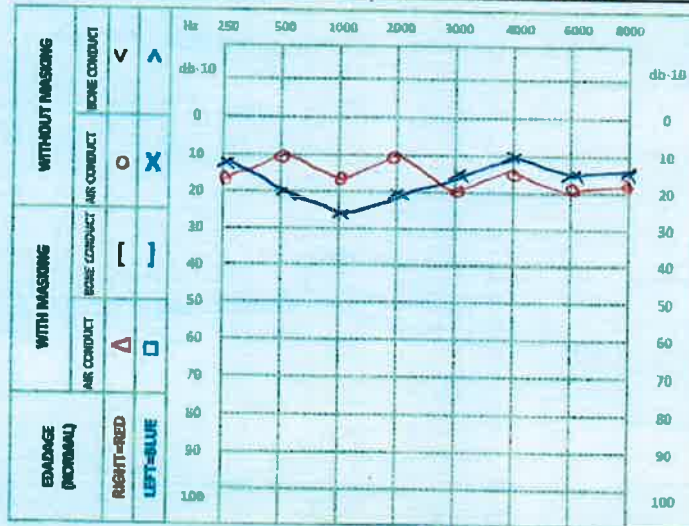
TChol <5 mmol/L (<194 mg/dL)





# مركز بلاد السلام الطبي Peace Land Medical Center

AUDIOMETRY TEST REPORT			
NAME: <b>HAMED MUSLEM</b>		COMPANY: <b>TRUCKOMAN</b>	
AGE: <b>13/11/1982</b>		OCCUPATION: <b>OPERATION</b>	
SEX: <b>M/F</b>		DATE: <b>28/08/2023</b>	
REF. BY:			



INTERPRETATION  
 O RIGHT EAR  
 X LEFT EAR

RESULT  
☒ NORMAL  
☐ HEARING LOSS  
☐ RIGHT  
☐ LEFT

Sibelmed



مركز بلاد السلام الطبي - 13/11/1982 - 28/08/2023  
 P.O. Box 1403, Postal Code: 133 41, 92216, Roundabout al Sarwa Tower, Sultanate of Oman  
 هاتف: 24611177 - 24611148 - 24611149 - 24611125 - 24611126 - 24611127 - 24611128





# مركز بلاد السلام الطبي Peace Land Medical Center

## Fitness for work certificate

Employee Data		Date 27/08/2023	
Name HAMED MUSLEM AL MAHRUGI		Department/Company TRUCKDRIVER	
I.D No. 8236497		Occupation OPERATION MANAGER	
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			
Lifting, 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)	advised - LSCM & Expertise Del Carlo Review in 8 weeks		
Temporary Unfit until	28-8-23		
Permanently Unfit			
Name of health advisor Signature		Date 28-8-23	
General Practitioner MOH Lic No. 22368		Signature	

Specialist opinion required