MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

T.O.

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
87245056		SAMAR ALI # 0042151 03512	Operator.
Nationality	**Age**	**Sex**	**Location**
Pakistani	1/1/1987	78472 20/06/23 09:35	

EXAMINATION TYPE

Examination [ ] Pre-employment [ ] Periodic [ ] Exit

VITAL SIGNS & BODY MEASURES

Blood Pressure Category 135/80 [ ] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crisis

BMI Category 31 [ ] Underweight [ ] Normal [ ] Overweight [ ] Obese [ ] Morbid Obesity

Remarks:

VISUAL TEST

Visual Acuity Test: RT LT

Colour Vision Test [ ] Normal [ ] Abnormal [ ] Not Required

Visual Field Test [ ] Normal [ ] Abnormal

Stereoscopic Vision Test [ ] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition

Remarks:

RESPIRATORY SYSTEM

Spirometry Test [ ] Normal [ ] Abnormal [ ] Not Required

Chest X-Ray [ ] Normal [ ] Abnormal [ ] Not Required

Physical Assessment [ ] Normal [ ] Abnormal

Pre-existing condition

Remarks:

ENT SYSTEM

Audiometry Test [ ] Normal [ ] Abnormal [ ] Not Required

Otoscopy [ ] Normal [ ] Abnormal [ ] Not Required

Physical Assessment [ ] Normal [ ] Abnormal (Whisper, Weber & Rinne Tests)

Pre-existing condition

Remarks:

CARDIOVASCULAR SYSTEM

ECG Test [ ] Normal [ ] Abnormal [ ] Not Required

Physical Assessment [ ] Normal [ ] Abnormal

Pre-existing condition

Remarks:

NEUROLOGICAL SYSTEM

Physical Assessment [ ] Normal [ ] Abnormal

Pre-existing condition

Remarks:

MUSCULOSKELETAL SYSTEM

Physical Assess [ ] Normal [ ] Abnormal

Lumbar X-Ray [ ] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition

Remarks:

LABORATORY INVESTIGATIONS

Lab Tests: [ ] Normal [ ] Abnormal If abnormal, please specify below

Blood Grouping O+

Pre-existing condition: Hepatitis B / Hepatitis B

Remarks:

Glucose Level Category 98 [ ] Normal 80 – 100 mg/dl [ ] Pre diabetic 100 – 125 mg/dl [ ] Diabetic > 125 mg/dl

Cholesterol Risk Category [ ] Low Risk LDL is less 130 mg/dl [ ] Moderate Risk LDL 130-159 mg/dl [ ] High Risk LDL >160 mg/dl

Routine Urine Analysis [ ] Normal [ ] Abnormal [ ] Not Required

Stool Analysis [ ] Normal [ ] Abnormal [ ] Not Required

QUESTIONNAIRES

	Medical & Surgical History Questionnaire	Remarks
	Respiratory Protection Questionnaire	Remarks
	Hearing Conservation Questionnaire	Remarks
	Screening Questionnaire	Remarks

Fagerstrom Test - Smoking [ ] Non-smoker [ ] Low dependence [ ] Low to Mod dependence [ ] Moderate dependence [ ] High dependence

CAGE Questionnaire Alcohol Use [ ] No use of alcohol [ ] Screening negative [ ] Clinically significant

SRQ-20 Self-reported Questionnaire [ ] No positive answers [ ] Positive answers Factor I (1 to 6) [ ] Positive answers Factor II (7 to 12)

[ ] Positive answers Factor III (13 to 16) [ ] Positive answers Factor IV (17 to 20)

Clinic Doctor Name	License #	Hospital/Policlinic	Doctor Signature & Clinic Stamp	Issue Date
				4/7/23

MOH Lic. No. 21962

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	

Nationality	Age	Sex

SAMAR ALI
00512
78472 20/06/23 08:35

Position: Operator

Location:

EXAMINATION TYPE

- [ ] Pre-employment Examination (PRE)
- [ ] Periodic Medical Examination (PME)
- [ ] Post-absence Examination
- [ ] Change of Position Examination
- [ ] Exit Examination
- [ ] Critical Activities Examination
- [ ] Emergency Response Team
- [ ] Traveling Examination
- [ ] Medical Surveillance

Medical Suitability for Work

Medical Suitability for Work

- [x] Fit to work — Internist consultation → DLP on med
- [ ] Fit with following restrictions — & MEH 3m later by internist
- [ ] Pending Fitness
- [ ] Not fit to work

Restrictions

- [ ] Working at height
- [ ] Working in confined space
- [ ] Working with electricity
- [ ] Working near rotating machinery
- [ ] Working in noise area
- [ ] Working in extreme heat
- [ ] Handling chemical products
- [ ] Use of respirator
- [ ] Pulling, pushing or carrying weight
- [ ] Ascend/descend ladders and stairs
- [ ] Walking or standing for long distance/period
- [ ] Repetitive movements
- [ ] Mobile machinery operation
- [ ] Heavy lifting operation
- [ ] Driving vehicle
- [ ] Emergency response duty

Other, specify:

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
20/6/23	

Medical Review Date	Employee Signature
4/7/23	

Doctor Name	Medical License	Hospital	Medical Doctor Signature

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #			Position
		SAHAR ALI	0812	Operator
Nationality	**Age**	**Sex**	20/08/23 08:36	**Location**

PERSONAL HEALTH HISTORY

Have you ever, or do you currently suffer from any of the following?

Condition	Yes	No
Congenital heart disease or Valvular heart disease or Coronary artery disease		
Myocardial insufficiency or infarction (heart attack)		
Coronary bypass surgery (CABG) and angioplasty		
Heart arrhythmias (heart beats too fast, too slow or irregularly)		
High blood pressure (hypertension)		
Shortness of breath after exertion		
Varicose veins associated with varicose eczema, ulcers or other complications		
Arteriosclerotic or other vascular disease		
Anemias, especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia		
Haemorrhage disorders i.e. bleeding disorders		
Leukaemia, polycythaemia and disorders of the reticulo-endothelial system		
G6PD (Glucose 6-Phosphate Dehydrogenase) Deficiency		
Recurrent headaches or migraine		
Epilepsy and recurrent seizures		
Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope)		
Sleep disorders, such as insomnia, hypersomnia, sleep apnea, narcolepsy		
Chronic anxiety states and/or recurrent depression		
Phobias such as fear of heights, fear of confined spaces, fear of flying		
Lung disease e.g. bronchitis, asthma, dyspnea, TB		
Phlegm production (excess mucus production) or tight chest		
Immune suppression due to cancer or human immunodeficiency virus		

Condition	Yes	No
Muscle problems e.g. weakness of your limbs or twitchy muscles		
Joint problems, e.g. plantar warts, joint pain or swelling		
Problems with limb, neck or spine mobility		
Extremities (feet or hands) deformities or problems		
Experienced back problem, arthritis, slipped disc		
Pain in neck or back or hands or legs		
Thyroid disease any other glandular diseases		
Diabetes mellitus or Hypoglycemia		
Experienced weight loss or gain > 5kg over the past year		
Informed about being overweight or obese		
Skin disorders e.g. severe acne, dermatitis, eczema or allergy		
Allergies e.g. dust, medication, insect bites		
Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gastritis		
Haemorrhoids, fistulae and fissures causing pain, or recurrent bleeding		
Liver and pancreas diseases (e.g. pancreatitis, Hepatitis B)		
Kidney or bladder diseases e.g. recurrent infection, renal stones		
Ear, nose or throat problems (e.g. otitis, hearing loss, sinusitis, tonsillitis)		
Eye disease or visual defect (e.g. glaucoma, color blindness, monocular vision)		
Treated for infectious diseases (e.g. malaria, COVID19)		
Treated for depression, stress		
Treated for substance or alcohol abuse		

	Yes	No
Have you visited a doctor in the last year?		
Are you taking any medication at present?		
Are you pregnant?		

Date: 20/10/23

List any previous injuries or operations

Previous injuries or operations	Date

Candidate/Employee Signature

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		SAMAR ALI # 0048193 # 36 YM 00512 78472 20/08/23 08:36	operator
Nationality	**Age**	**Sex**	**Location**

FAGERSTROM TEST

Do you smoke? [✓] Yes [ ] No — *If YES, Please answer the following:*

How soon after waking up do you smoke you first cigarette?	[✓] >60min	[ ] 31-60min	[ ] 6-30min	[ ] < 5 minutes	[ ]
Do you find it difficult to avoid smoking where is forbidden, such as work places, cinemas, shopping etc.?			[ ] Yes	[ ] No	[ ]
What's the most difficult cigarette to quit or not to smoke	[ ] Anyone	[ ] The first in the morning			[ ]
How many cigarettes do you smoke per day	[✓] <10	[ ] 11-20	[ ] 21-30	[ ] >31	[ ]
Do you smoke more frequently the first hours of the day than the rest of the day		[ ] Yes	[✓] No		[ ]
Do you smoke even when you're sick and have to stay in the bed most part of the day		[ ] Yes	[✓] No		[ ]

CAGE QUESTIONNAIRE

Do you drink alcohol? [ ] Yes [✓] No — *If YES, Please answer the following:*

Did you ever felt that you should decrease the amount of drinks or cut down (stop) drinking?	[ ] Yes	[ ] No	[ ]
Do people bother you because they criticize the way you drink?	[ ] Yes	[ ] No	[ ]
Do you feel guilty or upset with yourself with the way you use to drink	[ ] Yes	[ ] No	[ ]
Do you drink in the morning to feel less nervous or decrease the hang over	[ ] Yes	[ ] No	[ ]
Have you had any problems related to alcohol	[ ] Yes	[ ] No	
Did you drink in the last 24 hours	[ ] Yes	[ ] No	

FATIGUE QUESTIONNAIRE

Have you noticed that you are feeling tired recently	[ ] Yes	[✓] No		
Have you been feeling a lack of energy	[ ] Yes	[✓] No		

If YES, Please answer the following:

For how many days did you feel tired or with lack of energy in the last week	[ ] 1 day	[ ] 2 days	[ ] 3 days	[ ] > 3 days
Did you feel tired or with lack of energy for more than 3 hr in some days last week?	[ ] 1 hour	[ ] 2 hours	[ ] 3 hours	[ ] > 3 hours
Did you feel so tired that you had to make some effort to do things last week	[ ] Yes	[✓] No		
Did you feel tired or with lack of energy doing things you like last week	[ ] Yes	[✓] No		

SELF-REPORTING QUESTIONNAIRE (SRQ 20)

Question	Yes	No	Question	Yes	No
1. Do you have trouble thinking clearly?	[ ]	[✓]	11. Is your digestion not good?	[ ]	[✓]
2. Do you find it hard to like your daily work?	[ ]	[✓]	12. Do you have unpleasant sensations in your stomach	[ ]	[✓]
3. Do you find difficult taking decisions?	[ ]	[✓]	13. Do you get scared easily?	[ ]	[✓]
4. Is your daily work a suffering?	[ ]	[✓]	14. Do you feel nervous, tense or worried?	[ ]	[✓]
5. Do you feel tired all the time?	[ ]	[✓]	15. Do you feel unhappy?	[ ]	[✓]
6. Are you easily tired?	[ ]	[✓]	16. Do you cry more than usual?	[ ]	[✓]
7. Do you have frequent headaches?	[ ]	[✓]	17. Has the thought of ending your life been on your mind?	[ ]	[✓]
8. Do you feel lack of hunger?	[ ]	[✓]	18. Do you find it difficult to perform your work?	[ ]	[✓]
9. Do you sleep badly?	[ ]	[✓]	19. Have you lost interest in things?	[ ]	[✓]
10. Do your hands tremble?	[ ]	[✓]	20. Do you feel you're worthless?	[ ]	[✓]

Date: 20/8/23

Candidate/Employee Signature

[signature]

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		

Nationality	Age	Sex	

SAMAR ALI
00512
78472
20/06/23 09:35

Position
Operator
Location

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? [ ] YES [ ] NO What type: ☐ Disposible mask ☐ Cartidge Mask ☐ SCBA

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? [ ] YES [ ] NO

2. Have you ever had any of the following conditions?

[ ] YES [ ] NO a. Seizures
[ ] YES [ ] NO b. Diabetes (sugar disease)
[ ] YES [ ] NO c. Trouble smelling odors
[ ] YES [ ] NO d. Allergic reactions that interfere with your breathing
[ ] YES [ ] NO e. Claustrophobia (fear of closed in places)

3. Have you ever had any of the following pulmonary or lung problems?

[ ] YES [ ] NO a. Asbestosis
[ ] YES [ ] NO b. Asthma
[ ] YES [ ] NO c. Chronic bronchitis
[ ] YES [ ] NO d. Emphysema
[ ] YES [ ] NO e. Pneumonia
[ ] YES [ ] NO f. Tuberculosis
[ ] YES [ ] NO g. Silicosis
[ ] YES [ ] NO h. Lung cancer
[ ] YES [ ] NO i. Broken ribs
[ ] YES [ ] NO j. Pneumothorax (collapsed lung)
[ ] YES [ ] NO k. Any chest injuries or surgeries
[ ] YES [ ] NO l. Any other lung problem that you have been told about

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

[ ] YES [ ] NO a. Shortness of breath
[ ] YES [ ] NO b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline
[ ] YES [ ] NO c. Shortness of breath when walking with other people at an ordinary pace on level ground
[ ] YES [ ] NO d. Have to stop for breath when walking at your own pace on level ground
[ ] YES [ ] NO e. Shortness of breath when washing or dressing yourself
[ ] YES [ ] NO f. Shortness of breath that interferes with your job
[ ] YES [ ] NO g. Coughing that produces phlegm (thick sputum)
[ ] YES [ ] NO h. Coughing that wakes you early in the morning
[ ] YES [ ] NO i. Coughing that occurs mostly when you are lying down
[ ] YES [ ] NO j. Coughing up blood in the last month
[ ] YES [ ] NO k. Wheezing
[ ] YES [ ] NO l. Wheezing that interferes with your job
[ ] YES [ ] NO m. Chest pain when you breathe deeply
[ ] YES [ ] NO n. Any other symptoms that you think may be related to lung problems

5. Have you ever had any of the following cardiovascular or heart problems?

[ ] YES [ ] NO a. Heart attack
[ ] YES [ ] NO b. Stroke
[ ] YES [ ] NO c. Angina
[ ] YES [ ] NO d. Heart failure
[ ] YES [ ] NO e. Swelling in your legs or feet (not caused by walking)
[ ] YES [ ] NO f. Heart arrhythmia
[ ] YES [ ] NO g. High blood pressure
[ ] YES [ ] NO h. Any other heart problems that you've been told about

6. Have you ever had any of the following cardiovascular or heart symptoms?

[ ] YES [ ] NO a. Frequent pain or tightness in your chest
[ ] YES [ ] NO b. Pain or tightness in your chest during physical activity
[ ] YES [ ] NO c. Pain or tightness in your chest that interferes with your job
[ ] YES [ ] NO d. In the past two years, have you noticed your heart skipping or missing a beat
[ ] YES [ ] NO e. Heartburn or indigestion that is not related to eating
[ ] YES [ ] NO f. Any other symptoms that you think might be related to heart

7. Do you currently take medication for any of the following problems?

[ ] YES [ ] NO a. Breathing or lung problems
[ ] YES [ ] NO b. Heart trouble
[ ] YES [ ] NO c. Blood pressure
[ ] YES [ ] NO d. Seizures (fits)

8. If you've used a respirator, have you ever had any of the following problems?

[ ] YES [ ] NO a. Eye irritation
[ ] YES [ ] NO b. Skin allergies or rashes
[ ] YES [ ] NO c. Anxiety
[ ] YES [ ] NO d. General weakness or fatigue
[ ] YES [ ] NO e. Any other problem that interfers with your use of a respirator

Date: 20/6/23

Candidate/Employee Signature

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

SAMAR ALI
0048158   8 36 Y(M)   03512
78472   20/06/03 08:35

Civil ID / Passport #	Company ID #		Position
			operator
Nationality	**Age**	**Sex**	**Location**

HEARING CONSERVATION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use hearing protection? [ ] YES [/] NO What type: ☐ Earplugs ☐ Ear Muffs ☐ Double HP

1 - Have you been out of noise for the past 14-16 hours? [/] YES [ ] NO
If NO, did you use hearing protection while in the noise? [ ] YES [/] NO

2 - Check ALL of the following activities that you have done or do:
[ ] Hunting [ ] Car races [ ] Skeet shooting [ ] Woodwork [ ] Target shooting
[ ] Power tools [ ] Mower [ ] Concerts / Band [ ] Welding [ ] Air compressor
[ ] Construction [ ] Scuba diving [ ] Tractor (open or closed cab)
Have you ALWAYS used hearing protection when participating in the above activities? [ ] YES [/] NO

3 - Check ALL that you have experienced:
[ ] Ear Fullness [ ] Ear Infections [ ] Ear Surgery [ ] Head Injury [ ] Chemotherapy
[ ] Ringing in the ears [ ] Ear Pain [ ] Earwax buildup [ ] Intravenous Antibiotics [ ] Hole in the Eardrum
[ ] Ear Drainage [ ] Dizziness

4 - Check ALL that you have had/suffered from:
[ ] Meningitis [ ] Diabetes [ ] Measles [ ] Syphilis [ ] Chickenpox [ ] Mumps [ ] Chronic ear infections
[ ] Hypertension [ ] Renal Failure [ ] Tuberculosis [ ] Previous surgery [ ] Thyroid Problems [ ] Trauma to head/ ear canal / tympanic membrane

5 - Check ALL that you are currently suffering from:
[ ] Sinusitis [ ] Cold/Flu [ ] Ear Infection [ ] Allergic rhinitis

6 - Do you have documented Hearing Loss? [ ] YES [/] NO
If Yes: Which Ear(s)? [ ] Right Ear [ ] Left Ear [ ] Both Ear Who performed your hearing test?

7 - Have you EVER worn Hearing Aids? [ ] YES [/] NO
If Yes: Which Ear(s) [ ] Right Ear [ ] Left Ear [ ] Both Ear
What Size? [ ] Behind-the-ear [ ] In-the-ear [ ] In-the-canal [ ] Completely-in-the-canal
What Type? [ ] Analog [ ] Digital
Who fit your hearing aids? [ ] Licensed Audiologist [ ] Hearing Aid Dealer [ ] Don't Know
When did you receive your hearing aids?

8 - Have you ever served in the military? [ ] YES [/] NO
If yes, check division [ ] Army [ ] Navy [ ] Air Force [ ] Marines [ ] National Guard Date / /
Do you have medical disability through the Veterans Administration (VA) for hearing loss or tinnitus? [ ] YES [/] NO
If yes, how much? _______% What is your TOTAL VA disability? _______%

9 - Are you currently using any medication [ ] YES [/] NO Which one?

10 - What kind of transport do you regularly use? [/] Car [ ] Bus [ ] Motocycle [ ] Walking

Date: 20/6/23

Candidate/Employee Signature

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		SAMAR ALI # 0045188 # 36 YM 20512 78472 <diana> 22/06/23 09:35	O perat-or
Nationality	**Age**	**Sex**	**Location**

VITAL SIGNS

Height: 178 cm | Weight: 100 Kg | BMI: 31 | Blood Pressure: 135/8 mmHg

Pulse: 74 /min | Medical Practitioner Name: Dr. MOHAMMED AKBAR KHAN, General Practitioner, MOH Lic. No. 4404 | Signature:

VISUAL SYSTEM

	Right Uncorrected	Left Uncorrected	Right Corrected	Left Corrected	Both Uncorrected	Both Corrected
Visual Acuity Test					6/6.	

Colour Vision Test Ishihara	# of Plates passed	Inform the Plates # failed	☐ Normal ☐ Abnormal	Visual Field Test	☑ Normal ☐ Abnormal	Stereoscopic Vision Test	☐ Normal ☐ Abnormal

Date of Examination: 20/6/23 | Medical Practitioner Name: Dr. MOHAMMED AKBAR KHAN, General Practitioner, MOH Lic. No. 4404 | Signature:

RESPIRATORY SYSTEM

(1) Spirometry Test

Smoking Status: ☑ Never ☐ Ever Used ☐ Current | Patient's Posture During Test: ☐ Standing ☑ Sitting | Nose Clips Used: ☐ Yes ☑ No

Diagnosis: ☐ Asthma ☐ COPD ☐ Other: _____

Acceptability Criteria (select all what is applicable)
- ☑ Free from artifacts
- ☑ Good start
- ☐ Satisfactory exhalation
- ☐ NOT satisfactory

Repeatability Criteria (select all what is applicable)
- ☑ 3 acceptable curves FEV1 values AND FVC values within 0.15L (150 ml)
- ☐ Total of THREE to EIGHT tests performed
- ☐ The patient CAN NOT or SHOULD NOT continue

The Patient Demonstrated: ☑ Good Effort ☐ Difficulty following instructions ☐ Ability to obtain only one good effort ☐ Poor Effort ☐ Cooperation

Date of Examination: 20/6/23 | Medical Practitioner Name: Dr. MOHAMMED AKBAR KHAN, General Practitioner, MOH Lic. No. 4404 | Signature:

(2) Chest Shape and Movement

☑ Normal ☐ Abnormal ☐ Not Examined | If abnormal, describe below:

(3) Chest Percussion

☑ Normal ☐ Abnormal ☐ Not Examined | If abnormal, describe below:

(3) Air Entry in Both Lungs

☑ Normal ☐ Abnormal ☐ Not Examined | If abnormal, describe below:

(4) Breath sounds

☑ Normal ☐ Abnormal ☐ Not Examined | If abnormal, describe below:

Date of Examination: 20/6/23 | Physician Name: Dr. MOHAMMED AKBAR KHAN, General Practitioner, MOH Lic. No. 4404 | Signature:

ENT SYSTEM

(1) Otoscopy

	Right	Left		Right		Left	
Ear Canal Collapse	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☑ No ☐ Not Exam	Eardrum Position	☑ Normal ☐ Bulging	☐ Retracted ☐ Not Exam	☑ Normal ☐ Bulging	☐ Retracted ☐ Not Exam
Drainage	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☑ No ☐ Unknown					
Perforation	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☑ No ☐ Not Exam	Eardrum Vascularity	☑ Normal ☐ Mild	☐ Considerable ☐ Not Exam	☑ Normal ☐ Mild	☐ Considerable ☐ Not Exam
Cerumen	☐ None ☐ Some	☐ A lot ☐ Impacted	☐ Not Exam				
	☑ None ☐ Some	☐ A lot ☐ Impacted	☐ Not Exam				

(2) Hearing Test

Whisper Test	☑ Normal ☐ Abnormal ☐ Not Exam	Rinne Test	☑ Normal ☐ Abnormal ☐ Not Exam
Weber Test	☑ Normal ☐ Abnormal ☐ Not Exam	Audiometry Done	☑ Yes ☐ No
Hearing Questionnaire verified	☑ Yes ☐ No		

Physician Name: Dr. MOHAMMED AKBAR KHAN, General Practitioner, MOH Lic. No. 4404 | Signature:

PEACE LAND MEDICAL CENTER

PHYSICAL ASSESSMENT FORM

ENT SYSTEM

[2] Nose Assessment		[3] Throat Assessment	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

CARDIOVASCULAR SYSTEM

[1] Heart Sounds		[2] Heart Murmurs	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☐ Present ☑ Absent ☐ Not Examined	If present, describe below:
[3] Peripheral Pulses		**[4] Peripheral Veins**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

NEUROLOGICAL SYSTEM

[1] Mental Status		[2] Cranial Nerves	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:
[3] Motor System		**[4] Reflexes**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:
[5] Sensory System		**[6] Coordination, Station, Gait**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

MUSCULOSKELETAL SYSTEM

[1] Hand and Wrist		[2] Elbow and Shoulder	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:
[3] Hip		**[4] Knees**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:
[5] Foot and Ankle		**[6] Spine and Back**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

OTHER

[1] Skin, Extremities		[2] Head & Neck	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:
[3] Mouth and Teeth		**[4] Hernial Orifices**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:
[5] Abdominal Organs		**[6] Lymph Nodes**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

Date of Examination: 20/6/23

Physician Name:

Signature:

PEACE LAND MEDICAL CENTER

Dr. MOHAMMED [illegible]
General Practitioner
MOH Lic. No. 4494

COMPANY NAME:

RESIDENT/CIVIL ID:

DATE:

ECG REPORT

ECG COMMENTS:

- NORMAL SINUS RHYTHM
- NORMAL QRS COMPLEX
- NO SIGNIFICANT ST/T CHANGES

OTHER FINDINGS (IF ANY)

Dr MOHAMMED ABBAS KHAN
General Practitioner
MOH Lic. No. 4404

PEACE LAND MEDICAL CENTER

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: SAMAR ALI
Age: 36 Y **Nationality:** PAKISTANI
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 94289962

Doc No: 0034402
File No: 0043158
Bill No: 0051249
Date: 20/06/2023
Time: 12:20

Test	Result	Normal Range
OQ Medical Checkup Package		
COMPLITE BLOOD COUNT		
RBC	4.9 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	15.7 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	44.2 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	89 fl	84-94 fl
MCH	30.5 pg	27 - 33 pg
MCHC	34.2 g/dl	29.6 - 35.6 %
WBC COUNT	9.5 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	70 %	40-75 %
LYMPHOCYTE	28 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	01 %	2-8%
BASOPHIL	00 %	0-1%
ESR	06	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**237 x 10^9/L**	150 - 450 x 10^9/L
FASTING BLOOD SUGAR	98.2 mg/dl	74 - 100 mg/dl
Sickle cells (Screen)		
SICKLE CELL TEST	NEGATIVE	
Lipid profile(CH,TG,HDL,LDL)		
LIPID PROFILE		
Total Cholesterol	**270 mg/dl**	0.0 - 200 mg/dl

PEACE LAND MEDICAL CENTER مركز بلاد السلام

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: SAMAR ALI
Age: 36 Y **Nationality:** PAKISTANI
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 94289962

Doc No: 0034402
File No: 0043158
Bill No: 0051249
Date: 20/06/2023
Time: 12:20

Test	Result	Normal Range
Triglyceride	**350.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**41.7 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**158.3 mg/dl**	< 100 mg/dl
VLDL	**70.0 mg/dl**	2.0 - 30 mg/dl
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	59 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.35 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**34.0 U/L**	0 - 35.0 U/L
S.G.P.T.	**45.0 U/L**	10 - 45 U/L
ALBUMIN	**4.6 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**8.0 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.13 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**25.9 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**1.1 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**9.2 mg/dl**	3.5 - 7.2 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	

Medical Technologist

PEACE LAND MEDICAL CENTER

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:	SAMAR ALI	**Doc No:**	0034402
Age:	36 Y **Nationality:** PAKISTANI	**File No:**	0043158
Gender:	M	**Bill No:**	0051249
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	20/06/2023
GSM No.:	94289962	**Time:**	12:20

Test	Result	Normal Range
Ketones	Negative	
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	2-3	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
BLOOD GROUP & Rh TYPING	'O' Positive	
BLOOD GROUPING AND RH TYPING		
DRUG TESTING		
AMPHETAMINES(AMP)	NEGATIVE	
MORPHINE(MOP)	NEGATIVE	
COCAINE(COC)	NEGATIVE	
PHENCYCLIDINE(PCP)	NEGATIVE	
METHAMPHETAMINE(MET)	NEGATIVE	
TRAMADOL(TRA)	NEGATIVE	
BARBITURATES(BAR)	NEGATIVE	
BENZODIAZEPINES(BZO)	NEGATIVE	
MEDTHODONE(MED)	NEGATIVE	
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE	
MARIJUANA(THC)	NEGATIVE	

Medical Technologist

PEACE LAND MEDICAL CENTER

6 Channel + 1 Rhythm Report

Hospital:

Prescribed by:

ID :

SAWAR ALI

Heart Rate: 72bpm ** Analysis Result ** (To be finally confirmed by cardiologist)

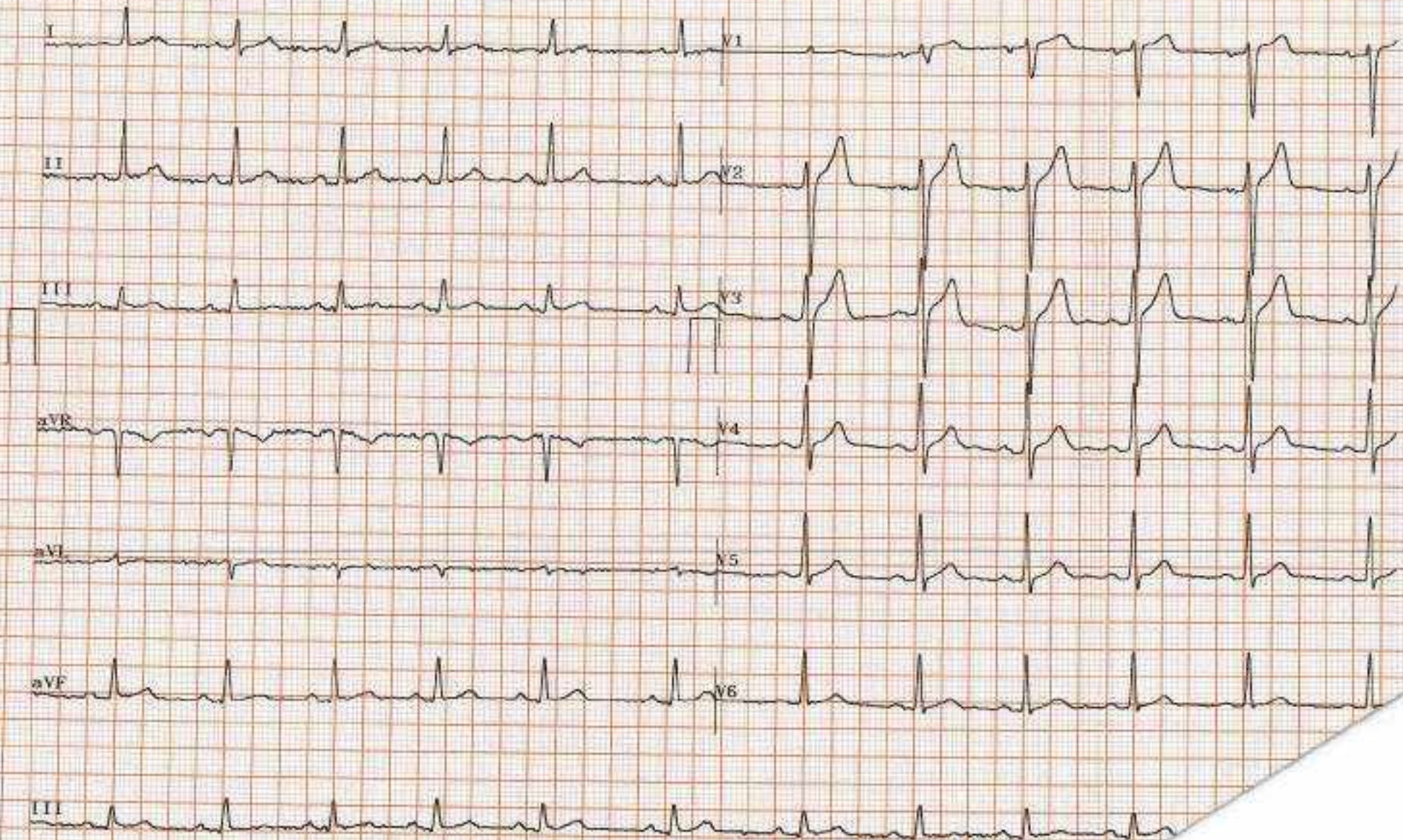
PR Int.: 174 ms Normal Sinus Rhythm

QRS Dur.: 90 ms Normal Axis

QT/QTc: 372/414 ms [Normal ECG]

P-R-T axes:

64 54 51



0.1Hz- 150Hz,AC50Hz, All Channels:10.0mm/mV,25.0mm/sec. EKG200

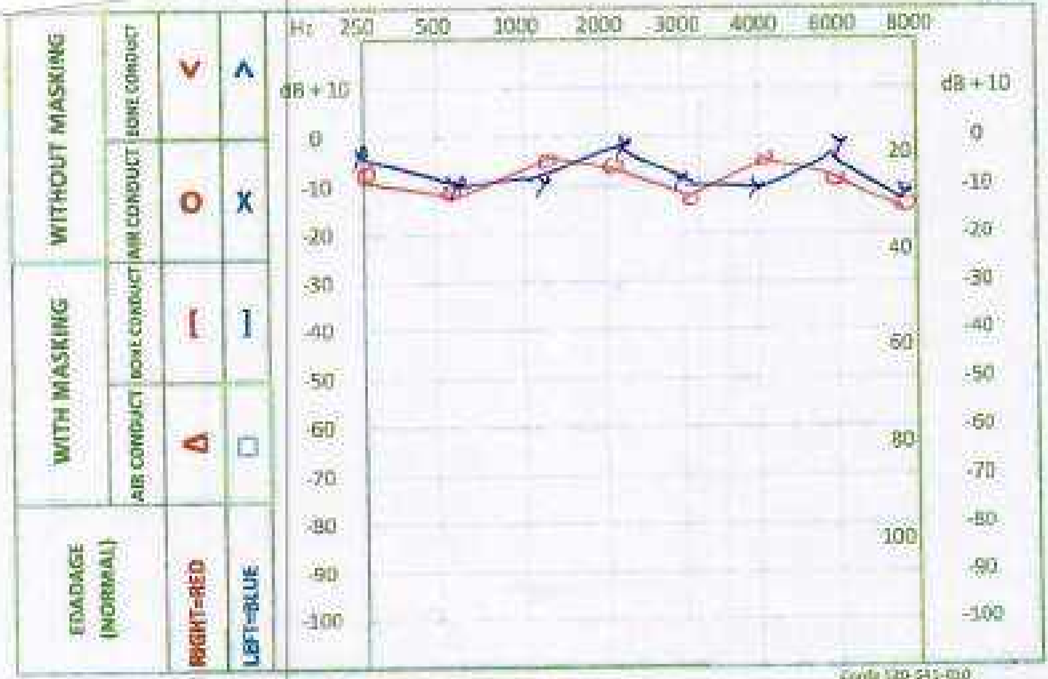
مركز بلاد السلام الطبي
Peace Land Medical Center

SAMAR ALI
78472
20/05/03 08:35

0512

AUDIOMETRY TEST REPORT

ER		COMPANY	T.O
		OCCUPATION	operator
		DATE	2/01/61/23



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
- [x] NORMAL
- [ ] HEARING LOSS
- [ ] RIGHT
- [ ] LEFT

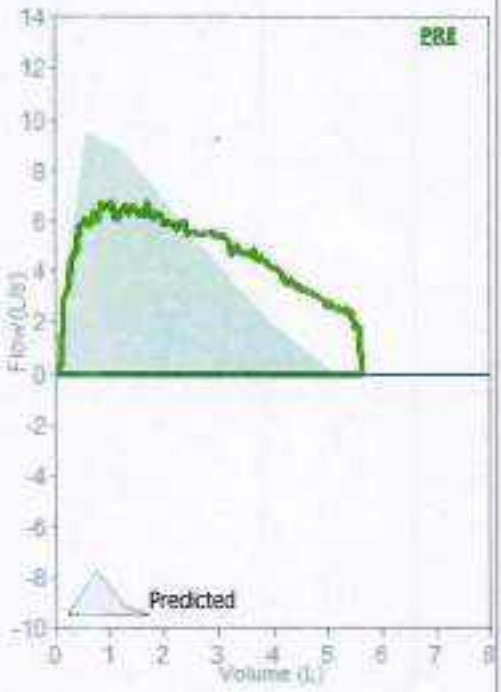
P.O. Box 1403, Postal Code 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149

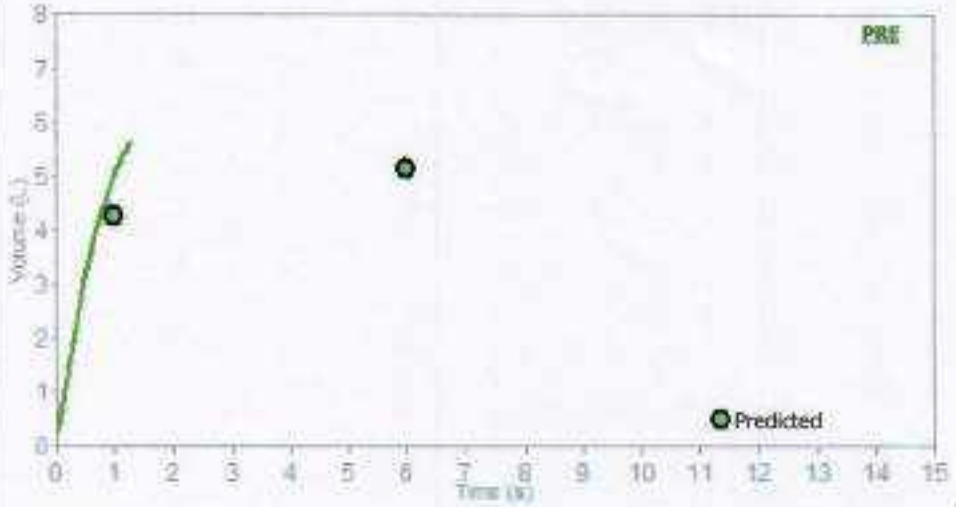
Pulmonary Function Test Results

Visit date 20/06/2023

Patient code	87258056	Age	36
Surname	ALI	Gender	Male
Name	SAMAR	Height, cm	178
Date of birth	01/01/1987	Weight, kg	100
Ethnic group	Not defined	BMI	31.56
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 20/06/2023 11:16:29

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	4.12	5.17	5.63*	109	0.72	5.63			*		
FEV1	L	3.41	4.27	5.06*	118	1.51	5.06			*		
FEV1/FVC	%	72.7	82.9	89.9*	108	1.13	89.9			*		
PEF	L/s	6.06	9.48	6.84*	72	-1.27	6.84			*		
ELA	Years		36	36	100		36					
FEF2575	L/s	2.70	4.48	5.27	118	0.73	5.27					
FET	s		6.00	1.25	21		1.25					
FIVC	L	4.12	5.17									
FEV1/VC	%	72.7	82.9									

*Best values from all loops - BTPS 1.097 24 °C (75.2 °F) - Predicted Knudson

Conclusion / Medical report

Signature

Instrument used
Minispir S S/N C11507
Last calibration check 01/11/2021 09:35:10

nmc

nmc specialty hospital,al-hail

P.O BOX : 813, Postal Code : 133al-hail
Phone : 24269222
Fax : 24269288
Email : nmc.hail@nmcoman.com

Prescription

File No : **14116303** Date : **04-07-2023**

Name: **SAMAR ALI** Age: **36 Y** Gender: **Male**

Address :

Omani ID/L.Card No : **87258056**

Company : Customer : **TRUCKOMAN NORTH (KHAZZAN) LLC (Credit)**

Policy No : Certificate No :

Nationality : **PAKISTANI** Phone : **94289962**

Rx

Sl No	Name	Duration	RO Admin	Quantity	Remarks
1	(Others)ZYLORIC 300MG TAB, 28's	30 Days	Oral	45	Take 1 tablet 1 time per day for 30 da ys
2	(FENOFIBRATE 145 mg tablet)LIPANTHYL TAB 145mg 30`S	45 Days	Oral	1	Take 1 nos 1 time per day for 45 days
3	(ATORVASTATIN (calcium) 10 mg tablet)STORVAS TAB 10MG 30`	45 Days	Oral	45	Take 1 tablet 1 time per day for 45 da ys

04/07/2023 11:02:37

Name of Dr. & Signature

DR BHAVANA DHABALIA
GENERAL MEDICINE

DR. BHAVANA DHABALIA
Specialist - General Medicine
MOH Lic. No: 1275
NMC Specialty Hospital, Al Hail

مركز فرح للخدمات الطبية

FARAH MEDICAL SERVICE CENTER

عضو مجموعة سلطان مديكا

Member of Sultan Medical Group

X-RAY REPORT

Doc No:	PAT009940
Date:	20-06-23
Name:	SAMAR ALI
Sex:	MALE
Referred By:	DR. SHIMA
Age/DOB	1-Jan-1987
X-Ray:	CHEST PA

REPORT

Normal heart size

Normal lung fields

Normal pleural spaces

Impression:

NORMAL STUDY

Signature

Seal

مركز فرح للخدمات الطبية

FARAH MEDICAL SERVICE CENTER

عضو مختبرات مجموعة سلطان الطبية

Member of Sultan Medical Group

X-RAY REPORT

Doc No:	PAT009940
Date:	20-06-23
Name:	SAMAR ALI
Sex:	MALE
Referred By:	DR. SHIMA
Age/DOB	1-Jan-1987
X-Ray:	LUMBOSACRAL SPINE AP/L

REPORT

Normal vertebral body height.

Maintained intervertebral disc spaces.

Lumbrization of sacral vertorae (normal varient).

No fractures.

Gaseous bowel loops.

Signature:

Seal