MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

T- O.

OQ

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
19794652		BATI OBAID AL AABED DAGHAMAYAL AL JA 6046891 ... 31 Y/M ... 00634 79811 ... 09/08/23 10:16	HSE Advisor
Nationality: Oman	Age: 3/3/1992	Sex	Location

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category ____ [✓] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crises

BMI Category ____ [ ] Underweight [✓] Normal [ ] Overweight [ ] Obese [ ] Morbid Obesity

Remarks

VISUAL TEST

Visual Acuity Test: RT 6/6 LT 6/6 — 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 (Neg)

Pre-existing condition

Remarks

Glucose Level Category ____ [✓] Normal 80 – 100 mg/dl [ ] Pre-diabetic 100 – 125 mg/dl [ ] Diabetic > 126 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 Med dependence [ ] Moderate dependence [ ] High dependence

CAGE Questionnaire Alcoholism [ ] 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. SHAH FAISAL General Medical Practitioner MOH Lic No. 22368			[signature]	10-8-23

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

BASI[illegible]ATION

BATI OBAID AL [illegible] AL JA
0044881 # 31 YRS [illegible] 00631
79811 [illegible] 09/08/23 10:18

Civil ID / Passport #	Company ID #		Position
			HSE Advisor
Nationality	**Age**	**Sex**	**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	[✓] 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 operator
[ ] Handling chemical products	[ ] Driving vehicle
[ ] Use of respirator	[ ] Emergency response duty

Other, specify:

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
9/8/23	

Medical Review Date	Employee Signature
10-8-23	[signature]

Doctor Name	Medical License	Hospital	Medical Doctor Signature
[stamp]			[signature]

Dr. Shah Faisal General Practitioner MOH L.C.No. 22368

Form Review: 02 [illegible]

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name label	Position
		BATI OBAID AL AABED DAGHAM/AYAL AL JA # 0046001 # 31 Y00 Male 02534 78811 <Blank> 09/08/23 10:18	HSE Advisor

Nationality	Age	Sex	Location

PERSONAL HEALTH HISTORY

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

Condition	Yes	No	Condition	Yes	No
Congenital heart disease or Valvular heart disease or Coronary artery disease		✓	Muscle problems e.g. weakness of your limbs, or twitchy muscles		✓
Myocardial insufficiency or infarction (heart attack)		✓	Joint problems e.g. stiff or weak joints, joint pain or swelling		✓
Coronary bypass surgery (CABG) and angioplasty		✓	Problems with limb, neck or spine mobility		✓
Heart arrhythmias (heart beats too fast, too slow or irregularly)		✓	Extremities (feet or hands) deformities or problems		✓
High blood pressure (hypertension)		✓	Experienced back problem, arthritis, slipped disc		✓
Shortness of breath after exertion		✓	Pain in neck or back or limbs or legs		✓
Varicose veins associated with varicose eczema, ulcers or other complications		✓	Thyroid disease any other glandular diseases		✓
Arteriosclerosis or other vascular disease		✓	Diabetes mellitus or Hypoglycemia		✓
Anaemia, especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia		✓	Experienced weight loss or gain > 5kg over the past year		✓
Haemorrhage disorders i.e. bleeding disorders		✓	Informed about being overweight or obese		✓
Leukaemia, polycythaemia and disorders of the reticuloendothelial system		✓	Skin disorders e.g. severe acne, dermatitis, eczema or allergy		✓
G6PD (Glucose-6-Phosphate Dehydrogenase) Deficiency		✓	Allergies e.g. dust, medication, latex, gases		✓
Recurrent headaches or migraine		✓	Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gastritis		✓
Epilepsy and recurrent seizures		✓	Haemorrhoids, fistulas and fissures causing pain or recurrent bleeding		✓
Blackouts, dizziness, fainting, memory loss or consciousness loss of any kind		✓	Liver and pancreas diseases (e.g. pancreatitis, Hepatitis B)		✓
Sleep disorders, such as insomnia, hypersomnia, sleep apnea, narcolepsy		✓	Kidney or bladder diseases e.g. recurrent infection, renal stones		✓
Chronic anxiety states and/or recurrent depression		✓	Ear disease or hearing problems (e.g. ear pain, hearing loss, sinuses, tinnitus)		✓
Phobias such as fear of heights, fear of confined spaces, fear of flying		✓	Eye disease or visual defect (e.g. glaucoma, color blindness, monocular vision)		✓
Lung disease e.g. bronchitis, asthma, dyspnea, TB		✓	Treated for infectious diseases (e.g. malaria, COVID-19)		✓
Phlegm production (chronic mucus production) or tight chest		✓	Treated for depression, stress		✓
Immune suppression due to chronic or human immunodeficiency virus		✓	Treated for substance and/or alcohol abuse		✓

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

Date: 9/8/23

List any previous injuries or operations

Previous injuries or operations	Date

Candidate/Employee Signature
[signature]

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

EATI OBAID AL AABED DASHANAYA AL JA
0044891 # 31 YRM 00634
79811 09/08/23 10 19

Civil ID / Passport #	Company ID #	Position
		HSE Advisor

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 is 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 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 9/8/23

Candidate/Employee Signature
[signature]

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

CANDI / Passport #	Company ID #		Position
		BATI OBAID AL AABED DAGHAMAYAL AL JA 00534	H&E Advisor
Nationality	**Age**	**Sex**	**Location**

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? [ ] YES [ ] NO Mask type: Disposable mask [ ] Half-face 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. Emphysema
[ ] YES [ ] NO b. Asthma [ ] YES [ ] NO f. Tuberculosis [ ] YES [ ] NO j. Pneumothorax (collapsed lung)
[ ] YES [ ] NO c. Chronic bronchitis [ ] YES [ ] NO g. Cancer [ ] 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 while walking fast on level ground or walking up a grade 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 their same 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 you are not exercising [ ] 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 mucus) [ ] 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. Irregular heartbeat
[ ] YES [ ] NO c. Angina [ ] YES [ ] NO g. High blood pressure
[ ] YES [ ] NO d. Heart failure [ ] YES [ ] NO h. Any other heart problems that you have 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 relieved by taking
[ ] 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 have been a smoker, have you ever had any of the following problems?

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

Date 9/8/23

Candidate/Employee Signature

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYER IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		BATI OBAID AL ABED DAGHAMAYAL AL JA 20534 09/08/23 10:18	HSE - Advisor
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 racing	[ ] Sheet shooting	[ ] Woodwork	[ ] Target shooting
[ ] Power tools	[ ] Mowers	[ ] Go carts / Bikes	[ ] 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	[ ] Cerumen buildup	[ ] Intravenous Antibiotics	[ ] Taken the Lindrum
[ ] Ear Drainage	[ ] Dizziness			

4 - Check ALL that you have had or suffered from

[ ] Meningitis	[ ] Diabetes	[ ] Measles	[ ] Syphilis	[ ] Chickenpox	[ ] Mumps	[ ] Mononucleosis
[ ] Hypertension	[ ] Renal Failure	[ ] Tuberculosis	[ ] Previous surgery	[ ] Thyroid Problems	[ ] Trauma to head or neck / Motorcycle accident	

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 the one: [ ] Army [ ] Navy [ ] Air Force [ ] Marines [ ] National Guard Date: / /
Do you have medical disability through the Veterans Administration (VA) for hearing loss or anything? [ ] 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 [ ] Motorcycle [ ] Walking

Date 9/8/23

Candidate/Employee Signature

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		BATI OBAID AL AABED DAGHAMAYAL AL JA 00534	HSE Advisor
Nationality	**Age**	**Sex**	**Location**
		09/08/23 10:16	

VITAL SIGNS

Height	Weight	BMI	Blood Pressure
179 cm	77 Kg	25.4	130/84 mmHg

Pulse: 78 /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	Interpretation Result is listed	☑ Normal ☐ Abnormal	Visual Field Test	☑ Normal ☐ Abnormal	Stereoscopic Vision Test	☑ Normal ☐ Abnormal

Date of Examination: 10-8-23 Medical Practitioner Name: Signature

RESPIRATORY SYSTEM

[1] Spirometry Test

Smoking Status: ☐ Never ☐ Ever Used ☐ Current Patient's Position During Test: ☐ Standing ☑ Sitting Mouth Clips Used: ☐ Yes ☐ No

Diagnosis: ☐ Asthma ☐ COPD ☐ Other

Acceptability Criteria (select all that apply)	Repeatability Criteria (select all that apply)
☑ Free from artifacts ☐ Satisfactory exhalation ☐ Good start ☐ NOT satisfactory	☐ ≥3 acceptable curves (FVC values within 0.10 L (100 ml) ☐ Total of THREE to EIGHT tests performed ☐ The patient CAN NOT or SHOULD NOT continue

Test Effort Demonstrated: ☑ Good Effort ☐ Difficulty following instructions ☐ Ability to produce only one good effort ☐ Poor Effort ☐ Cooperation

Date of Examination: 10-8-23 Medical Practitioner Name: 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: 10-8-23 Physician Name: Signature

ENT SYSTEM

[1] Otoscopy

	Right	Left
Ear Drum Collapse	☐ Yes ☐ No ☐ Not Exam	☐ Yes ☐ No ☐ Not Exam
Otorrhea	☐ Yes ☐ No ☐ Not Exam	☐ Yes ☐ No ☐ Not Exam
Perforation	☐ Yes ☐ No ☐ Not Exam	☐ Yes ☐ No ☐ Not Exam
Cerumen	☐ None ☐ Some	☐ A lot ☐ Impacted / ☐ Not Exam
	☐ None ☐ Some	☐ A lot ☐ Impacted / ☐ Not Exam

	Right	Left
Eardrum Position	☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam	☐ Normal ☐ Retracted ☐ Bulging ☐ Not Exam
Eardrum Mobility	☐ Normal ☐ Considerable ☐ Nil ☐ Not Exam	☐ Normal ☐ Considerable ☐ Nil ☐ 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 Conservation Briefed	☐ Yes ☐ No

PHYSICAL ASSESSMENT FORM

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: 10-8-23

Physician Name: DR. SHAHAB FAISAL

Signature:

PMDC Lic No. 223dd

BATI OBAID AL AABED DAGHAMAYAL AL JA
0044081 # 31 Y/M 00534
79911 09/08/23 10:19

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)

CLINIC SEAL

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:	BATI OBAID AL AABED DAGHAMAYAL AL JADILI	**Doc No:**	0036316
Age:	31 Y **Nationality:** OMANI	**File No:**	0044551
Gender:	M	**Bill No:**	0053412
Ref. By:	DR SHAH FAISAL	**Date:**	09/08/2023
GSM No.:	96668248	**Time:**	17:26

Test	Result	Normal Range
OQ Medical Checkup Package		
COMPLITE BLOOD COUNT		
RBC	5 2 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	15 8 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	44 8 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	86 fl	84-94 fl
MCH	28 4 pg	27 - 33 pg
MCHC	32.3 g/dl	29.6 - 35.6 %
WBC COUNT	9 9 x 10^9/L	4.0 - 11 0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	72 %	40-75 %
LYMPHOCYTE	22 %	20-45 %
EOSINOPHIL	03 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	10	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	223 x 10^9/L	150 - 450 x 10^9/L
Sickle cells (Screen)		
SICKLE CELL TEST	NEGATIVE	
Lipid profile(CH,TG,HDL,LDL)		
LIPID PROFILE		
Total Cholesterol	180 mg/dl	0.0 - 200 mg/dl
Triglyceride	140.0 mg/dl	0 0 - 150 mg/dl

.....
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:	BATI OBAID AL AABED DAGHAMAYAL AL JADILI	**Doc No:**	0036316
Age:	31 Y **Nationality:** OMANI	**File No:**	0044551
Gender:	M	**Bill No:**	0053412
Ref. By:	DR.SHAH FAISAL	**Date:**	09/08/2023
GSM No.:	96668248	**Time:**	17.26

Test	Result	Normal Range
HDL - CHOL	**65.7 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**86.3 mg/dl**	< 100 mg/dl
VLDL	**28.0 mg/dl**	2.0 - 30 mg/dl
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	**126 U/L**	53 - 128 U/L
S BILIRUBIN TOTAL	**0.79 mg/dl**	0 - 2.0 mg/dl
S G.O.T.	**32.0 U/L**	0 - 35.0 U/L
S G.P.T.	**44.0 U/L**	10 - 45 U/L
ALBUMIN	**4.4 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.6 g/dl**	6 - 8 g/dl
S BILIRUBIN DIRECT	**0.18 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**25.6 mg/dl**	18.0 - 55.0 mg/dl
S CREATININE	**0.88 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**5.7 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	
Ketones	Negative	

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Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-3	
EPITHELIAL CELLS	1-2	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
BLOOD GROUP & Rh TYPING	'A' Negative	
BLOOD GROUPING AND RH TYPING		
RANDOM BLOOD SUGAR	**102.5 mg/dl**	80 - 120 mg/dl

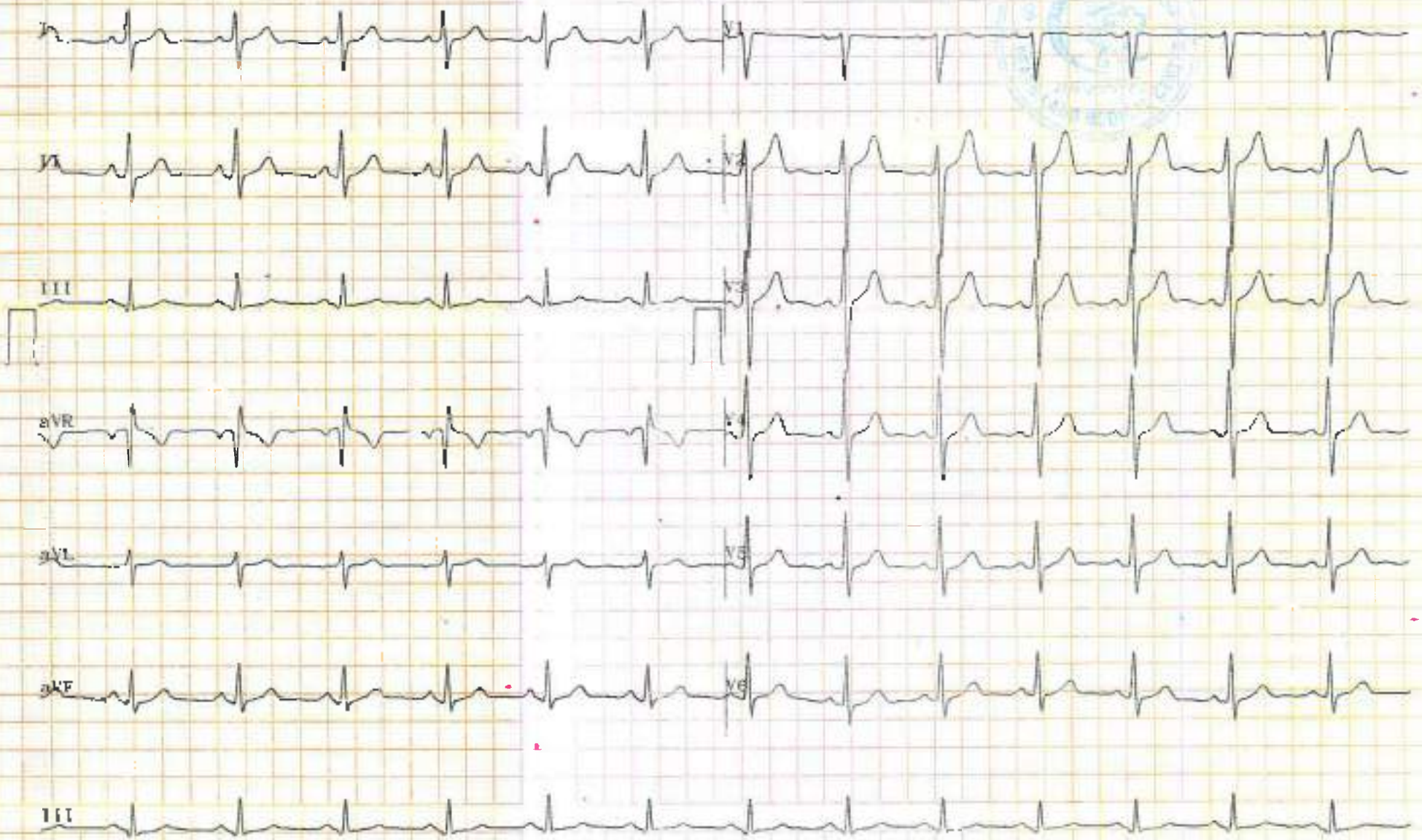
Medical Technologist

2023 08 09 10:38:39 6 Channel + 1 Rhythm Report

Hospital:
Prescribed by:

ID
Na

Heart Rate: 82bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 132 ms Normal Sinus Rhythm
QRS Dur.: 100 ms Normal Axis
QT/QTc: 364/424 ms [Normal ECG]
P-R-T axes:
57 83 40



مركز بلاد السلام الطبي
Peace Land Medical Center

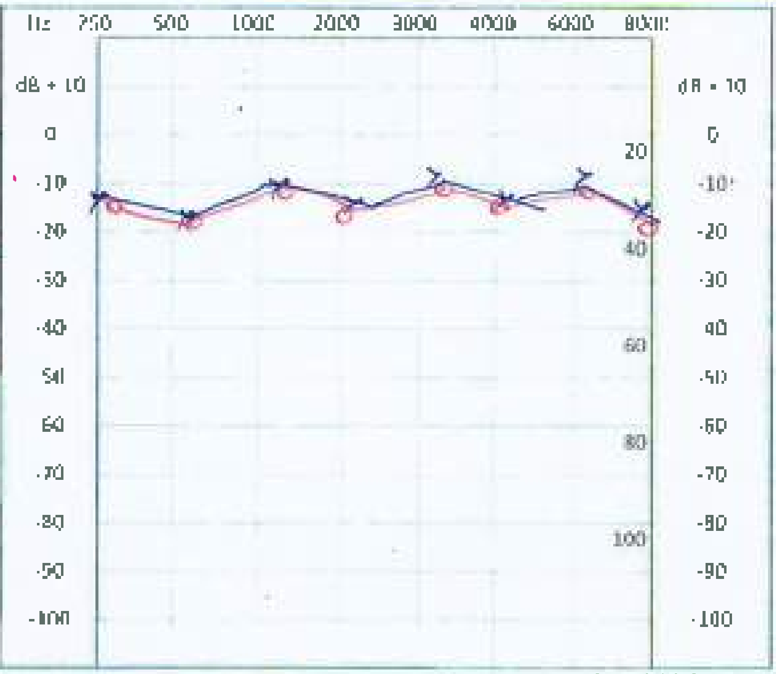
Peace Land
بلاد السلام

BATI OBAID AL AABED DAGHAMAYAL AL JA
0044001 # 31 Y/M 0053
78011 <blank> 09/08/23 12 18

...ETRY TEST REPORT

NAME		COMPANY	T.O.
AGE		OCCUPATION	AGCA
REF. BY		DATE	9/8/23

		RIGHT	LEFT
WITHOUT MASKING	BONE CONDUCT	<	>
	AIR CONDUCT	O	X
WITH MASKING	BONE CONDUCT	[	]
	AIR CONDUCT	△	□
EDUCAGE (NORMAL)		RIGHT=RED	LEFT=BLUE



Confg 520-541-010

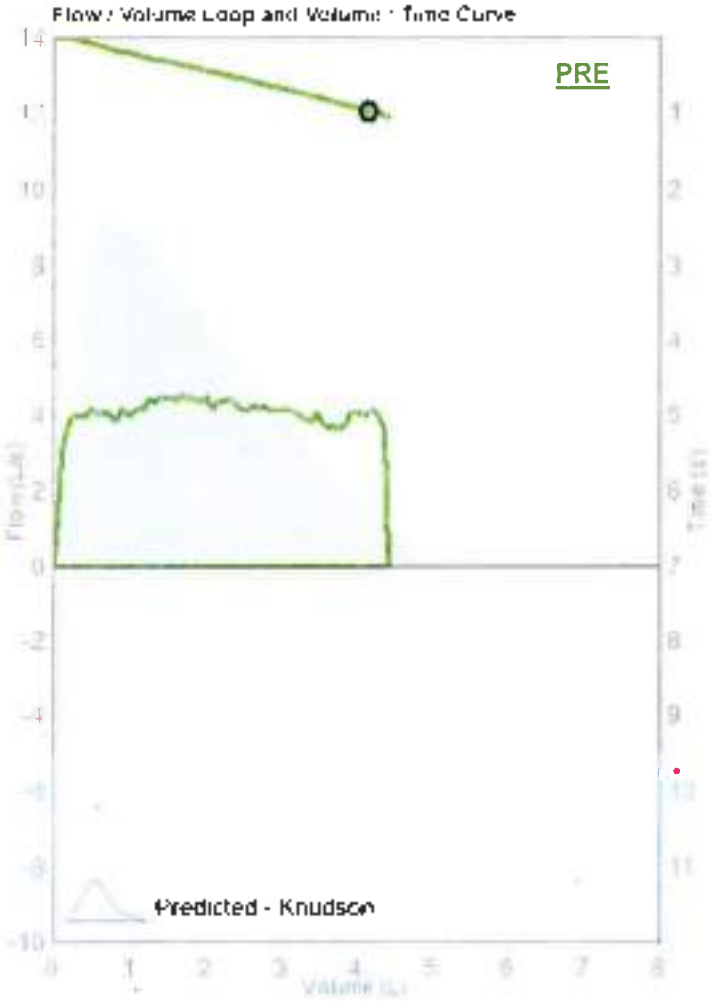
Sibelmed

INTERPRETATION	
X	LEFT EAR
O	RIGHT EAR

RESULT

- [✓] NORMAL
- [ ] HEARING LOSS
- [ ] RIGHT
- [ ] LEFT

Pulmonary Function Test Results



Visit date 09/08/2023

Patient code	19794652	Age	31
Surname	OBAID AL AABED	Gender	Male
Name	BATI	Height, cm	174
Date of birth	03/03/1992	Weight, kg	77
Ethnic group	Not defined	BMI	25.43

Interpretation

FVC FEV1 FEV1%

Normal Spirometry

Best values from all loops

Parameters		Pred	PRE	%Pred	POST	%Chg
FVC	L	4.98	4.40	88		
FEV1	L	4.15	4.32	104		
FEV1%	%	84.0	98.20	117		
PEF	L/s	9.28	4.63	50		

PRE Trial date 09/08/2023 11:39:46

Parameters		Pred	PRE # 1	%Pred	PRE # 2	PRE # 3	%Chg	%Pred	%Chg
FEV6	L	4.98	4.40	88					
FVC	L	4.98	4.40	88					
FEV1	L	4.15	4.32	104					
FEV1%	%	84.0	98.2	117					
PEF	L/s	9.28	4.63	50					
FEF2575	L/s	4.43	4.31	97					
FIVC	L	4.98							
ELA	Years	31	31	100					

Conclusion / Medical report

Signature

Quality Control F

Repeat test and start faster ,
Breathe out ALL air in the lungs

Instrument used
Minispir LF POST S/N K05070

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
19794652	BATTOBAID AL AABED DAGHAMAYAL	031Y/M	09-08-2023	

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 rihcage and soft tissue structures appear normal.

IMPRESSION:

- **NO ABNORMALITIES DETECTED**

Maryam

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