PEACELAND MEDICAL CENTER

MEDICAL EXAMINATION REPORT (CONFIDENTIAL)
Appendix 32: EX1 Form (Initial Examination Report)

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	
Forenames	ASIF JAVED
Address	Company Name:
Home telephone number	77298564 / 91800693

Place of examination: **MUSCAT** Date: 16/4/24

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

Birth date: 07/12/1984 Nationality: Pakistani Country of birth: Pakistan Religion: Muslim

[√] Male [ ] Female [√] Married [ ] Single [ ] Separated /Divorced

Relationship to employee: [ ] Wife [ ] Son [ ] Daughter Number of children: 2

Reason for examination [√] Pre-Employment **PDO medical** [ ] Pre-Overseas

Job: Grinder
Area:

Name and address of family doctor (1) (2)

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		√	47. Any gynaecological treatment		
16. Marked change in bowel habits		√	36. Joints/spinal trouble		√			
17. Blood in stools (motions)		√	37. Surgical operation		√	48. Are you pregnant?		
18. Marked change in weight		√	38. Serious accident/fracture		√	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
19. Varicose veins		√	39. Tropical disease		√			
20. Lump in breast/armpit		√	40. Fear of heights		√			

How much tobacco each day? ND

Average daily alcohol consumption ND

Have you ever taken elicited drugs? (X)

FAMILY HISTORY: Diabetes (X) Tuberculosis (X) Epilepsy (X) Asthma (X) Eczema (X)
Heart disease (X) High blood pressure (X) Stroke (X) Blood Disease (X) Cancer (X)

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. I am also aware that PDO reserve the right to dismiss me if it was found that I have purposely withheld important medical information

Date: 16/04/2024 **Signature of Applicant:** آصف جاوید

PEACELAND 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	DISTANT L	NEAR R	NEAR L	Colour Vision	Blood Group
170	84	29.1	127/77	80/mins.	L N R	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
✓		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

FIT

Date: 17-4-24 Name (Block Capitals): Dr. / Nurse Signature:

DR. SHAH FAISAL
General Practitioner
MOH Lic No. 22368

PEACE LAND MEDICAL CENTER 2775

REVIEW/CONSULTATION

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

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:	ASIF JAVED	**Doc No:**	0045149
Age:	39 Y **Nationality:** PAKISTANI	**File No:**	0049458
Gender:	M	**Bill No:**	0062322
Ref. By:	DR.SHAH FAISAL	**Date:**	17/04/2024
GSM No.:	91800693	**Time:**	11:14

Test	Result	Normal Range
PDO MEDICAL CHECKUP		
COMPLITE BLOOD COUNT		
RBC	5.1 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	14.6 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	41.7 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	85 fl	84-94 fl
MCH	28.9 pg	27 - 33 pg
MCHC	34.0 g/dl	29.6 - 35.6 %
WBC COUNT	8.9 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	62 %	40-75 %
LYMPHOCYTE	33 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	-	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**224 x 10^9/L**	150 - 450 x 10^9/L
SICKLE CELL TEST	NEGATIVE	
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	71 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.16 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**24.3 U/L**	0 - 35.0 U/L
S.G.P.T.	**20.0 U/L**	10 - 45 U/L

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

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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

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Gender:	M	**Bill No:**	0062322
Ref. By:	DR.SHAH FAISAL	**Date:**	17/04/2024
GSM No.:	91800693	**Time:**	11:14

Test	Result	Normal Range
ALBUMIN	**4.4 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.6 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.08 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**42.5 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.81 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**7.2 mg/dl**	3.5 - 7.2 mg/dl
LIPID PROFILE		
Total Cholesterol	**200 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**142.9 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**52.6 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**118.9 mg/dl**	< 100 mg/dl
VLDL	**28.5 mg/dl**	2.0 - 30 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.010	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Albumin	Negative	
Glucose	Negative	
Ketones	Negative	
Urobilinogen	Normal	
Bilirubin	Negative	



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Medical Technologist

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Ref. By:	DR.SHAH FAISAL	**Date:**	17/04/2024
GSM No.:	91800693	**Time:**	11:14

Test	Result	Normal Range
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-3	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
RANDOM BLOOD SUGAR	**120.0 mg/dl**	80 - 120 mg/dl

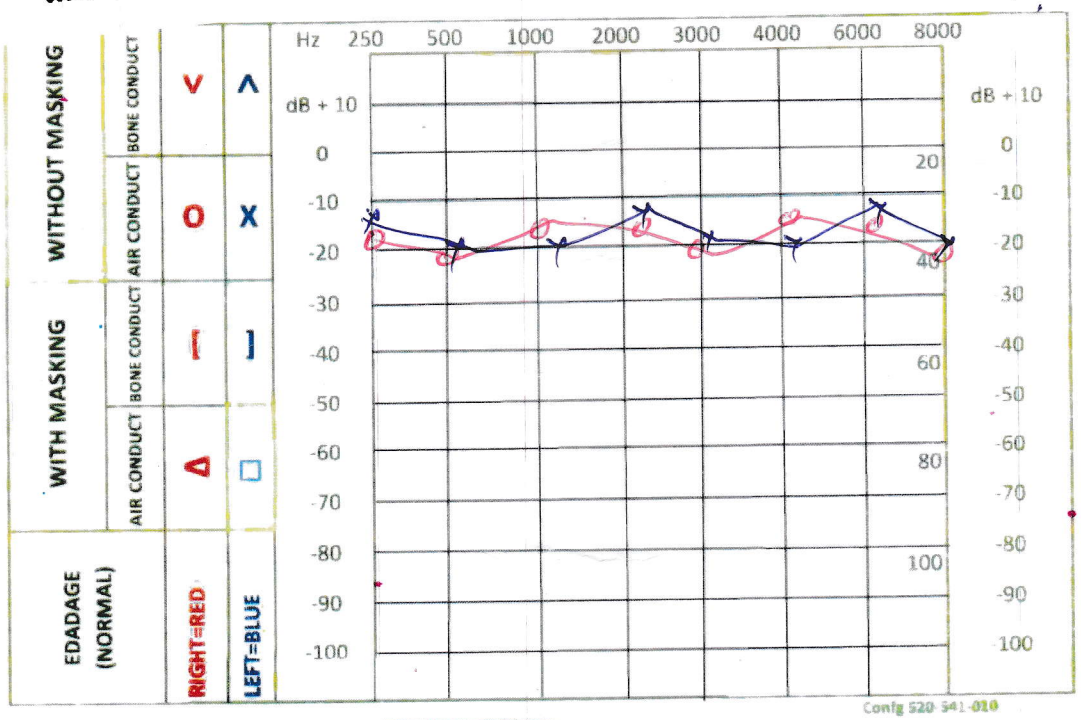
مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

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Medical Technologist

ASIF JAVED
0049468 # 39 Y(M) BAB-Rw Bill: 00623
86043 <Blank> 16/04/24 16:20

AUDIOMETRY TEST REPORT

		COMPANY	
NDER		OCCUPATION	Grinder
		DATE	16/4/24



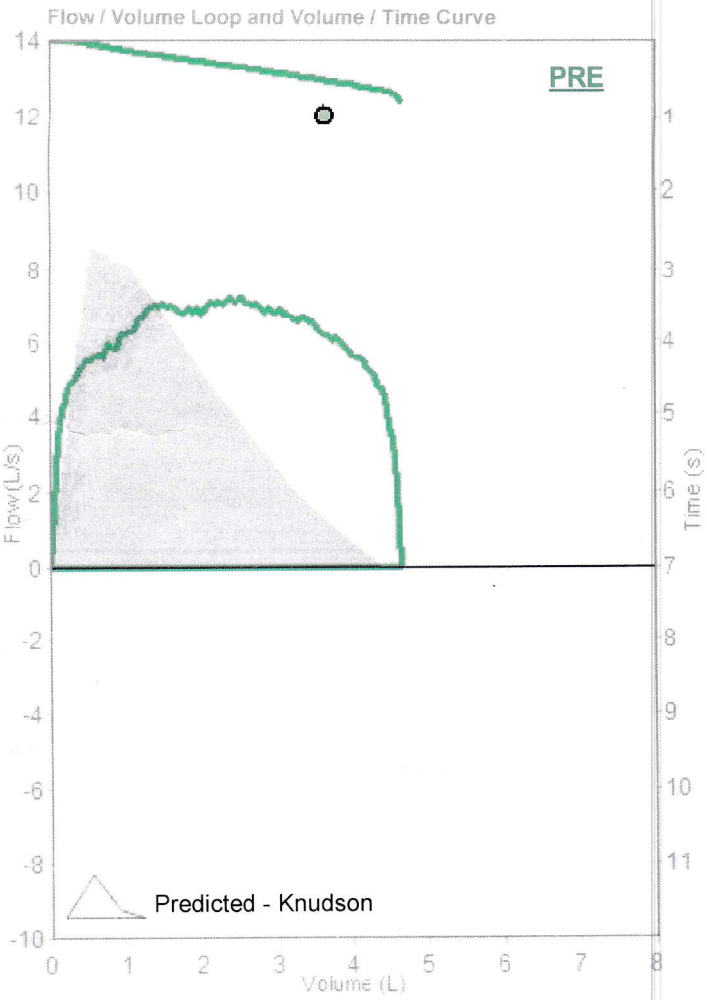
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INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
☑ NORMAL
☐ HEARING LOSS
☐ RIGHT
☐ LEFT

مركز بلاد السلام الطبي رقم الترخيص: 2775 PEACE LAND MEDICAL CENTER

Pulmonary Function Test Results



Visit date 17/04/2024

Patient code	77298564	Age	39
Surname	JAV ED	Gender	Male
Name	`ASIF	Height, cm	170
Date of birth	07/12/1984	Weight, kg	84
Ethnic group	Not defined	BMI	29.07

Interpretation

FVC PRE | FEV1 PRE | FEV1% PRE

Normal Spirometry

Best values from all loops

Parameters		Pred	PRE	%Pred	POST	%Chg
FVC	L	4.40	4.65	106		
FEV1	L	3.65	4.65	127		
FEV1%	%	83.5	100.00	120		
PEF	L/s	8.62	7.21	84		

PRE Trial date 17/04/2024 12:40:42

Parameters		Pred	PRE # 1	%Pred	PRE # 2	PRE # 3	POST#1	%Pred	%Chg
FEV6	L	4.40	**4.65**	106					
FVC	L	4.40	**4.65**	106					
FEV1	L	3.65	**4.65**	127					
FEV1%	%	83.5	**100.0**	120					
PEF	L/s	8.62	**7.21**	84					
FEF2575	L/s	3.91	**6.88**	176					
FIVC	L	4.40							
ELA	Years	39	**39**	100					

BTPS 1.111 21 °C 69.8 °F

Conclusion / Medical report

Signature

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
رقم الترخيص 2778

Quality Control F

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Repeat test and start faster , Breathe out for a longer time, Breathe out ALL

Instrument used
Minispir LT POST S/N K05070
Calibration 12/03/2024 15:15:47

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

Fitness for work certificate

ASIF JAVED # 00[illegible] # 39 Y(M) BAS-Rw Bill: 00623
86043 <Blank> 16/04/24 16:20

Employee Data		Date	17-04-24
Name		Department/Company	
I.D No.		Occupation	Grinder
Type of Medical Ev			

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
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 (Specifiy)			
Temporary Unfit until			
Permanently Unfit			Date 17-04-24
Name of health advisor Signature	DR. SHAH FAISAL General Practitioner MOH Lic No. 22368		

مركز بلاد السلام الطبي (رقم الترخيص: 2775) PEACE LAND MEDICAL CENTER

ص.ب : ١٤٠٣، الرمز البريدي : ١٣٣، دوار العذيبة ميثى ابراج الصحوة ميثى ٢، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف : ٢٤٦١٧١١٧/٢٤٦١٧١٤٨/٢٤٦١٧١٤٩