PEACE LAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)

Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname

Forenames: MOHAMMED SALEEM

Address: 96393563 Company Name: Truck oman

Home telephone number: 939868 PDO

Place of examination: muscat Date: 15/3/23

If a dependant enters employee's name here

Surname:

Forenames:

Birth date: 1/2/78 Nationality: pakistan Country of birth: pakistan Religion: Muslim

☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated /Divorced Relationship to employee ☐ Wife ☐ Son ☐ Daughter Number of children: 5

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

Name and address of family doctor: Area:

List your last 3 jobs (1) (2) (3)

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		√			
4. Any ear discharge		√	24. Abnormal heartbeat		√	42. Awarded benefits for industrial injury/illness		√
5. Asthma/bronchitis		√	25. High blood pressure		√			
6. Hayfever /other significant allergy		√	26. Stroke		√	43. Treated for a mental condition, e.g. depression		√
7. Any skin trouble		√	27. Serious chest pain		√			
8. Tuberculosis		√	28. Any blood disease		√	44. Treated for problem drinking or drug abuse		√
9. Shortness of breath		√	29. Kidney disease		√			
10. Coughed/vomited blood		√	30. Blood in urine		√	45. Exposed to toxic substance or noise		√
11. Severe abdominal pain		√	31. Painful passage of urine		√			
12. Stomach ulcer		√	32. Diabetes		√	FOR WOMEN ONLY		
13. Recurrent indigestion		√	33. Headaches/migraine		√	Have you ever had:		
14. Jaundice or hepatitis		√	34. Dizziness/fainting		√	46. An abnormal smear		
15. Gall Bladder disease		√	35. Epilepsy		√			
16. Marked change in bowel habits		√	36. Joints/spinal trouble		√	47. Any gynaecological treatment		
17. Blood in stools (motions)		√	37. Surgical operation		√	48. Are you pregnant		
18. Marked change in weight		√	38. Serious accident/fracture		√			
19. Varicose veins		√	39. Tropical disease		√	49. HAVE YOU HAD ANY ILLNESS NOT MENTIONED ABOVE		
20. Lump in breast/armpit		√	40. Fear of heights		√			

How much tobacco each day? NO Average daily alcohol consumption 10

Have you ever taken elicited drugs? (No)

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: 15/3/23 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.	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
165	59	21	130/80	88 mins.	L N R N	Uncorrected					
						Corrected 6/6	6/6	+	-	N	

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
—		1. Urinalysis	—		7. Audic ram
—		2. Hb, Bloodcount, ESR			8. Lung unction
—		3. LFT, RFT, FBS			9. Chest -Ray
		4. Drug Screen	—		10. ECG
—		5. Lipids (40 years +)	—		11. CVS sk for 40 yrs. & above
—		6. Sickle Cell test			12. HIV, epatitis screening

6.7

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

FIT

ASSESSMENT:

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

Date: 15/3/23. Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

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

Epworth Screening Questionnaire for Sleep Apnoea

MOHAMMED SALEEM
0040... 45 YRS
78487
0047685
15/03/23 10:44

	Date: 15/3/23
	Department/Company: Truck omen
Tel #	Occupation: Crane 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 scores 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 & talking with someone

0 Sitting quietly after lunch without alcohol

In a car, while stopped for a few minutes in traffic

Total

PEACE LAND MEDICAL CENTER

If you score a total of 10 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

Declaration: I, MD Saleem (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: M. Saleem Date: 15/3/23

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

LAB RESULT

Name:	MOHAMMED SALEEM	**Doc No:**	0031339
Age:	45 Y **Nationality:** PAKISTANI	**File No:**	0040892
Gender:	M	**Bill No:**	0047866
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	15/03/2023
GSM No.:	93986670	**Time:**	16:19

Test	Result	Normal Range
TRUCK OMAN-PDO MEDICAL CHECKUP ABOVE 40 YRS		
COMPLITE BLOOD COUNT		
RBC	5.2 x10^12/L	Male 4.38 -6.0 x 0^12/L Female 4.0- 5.2x 0^12/L
HAEMOGLOBIN	15.4 gm %	Male 13 - 17 gm Female 11 - 14 g %
HCT	44.9 %	Male 39.30 -50.0 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	28.1 pg	27 - 33 pg
MCHC	33.2 g/dl	29.6 - 35.6 %
WBC COUNT	7.8 x 10^9/L	4.0 - 11.0 x 10^9/
DIFFERENTIAL COUNT		
NEUTROPHIL	65 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / st hour Female 0 - 20 mm 1st hour
PLATELET	**249 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	54 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.62 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**24.6 U/L**	0 - 35.0 U/L
S.G.P.T.	**28.3 U/L**	10 - 45 U/L

Medical Technologist

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

LAB RESULT

Name: MOHAMMED SALEEM
Age: 45 Y **Nationality:** PAKISTANI
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 93986870

Doc No: 0031339
File No: 0040892
Bill No: 0047866
Date: 15/03/2023
Time: 16:19

Test	Result	Normal Range
GGT	46.3 U/L	0 - 55.0 U/L
ALBUMIN	4.6 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	7.2 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.17 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	24.5 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.80 mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	5.3 mg/dl	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	200 mg/dl	0.0 - 200 mg/dl
Triglyceride	101.6 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	56.7 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	123.0 mg/dl	< 100 mg/dl
VLDL	20.3 mg/dl	2.0 - 30 mg/dl
FASTING BLOOD SUGAR	100.0 mg/dl	74 - 100 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	5 ml	
Colour	Yellow	
Sp. Gravity	1.010	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	

Medical Technologist

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:	MOHAMMED SALEEM	**Doc No:**	0031339
Age:	45 Y **Nationality:** PAKISTANI	**File No:**	0040892
Gender:	M	**Bill No:**	0047866
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	15/03/2023
GSM No.:	93986870	**Time:**	16:19

Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

Medical Technologist

2016-11-02 17:22:44

6Channel+1 Rhythm Report

Hospital:PLMS

Confirmed by:

ID:

MOHAMMED SALEEM

Heart Rate : 88 BPM

PR Int.: 140 ms

QRS Dur.: 94 ms

QT/QTc: 374/447 ms

P-R-T axes: 56 30 50

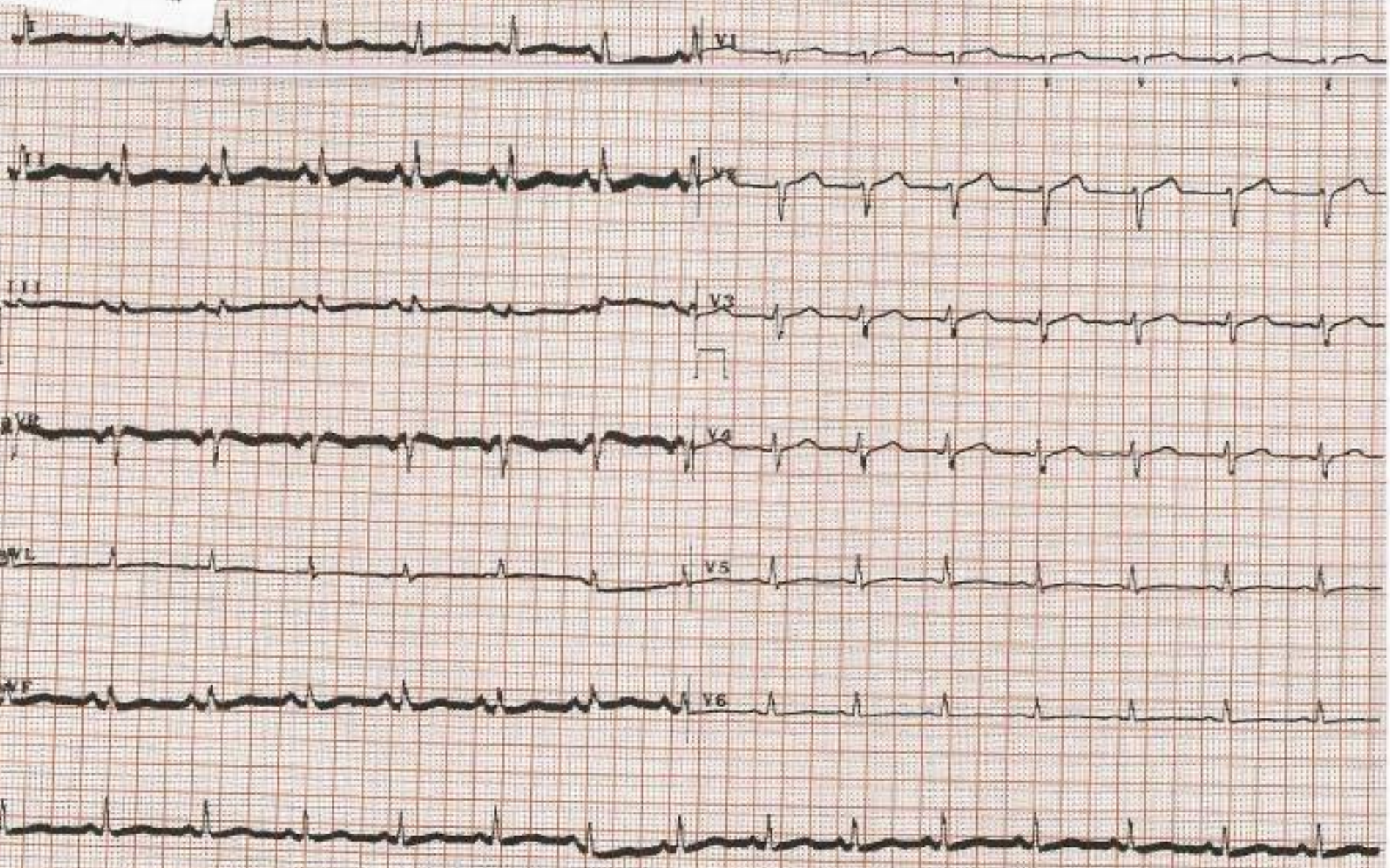
** Analysis Result ** (Unconfirmed Report)

NORMAL SINUS RHYTHM

NORMAL AXIS

RAE(RIGHT ATRIAL ENLARGEMENT)

[MODERATELY ABNORMAL ECG]



0.1Hz- 100Hz,AC60Hz,EMG,PM,Qik. 10.0/5.0mm/mV, 25.0mm/sec. CARDIO-M PLUS 1.13.30 Medical Econet Gm

Results

Copy Results

Estimated 10-year Global CVD Risk

6.7%

Risk Category

Low Risk

Estimated Vascular Age

48 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

MOHAMMED SALEEM

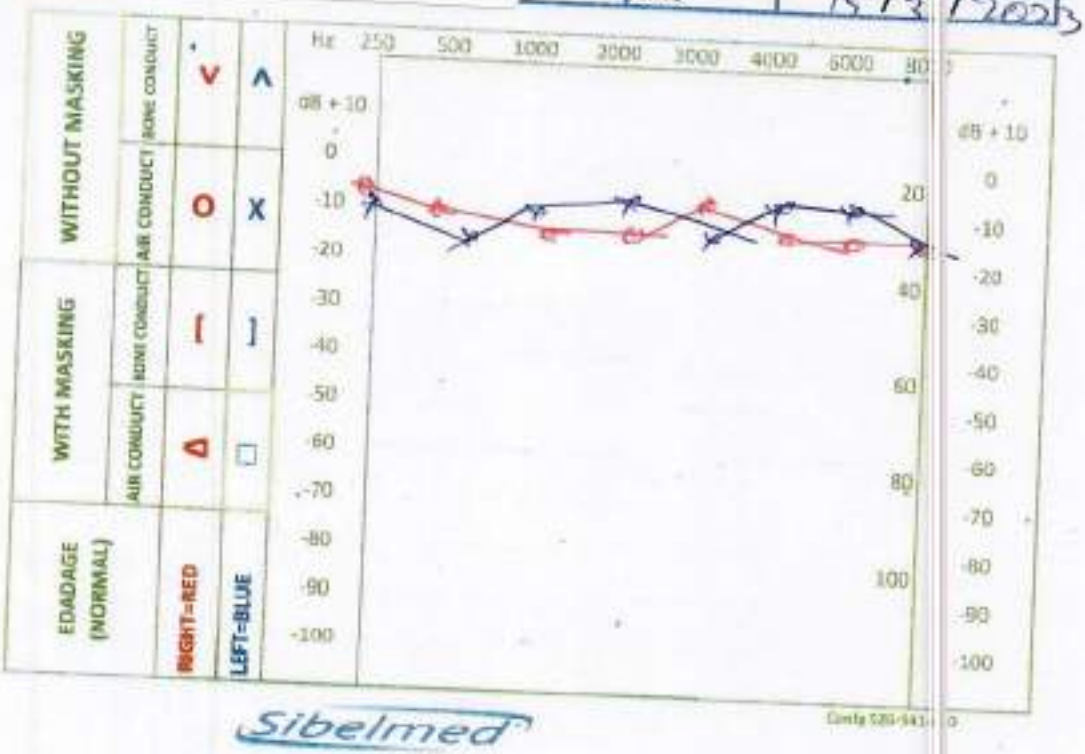
NAME	
AGE	
REF. BY	

0047666

78487 Blank 15/03/23 10:44

AUDIOMETRY TEST REPORT

COMPANY	1.0
OCCUPATION	Operator
DATE	15/3/2023



Sibelmed

INTERPRETATION
- X LEFT EAR
- O RIGHT EAR

RESULT
- NORMAL
- HEARING LOSS
- RIGHT
- LEFT

ص.ب ١٤٠١ الرمز البريدي ١٣٣، دوار الصحوة مبنى ٢، سلطنة عمان
P.O. Box 1401, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617147 / 24617148 / 24617149 تلفون: ٢٤٦١٧١٤٧/٢٤٦١٧١٤٨/٢٤٦١٧١٤٩

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land

Fitness for work certificate

MOHAMMED SALEEM 0047866 78487 15/03/23 10:44

Employee Data		Date	15/3/23
Name		Department/Company	Wadi Oman
I.D No.		Occupation	Crane operator

Type of Medical Evaluation Mark those applying √

A1 Aircraft refuelling		A6 Fire / Emergency response tear	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 lai down in "Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work". At this time his/her fitness to work statu 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			FT
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	15/3/23.

Dr. MOHAMMED AKBAR
General Practitioner
MOH Lic. No. 4484

PEACE LAND MEDICAL CENTER

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