(TON)

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
114505072			HD DRIVER

Nationality	Age	Sex		Location
			ient 22885 Reg.Dt 19/09/2024 me RAM PAL nder Male Nationality INDIAN	

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 130/90 [✓] Normal | [ ] Prehypertension | [ ] Hypertension Stage 1 | [ ] Hypertension Stage 2 | [ ] Hypertension Crisis

BMI Category: 30.8 [ ] Underweight | [ ] Normal | [ ] Overweight | [✓] Obese | [ ] Morbid Obesity

Remarks:

VISUAL TEST

Visual Acuity Test: RT 6/6 CORRECTED LT 6/6 CORRECTED — Visual Field Test: [✓] Normal | [ ] Abnormal

Colour Vision Test: [✓] Normal | [ ] Abnormal | [ ] Not Required — 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

Pre-existing condition: — Physical Assessment: [✓] Normal | [ ] Abnormal

Remarks:

ENT SYSTEM

Audiometry Test: [✓] Normal | [ ] Abnormal | [ ] Not Required — Otoscopy: [✓] Normal | [ ] Abnormal | [ ] Not Required

Pre-existing condition: — Physical Assessment: [✓] Normal | [ ] Abnormal (Whisper, Weber & Rinne Tests)

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: A +ve

Pre-existing condition:

Remarks:

Glucose Level Category 95 mg/dl [✓] Normal 80 – 100 mg/dl | [ ] Pre diabetic 100 – 125 mg/dl | [ ] Diabetic > 126 mg/dl

Cholesterol Risk Category 127 mg/dl [✓] 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/Polyclinic	Doctor Signature & Clinic Stamp	Issue Date
Dr. G. Rao, Prashanth, MD, MSH General Practitioner MOH License No.: 17467		Peace Land Medical Clinic		08/oc/24

Form Review - 02-22/05/2021

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
114505072			HD DRIVER

Nationality	Age	Sex	Location

Patient 22869 Reg.Dt 07/06/2024
Name RAM PAL
Gender Male Nationality INDIAN

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	[ ] Travelling Examination	[ ] Medical Surveillance

Medical Suitability for Work

Medical Suitability for Work	[✓] Fit to work [ ] Fit with following restrictions [ ] Pending Fitness [ ] Not fit to work

FIT

Restrictions

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

Other, specify

New Position	New Function	New Department
NA	NA	NA

Examanation Date	Exams Performed
06/06/2024	

Medical Review Date	Employee Signature
	Ram Pal

Dr. S. Fakhruddin Sajeedi, MD, MPH
General Practitioner
MOH License No.: 17467

Medical Land Clinic Mukhaizna

Doctor Name	Medical License	Hospital	Medical Doctor Signature

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
114505072		Client 22885 Reg.Dt 07/06/2024	HD DRIVER
Nationality	**Age**	**Sex**	**Location**
		Name RAM PAL Gender Male Nationality INDIAN	

PERSONAL HEALTH HISTORY

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

Congenital heart disease or Valvular heart disease or Coronary artery disease		Yes	✓	No	Muscle problems e.g. weakness of your limbs or twitchy muscles		Yes	✓	No
Myocardial insufficiency or infarction (heart attack)		Yes	✓	No	Joint problems, e.g. plantar warts, joint pain or swelling		Yes	✓	No
Coronary bypass surgery (CABS) and angioplasty		Yes	✓	No	Problems with limb, neck or spine mobility		Yes	✓	No
Heart arrhythmias (heart beats too fast, too slow or irregularly)		Yes	✓	No	Extremities (feet or hands) deformities or problems		Yes	✓	No
High blood pressure (hypertension)		Yes	✓	No	Experienced back problem, arthritis, slipped disc		Yes	✓	No
Shortness of breath after exertion		Yes	✓	No	Pain in neck or back or hands or legs		Yes	✓	No
Varicose veins associated with varicose eczema, ulcers or other complications		Yes	✓	No	Thyroid disease any other glandular diseases		Yes	✓	No
Arteriosclerotic or other vascular disease		Yes	✓	No	Diabetes mellitus or Hypoglycemia		Yes	✓	No
Anemias, especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia		Yes	✓	No	Experienced weight loss or gain > 5kg over the past year		Yes	✓	No
Haemorrage disorders i.e. bleeding disorders		Yes	✓	No	Informed about being overweight or obese		Yes	✓	No
Leukaemia, polycythaemia and disorders of the reticulo-endothelial system		Yes	✓	No	Skin disorders e.g. severe acne, dermatitis, eczema or allergy		Yes	✓	No
G6PD (Glucose 6-Phosphate Dehydrogenase) Deficiency		Yes	✓	No	Allergies e.g. dust, medication, insect bites		Yes	✓	No
Recurrent headaches or migraine		Yes	✓	No	Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gastritis		Yes	✓	No
Epilepsy and recurrent seizures		Yes	✓	No	Haemorrhoids, fistulae and fissures causing pain, or recurrent bleeding		Yes	✓	No
Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope)		Yes	✓	No	Liver and pancreas diseases (e.g. pancreatitis, Hepatitis B)		Yes	✓	No
Sleep disorders, such as insomnia, hypersomnia, sleep apnea, narcolepsy		Yes	✓	No	Kidney or bladder diseases e.g. recurrent infection, renal stones		Yes	✓	No
Chronic anxiety states and/or recurrent depression		Yes	✓	No	Ear, nose or throat problems (e.g. otitis, hearing loss, sinusitis, tonsillitis)		Yes	✓	No
Phobias such as fear of heights, fear of confined spaces, fear of flying		Yes	✓	No	Eye disease or visual defect (e.g. glaucoma, color blindness, monocular vision)		Yes	✓	No
Lung disease e.g. bronchitis, asthma, dyspnea, TB		Yes	✓	No	Treated for infectious diseases (e.g. malaria, COVID19) COVID Positive	✓	Yes		No
Phlegm production (excess mucus production) or tight chest		Yes	✓	No	Treated for depression, stress		Yes	✓	No
Immuno suppression due to cancer or human immunodeficiency virus		Yes	✓	No	Treated for substance or alcohol abuse		Yes	✓	No

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

List any previous injuries or operations

Previous injuries or operations	Date

Date: 06/06/2024

Peace Land Clinic Muhaizna

Candidate/Employee Signature

Ramlal

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
114505072			HD DRIVER

Nationality	Age	Sex	Location

Patient 22885 Reg.Dt 19/06/2024
Name RAM PAL
Gender Male Nationality INDIAN

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 hs 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)

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

Date: 06/06/2024

Candidate/Employee Signature: Ram Pal

Peace Land Clinic Muhaizna

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
114505072			HD DRIVER

Nationality	Age	Sex		Location

Patient 22885 Reg.Dt 18/06/2024
Name RAM PAL
Gender Male Nationality INDIAN

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 hs 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)

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

Date: 06/06/2024

Candidate/Employee Signature

Ram Pal

Peace Land Clinic Mukhaizna

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
114505072			HD DRIVER

Nationality	Age	Sex	Location

Patient 22888 Reg.Dt
Name RAM PAL
Gender Male Nationality INDIAN

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

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

[ ] YES [ ] NO	a. Asbestosis	[ ] YES [ ] NO	e. Pneumonia	[ ] YES [ ] NO	i. Broken ribs		
[ ] YES [ ] NO	b. Asthma	[ ] YES [ ] NO	f. Tuberculosis	[ ] YES [ ] NO	j. Pneumothorax (collapsed lung)		
[ ] YES [ ] NO	c. Chronic bronchitis	[ ] YES [ ] NO	g. Silicosis	[ ] YES [ ] NO	k. Any chest injuries or surgeries		
[ ] YES [ ] NO	d. Emphysema	[ ] YES [ ] NO	h. Lung cancer	[ ] 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	h. Coughing that wakes you early in the morning		
[ ] YES [ ] NO	b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline	[ ] YES [ ] NO	i. Coughing that occurs mostly when you are lying down		
[ ] YES [ ] NO	c. Shortness of breath when walking with other people at an ordinary pace on level ground	[ ] YES [ ] NO	j. Coughing up blood in the last month		
[ ] YES [ ] NO	d. Have to stop for breath when walking at your own pace on level ground	[ ] YES [ ] NO	k. Wheezing		
[ ] YES [ ] NO	e. Shortness of breath when washing or dressing yourself	[ ] YES [ ] NO	l. Wheezing that interferes with your job		
[ ] YES [ ] NO	f. Shortness of breath that interferes with your job	[ ] YES [ ] NO	m. Chest pain when you breathe deeply		
[ ] YES [ ] NO	g. Coughing that produces phlegm (thick sputum)	[ ] 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	e. Swelling in your legs or feet (not caused by walking)		
[ ] YES [ ] NO	b. Stroke	[ ] YES [ ] NO	f. Heart arrhythmia		
[ ] YES [ ] NO	c. Angina	[ ] YES [ ] NO	g. High blood pressure		
[ ] YES [ ] NO	d. Heart failure	[ ] 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	e. Heartburn or indigestion that is not related to eating		
[ ] YES [ ] NO	b. Pain or tightness in your chest during physical activity	[ ] YES [ ] NO	f. Any other symptoms that you think might be related to heart		
[ ] 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				

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

[ ] YES [ ] NO	a. Breathing or lung problems	[ ] YES [ ] NO	c. Blood pressure		
[ ] YES [ ] NO	b. Heart trouble	[ ] 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	d. General weakness or fatigue		
[ ] YES [ ] NO	b. Skin allergies or rashes	[ ] YES [ ] NO	e. Any other problem that interfere with your use of a respirator		
[ ] YES [ ] NO	c. Anxiety				

Date: 06/06/2024

Candidate/Employee Signature: Ram Pal

Peace Land Clinic Mukhaizna

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
114505072		[redacted]	HD DRIVER

Nationality	Age	Sex		Location
			[redacted]	

VITAL SIGNS

Height: 169 cm Weight: 88 Kg BMI: 30.8 Blood Pressure: 130/90 mm/Hg

Pulse: 90 /min Medical Practitioner Name: _____ Signature: _____

VISUAL SYSTEM

	Right Uncorrected	Left Uncorrected	Right Corrected	Left Corrected	Both Uncorrected	Both Corrected
Visual Acuity Test			6/6	6/6		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: 06/06/2025 Medical Practitioner Name: _____ Signature: _____

Dr. S. Faiz H Sayeedi, MD, MPH General Practitioner MOH License No.: 17467

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: _____ Medical Practitioner Name: _____ Signature: _____

[2] Chest Shape and Movment

☑ 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:

Dr. S. Faiz H Sayeedi, MD, MPH General Practitioner MOH License No.: 17467

Date of Examination: 06/06/2025 Physician Name: _____ Signature: _____

ENT SYSTEM

[1] Otoscopy

	Right	Left		Right	Left
Ear Canal Collapse	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☐ No ☐ Not Exam	Eardrum Position	☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam	☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam
Drainage	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☐ No ☐ Unknown			
Perforation	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☐ No ☐ Not Exam	Eardrum Vascularity	☑ Normal ☐ Considerable ☐ Mild ☐ Not Exam	☑ Normal ☐ Considerable ☐ Mild ☐ Not Exam
Cerumen	Right: ☐ None ☑ Some ☐ A lot ☐ Impacted ☐ Not Exam	Left: ☐ 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	
Audiologist Name: _____ Signature: _____	Hearing Questionnaire verified	☑ Yes ☐ No

Peace Land Clinic Al Khaizaran

Dr. S. Faiz H Sayeedi, MD, MPH General Practitioner MOH License No.: 17467

PHYSICAL ASSESSMENT FORM

Client 22885 Reg.Dt 06/06/2024
Name RAM PAL
Gender Male Nationality INDIAN

ENT SYSTEM

[2] Nose Assessment

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

[3] Throat Assessment

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

CARDIOVASCULAR SYSTEM

[1] Heart Sounds

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

[2] Heart Murmurs

☐ Present ☑ Absent ☐ Not Examined	If present, describe below:

[3] Peripheral Pulses

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

[4] Peripheral Veins

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

NEUROLOGICAL SYSTEM

[1] Mental Status

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

[2] Cranial Nerves

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

[3] Motor System

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

[4] Reflexes

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

[5] Sensory System

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

[6] Coordination, Station, Gait

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

MUSCULOSKELETAL SYSTEM

[1] Hand and Wrist

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

[2] Elbow and Shoulder

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

[3] Hip

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

[4] Knees

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

[5] Foot and Ankle

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

[6] Spine and Back

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

OTHER

[1] Skin, Extremities

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

[2] Head & Neck

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

[3] Mouth and Teeth

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

[4] Hernial Orifices

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

[5] Abdominal Organs

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

[6] Lymph Nodes

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

Date of Examination: 06/06/2024 Physician Name: Dr. S. Faiz H Sayeedi, MD, MPH General Practitioner MOH License No.: 17467 Signature:

OD - Occupational Health Department

Peace Land Clinic Mushaiza

Peaceland Medical Service LLC, Mukhaizna
CR No.:2/13627/9, P.O.Box: 1403,
Postal Code: 133,
Occidental Camp Mukhaizna, Sultanate of Oman

PATIENTDETAILS :

Patient ID	: 22895	Doc No	: 9331
Name	: RAM PAL	Doc Date	: 2024-06-06T16:03:00
Age	: 42Y	Bill No	: 29670
Gender	: Male	Date	: 06/06/2024 16:03 PM
Nationality	: INDIAN	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 96666096	Ref by	: DR.SYED FAIZ UL HAQUE

TEST RESULT : OQ-001 OQ MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
OQ MEDICAL CHECKUP			
BLOOD GROUP & Rh TYPING	'A' Positive		
COMPLETE BLOOD COUNT			
RBC	4.7 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	14.1 gm %	Male 13 - 18 gm % Female 11 - 16 gm %	
HCT	42 %	Male 42 -52 % Female 37 -47 %	
MCV	78 fl	76 - 96 fl	
MCH	30 pg	27 - 33 pg	
MCHC	33 %	32 38 %	
WBC COUNT	4200 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	50 %	40-75 %	
LYMPHOCYTE	40 %	20-45 %	
EOSINOPHIL	3 %	1-6 %	
MONOCYTE	7 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	1	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	2 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	61 u/l	44-147 U/ L	
T. BILIRUBIN	1 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.2 mg / dl	up to 0.4 mg /dl	
INDIRECT BILIRUBIN	0.8 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	44 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	40 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	8 g /dl	New born 5.2 - 9.1 g /dl Children 6.4 - 8.7 g /dl Adult 6.7 - 8.7 g /dl	
ALBUMIN	4.2 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	13 mg / dl	10-50 mg /dl	
S.CREATININE	1.1 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	7 mg / dl	3.4 - 7.2 mg /dl	

Reported By:
AHMED ALHAG
Sr. Lab Technologist
Printed at: 06/06/2024 16:07:15

Peace Land Clinic Mukhaizna

Verified By:
AHMED ALHAG
Sr. Lab Technologist
Signed at: 06/06/2024 16:07:52

Specialist Pathologist:
AHMED ALHAG
Sr. Lab Technologist

Test	Result	Normal Range	Detailed Description
LIPID PROFILE			
Total Cholesterol	196 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	150 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	56 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	127 mg/dl	< 130 mg/dl	
FASTING BLOOD SUGAR	95 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.010		
pH	Acidic		
Appearance	Clear		
CHEMICAL	0		
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC.			
PUS_CELLS	1-2		
EPITHELIAL CELLS	1-2		
RBC'S	1-2		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NIL		
OTHERS	NIL		

Remarks:

Test	Result	Nomal Range
URINE DRUG SCREEN :		
OPIATE (URINE)	Negative	
AMPHETAMINES(URINE)	Negative	
MORPHINE (URINE)	Negative	
COCAINE (URINE)	Negative	
PHENCYCLIDINE (URINE)	Negative	
METHAMPHETAMINE (URINE)	Negative	
TRAMADOL (URINE)	Negative	
BARBITURATES (URINE)	Negative	
BENZODIAZEPINES (URINE)	Negative	
MEDTHODONE (URINE)	Negative	
TRICYCLIC ANTIDEPRESSANTS (URINE)	Negative	
ALCOHOL TEST	Negative	

Remark

Peace Land Clinic Mukhaizna

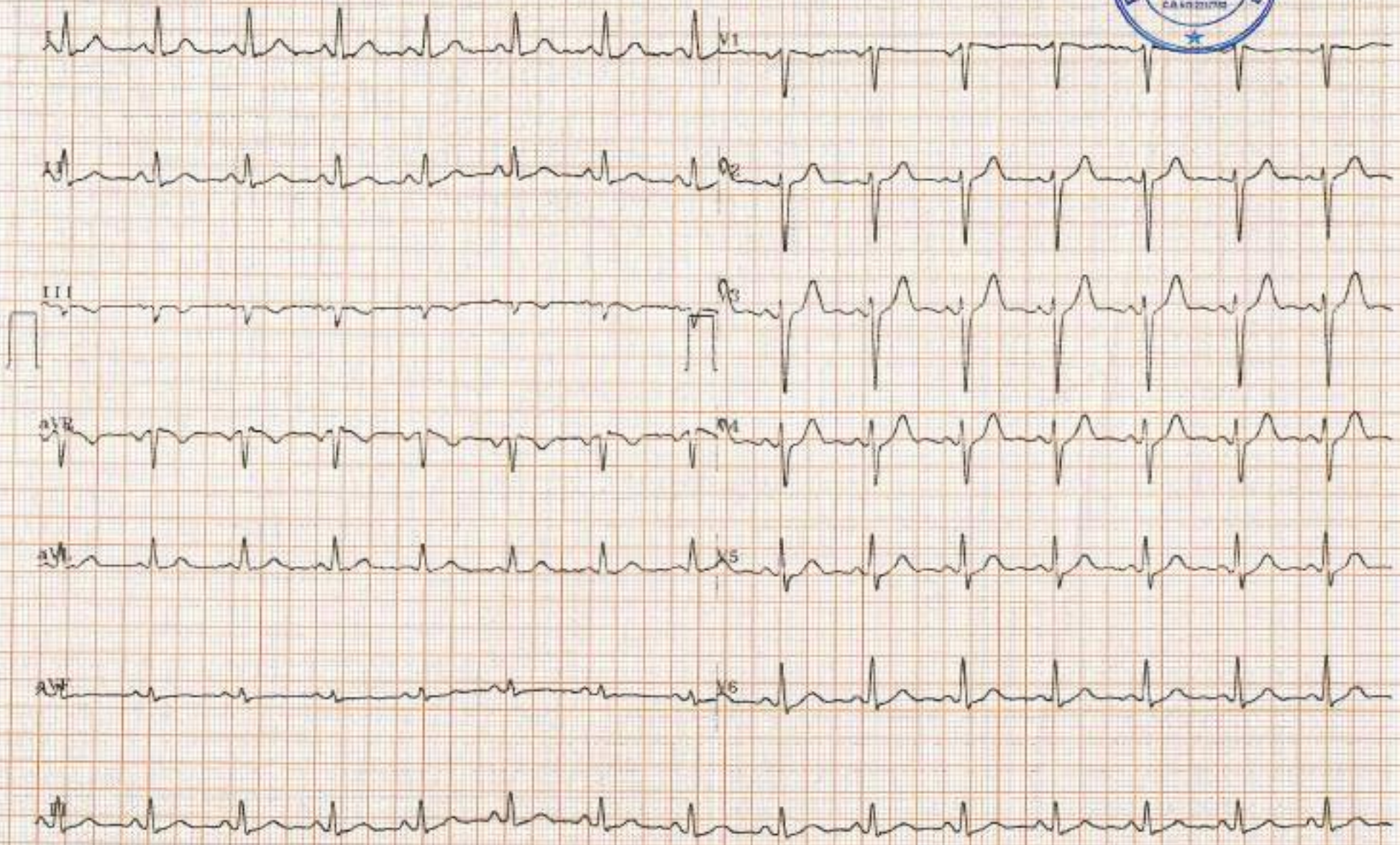
2024-06-06 09:18:53 6 Channel + 1 Rhythm Report

Hospital:
Prescribed by:

Heart Rate: 90bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 120 ms Normal Sinus Rhythm
QRS Dur.: 98 ms Normal Axis
QT/QTc: 354/428 ms [Normal ECG]
P-R-T axes:
43 6 5

Reg.Dt 12/06/2024
Nationality INDIAN

Peace Land Clinic Mukhalzna



0Hz-LPFoff,AC60Hz,EMG. All Channels:10.0mm/mV,25.0mm/sec. CARDIO-M Ver5.09M,30 Medical Econet GmbH.

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

PATIENT ID: 22885

Estimated 10-year Global CVD Risk
4.70%

Risk Category
Low Risk

Estimated Vascular Age
42Years

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

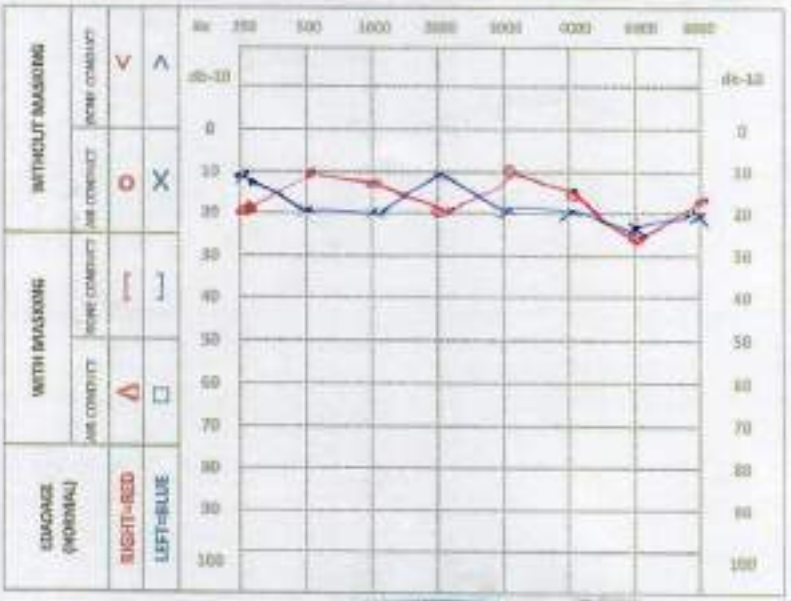
ESC (2007, see Info for more)

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: RAM PAL		COMPANY: TRUCK OMAN
AGE:	GENDER: M / F	OCCUPATION: HD DRIVER
REF. BY:		DATE: 06/06/2024



INTERPRETATION
O RIGHT EAR
X LEFT EAR

RESULT
☑ NORMAL
HEARING LOSS
☐ RIGHT
☐ LEFT

Dr. S. Faiz H Sayeedi, MD, MPH
General Practitioner
MOH License No.: 17467

Peace Land Clinic

P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel: 24617117, 24617145, 24617146

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
22885	RAM PAL	42Y/M	06-06-2024	

DIGITAL X-RAY CHEST PA VIEW

FINDINGS:

Trachea and mediastinum in midline.

Both lung fields show normal bronchovascular markings.

Cardiothoracic ratio is within normal limits.

Both cardiophrenic and costophrenic angles are free.

Both domes of diaphragm are normally placed.

Bony ribcage and soft tissue structures appear normal.

IMPRESSION:

- **NO ABNORMALITIES DETECTED**

Peace Land Clinic Nakhaizna

Dr. K. VIJAYAKUMAR
MBBS, DMRD
Radiologist
MOH Lic No.: 7560

Dr. Kumaresan Vijayakumar
MBBS, DMRD
Radiologist
MOH Lic No.: 7560