Patient: 19329 Reg.Dt: 10/06/2021
Name: FAKHAR HUSSAIN
Gender: Male Nationality: PAKISTAN
Age: 34 Mar. Status: Married
Address:

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
105652412	1999	FAKHAR HUSSAIN	HD DRIVER
Nationality	**Age**	**Sex**	**Company** / **Location**
PAKISTAN		M	TON. / HAIMA

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 150/100 [ ] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [✓] Hypertension Stage 2 [ ] Hypertension Crisis
BMI Category: 22.9 [ ] 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
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 -VE
Pre-existing condition:
Remarks:

Glucose Level Category: 100 mg/dl [✓] Normal 80 – 100 mg/dl [ ] Pre diabetic 100 – 125 mg/dl [ ] Diabetic > 126 mg/dl
Cholesterol Risk Category: 180 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: HTN ON MEDICATION.
	Respiratory Protection Questionnaire	Remarks:
	Hearing Conservation Questionnaire	Remarks:
	Screening Questionnaire	Remarks:

Fagerstrom Test - Smoking [ ] Non-smoker [ ] Low dependence [ ] Low to Mod dependance [ ] Moderate dependance [ ] 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 / Clinic Name	Doctor Signature & Clinic Stamp	Issue Date
				26/05/2021

DR. HAMMAD MD ISMAIL
GENERAL PRACTITIONER
MOH License No: 20078

Peace Land Clinic Mukhaizna

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
105652412	1899	Patient: 19329 Reg.Dt: 10/06/2025 Name: FARHAD HUSSAIN Gender: Male Nationality: PAKISTAN Age: 36 Mar. Status: Married Address:	HD DRIVER.

Nationality	Age	Sex	Location
			HAMRA

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 to work as per specialist reports

[ ] 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
10/06/2025	

Medical Review Date	Employee Signature

Doctor Name	Medical License	Hospital	Medical Doctor Signature

Peace Land Clinic Muhaisnah

DR. HAMMAD MD ISMAIL
GENERAL PRACTITIONER
MOH License No: 20078

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
105652412	1599	Patient: 19329 Reg.Dt: 10/06/2025 Name: TAHIR HUSSAIN Gender: Male Nationality: PAKISTAN Age: 35 Mar. Status: Married Address:	HD DRIVER.
Nationality	**Age**	**Sex**	**Location**
			HAMDA

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, tonsilitis)		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)		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: 10/06/2025

Peace Land Clinic Mukhaizna

Candidate/Employee Signature
Fakhir

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
105652412	1579	H.D DRIVER

Patient: 19329 Reg.Dt: 10/06/2025
Name: FAKHAR HUSSAIN
Gender: Male Nationality: PAKISTAN
Age: 34 Mar. Status: Married
Address:

Nationality	Age	Sex	Location
			HAMDA

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: 10/06/2025

Peace Land Clinic Mukhaizna

Candidate/Employee Signature
FAKH

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
105652412	1599	Patient: 19329 Reg.Dt: 10/06/2025 Name: FARHAD HOSSAIN Gender: Male Nationality: PAKISTAN Age: 32 Mar. Status: Married Address:	H.D DRIVER
Nationality	**Age**	**Sex**	**Location**
			HAIMA

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 interfers with your use of a respirator
[ ] YES	[ ] NO	c. Anxiety			

Date: 10/06/2025

Peace Land Clinic Mukhaizna

Candidate/Employee Signature

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
105652412	1599	Patient: 19329 Reg.Dt: 10/06/202 Name: FARHAD HUSSAIN Gender: Male Nationality: PAKISTAN Age: 36 Mar. Status: Married Address:	HD DRIVER.
Nationality	**Age**	**Sex**	**Location**
			HALMA

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 [ ] Arm [ ] 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? T. AMLO 10mg - OD

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

Date: 10/06/2025

Peace Land Clinic Mukhaizna

Candidate/Employee Signature

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
1565[illegible]2	1599	Patient: 19329 Reg.Dt: 10/06/2012 Name: FAKHAR HUSSAIN Gender: Male Nationality: PAKISTAN Age: 34 Mar. Status: Married Address:	HD DRIVER

Nationality	Age	Sex	Location
			HAIMA

DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078

VITAL SIGNS

Height: 167 cm | Weight: 64 Kg | BMI: 22.9 | Blood Pressure: 130/80

Pulse: 80 /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	

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

Date of Examination: 10/06/12 Medical Practitioner Name: 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	☐ Satisfactory exhalation
☐ Good start	☐ NOT satisfactory

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

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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:

[2] 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:

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Date of Examination: 10/06/12 Physician Name: Signature:

ENT SYSTEM

[1] Otoscopy

	Right	Left		Right		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	Right: ☑ None ☐ Some	☐ A lot ☐ Impacted	☐ Not Exam	Left: ☑ None ☐ Some	☐ A lot ☐ Impacted	☐ Not Exam			

[2] Hearing Test

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

Peace Land Clinic Mukhaizna P.O. Box 133, Sultanate of Oman C.R.NO:2213762

Audiometry done, it was abnormal and send request for ENT specialist

DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078

PHYSICAL ASSESSMENT FORM

Patient: 19329 Reg.Dt: 10/06/202
Name: FARHAN HUSSAIN
Gender: Male Nationality: PAKISTAN
Age: 34 Mar. Status: Marrie
Address:

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: 10/06/2022 Physician Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 Signature:

Peace Land Clinic Mukhaizna P.O Box 1468, P.C. 122 Sultanate of Oman C.R.NO:3511763

OQ - Occupational Health Department

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

PATIENTDETAILS :

Patient ID	: 19329	Doc No	: 13669
Name	: FAKHAR HUSSAIN	Doc Date	: 2025-06-10T17:54:00
Age	: 34Y	Bill No	: 35613
Gender	: Male	Date	: 10/06/2025 17:54 PM
Nationality	: PAKISTANI	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 96270783	Ref.by	: DR.HAMMAD ISMAIL

TEST RESULT : OQ-001 OQ MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
OQ MEDICAL CHECKUP			
BLOOD GROUP & Rh TYPING	'O' Negative		
COMPLETE BLOOD COUNT			
RBC	5 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	15.3 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	43 %	Male 42 -52 % Female 37 -47 %	
MCV	84 fl	76 - 96 fl	
MCH	30 pg	27 - 33 pg	
MCHC	35 %	32 36 %	
WBC COUNT	10000 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	47 %	40-75 %	
LYMPHOCYTE	40 %	20-45 %	
EOSINOPHIL	5 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	6	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	3 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	66 u/l	44-147 U/ L	
T. BILIRUBIN	0.5 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.2 mg / dl	up to 0.4 mg /dl	
IINDIRECT BILIRUBIN	0.3 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	40 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	43 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 5.4 - 8.7 g /dl Adult 6.7 - 8.7 g /dl	
ALBUMIN	5 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	40 mg / dl	10-50 mg /dl	
S.CREATININE	0.8 mg / dl	0.7 - 1.2 mg /dl	

Reported By:
Lab Technician

Sr. Lab Technologist

Peace Land Clinic Mukhaizna

Verified By:
Lab Technician

Sr. Lab Technologist

Approved By:
Lab Technician

Sr. Lab Technologist

Signed at: 10/06/2025 17:56:40

Test	Result	Normal Range	Detailed Description
S.URIC ACID	5.7 mg / dl	3.4 - 7.2 mg /dl	
LIPID PROFILE			
Total Cholesterol	200 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	324 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	56 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	130 mg/dl	< 130 mg/dl	
FASTING BLOOD SUGAR	100 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.020		
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		
RBCS	1-2		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA.	NIL		
OTHERS.	NIL		
URINE DRUG SCREEN			
OPIATE (URINE)	Negative		
MORPHINE (URINE)	Negative		
COCCAINE (URINE)	Negative		
AMPHETAMINE (URINE)	Negative		
BENZODIAZEPINES (URINE)	Negative		
PHENCYCLIDINE (URINE)	Negative		
METHAMPHETAMINE (URINE)	Negative		
TRAMADOL (URINE)	Negative		
BARBITURATES (URINE)	Negative		
TRICYCLIC ANTIDEPRESSANTS (URINE)	Negative		
METHADONE (URINE)	Negative		
ALCOHOL TEST	Negative		

Patient: 19329 Reg.Dt: 10/08/202
Name: TAKHAR HUSSAIN
Gender: Male Nationality: PAKISTAN
Age: 34 Mar. Status: Marrie
Address:

Remarks:

Peace Land Clinic Mukhaizna
P.O Box: 1401, P.C: 133, Sultanate of Oman
C.R.NO:2217783

1970-01-01 00:32:40 6 Channel + 1 Rhythm Report Hosp:

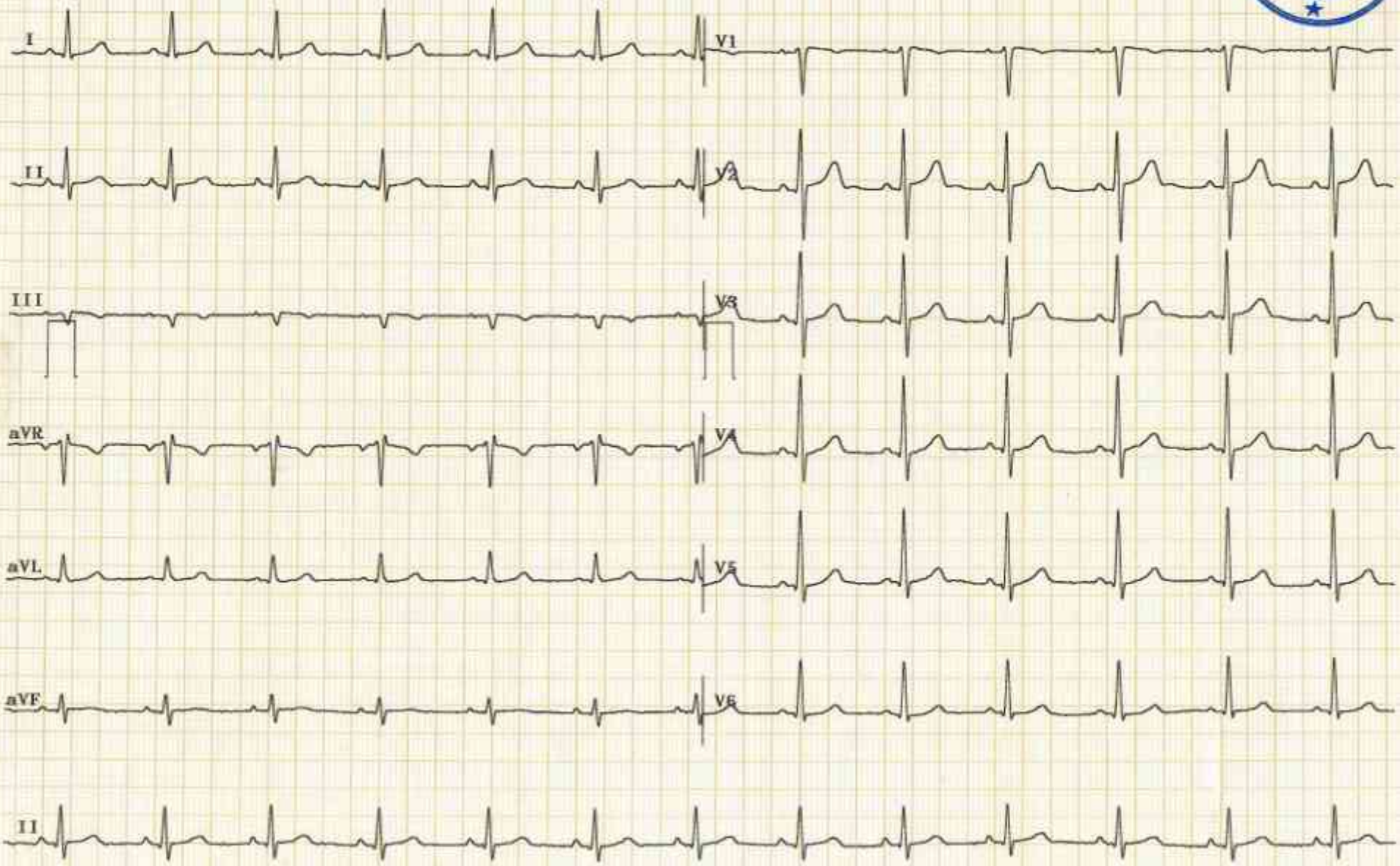
Patient:19329 Reg.Dt: 10/06/202
Name: FAKHAR HUSSAIN
Gender: Male Nationality: PAKISTAN
Age: 34 Mar. Status: Married
Address:

Heart Rate: 79 bpm
PR/RR Int.:122/759 ms
QRS Dur: 98 ms
QT/QTc: 382/436 ms
P-R-T axes: 46 8 12
SV1/RV5/R+S:0.75/1.31/2.06mV

Prescribed by:

** Analysis Result ** (To be finally confirmed by physician)
Normal Sinus Rhythm
[Normal ECG]

Peace Land Clinic Mukhaizna



Base:0.2Hz LPF:100Hz AC:50Hz EMG:On 10.0mm/mV 25.0mm/sec EKG2000 6.00/3.24 Bionet Co., Ltd.

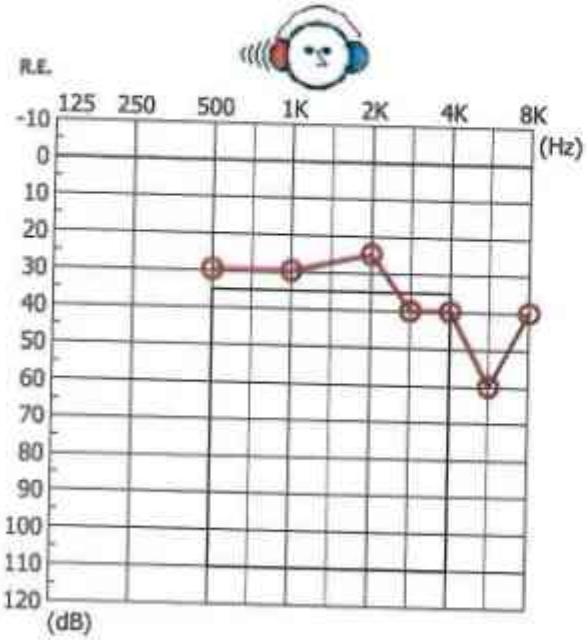
AUDIOMETRY REPORT

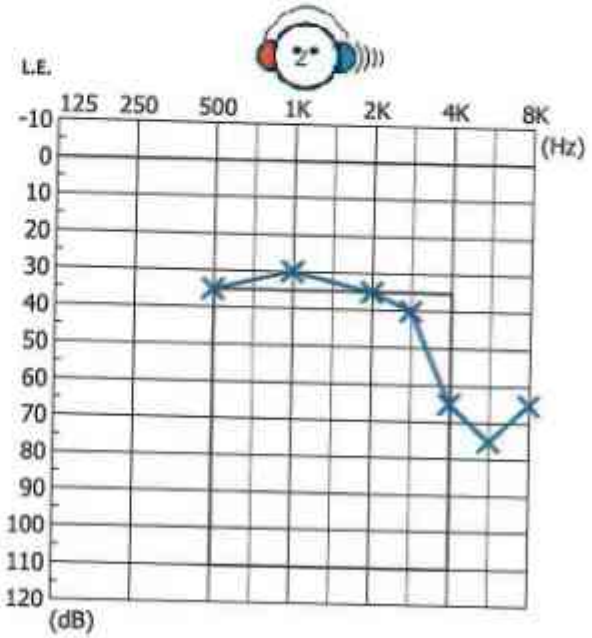
Name: HUSSAIN, FAKHAR
Age(y): 34
Sex: Man
Height (cm): 0
Weight(Kg): 0
BMI:

SIBELMED W50

Test date: 10/06/2025
Reference: 105652412
Technician:
Reason:
Origin:
Equipment:
Device serial numb.:
Flash Version:

Patient: 19329 Reg.Dt: 10/06/2025
Name: FAKHAR HUSSAIN
Gender: Male Nationality: PAKISTAN
Age: 34 Mar. Status: Married
Address:





MINISTRY OF LABOUR AND SOCIAL AFFAIRS

	R.E.	L.E.
Hearing Loss (%)	9.4	15.0
Average dBs	31.2	35.0
Bilateral Loss (%)	10.3	

No Masking	R.E.	L.E.	With Masking	R.E.	L.E.
Air	O	X	Air	△	□
Bone	<	>	Bone	[	]
F.Field	⊘	⊗			
No response					

Right ear Normal
Left ear Slight hypoacusia

COMMENTS:

Peace Land Clinic Mukhaizna

Printing Date: 10/06/2025

Sibelmed

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
19329	FAKHAR HUSSAIN	34Y/M	10-06-2025	

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**

Dr. WAJDY JARBOU
MD. ABR
SPECIALIST RADIOLOGIST
MOH Lic # 19061

Peace Land Clinic Mukhaizna

Dr. Wajdy Jarbou
MD ABR
Specialist Radiologist
MOH Lic # 19061

nmc specialty hospital, al ghoubra

P.O BOX : 613, Postal Code : 133
AL-GHOUBRA
24504000

Fitness Certificate

Empno:

Date of issue : *19/06/2025*

Ref No : *0000069/FIT/NMC/2025*

This is to certify that Mr. / Mrs. *FAKHAR HUSSAIN 1599* with file no *14418900* and Resident card no. *105652412* was *Treated* at *nmc specialty hospital, al ghoubra* on *19/06/2025* and will be *fit for work* from the medical point of view starting from *19/06/2025*

DIAGNOSIS

I10-Essential (Primary) Hypertension, E78.5-Hyperlipidemia, Unspecified, E78.1-Pure Hyperglyceridemia

Remarks

DR SUNURAJ SIVARAJAN

Place: *nmc specialty hospital, al ghoubra*

(Hospital Seal)

Signature

nmc specialty hospital, al ghoubra

P.O BOX : 613, Postal Code : 133 AL-GHOUBRA Sultanate of Oman

Medical Report

Consultant: DR BENAIFER BILLIMORIA/ENT

Consultation Date : 19/06/2025 11:15:16

File No	: 14418900		
Name	: FAKHAR HUSSAIN 1599	Date & Time	: 19/06/2025 11:15:16
Age, Gender	: 34Y, Male	Contact	: 95270783
Address	:	Certificate No	:
Nationality	: PAKISTAN	Policy No	:
Residence Card	: 105652412	Emp ID	:
Customer	: TRUCKOMAN OIL & GAS SERVICES SAOC		
Working Company	:		

Sl No	Symptoms
1	34 yr old driver comes for hearing evaluation
2	PTA -report attached for 1 Day

Sl No	Allergy Category	Description	Remark
1	General Allergies	NKDA	

Vital Information

Date	Time	Pulse/mt	BP/mmHg	Temp(F)	Temp(C)	Pain score	RR (bpm)	SPO2 (%)	Ht (cm)	Wt (kg)	BMI	Waist size	RBS	FBS	MEWS Score	Remarks
19/06/2025	10:46AM	91 Regular	136/82mmHg	97.52	36.40	0-No Hurt	18	98	167	65	23.31				0	

Ear

Ear Lobe (Normal) :, Right External Auditory Canal (Normal) :, Left External Auditory Canal (Normal) :, Right Tympanic Membrane (Normal) :, Left Tympanic Membrane (Normal) :

No	Code	Diagnosis	Remarks
1	H90.3	Sensorineural Hearing Loss, Bilateral	

Sl No.	Date	Special Notes	Procedure	Qty	Remarks	Reference Consultant	Billed/Not Billed
1	19/06/2025		AUDIOMETRY	1.00			Not Billed

advise to use ear muffs in noisy surroundings
advise to use hearing aids while driving

DR. BENAIFER BILLIMORIA
Specialist - ENT

MEDICAL REPORT

MR No: LLH270209	
Name: Mr. FAKHAR HUSSAIN	
Age/Gender: 34 M	**Date of Visit:**
Consulting Doctor: Dr Alias Thomas	
Chief Complaints	decreased hearing on doing routine check up
Examination Details	bl tm wnl, pta shows mild snhl
Diagnosis	mild snhl
Investigations	pta
Recommendation	pt assesed fit for work

Reason for medical report:

Request By Patient [X] Employer [ ] Other .....

Date: 24/06/2025

Doctor Seal & Signature

Hospital Seal

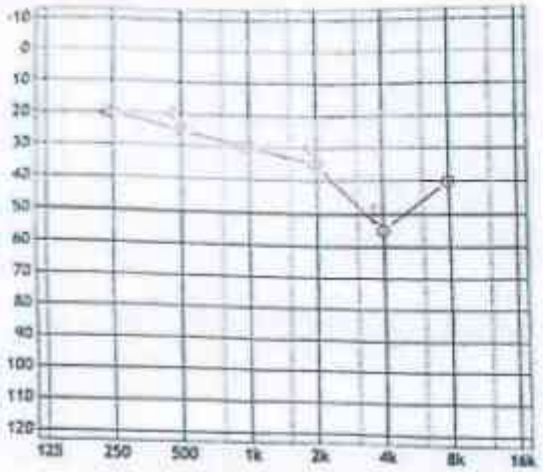
LIFELINE HOSPITAL L.L.C

<SUPER QUALITY HEARING AID & SPEECH THERAP'

<AL WADI OPP TO CARRFOUR, NEAR MACDONALD 97021873 >

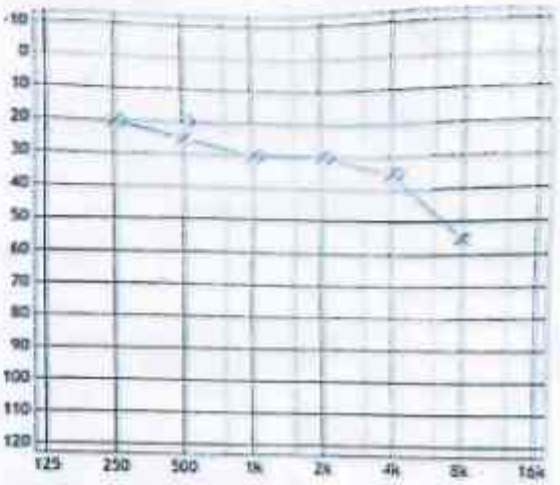
Patient Name	HUSSAIN, FAKHAR		
		Date of birth	15-Nov-90
			Male
	95270783	Referral	105652412

Test date: 24-Jun-25



Legend

	R	B	L
AC	O		X
BC	<		>
BC Masked	[		



Pure Tone Average

	AC	BC
Right (3 Freq.)	30	27
Left (3 Freq.)	28	27

Report Comments

RT: MILD SENSORINEURAL HEARING LOSS, 4KHz DIP PRESENT.
LT: MILD SENSORINEURAL HEARING LOSS, 8KHz FALL.
Follow up for periodic audiological evaluation
Maintain aural hygiene to prevent ear infection

Name :
ABC

24/06/2025

24-Jun-25