Patient:18898 Reg.Dt: 09/07/202
Name: BALRAJ SINGH
Gender: Male Nationality: INDIA
Age: 52Y Mar. Status: Marrie
Address:

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SU

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
114780557-1737		BALRAJ SINGH	TYREMAN / MECHANIC
Nationality	**Age**	**Sex**	**Company**	**Location**
INDIAN	52 Yrs	M	TRUCKOMAN NORTH	HAIMA

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 138/80 [✓] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crisis
BMI Category: 28.1 [ ] Underweight [ ] Normal [✓] Overweight [ ] Obese [ ] Morbid Obesity
Remarks:

VISUAL TEST

Visual Acuity Test: RT 6/6 LT 6/6 — Visual Field Test: [✓] Normal [ ] Abnormal
Colour Vision Test: [✓] Normal [ ] Abnormal [ ] Not Required — Stereoscopic Vision Test: [ ] Normal [ ] Abnormal [ ] Not Required
Pre-existing condition:
Remarks:

RESPIRATORY SYSTEM

Spirometry Test: [✓] Normal [ ] Abnormal [ ] Not Required — Chest X-Ray: [✓] Normal [ ] Abnormal [ ] Not Required
Pre-existing condition: — Physical Assessment: [✓] Normal [ ] Abnormal
Remarks:

ENT SYSTEM

Audiometry Test: [✓] Normal [ ] Abnormal [ ] Not Required — Otoscopy: [✓] Normal [ ] Abnormal [ ] Not Required
Pre-existing condition: — Physical Assessment: [✓] Normal [ ] Abnormal (Whisper, Weber & Rinne Tests)
Remarks:

CARDIOVASCULAR SYSTEM

ECG Test: [✓] Normal [ ] Abnormal [ ] Not Required — Physical Assessment: [✓] Normal [ ] Abnormal
Pre-existing condition:
Remarks: CARDIOLOGY CONSULTATION FOR TMT

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: DISC SPACE REDUCED: L5-S1
ORTHOPEDIC CONSULTATION FOR ABNORMAL LUMBAR X RAY

LABORATORY INVESTIGATIONS

Lab Tests: [ ] Normal [✓] Abnormal If abnormal, please specify below: — Blood Grouping: O+VE
Pre-existing condition:
Remarks:
INTERNAL MEDICINE CONSULTATION FOR HIGH FBS
Glucose Level Category: 163 mg/dl [ ] Normal 80 – 100 mg/dl [ ] Pre diabetic 100 – 125 mg/dl [✓] Diabetic > 126 mg/dl
Cholesterol Risk Category: 83 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: DM & HTN ON MEDICATION.
	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 18) [ ] Positive answers Factor IV (19 to 20)

Clinic Doctor Name: DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087
License #: — Hospital/Clinic Name: Peace Land Clinic Makkah — Doctor Signature & Clinic Stamp — Issue Date: 14/9/2025

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
784957	1737	'atient:18898 Reg.Dt: 09/07/202 lame: BALRAJ SINGH ender: Male Nationality: (INDIA) ge: 52Y Mar. Status: Marrie ddress:	TYREMAN / MECHANIC
Nationality	**Age**	**Sex**	**Location**
			HAIMA

EXAMINATION TYPE

[✓] Pre-employment Examination (PRE)	[ ] Periodic Medical Examination (PME)	[ ] Post-absence Examination
[ ] Change of Position Examination	[ ] Exit Examination	[ ] Critical Activities Examination
[ ] Emergency Response Team	[ ] Travelling Examination	[ ] Medical Surveillance

Medical Suitability for Work

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

FIT

Restrictions

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

Other, specify: He is FIT as per specialists report, (attached)

New Position	New Function	New Department
NA	NA	NA

Examanation Date	Exams Performed
09/07/2025	

Medical Review Date	Employee Signature

Peace Land Clinic Mukhaizna

Doctor Name: DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

Medical Lic... Signature of D...

Medical Doctor Signature

OQ Occupational Health Department

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
114780517 1787		'atient:18898 Reg.Dt: 09/07/202 lame: BALRAJ SINGH ender: Male Nationality: INDIA ge: 32Y Mar. Status: Marrie ddress:	TYREMAN/MECHANIC.
Nationality	**Age**	**Sex**	**Location**
			HAIMA

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 (CABG) 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: 09/07/2025

Peace Land Clinic Mukhizna

Candidate/Employee Signature

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
114789557	1737	Patient:18898 Reg.Dt: 09/07/202 Name: BALRAJ SINGH Gender: Male Nationality: INDIA Age: 52Y Mar. Status: Marrie Address:	TYREMAN / MECHANIC
Nationality	**Age**	**Sex**	**Location**
			HALMA

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	☐	5-30min	☐	< 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: 09/07/2022

Candidate/Employee Signature

Peace Land Clinic Mukhaizna

OG - Occupational Health Department

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
114780557	1737	TYREMAN MECHANIC

Nationality	Age	Sex	Location
			HALMA

Patient:18898 Reg.Dt: 09/07/202
Name: BALRAJ SINGH
Gender: Male Nationality: INDIA
Age: 52Y Mar. Status: Marrie
Address:

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 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?

[ ] 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?

[ ] 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?

[ ] 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?

[ ] 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?

[ ] 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?

[ ] 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: 09/07/2025

Peace Land Clinic Mukhizna

Candidate/Employee Signature

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
114785597	1737		TYREMAN / MECHANIC
Nationality	**Age**	**Sex**	**Location**
			HALMA

Patient:18898 Reg.Dt: 09/07/202
Name: BALRAJ SINGH
Gender: Male Nationality: INDIA
Age: 52Y Mar. Status: Marrie
Address:

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 [ ] Army [ ] 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.GLIAID MV 2.2 OD, T.AMLOPINE 5MG OD

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

Date: 04/07/2024

Peace Land Clinic Mukhaizna

Candidate/Employee Signature

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #
114781501557	7137

Nationality	Age	Sex

Patient: 18898 Reg.Dt: 09/07/202
Name: BALRAJ SINGH
Gender: Male Nationality: INDIA
Age: 52Y Mar. Status: Marrie
Address:

Position: TYREMAN / MECHANIC
Location: HAIMA

VITAL SIGNS

Height: 179 cm | Weight: 82 Kg | BMI: 28.1 | Blood Pressure: 130/80 mmHg
Pulse: 90 /min | Medical Practitioner Name: DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087 | Signature:

VISUAL SYSTEM

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

Colour Vision Test Ishihara: # of Plates passed | Inform the Plates # failed | ☑ Normal ☐ Abnormal
Visual Field Test: ☑ Normal ☐ Abnormal
Stereoscopic Vision Test: ☐ Normal ☐ Abnormal
Date of Examination: 09/07/25 | Medical Practitioner Name: DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087 | 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 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 ☐ Poor Effort ☐ Cooperation
Date of Examination: 09/07/25 | Medical Practitioner Name: DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087 | Signature:

[2] Chest Shape and Movment

☑ 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: 09/07/25 | Physician Name: DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087 | Signature:

ENT

[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
Audiologist Name: | Signature:
Hearing Questionnaire verified: ☑ Yes ☐ No

Peace Land Clinic Muharraq

DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087

PHYSICAL ASSESSMENT FORM

'atient:18898 Reg.Dt: 09/07/202
lame: BALRAJ SINGH
lender: Male Nationality: INDIA
ge: 52Y Mar. Status: Marrie
ddress:

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: 09/07/2024 Physician Name: DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087 Signature:

OD - Occupational Health Department

Peace Land Clinic Mukhaizna

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	: 18898	Doc No	: 14303
Name	: BALRAJ SINGH	Doc Date	: 2025-07-09T19:12:00
Age	: 52Y	Bill No	: 36204
Gender	: Male	Date	: 09/07/2025 19:12 PM
Nationality	: INDIAN	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 97877396	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' Positive		
COMPLETE BLOOD COUNT			
RBC	5.6 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	16.4 gm %	Male 13 - 16 gm % Female 11 - 15 gm %	
HCT	48 %	Male 42 -52 % Female 37 -47 %	
MCV	84 fl	76 - 96 fl	
MCH	29 pg	27 - 33 pg	
MCHC	33 %	32 36 %	
WBC COUNT	10000 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	56 %	40-75 %	
LYMPHOCYTE	32 %	20-45 %	
EOSINOPHIL	4 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	10	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	2 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	75 u/l	44-147 U/ L	
T. BILIRUBIN	0.9 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.2 mg / dl	up to 0.4 mg /dl	
IINDIRECT BILIRUBIN	0.7 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	23 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	20 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	7 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	4.5 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	35 mg / dl	10-50 mg /dl	
S.CREATININE	0.8 mg / dl	0.7 - 1.2 mg /dl	

Reported By:
Lab Technician

Peace Land Clinic Mukhaizna

Verified By:
Lab Technician

Approved By:
Lab Technician

Test	Result	Normal Range	Detailed Description
S.URIC ACID	8.8 mg / dl	3.4 - 7.2 mg /dl	
LIPID PROFILE			
Total Cholesterol	165 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	150 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	52 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	83 mg/dl	< 130 mg/dl	
VLDL	30 mg/dl	2-30 mg/dl	
NON HDL CHOLESTEROL	113 mg/dl	Less than 130mg/dl	
FASTING BLOOD SUGAR	163 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		

'atient:18898 Reg.Dt: 09/07/202
Name: BALRAJ SINGH
Gender: Male Nationality: INDIA/
Age: 52Y Mar. Status: Marrie
Address:

Remarks:

Peace Land Clinic Mukhniana

12 Channel + 1 Rhythm Report

Hosp:

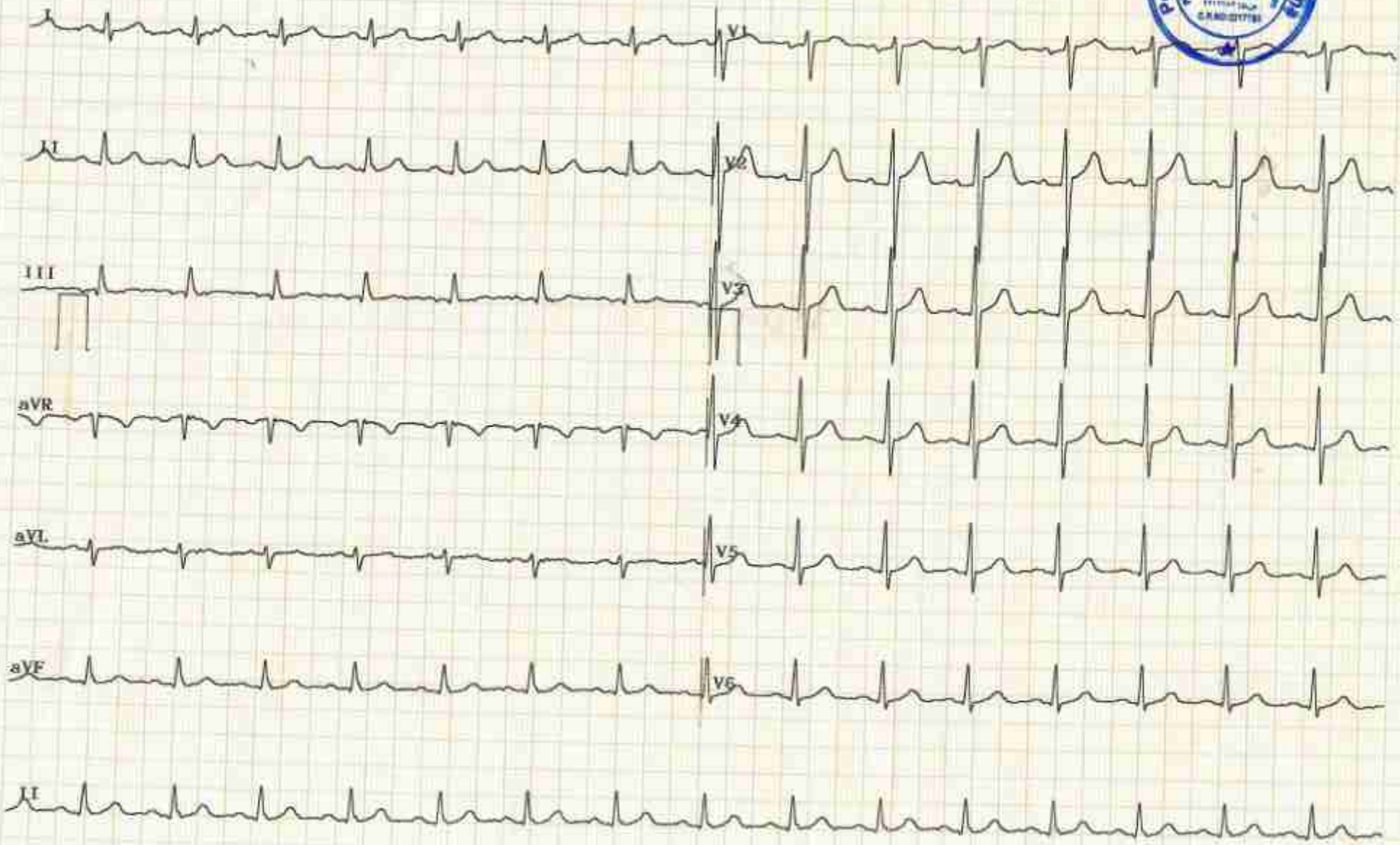
Prescribed by:

Patient:18898 Reg.Dt: 09/07/202
Name: BALRAJ SINGH
Gender: Male
Age: 52y
Address:
Nationality: INDIA
Mar. Status: Marrie

Heart Rate: 94 bpm
PR/RR Int.: 148/638 ms
QRS Dur: 98 ms
QT/QTc: 348/435 ms
P-R-T axes: 14 75 40
SV1/RV5/R+S: 0.68/0.91/1.59mV

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

Peace Land Clinic Mukerian



Base:0.2Hz LPF:100Hz AC:50Hz EMG:On

10.0mm/mV 25.0mm/sec

EKG2000 6.00/3.24 Bionet Co., Ltd.

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

PATIENT ID: 18898

Estimated 10-year Global CVD Risk

18.40%

Risk Category

High Risk

Estimated Vascular Age

68 Years

Treatment Guidelines

ATP-III (2004)

Treatment Targets

LDL <100 mg/dL (<2.59 mmol/L)
Non-HDL <130 mg/dL (<3.37 mmol/L)

CCS (2009)

Treatment Targets

LDL <2 mmol/L (<77 mg/dL) or ≥50 % decrease in LDL-C
apoB <0.8 g/L (80 mg/dL)

ESC (2007, see Info for more)

Treatment Targets

LDL <2-2.5 mmol/L (<80-100 mg/dL)
TChol <4-4.5 mmol/L (<155-175 mg/dL)

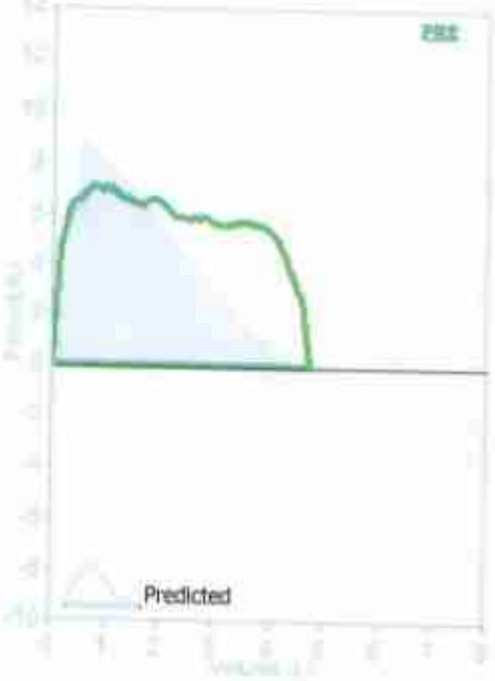
Peace Land Clinic Muscat

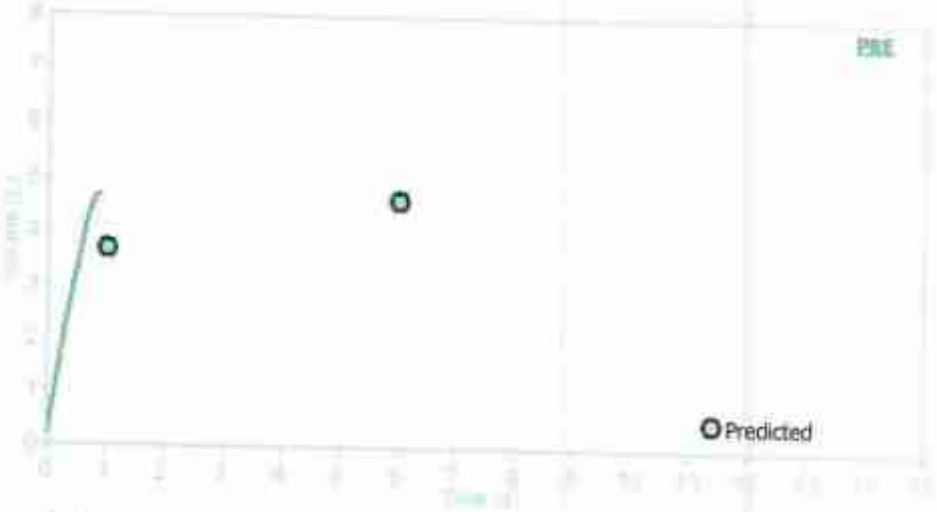
Pulmonary Function Test Results

FVC FEV1 FEV1%

Visit date 09/07/2025

Patient code	114780557	Age	52
Surname	SINGH	Gender	Male
Name	BALRAJ	Height, cm	179
Date of birth	10/03/1973	Weight, kg	82
Ethnic group	Caucasian	BMI	25.59
Smoke	No smoker	Pack-Year	
Patient group			





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 09/07/2025 09:59:48

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.61	4.62	4.73*	102	0.18	4.73			*		
FEV1	L	2.86	3.70	4.73*	128	2.02	4.73			*		
FEV1/FVC	%	66.1	77.8	100.0*	128	3.08	100.0			*		
PEF	L/s	6.91	8.90	7.21*	81	-1.40	7.21			*		
ELA	Years		52	52	100		52					
FEF2575	L/s	2.23	3.94	6.10	155	2.08	6.10					
FET	s		6.00	0.88	15		0.88					
FIVC	L	3.61	4.62									
FEV1/VC	%	66.1	77.8									

*Best values from all loops - BTPS 1.078 28 °C (82.4 °F) - Predicted ERS (ECCS) / Zapletal

Conclusion / Medical report

Signature

Peace Land Clinic Mukhaizna

Instrument used
Minispir S S/N C16043

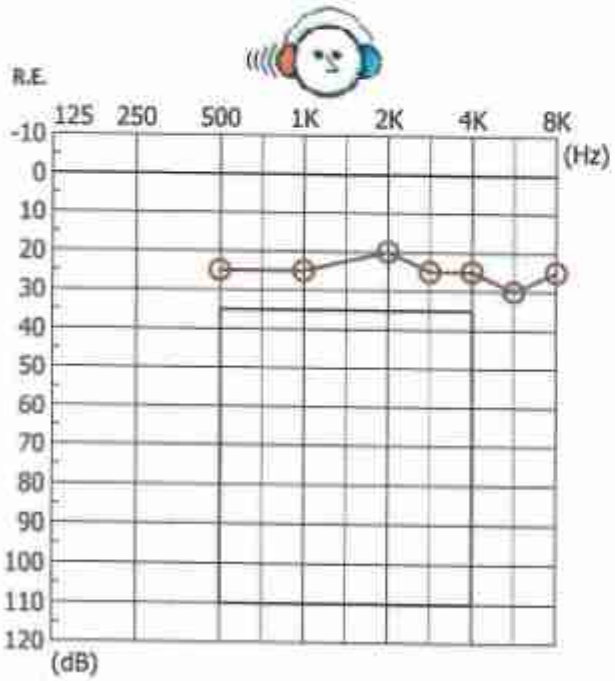
AUDIOMETRY REPORT

Name: SINGH, BALRAJ
Age(y): 52
Sex: Man
Height (cm): 0
Weight(Kg): 0
BMI:

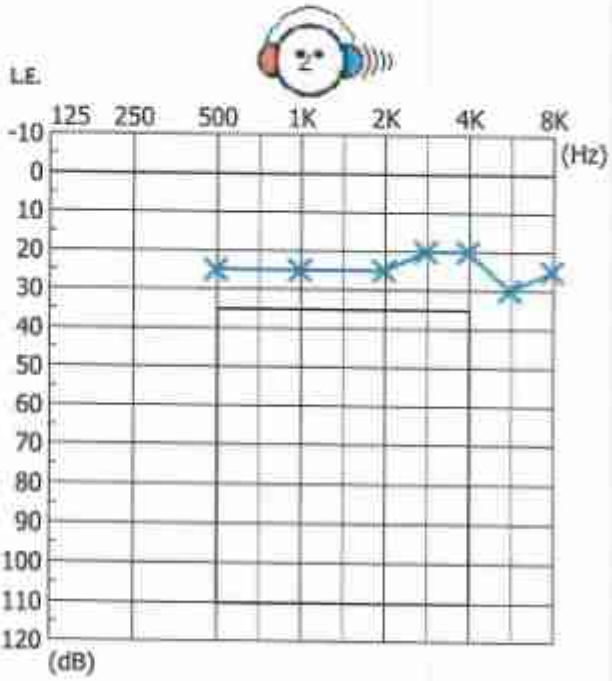
SIBELMED W50

Test date: 09/07/2025
Reference: 114780557
Technician:
Reason:
Origin:
Equipment: Sibelsound DUO
Device serial numb.: 910
Flash Version: 1.0

R.E.



L.E.



No Masking	R.E.	L.E.	With Masking	R.E.	L.E.
Air	O	X	Air	△	□
Bone	<	>	Bone	⊂	⊃
F.Field					
No response					

MINISTRY OF LABOUR AND SOCIAL AFFAIRS

	R.E.	L.E.
Hearing Loss (%)	0.0	0.0
Average dBs	23.8	23.8
Bilateral Loss (%)	0.0	

Right ear Normal
Left ear Normal

COMMENTS:

Normal

Peace Land Clinic Mukhaizna

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
18898	BALRAJ SINGH	52Y/M	09-07-2025	CHEST,LS SPINE

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**
-

LUMBOSACRAL SPINE AP / LATERAL

Disc space reduced at L5-S1

Normal bone density.

Vertebral bodies, pedicles, posterior elements appears normal.

Sacroiliac joints appear normal.

Pre and paravertebral soft tissue appears normal.

No pars defect.

OPINION:

- Disc space reduced at L5-S1
-

Peace Land Clinic Mukhaizna

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

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

nmc specialty hospital, al ghoubra

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

Medical Report

2 E11.9 Type 2 Diabetes Mellitus Without Complications

Sl No.	Date	Special Notes	Investigation	Remarks	Reference Consultant	Emergency	Billed/Not billed
1	13/07/2025		FASTING BLOOD SUGAR				Billed
2	13/07/2025		HbA1C				Billed

Notes: FBS - 7.83, HBA1C - 8.72%

Test Description	Test Result	Normal Value	Remarks
Result :- 1055714 : 13/07/2025			
FASTING BLOOD SUGAR	7.83 mmol/L	3.8-<5.6 mmol/L	
HbA1C	8.72 %	4 - 6	
Remarks :			

Sl No.	Medicine	Dosage	Duration	Quantity	Remarks	Billed/Not Billed
1	XIGDUO XR 5/1000MG (Dapagliflozin+Metformin)60 (Tablet)	1-0-1 (1 Tablet) (Oral)	30 Day	60	Drink adequate water After Food	Not Billed
2	AMLODIPINE (besylate) 5 mg + PERINDOPRIL ARGININE 5 mg tablet(COVERAM 5MG/5MG TABLET (PERINDOPRIL+AMLO)) (Tablet)	1-0-0 (1 Tablet) (Oral)	30 Day	30		Not Billed

Salt restricted/ diabetic diet. Follow PRN or 1/12
Fit for assigned work

DR SUMANT PAJANKAR
PULMONOLOGY

RECEPTION

nmc specialty hospital, al ghoubra

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

Fitness Certificate

Empno:
Date of issue : *13/07/2025*

Ref No : *0000052/FIT/NMC/2025*

This is to certify that Mr. / Mrs. *BALRAJ SINGH* with file no *14487124* and Resident card no. *114780557* was *Treated* at *nmc specialty hospital, al ghoubra* on *13/07/2025* and will be *Fit to work* from the medical point of view starting from *13/07/2025*

DIAGNOSIS
Z02.1-Encounter For Pre-Employment Examination

Remarks
He can review if he develops back pain in future for further evaluation

DR ANANTH NARAYANAN

Place; *nmc specialty hospital, al ghoubra*

Signature

DR. ANANTH KRISHNAN NARAYANAN
Specialist - Orthopedics
MOH Lic. No. 21851
nmc specialty hospital, Al Ghoubra

(Hospital Seal)

RECEPTION
nmc specialty hospital, al ghoubra

nmc specialty hospital, al ghoubra

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

Fitness Certificate

Empno:
Date of issue : *13/07/2025*

Ref No : *0000056/FIT/NMC/2025*

This is to certify that Mr. / Mrs. *BALRAJ SINGH* with file no *14487124* and Resident card no. *114780557* was *Examined* at *nmc specialty hospital, al ghoubra* on *13/07/2025* and will be *FIT TO WORK* from the medical point of view starting from *13/07/2025*

DIAGNOSIS
Z02.1-Encounter For Pre-Employment Examination

Remarks
FIT TO WORK

DR MUHAMMAD SIDDIQUI

Place: *nmc specialty hospital, al ghoubra*

(Hospital Seal)

Signature

BALRAJ SINGH,
14487124

Patient Information

7/13/2025 3:11:40 PM
Bruce

ID: 14487124 | Second ID: 2675273 | Admission ID:

Date of Birth:
Age: 52 Years
Height:
Weight:
Gender: Male
Race: Unknown

Indications
MEDICAL CHECKUP

Medications
HTN AND DM ON MEDICATION

Referring Physician: DR.MUHAMMED SIDDIQUI
Location:
Procedure Type: TMT FOR FITNESS

Attending Phy: DR.MUHAMMED SIDDIQUI
Technician: BIBIN
Target HR: 143 bpm (85%)
Max HR(%MPHR): 165 bpm (98%)
Reasons for end: ACHIEVED THR
Symptoms: NO SYMPTOMS

Diagnosis

Notes

Conclusions

The patient was tested using the Bruce protocol for a duration of 07:07 mm:ss and achieved 8.3 METs. A maximum heart rate of 165 bpm with a predicted heart rate of 98% was obtained at 06:50. A systolic blood pressure of 152/92 was obtained at 07:42 and a diastolic blood pressure of 152/92 was obtained at 07:42. The patient reached target heart rate with appropriate heart rate and blood pressure response to exercise. No significant ST changes during exercise or recovery. No evidence of ischemia. Normal exercise stress test.

Reviewed by:

UNCONFIRMED REPORT

Signed by:

Date: