MEDICAL EVALUATION REPORT - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
20586609		Azzan Salim Abdul	

Nationality	Age	Sex	Company	Location
Omani	38	m	Al Balushi	

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 127/79 [ ] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crises

BMI Category: 24.96 [ ] Underweight [ ] Normal [ ] Overweight [ ] Obese [ ] Morbid Obesity

Remarks:

VISUAL TEST

Visual Acuity Test: RT 6/12 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: B+ve

Pre-existing condition:

Remarks:

Glucose Level Category: 5.35 [ ] Normal: 80 – 100 mg/dl [ ] Pre diabetic: 100 – 125 mg/dl [ ] Diabetic = 126 mg/dl

Cholesterol Risk Category: 5.79 [ ] 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
				01/10/25

CR. No: 1246597 Sultanate of Oman RECEPTION nmc specialty hospital, Al Ghoubra

DR. MOHAMMAD RIZWAN FEROZ General Practitioner MOH Lic. No: 5651 nmc specialty hospital, Al Ghoubra

FITNESS TO WORK CERTIFICATE

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
20586607		Azzan Salim Abdul Rahman	

Nationality	Age	Sex	Company	Location
Omani	38	M	Truck Oman	

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 Suitability for Work

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

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 in extreme heat	[ ] Repetitive movements
[ ] Working near rotating machinery	[ ] Operating cargo machinery
[ ] Use of respirator	[ ] Emergency response duty
[ ] Driving vehicle	[ ] Handling chemical products
[ ] Flying	Other, specify

Temporary Unfit Until

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
30/09/2025	

Medical Review Date	Employee Signature
01/10/2025	

Doctor Name	Medical License	Hospital	Medical Coordinator Signature
		RECEPTION	

DR. MOHAMMAD RIZWAN FEROZ
General Practitioner
MOH Lic. No: 5841
nmc specialty hospital, Al Ghoubra

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
2058607	10351	Azzan Salim Abdul Rahman	

Nationality	Age	Sex	Company	Location
Oman	38	m	Tsuck Oman Al Balushi	

PERSONAL HEALTH HISTORY

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

Disorders of the heart or circulation i.e. chest pain, heart murmurs,		Yes	✓	No	Skin disorders e.g. severe acne, dermatitis, eczema or allergy		Yes	✓	No
High blood pressure		Yes	✓	No	Ear, nose or throat problems		Yes	✓	No
Palpitations i.e. being aware of the heart beats		Yes	✓	No	Allergies e.g. dust, medication, bee stings		Yes	✓	No
Lung disease e.g. bronchitis, asthma, dyspnea, T. B		Yes	✓	No	Kidney or bladder diseases e.g. recurrent infection, renal stones		Yes	✓	No
Phlegm productions or tight chest		Yes	✓	No	Sexually transmitted disease		Yes	✓	No
Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope)		Yes	✓	No	Is your eyesight satisfactory	✓	Yes		No
Nervous disorder, or emotional breakdown, depression, anxiety		Yes	✓	No	Is your hearing satisfactory	✓	Yes		No
Epilepsy / Seizures		Yes	✓	No	Do you wear glasses or contact lenses		Yes	✓	No
Recurrent headaches or migraine		Yes	✓	No	Do you have color blindness		Yes	✓	No
Any sleep problems		Yes	✓	No	Do you have any phobia from working at heights		Yes	✓	No
Foot deformities or problems		Yes	✓	No	Do you have any phobia from working at confined spaces		Yes	✓	No
Muscle problems e.g. weakness of your limbs or twitchy muscles		Yes	✓	No	Experienced weight loss or gain > 5kg over the past year		Yes	✓	No
Joint problems, e.g. plantar warts, joint pain or swelling		Yes	✓	No	Informed about being overweight or obese		Yes	✓	No
Problems with limb, neck or spine mobility		Yes	✓	No	Treated for malaria		Yes	✓	No
Experienced back problem, arthritis, slipped disc		Yes	✓	No	Treated for depression, stress		Yes	✓	No
Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gall stones		Yes	✓	No	Treated for substance abuse		Yes	✓	No
Rectal bleeding, jaundice		Yes	✓	No	Received counselling or treatment for HIV/AIDS		Yes	✓	No
Diabetes or any other glandular diseases		Yes	✓	No	Received counseling or treatment for Hepatitis		Yes	✓	No
Cancer, growth or tumor of any kind		Yes	✓	No	Anemia, especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia		Yes	✓	No
Frequent headache		Yes	✓	No	G6PD (Glucose		Yes	✓	No
Pain in neck or back or hands or legs		Yes	✓	No	Any other diseases not mentioned in the above list?		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: 30/9/2021

Candidate/Employee Signature

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
20586609	10351	Azzan Salim Abdul Rahman	

Nationality	Age	Sex	Company	Location
Oman	38	M	Tauk Oman - Al Baleghi	

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

FATIQUE 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: 30/9/2024

Candidate/Employee Signature

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION			
Civil ID / Passport #	Company ID #	Name	Position
20586603	10351	Azzan Salim Abdul Rahman	

Nationality	Age	Sex	Company	Location
omani	38	m	Al Balushi Truck oman	

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? [ ] YES [✓] NO What type: ☐ Disposable 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? — None

[ ] 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: 20-9-22

Candidate/Employee Signature: [signature]

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
20586607	10351	Azzan salim Abdul Rahman	

Nationality	Age	Sex	Company	Location
oman	38	m	Al Balushi Truck oman.	

VITAL SIGNS

Height: 175 cm Weight: 107 Kg BMI: 34.94 Blood Pressure: 127/79 mmHg

Pulse: 64 /min Medical Practitioner Name: DR. MOHAMMAD RIZWAN FEROZ, General Practitioner, MOH Lic. No. 8691, nmc specialty hospital, Al Ghoubra Signature:

VISUAL SYSTEM

	Right Uncorrected	Left Uncorrected	Right Corrected	Left Corrected	Both Uncorrected	Both Corrected
Visual Acuity Test	6/12	6/6	6/6	6/6	6/6	6/6

Colour Vision Test Ishihara: # of Plates passed: 24 Inform the Plates failed: — ☑ Normal ☐ Abnormal

Visual Field Test: ☑ Normal ☐ Abnormal

Stereoscopic Vision Test: ☑ Normal ☐ Abnormal

Date of Examination: 30/09/2025 Medical Practitioner Name: Dr. Samer Asswad Signature:

DR. SAMER M. HASSAN ASSWAD, Specialist - Ophthalmology, MOH Lic. No. 21097, nmc specialty hospital, Al Ghoubra

nmc specialty hospital, Al Ghoubra — C.R. No: 1248387, Sultanate of Oman — RECEPTION

RESPIRATORY SYSTEM

[1] Spirometry Test

Smoking Status: ☐ Never ☐ Ever Used ☐ Current Patient's Position 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 Moviment: ☑ 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: 01/10/25 Physician Name: DR. MOHAMMAD RIZWAN FEROZ, General Practitioner, MOH Lic. No. 8691, nmc specialty hospital, Al Ghoubra Signature:

ENT SYSTEM

[1] Otoscopy

	Right	Left
Ear Canal Collapse	☐ Yes ☐ No ☑ Not Exam	☐ Yes ☐ No ☑ Not Exam
Drainage	☐ Yes ☐ No ☑ Not Exam	☐ Yes ☐ No ☑ Unknown
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 Vascularity	☐ Normal ☐ Considerable ☐ Mild ☑ Not Exam	☐ Normal ☐ Considerable ☐ Mild ☑ 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

Audiologist Name: Signature:

nmc specialty hospital, Al Ghoubra

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: 01/10/2025 Physician Name: DR. MUHAMMAD IKHWAN FEROZ, General Practitioner, MOH Lic. No: 8691, Signature

DR. MUHAMMAD IKHWAN FEROZ
General Practitioner
MOH Lic. No: 8691
Signature
multi speciality hospital, Al Ghudira

RECEPTION

DEPARTMENT OF LABORATORY MEDICINE

File No:	14494903	**Report No:**	1072295		
Name:	AZZAN SALIM ABDUL RAHAMAN AL BALUSHI	**Sample Date:**	30/09/2025	**Time:**	10:08
Address:		**Received By:**			
Gender:	M **Age:** 38 Y **Nationality:** OMANI	**Received Date:**		**Time:**	
GSM No.:	98813434 **ID Card No.:** 20586607	**Report Date:**	30/09/2025	**Time:**	12:29
Ref. By:	DR SUMANT PAJANKAR	**Bill No:**	2708513	**Bill Date:**	30/09/2025
		Report Status:	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
OQ FTW PACKAGE-1 (Below 49 yrs)		
COMPLETE BLOOD COUNT		
TOTAL WBC COUNT	6860 cells/cumm	4000-11000cells/cumm
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	49 %	40-75%
LYMPHOCYTE (%)	38 %	20-45%
MONOCYTE (%)	8 %	2-8%
EOSINOPHIL (%)	4 %	1-6%
BASOPHIL (%)	1 %	0-1%
HAEMOGLOBIN	13.9 gm/dl	Male : 13-18 gm/dl Female:11-15 gm /dlchildren upto 1year-11.0-13.0 upto12years-11.5-14.5 Infant full term cord blood:13-19.5
RBC COUNT	5.25 million/cu	Male :4.5-6.5 million/cu Female:3.9-5.5 million/cu
PLATELET COUNT	2.89 lakh/cumm	1.5 - 4 lakhs / cumm
HEMATOCRIT	45.1 %	Male :42 - 52% Female:37- 47%
MCV	85.9 fl	76 - 96 fl
MCH	26.5 pg	27 - 33 pg
MCHC	30.9 %	32 - 36 %
URINE ROUTINE		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE

Verified By:

10178
Lab Technologist
MOH License No: 8933
Electronically signed at: 9/30/2025 12:36:00

Approved By:

DR ASMA OSMANI
Specialist Pathologist
MOH License No: 5866
Electronically signed at: 30/09/2025 12:36:00

Printed at: 30/09/2025 3:29:02 PM

DEPARTMENT OF LABORATORY MEDICINE

File No:	14494903	**Report No:**	1072295		
Name:	AZZAN SALIM ABDUL RAHAMAN AL BALUSHI	**Sample Date:**	30/09/2025	**Time:**	10:08
Address:		**Received By:**			
Gender:	M **Age:** 38 Y **Nationality:** OMANI	**Received Date:**		**Time:**	
GSM No.:	98813434 **ID Card No.:** 20586607	**Report Date:**	30/09/2025	**Time:**	12:29
Ref. By:	DR SUMANT PAJANKAR	**Bill No:**	2708513	**Bill Date:**	30/09/2025
		Report Status:	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE PH	5.0	<6
SPECIFIC GRAVITY	1.000	1.010-1.030
BLOOD	NEGATIVE	
UROBILINOGEN	NORMAL	NORMAL
LEUCOCYTE	NEGATIVE	
URINE MACROSCOPY		
COLOUR	PALE YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	0-3
PUSCELLS	0-2	
EPITHELIAL CELLS	0-2 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	
MUCOUS THREAD	NIL	
FASTING BLOOD SUGAR	5.35 mmol/L	3.8-<5.6 mmol/L
BLOOD GROUP & RH TYPING	" B " POSITIVE	
Confirmation of the Newborn's blood group is indicated when the "A" and "B"antigen expression and the isoagglutinins are fully developed (2–4 years).		
LIPID PROFILE		
TOTAL CHOLESTEROL	5.79 mmol/L	< 5.2 mmol/L
HDL	1.10 mmol/L	MALE: > 1.0 mmol/L FEMALE: > 1.3 mmol/L
TRIGLYCERIDES	1.66 mmol/L	< 1.7 mmol/L
LDL	4.17 mmol/L	< 3.4 mmol/L
VLDL	0.75 mmol/L	< 0.77 mmol/L

Verified By:

10178
Lab Technologist
MOH License No: 8933
Electronically signed at: 9/30/2025 12:36:00

Approved By:

DR ASMA OSMANI
Specialist Pathologist
MOH License No: 5866
Electronically signed at: 30/09/2025 12:36:00

Printed at: 30/09/2025 3:29:02 PM

DEPARTMENT OF LABORATORY MEDICINE

File No:	14494903	**Report No:**	1072295		
Name:	AZZAN SALIM ABDUL RAHAMAN AL BALUSHI	**Sample Date:**	30/09/2025	**Time:**	10:08
Address:		**Received By:**			
Gender:	M **Age:** 38 Y **Nationality:** OMANI	**Received Date:**		**Time:**	
GSM No.:	98813434 **ID Card No.:** 20586607	**Report Date:**	30/09/2025	**Time:**	12:29
Ref. By:	DR SUMANT PAJANKAR	**Bill No:**	2708513	**Bill Date:**	30/09/2025
		Report Status:	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
NON HDL	4.69 mmol/L	<3.4mmol/L
LIVER FUNCTION TEST		
TOTAL BILIRUBIN	12.2 µ mol/L	5.0 - 21.0 µ mol/L
DIRECT BILIRUBIN	4.20 µ mol/L	Upto 5.1 µ mol/L
TOTAL PROTIEN	69.3 g/L	66 - 87 g/L
ALBUMIN	26.0 g/L	35 - 50 g/L
Globulin	43.3 g/L	23-35g/L
SGOT (AST)	22.2 U/L	10-40 U/L
SGPT (ALT)	32.2 U/L	10-40 U/L
ALKPO4 (ALP)	72.0 U/L	3 - 10 Yrs: 130 - 260 U/L 10 - 14 Yrs: 130 - 340 U/L 14 - 18 Yrs: 30 - 180 U/L Adult: 30 - 120 U/L
Gamma GT (GGT)	53.6 U/L	2-30 U/L
RENAL FUNCTION TEST		
URIC ACID	466.0 µ mol/L	MALE: 200 - 430 µ mol/L FEMALE: 140 - 360 µ mol/L
CREATININE	96.0 µ mol/L	MALE: 60 – 110 µ mol/L FEMALE: 50 - 100 µ mol/L
UREA	5.19 mmol/L	2.9-8.2 mmol/L
ESTIMATED GLOMERULAR FILTRATION RATE	0.817372	
SICKLE CELL Method : Solubility test (If Positive , Hb Electrophoresis / HPLC to be done to confirm Sickle cell anaemia / Trait).	NEGATIVE	

Verified By:

10178
Lab Technologist
MOH License No: 8933
Electronically signed at: 9/30/2025 12:36:00

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DR ASMA OSMANI
Specialist Pathologist
MOH License No: 5866
Electronically signed at: 30/09/2025 12:36:00

Printed at: 30/09/2025 3:29:02 PM

nmc specialty hospital — nmc — مستشفى ان ام سي التخصصي

AUDIOGRAM

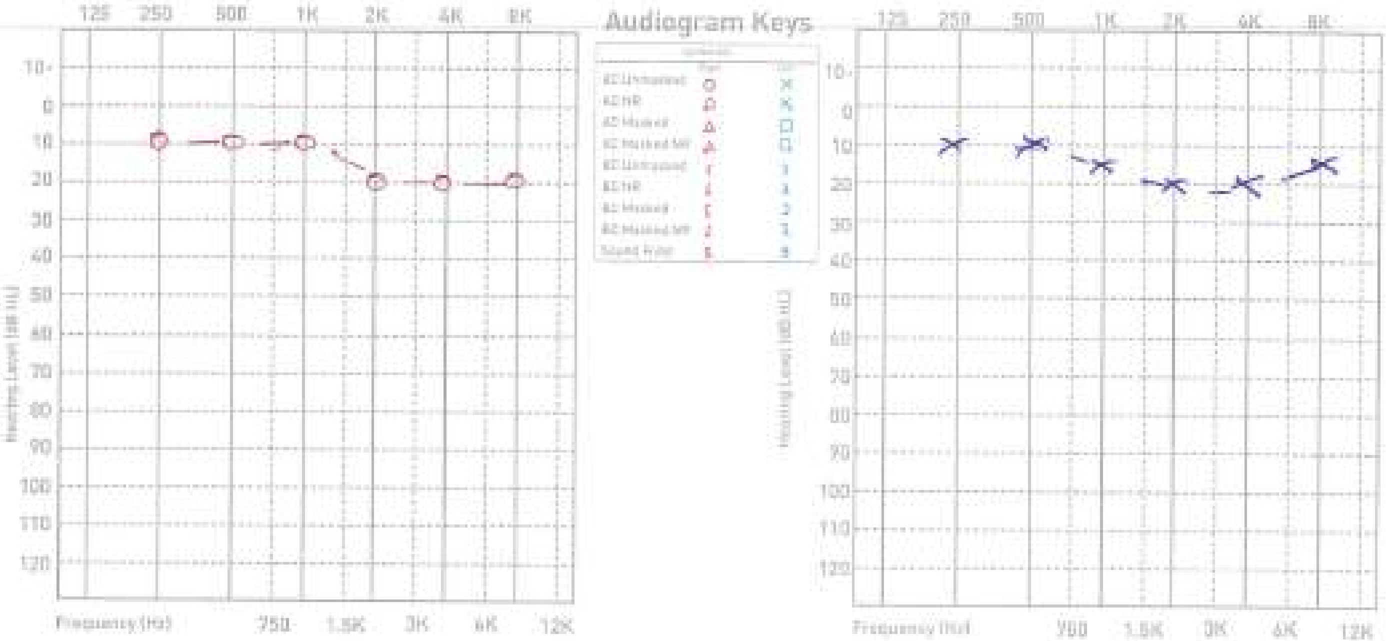
File No. 14494903 رقم الملف

Name of Patient: Azzan Salim Abdal Rahman Al Balushi اسم المريض — Nationality: Omani الجنسية

Age: 38y السن — Sex: M الجنس — Date: 30/09/2025 التاريخ

Referring Physician .... طبيب الإحالة

Presenting Complaints .... تقديم الشكاوى



Ear	PTA	Weber	SRT	SDS	MCL	UCL
Right	13dBHL					
Left	15dBHL.					

IMPRESSION:

Bilateral hearing within Normal limits

Recommendations:

Name & Signature of Audiologist: ANILA SHEKHAR KUMAR MISHRA, Audiologist, 16052, nmc specialty hospital, Al Ghubra — Name & Signature of Physician ....

Date: 30/9/2025 Time .... Date .... Time ....

nmc

nmc specialty hospital, al ghoubra

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

Sl No: 195925		**Bill Date:** 30/09/2025	**Report Date :**30/09/2025 16:31:42
Patient Name: AZZAN SALIM ABDUL RAHAMAN AL BALUSHI		**Reg No:** 14494903	
Age: 38Y	**Gender:** Male	**Nationality:** OMAN	**Phone:**
Address:			
Company: TRUCKOMAN OIL & GAS SERVICES SAOC		**Policy No:**	
Certificate No:			
Region: CHEST X RAY PA			
Referred Doctor:		**Consultant Name:** DR SUMANT PAJANKAR	

CHEST RADIOGRAPH -PA VIEW

OBSERVATIONS:

Both lung fields are clear.

Bilateral CP angles are clear

No hilar abnormality seen.

Cardiac shadow is normal .

Both domes of diaphragm are normal.

Bony thorax appears normal

Impression:

- **Normal chest radiograph**

30/09/2025 16:30:37

DR. SHEREEN ABD ELHADY NOUH MAHMOUD
Specialist - Radiology
MOH Lic. No: 19928
nmc specialty hospital, Al Ghoubra

DR SHEREEN HASHIM

Radiology

MOH License No: 19928

Disclaimer : This is an electronically generated report and does not require a doctor's signature

Vitalograph

Pulmonary Function Report

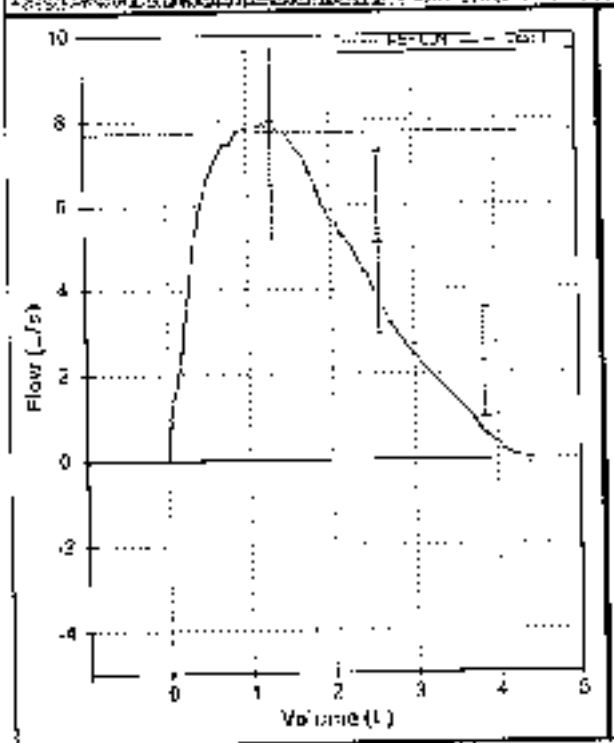
Subject Information

ID:	14494803	Alternate ID:	2706513	Middle Name:	Abdul Rehman
Last Name:		First Name:	Azzan Salim	Date of Birth:	1/1/1987
Population:	Other	Gender:	Male	Weight:	107.0 kg
Age:	38	Height:	175 cm		
BMI:	34.9	Smoking:	Non Smoker		

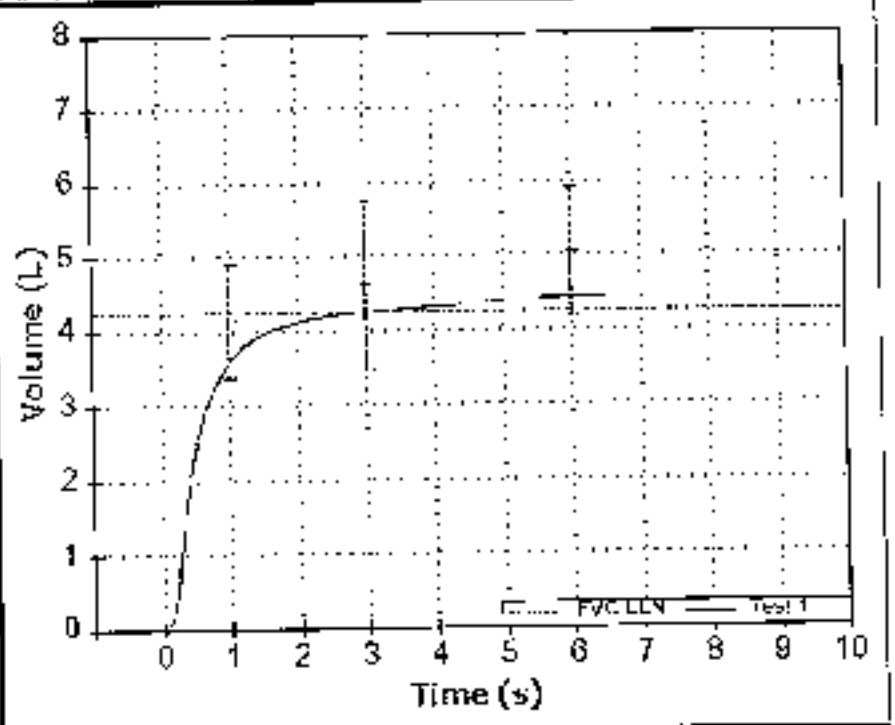
Test Session Information

Test Date:	9/30/2025 11:16	Device:	ALPHA Touch	Serial Number:	3F660
No. of Tests:	3	Accuracy Chk:	1/2/2024 13:36	User:	Administrator
Pred. Values:	NHANES 3	Pred. Factor:	100%	Posture:	Sitting

Flow-Volume Curve



Volume-Time Graph



Test Results

Parameter	Pred	LLN	ATS/ERS Best	% Pred.	Z-Score
VC (L)	5.15	4.25	4.26	83	-1.62
FVC (L)	5.15	4.25	4.42	86	-1.33
FEV1 (L)	4.13	3.30	3.79	91	-0.83
FEV1 Ratio	0.80	0.71	0.85	106	0.91
FEV6 (L)	5.04	4.16	4.42	88	-1.16
PEF (L/min)	598	453	474	79	-1.51
FEF25-75 (L/s)	3.97	2.42	4.04	102	0.07

Values at 8.0% *Ratio lower limit of normality (LLN)

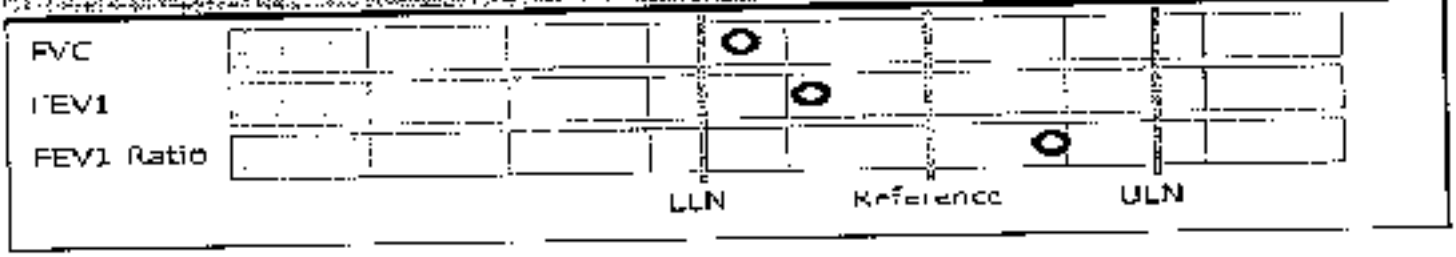
Session Grade and Repeatability Information

Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
A	0.01 L (0.2%)	0.01 L (0.3%)	0 blow(s)	1 blow(s)	0 blow(s)

Interpretation

Computer interpretations cannot be relied upon for diagnosis. Normal ventilatory function

Reference Range



[redacted]

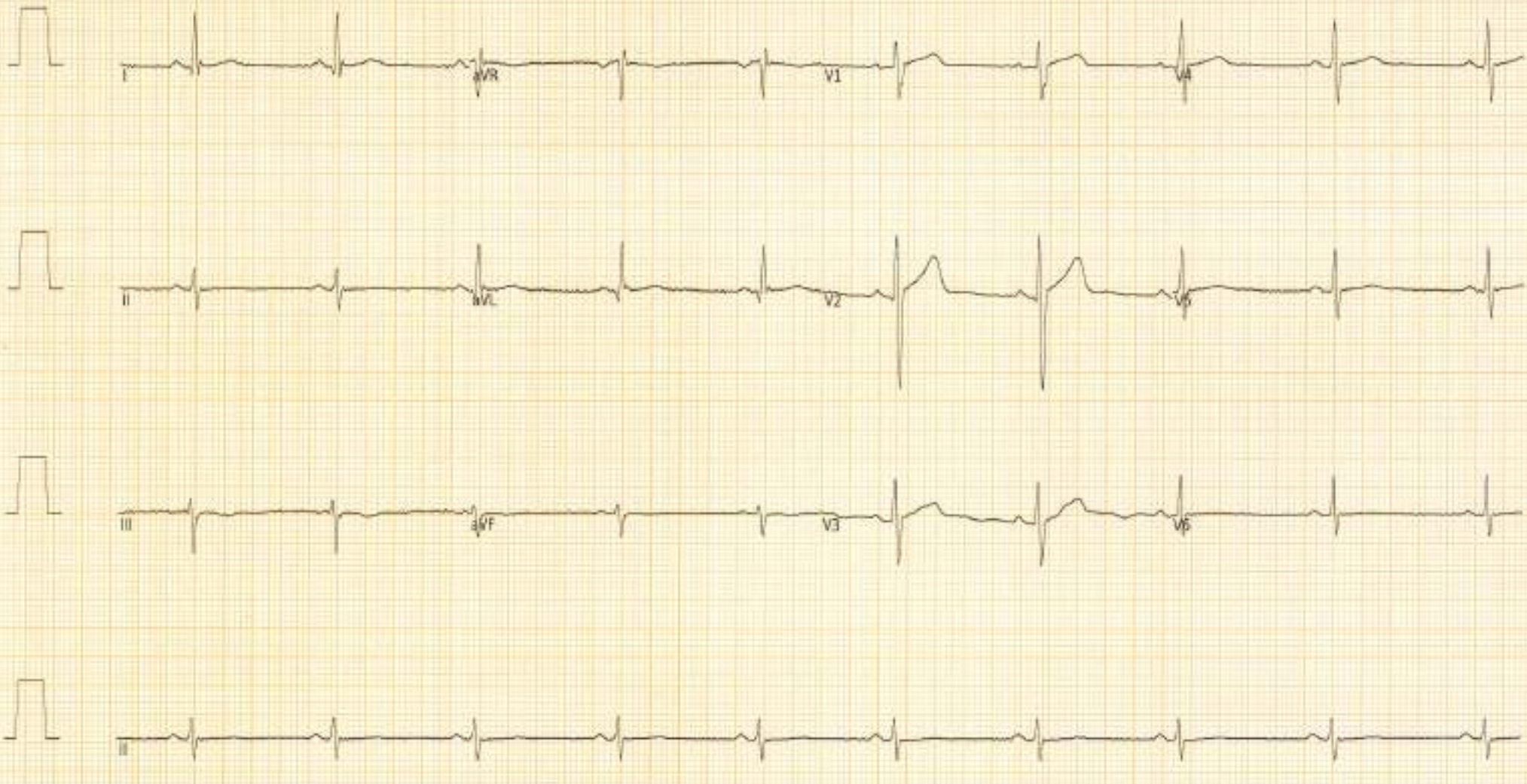
Id: 14494903
Salim, Azzan
Male — (---) Unknown
Height: 0 cm Weight: 0 kg BP: 0/0 mmHg

Med.:
Tech:
Note:

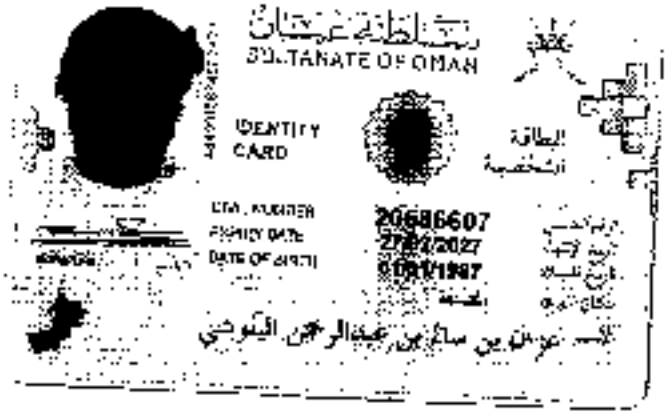
30/09/2025 10:56:47

HR: 58 bpm
PR: 140 ms
QRS: 96 ms
QT/QTcH: 404/401 ms
QTcB: 397 ms
QTcF: 399 ms
R_{AVR}/S_{V1}: 0.82/0.54 mV
Sok-Lyon: 1.35 mV
Axis: 24/-21/-12 °

UNCONFIRMED REPORT



Dep: 25mm/s 10mm/mV 0.05-40Hz/50Hz Cardioline ECG200S v. 2.0.3919


سلطنة عمان
SULTANATE OF OMAN
IDENTITY CARD
البطاقة الشخصية
20586607
27/1/2027
DATE OF BIRTH


VEHICLE DRIVING LICENCE
رخصة قيادة المركبات
CLASS
NAME
AZZAN SALIM ABDUL RAHMAN AL BALUSHI
IDOMN20586607<0<<<<<<<<<<<<<<<
8701015M2702272OMN<<<<<<<<<<<6
AZZAN<SALIM<ABDUL<RAHMAN<<AL<B