MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

T.O

APPLICANT PERSONAL IDENTIFICATION

ASHIQ JAVED MUHAMMAD JAVED

00507

Civil ID / Passport #	Company ID #
118075148	

Nationality	Age	Sex
pakistan	30/4/93	

Position: H.O.D

Location:

01-06-23 09:06

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 138/85 [ ] Normal [✓] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crises

BMI Category: 37 [ ] Underweight [ ] Normal [ ] Overweight [✓] Obese [ ] Morbid Obesity

Remarks:

VISUAL TEST

Visual Acuity Test: RT ✓ LT ✓

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

Visual Field Test: [✓] Normal [ ] Abnormal

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

Pre-existing condition:

Remarks:

RESPIRATORY SYSTEM

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

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

Physical Assessment: [✓] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

ENT SYSTEM

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

Otoscopy: [ ] Normal [ ] Abnormal [ ] Not Required

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

Pre-existing condition:

Remarks:

CARDIOVASCULAR SYSTEM

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

Physical Assessment: [✓] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

NEUROLOGICAL SYSTEM

Physical Assessment: [✓] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

MUSCULOSKELETAL SYSTEM

Physical Assess.: [✓] Normal [ ] Abnormal

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

Pre-existing condition:

Remarks:

LABORATORY INVESTIGATIONS

Blood Grouping: B—

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

Pre-existing condition: N L F I

Remarks:

Glucose Level Category: 89 mg/dl [✓] Normal: 80 – 100 mg/dl [ ] Pre diabetic: 100 – 125 mg/dl [ ] Diabetic: > 126 mg/dl

Cholesterol Risk Category: 97 [✓] 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 Alcohol Use: [ ] No use of alcohol [ ] Screening negative [ ] Clinically significant

SRQ-20 Self-reported Questionnaire: [ ] No positive answers [ ] Positive answers Factor I (1 to 8) [ ] Positive answers Factor II (9 to 12)

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

Clinic Doctor Name	Clinic / Hospital / Practice	Doctor Signature & Clinic Stamp	Issue Date
	PEACE LAND MEDICAL CENTER 2175	Dr. MOHAMMED AMBAR KHAN General Practitioner MOH Lic. No. 4404	5/6/23

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	ASHIQ JAVED MHAMMAD JAVED 00607	Position
			H.D.D
Nationality	**Age**	**Sex**	**Location**

78851 <Blank> 01-06-23 09:08

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

Other, specify

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
1/6/23	– USM – Diab controlled, not admitted. – Fatty liver on Rx & f/u from NMC. – Repeat Lab after 1 month & review.

Medical Review Date	Employee Signature

Doctor Name	Medical License	Hospital	Medical Doctor Signature

PEACE LAND MEDICAL CENTER 2775

Dr. MUHAMMAD AKBAR KHAN
General Practitioner
MOH Lic. No. 4404

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		ASHIQ JAVED MHAMMAD JAVED # 0042773 # 30 YM 03507 78851 01-06-23 09:09	H-D-D
Nationality	**Age**	**Sex**	**Location**

PERSONAL [illegible]Y

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
Anaemias, 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: 1/6/23

Candidate/Employee Signature

[signature]

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		ASHQ JAVED MUHAMMAD JAVED # 0042776 # 30 Y(M) 00507 78081 01-06-23 08:08	H-D-D
Nationality	**Age**	**Sex**	**Location**

FAGERSTROM TEST

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

Question				
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:*

Question		
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

Question		
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:

Question				
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)

Question			Question		
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: 1/6/23

Candidate/Employee Signature: Ashiq

RESPIRATORY PROTECTION QUESTIONNAIRE

OQ

…CATION

ASHIQ JAVED MUHAMMAD JAVED
00807
78051 01-09-23 09:09

Civil ID / Passport #	Company ID #		Position
			H.D.D
Nationality	**Age**	**Sex**	**Location**

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? No

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

3. Have you ever had any of the following pulmonary or lung problems? No

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

4. Do you currently have any of the following symptoms of pulmonary or lung illness? No

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

5. Have you ever had any of the following cardiovascular or heart problems? No

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

6. Have you ever had any of the following cardiovascular or heart symptoms? No

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

7. Do you currently take medication for any of the following problems? No

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

8. If you've used a respirator, have you ever had any of the following problems? No

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

Date: 1/6/23

Candidate/Employee Signature

Ashiq

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
		ASHIQ JAVED MUHAMMAD JAVED # 0042778 # 30 YRS 00607	H.D.D
Nationality	**Age**	**Sex**	**Location**
		78051 dlasb 01-06-23 09:09	

HEARING CONSERVATION [illegible] 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?

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

Date 1/6/23

Candidate/Employee Signature
Ashiq

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

ASHIQ JAVED MUHAMMAD JAVED

Civil ID / Passport #	Company ID #	Position
		H D'D

Nationality	Age	Sex	Location

VITAL SIGNS

Height: 168 cm | Weight: 90 Kg | BMI: 31 | Blood Pressure: 138/83 mmHg

Pulse: 70 /min | Medical Practitioner Name: Dr. MOHAMMED AKBAR KHAN, General Practitioner, MOH Lic. No. 4404 | Signature:

VISUAL SYSTEM

	Right Uncorrected	Left Uncorrected	Right Corrected	Left Corrected	Both Uncorrected	Both Corrected
Visual Acuity Test:	✓	✓			✓	

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: 1/6/23 | Medical Practitioner Name: Dr. MOHAMMED AKBAR KHAN, General Practitioner, MOH Lic. No. 4404 | Signature:

RESPIRATORY SYSTEM

(1) Spirometry Test

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

Diagnosis: ☐ Asthma ☐ COPD ☐ Other

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

Repeatability Criteria (select all what is applicable): ☑ 2 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: 1/6/23 | Medical Practitioner Name: Dr. MOHAMMED AKBAR KHAN, General Practitioner, MOH Lic. No. 4404 | Signature:

(2) Chest Shape and Movement

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

(3) Chest Percussion

☑ Normal ☐ Abnormal ☐ Not Examined

(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: 1/6/23 | Physician Name: Dr. MOHAMMED AKBAR KHAN, General Practitioner, MOH Lic. No. 4404 | 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 ☐ Not Exam

	Right	Left
Eardrum Position	☑ Normal ☐ 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 Guards/Aids worn	☑ Yes ☐ No

Audiologist Name: | Signature:

PEACE LAND MEDICAL CENTER

Dr. MOHAMMED AKBAR KHAN, General Practitioner, MOH Lic. No. 4404

PHYSICAL ASSESSMENT FORM

ENT SYSTEM

[2] Nose Assessment
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[3] Throat Assessment
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

CARDIOVASCULAR SYSTEM

[1] Heart Sounds
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[2] Heart Murmurs
- [ ] Present
- [x] Absent
- [ ] Not Examined

If present, describe below:

[3] Peripheral Pulses
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[4] Peripheral Veins
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

NEUROLOGICAL SYSTEM

[1] Mental Status
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[2] Cranial Nerves
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[3] Motor System
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[4] Reflexes
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[5] Sensory System
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[6] Coordination, Station, Gait
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

MUSCULOSKELETAL SYSTEM

[1] Hand and Wrist
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[2] Elbow and Shoulder
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[3] Hip
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[4] Knees
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[5] Foot and Ankle
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[6] Spine and Back
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

OTHER

[1] Skin, Extremities
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[2] Head & Neck
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[3] Mouth and Teeth
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[4] Hernial Orifices
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[5] Abdominal Organs
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[6] Lymph Nodes
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

Date of Examination: 1/6/23

Physician's Name:

Signature:

PEACE LAND MEDICAL CENTER
مركز بلاد السلام الطبي
رقم الترخيص 2775

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

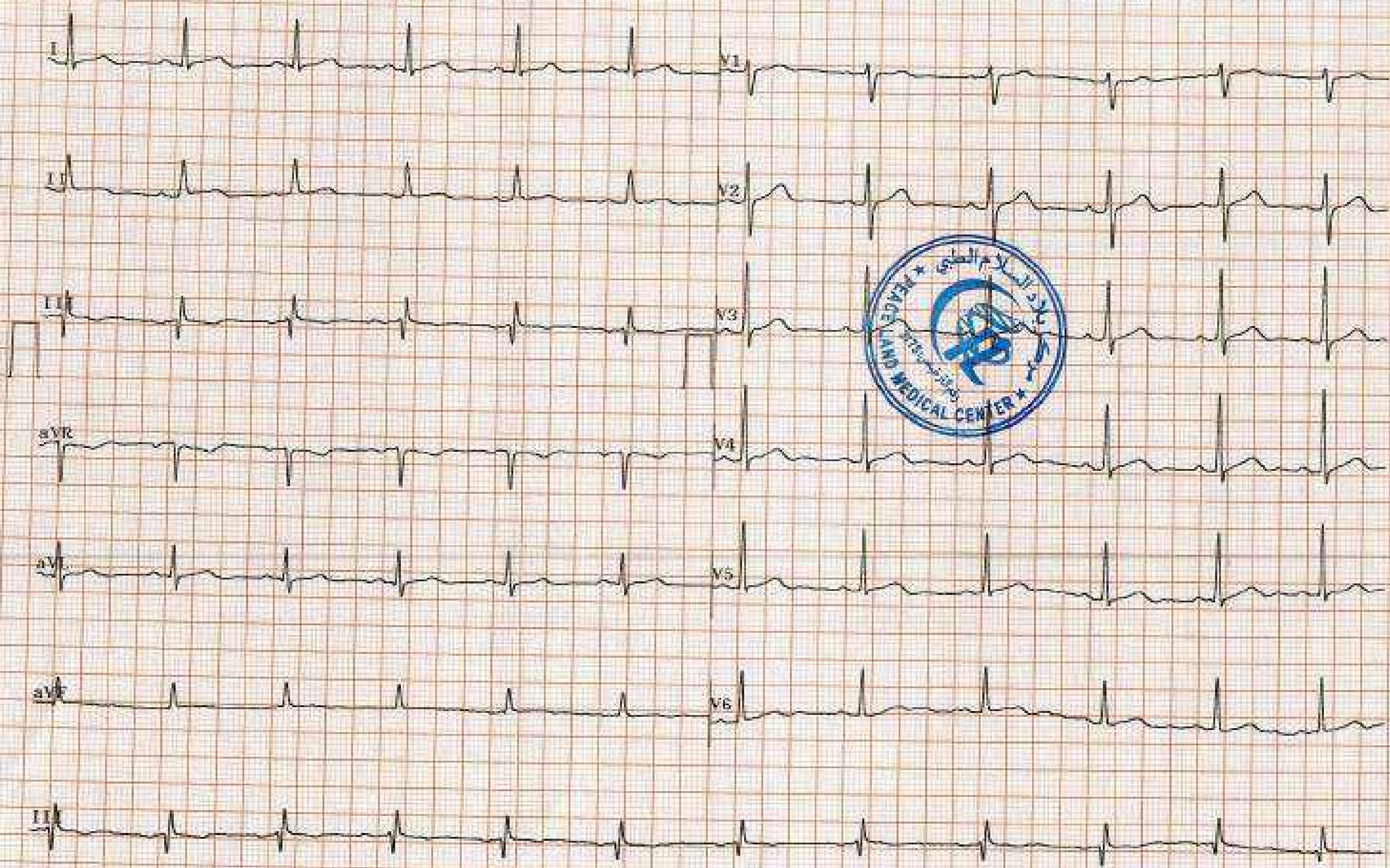
2023-06-01 09:27:51

ASHIQ JAVED MUHAMMAD JAVED
#0042775 # 30 Y/M 00507
78051 01-06-23 09:08

6 Channel + 1 Rhythm Report

Hospital:
Prescribed by:

Heart Rate: 70bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 164 ms Normal Sinus Rhythm
QRS Dur.: 74 ms Normal Axis
QT/QTc: 390/421 ms [Normal ECG]
P-R-T axes:
4 33 4



0.1Hz- 150Hz, AC50Hz. All Channels:10.0mm/mV, 25.0mm/sec. EKG2000 Ver5.05M.30 Bionet Co., Ltd.

ASHIQ JAVED MHANMAD JAVED
00507
78861 <Blank> 01-09-23 09:08

COMPANY NAME:

RESIDENT/CIVIL ID:

DATE:

ECG REPORT

ECG COMMENTS:

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

OTHER FINDINGS (IF ANY)

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

PEACE LAND MEDICAL CENTER

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

LAB RESULT

Name:	ASHIQ JAVED MIHAMMAD JAVED	**Doc No:**	0033956
Age:	30 Y **Nationality:** PAKISTANI	**File No:**	0042775
Gender:	M	**Bill No:**	0050719
Ref. By:	DR.SHIMA	**Date:**	01/06/2023
GSM No.:	79003921	**Time:**	14:57

Test	Result	Normal Range
OQ Medical Checkup Package		
COMPLITE BLOOD COUNT		
RBC	5.5 x10^12/L	Male 4.36 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	14.7 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	43.4 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.0 pg	27 - 33 pg
MCHC	32.6 g/dl	29.6 - 35.6 %
WBC COUNT	9.1 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	63 %	40-75 %
LYMPHOCYTE	31 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	09	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**202 x 10^9/L**	150 - 450 x 10^9/L
FASTING BLOOD SUGAR	83.7 mg/dl	74 - 100 mg/dl
Sickle cells (Screen)		
SICKLE CELL TEST	NEGATIVE	
Lipid profile(CH,TG,HDL,LDL)		
LIPID PROFILE		
Total Cholesterol	**164 mg/dl**	0.0 - 200 mg/dl

Medical Technologist

Peace Land Medical Center
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Gender:	M	**Bill No:**	0050719
Ref. By:	DR.SHIMA	**Date:**	01/06/2023
GSM No.:	79003921	**Time:**	14:57

Test	Result	Normal Range
Triglyceride	**82.1 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**47.9 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**99.7 mg/dl**	< 100 mg/dl
VLDL	**16.4 mg/dl**	2.0 - 30 mg/dl
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	117 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.36 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**63.1 U/L**	0 - 35.0 U/L
S.G.P.T.	**153.3 U/L**	10 - 45 U/L
ALBUMIN	**4.3 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.9 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.16 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**31.9 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.80 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**7.1 mg/dl**	3.5 - 7.2 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.020	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	

PEACE LAND MEDICAL CENTER

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Medical Technologist

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Ref. By:	DR.SHIMA	**Date:**	01/06/2023
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Test	Result	Normal Range
Ketones	Negative	
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	' B ' Negative	
BLOOD GROUPING AND RH TYPING		
DRUG TESTING		
AMPHETAMINES(AMP)	NEGATIVE	
MORPHINE(MOP)	NEGATIVE	
COCAINE(COC)	NEGATIVE	
PHENCYCLIDINE(PCP)	NEGATIVE	
METHAMPHETAMINE(MET)	NEGATIVE	
TRAMADOL(TRA)	NEGATIVE	
BARBITURATES(BAR)	NEGATIVE	
BENZODIAZEPINES(BZO)	NEGATIVE	
MEDTHODONE(MED)	NEGATIVE	
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE	
MARIJUANA(THC)	NEGATIVE	
ALCOHOL TESTING	NEGATIVE	

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Medical Technologist

nmc specialty hospital,al-hail

P.O BOX : 613, Postal Code : 133
al-hail
24269222

Medical Report

Ref.No: 9000279/MED/NMC/2023

NAME: *ASHIQ JAVED MUHAMMAD JAVED*			
AGE : *30 Y*	**DOB :** *04/30/1993*	**GENDER :** *M*	**NATIONALITY :** *PAKISTANI*
FILE NO : *50038179*	**ResidentCardNo :** *118075148*	**Emp No :** *1838*	

To Whom it may Concern

This is to inform that Mr ASHIQ JAVED MUHAMMAD JAVED was found to have elevated liver enzymes during his work related health check up. He is apparently asymptomatic and not on any regular medicines. His USG shows fatty liver. Now he is being prescribed supportive medications along with advice regarding diet and Lifestyle modification. Repeat LFT after 1 month. No absolute contraindication for continuing his work.

ON EXAMINATION:

INVESTIGATION:

DIAGNOSIS:
Fatty liver

TREATMENT GIVEN:

T. Legalon forte
x 30 days.

FURTHER PLAN:

DR NISANTH KALLINKEEL
GENERAL MEDICINE
(Name with seal)

DR NISANTH KALLINKEEL
Specialist - Internal Medicine
MOH Lic. No: 16047
nmc specialty hospital, Al Hail

Place : nmc specialty hospital,al-hail

C.R. No. 1668137
Sultanate of Oman
RECEPTION
nmc specialty hospital, Al Hail

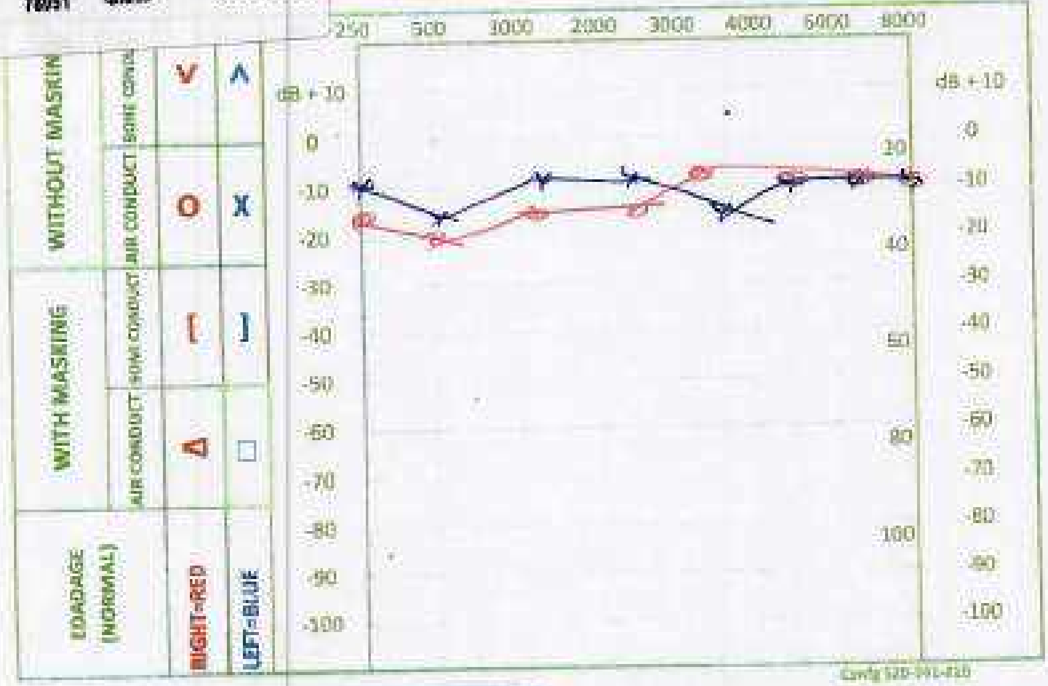
مركز بلاد السلام الطبي
Peace Land Medical Center

Peace Land

ASHIQ JAVED MHAMMAD JAVED
0042779 # 30 Y(M) 00507
78051 01-06-23 09:08

AUDIOMETRY TEST REPORT

		COMPANY	7/1/30
NDER		OCCUPATION	7/1/80
		DATE	1/1/6/23



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT

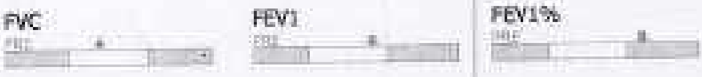
- [✓] NORMAL
- [ ] HEARING LOSS
- [ ] RIGHT
- [ ] LEFT

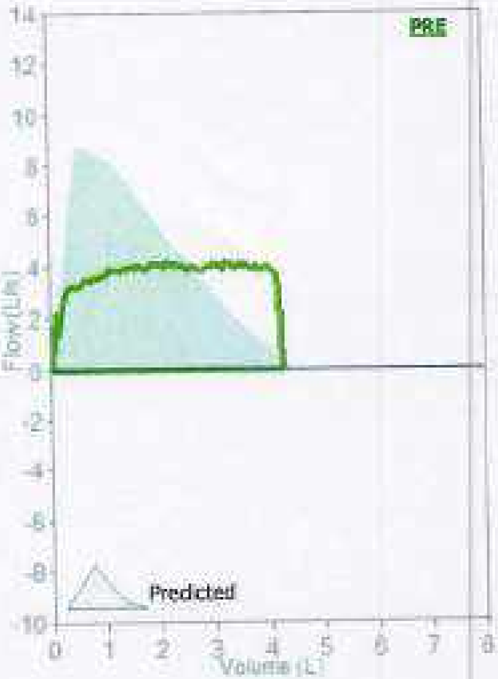
PEACE LAND MEDICAL CENTER

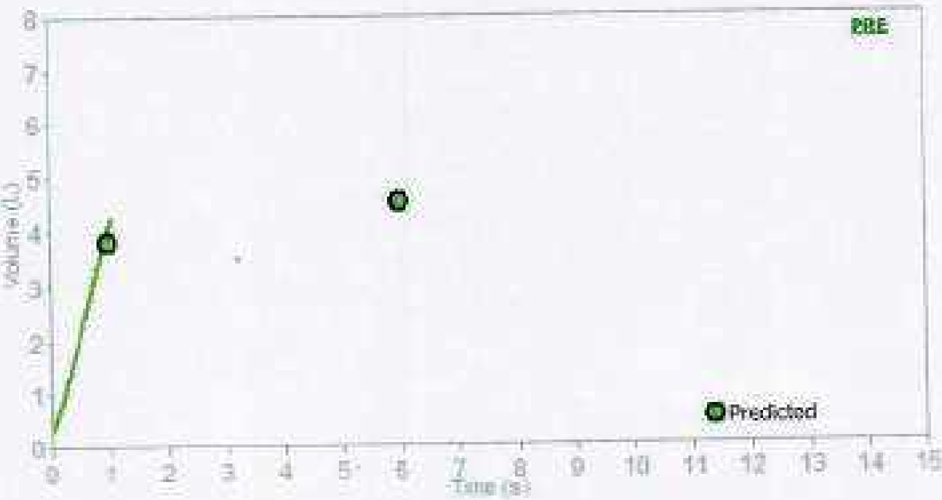
Pulmonary Function Test Results

Visit date 01/06/2023

Patient code 118075148		Age	30
Surname	JAVED MUHAMMAD	Gender	Male
Name	ASHIQ	Height, cm	168
Date of birth	30/04/1993	Weight, kg	90
Ethnic group	Not defined	BMI	31.89
Smoke		Pack-Year	
Patient group			







Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 01/06/2023 12:22:04

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.45	4.50	4.26*	95	-0.38	4.26			*		
FEV1	L	2.92	3.78	4.13*	109	0.67	4.13			*		
FEV1/FVC	%	74.7	84.9	96.9*	114	1.95	96.9			*		
PEF	L/s	5.33	8.75	4.23*	48	-2.17	4.23			*		
ELA	Years		30	30	100		30					
FEF2575	L/s	2.34	4.12	4.01	97	-0.10	4.01					
FET	s		6.00	1.06	18		1.06					
FIVC	L	3.45	4.50									
FEV1/VC	%	74.7	84.9									

*Best values from all loops - BTPS 1.092 25 °C (77 °F) - Predicted Knudson

Conclusion / Medical report

PEACE LAND MEDICAL CENTER

Signature

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

MIR

مركز فرح للخدمات الطبية
FARAH MEDICAL SERVICE CENTER
عضو مختبرات مجموعة سلطان مديكا
Member of Sultan Medica™ Group

RADIOLOGY REPORT

PATIENT NAME:	ASHIQ JAVED MUHAMMAD		
PATIENT ID:	(PEACELAND)	PROCEDURE DATE:	01/06/2023
AGE/SEX:	30Y/M	SITE NAME:	FARAH MEDICAL CENTER

CHEST X-RAY/PA VIEW

Clear lungs and costophrenic angles

Heart of normal size and shape

Normal mediastinum and hilar shadows and bony thorax

LUMBAR SPINE AP/LATERAL

Normal alignment and disc spaces

No bone or joint abnormality

Impression:

Normal study

Dr. Hussan Al Kindi Senior Specialist Radiologist, MOH License No. 15665, Safa Medical Diagnostic Center

01/06/2023

* This Report is Digitally Signed