MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

T.O.

CANDIDATE / EMPLOYEE IDENTIFICATION

MAJOR SINGH

Civil ID / Passport #	Company ID #	Position
K8087629		H.D.D
Nationality	**Age** / **Sex**	**Location**
Indian	13/9/1981	

0042774 78050 00607 01-06-23 09:03

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 132/78 [ ] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crises

BMI Category: 25 [ ] Underweight [ ] Normal [ ] Overweight [ ] Obese [ ] Morbid Obesity

Remarks:

VISUAL TEST

Visual Acuity Test: RT [ ] LT [ ] Visual Field Test [ ] Normal [ ] Abnormal

Colour Vision Test [ ] Normal [ ] Abnormal [ ] Not Required Stereoscopic Vision Test [ ] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition:

Remarks:

RESPIRATORY SYSTEM

Spirometry Test [ ] Normal [ ] Abnormal [ ] Not Required Chest X-Ray [ ] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition: Physical Assessment [ ] Normal [ ] Abnormal

Remarks:

ENT SYSTEM

Audiometry Test [ ] Normal [ ] Abnormal [ ] Not Required Otoscopy [ ] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition: Physical Assessment [ ] Normal [ ] Abnormal (Whisper, Weber & Rinne Tests)

Remarks:

CARDIOVASCULAR SYSTEM

ECG Test [ ] Normal [ ] Abnormal [ ] Not Required Physical Assessment [ ] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

NEUROLOGICAL SYSTEM

Physical Assessment [ ] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

MUSCULOSKELETAL SYSTEM

Physical Assess. [ ] Normal [ ] Abnormal Lumbar X-Ray [ ] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition:

Remarks:

LABORATORY INVESTIGATIONS

Lab Tests: [ ] Normal [ ] Abnormal If abnormal, please specify below: Blood Grouping: A+

Pre-existing condition:

Remarks:

Glucose Level Category: 89 [ ] Normal 90 – 100 mg/dl [ ] Pre diabetic 100 – 125 mg/dl [ ] Diabetic > 126 mg/dl

Cholesterol Risk Category: 69 [ ] 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 dependance [ ] Low to Mod dependence [ ] Moderate dependence [ ] High dependance

CAGE Questionnaire Alcohol Use [ ] No alcohol addiction [ ] 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/Policlinic	Doctor Signature & Clinic Stamp	Issue Date
			Dr. MOHAMMED AKBAR KHAN General Practitioner MOH Lic. No. 4404	1/6/23

PEACE LAND MEDICAL CENTER 2775

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		MAJOR SINGH 00607 01-06-23 09:03	H+D-D
Nationality	**Age**	**Sex**	**Location**

EXAMINATION TYPE

- [✓] Pre-employment Examination (PRE)
- [ ] Periodic Medical Examination (PME)
- [ ] Post-absence Examination
- [ ] Change of Position Examination
- [ ] Exit Examination
- [ ] Critical Activities Examination
- [ ] Emergency Response Team
- [ ] 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	U/A - Diet, exercise advised,

Medical Review Date	Employee Signature

Doctor Name	Medical License	Hospital	Medical Doctor Signature
			Major Singh

PEACE LAND MEDICAL CENTER 2775

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

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #

MAJOR SINGH
0050?
01-06-23 09:03

Nationality	Age	Sex

Position
H.D.D

Location

PERSONAL HEALTH HISTORY

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

Congenital heart disease or Valvular heart disease or Coronary artery disease	Yes	No	Muscle problems e.g. weakness of your limbs or twitchy muscles	Yes	No
Myocardial insufficiency or infarction (heart attack)	Yes	No	Joint problems, e.g. plantar warts, joint pain or swelling	Yes	No
Coronary bypass surgery (CABS) and angioplasty	Yes	No	Problems with limb, neck or spine mobility	Yes	No
Heart arrhythmias (heart beats too fast, too slow or irregularly)	Yes	No	Extremities (feet or hands) deformities or problems	Yes	No
High blood pressure (hypertension)	Yes	No	Experienced back problem, arthritis, slipped disc	Yes	No
Shortness of breath after exertion	Yes	No	Pain in neck or back or hands or legs	Yes	No
Varicose veins associated with varicose eczema, ulcers or other complications	Yes	No	Thyroid disease any other glandular diseases	Yes	No
Arteriosclerotic or other vascular disease	Yes	No	Diabetes mellitus or Hypoglycemia	Yes	No
Anemias, especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia	Yes	No	Experienced weight loss or gain > 5kg over the past year	Yes	No
Haemorrage disorders i.e. bleeding disorders	Yes	No	Informed about being overweight or obese	Yes	No
Leukaemia, polycythaemia and disorders of the reticulo-endothelial system	Yes	No	Skin disorders e.g. severe acne, dermatitis, eczema or allergy	Yes	No
G6PD (Glucose 6-Phosphate Dehydrogenase) Deficiency	Yes	No	Allergies e.g. dust, medication, insect bites	Yes	No
Recurrent headaches or migraine	Yes	No	Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gastritis	Yes	No
Epilepsy and recurrent seizures	Yes	No	Haemorrhoids, fistulae and fissures causing pain, or recurrent bleeding	Yes	No
Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope)	Yes	No	Liver and pancreas diseases (e.g. pancreatitis, Hepatitis B)	Yes	No
Sleep disorders, such as insomnia, hypersomnia, sleep apnea, narcolepsy	Yes	No	Kidney or bladder diseases e.g. recurrent infection, renal stones	Yes	No
Chronic anxiety states and/or recurrent depression	Yes	No	Ear, nose or throat problems (e.g. otitis, hearing loss, sinusitis, tonsilitis)	Yes	No
Phobias such as fear of heights, fear of confined spaces, fear of flying	Yes	No	Eye disease or visual defect (e.g. glaucoma, color blindness, monocular vision)	Yes	No
Lung disease e.g. bronchitis, asthma, dyspnea, TB	Yes	No	Treated for infectious diseases (e.g. malaria, COVID19)	Yes	No
Phlegm production (excess mucus production) or tight chest	Yes	No	Treated for depression, stress	Yes	No
Immune 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

Date: 1/6/23

List any previous injuries or operations

Previous injuries or operations	Date

Candidate/Employee Signature

MAJOR SINGH

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

MAJOR SINGH
#[illegible] 41 Y/M [illegible] 00507
78650 [illegible] 01-06-23 09:03

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

FAGERSTROM TEST

Do you smoke? ☐ Yes ☑ No — *If YES, Please answer the following:*

How soon after waking up do you smoke you first cigarette?	☐ >60min	☐ 31-60min	☐ 6-30min	☐ < 5 minutes
Do you find it difficult to avoid smoking where is forbidden, such as work places, cinemas, shopping etc.?	☐ Yes	☐ No		
What'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
2.Do you find it hard to like your daily work?	☐ Yes	✓ No
3.Do you find difficult taking decisions?	☐ Yes	✓ No
4.Is your daily work a suffering?	☐ Yes	✓ No
5.Do you feel tired all the time?	☐ Yes	✓ No
6.Are you easily tired?	☐ Yes	✓ No
7.Do you have frequent headaches?	☐ Yes	✓ No
8.Do you feel lack of hunger?	☐ Yes	✓ No
9.Do you sleep badly?	☐ Yes	✓ No
10.Do your hands tremble?	☐ Yes	✓ No
11.Is your digestion not good?	☐ Yes	✓ No
12.Do you have unpleasant sensations in your stomach	☐ Yes	✓ No
13.Do you get scared easily?	☐ Yes	✓ No
14.Do you feel nervous, tense or worried?	☐ Yes	✓ No
15.Do you feel unhappy?	☐ Yes	✓ No
16.Do you cry more than usual?	☐ Yes	✓ No
17.Has the thought of ending your life been on your mind?	☐ Yes	✓ No
18.Do you find it difficult to perform your work?	☐ Yes	✓ No
19.Have you lost interest in things?	☐ Yes	✓ No
20.Do you feel you're worthless?	☐ Yes	✓ No

Date: 1/6/23

Candidate/Employee Signature

Major Singh

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION				
Civil ID / Passport #	Company ID #		MAJOR SINGH # 004[illegible] 00507 78060 01-06-23 08:03	Position H-D-D
Nationality	Age	Sex		Location

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? [ ] YES [ ] NO (No) What type: ☐ Disposable mask ☐ Cartilge 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 interferes with your use of a respirator

Date: 1/6/23

Candidate/Employee Signature: Major Singh

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION				
Civil ID / Passport #	Company ID #		MAJOR SINGH # 0045774 # 41 Y/M 00507 78850 01-06-23 09:03	Position
				H 'D D
Nationality	Age	Sex		Location

HEARING CONSERVATION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use hearing protection? [ ] YES [ ] NO What type: ☐ Earplugs ☐ Ear Muffs ☐ Double HP

1 - Have you been out of noise for the past 14-16 hours? [ ] YES [ ] NO
If NO, did you use hearing protection while in the noise? [ ] YES [ ] NO

2 - Check ALL of the following activities that you have done or do:
[ ] Hunting [ ] Car 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?

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

Date: 1/6/23

Candidate/Employee Signature
Major Singh

PHYSICAL ASSESSMENT FORM

oa

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	MAJOR SINGH # 004??? #41 Y(M) 00507 70680 01-06-23 09:03	Position: H-D-D
Nationality	Age	Sex	Location

VITAL SIGNS

Height: 184 cm Weight: 88 Kg BMI: 25 Blood Pressure: 130/78 mmHg

Pulse: 72 /min

Medical Practitioner Name: Dr.MOHAMMED AKBAR KHAN General Practitioner MOH Lic. No. 4404 Signature: [signature]

VISUAL SYSTEM

	Right Uncorrected	Left Uncorrected	Right Corrected	Left Corrected	Both Uncorrected	Both Corrected
Visual Acuity Test	—	—			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: 1/6/23 Medical Practitioner Name: Dr.MOHAMMED AKBAR KHAN General Practitioner MOH Lic. No. 4404 Signature: [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)
- ☑ Y3 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 Signature: [signature]

[2] Chest Shape and Movement: ☑ Normal ☐ Abnormal ☐ Not Examined — If abnormal, describe below:

[3] Chest Percussion: ☑ Normal ☐ Abnormal ☐ Not Examined — If abnormal, describe below: Dr.MOHAMMED AKBAR KHAN General Practitioner MOH Lic. No. 4404

[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: [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

Eardrum Position — Right: ☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam; Left: ☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam

Eardrum Vascularity — Right: ☑ Normal ☐ Considerable ☐ Mild ☐ Not Exam; Left: ☑ Normal ☐ Considerable ☐ Mild ☐ Not Exam

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: [signature]

PEACE LAND MEDICAL CENTER 2779

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

PHYSICAL ASSESSMENT FORM

OQ

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: 1/6/23 Physician Name Signature

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
رقم الترخيص: 2775

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

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land
بلاد السلام

MAJOR SINGH
00507
01-06-23 09:09

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

CLINIC SEAL
PEACE LAND MEDICAL CENTER

ص.ب ١٤٨٣ الرمز البريدي ١٣٣ شوارع العزيبة مبنى أبراج السحوة سلطنة عمان
P.O. Box 1483, Postal Code 133, Al Azeiba Roundabout al Sahwa Tower, Sultanate of Oman
Tel: 24617117 / 24617149 / 24617349

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:	MAJOR SINGH	**Doc No:**	0033957
Age:	41 Y **Nationality:** INDIAN	**File No:**	0042774
Gender:	M	**Bill No:**	0050718
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	01/06/2023
GSM No.:	98231617	**Time:**	15:00

Test	Result	Normal Range
OQ Medical Checkup Package		
COMPLITE BLOOD COUNT		
RBC	5.7 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	13.1 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	39.9 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.0 pg	27 - 33 pg
MCHC	32.1 g/dl	29.6 - 35.6 %
WBC COUNT	6.3 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	64 %	40-75 %
LYMPHOCYTE	31 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	07	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**262 x 10^9/L**	150 - 450 x 10^9/L
FASTING BLOOD SUGAR	89.6 mg/dl	74 - 100 mg/dl
Sickle cells (Screen)		
SICKLE CELL TEST	NEGATIVE	
Lipid profile(CH,TG,HDL,LDL)		
LIPID PROFILE		
Total Cholesterol	**157 mg/dl**	0.0 - 200 mg/dl

PEACE LAND MEDICAL CENTER

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Medical Technologist

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

LAB RESULT

Name: MAJOR SINGH
Age: 41 Y **Nationality:** INDIAN
Gender: M
Ref. By: DR. MOHAMMED AKBAR KHAN
GSM No.: 98231617

Doc No: 0033957
File No: 0042774
Bill No: 0050718
Date: 01/06/2023
Time: 15:00

Test	Result	Normal Range
Triglyceride	**83.5 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**70.4 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**69.9 mg/dl**	< 100 mg/dl
VLDL	**16.7 mg/dl**	2.0 - 30 mg/dl
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	95 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.50 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**16.6 U/L**	0 - 35.0 U/L
S.G.P.T.	**27.4 U/L**	10 - 45 U/L
ALBUMIN	**4.0 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.2 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.20 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**19.3 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.72 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**5.0 mg/dl**	3.5 - 7.2 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.010	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	

Medical Technologist

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

LAB RESULT

Name:	MAJOR SINGH	**Doc No:**	0033957
Age:	41 Y **Nationality:** INDIAN	**File No:**	0042774
Gender:	M	**Bill No:**	0050718
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	01/06/2023
GSM No.:	98231617	**Time:**	15:00

Test	Result	Normal Range
Ketones	Negative	
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	1-2	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
BLOOD GROUP & Rh TYPING	'A' Positive	
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	

PEACE LAND MEDICAL CENTER

.....
Medical Technologist

05-24-18

6 Channel + 1 Rhythm Report

Hospital:

Prescribed by:

ID :

MAJOR SINGH

0045774 [illegible] 03507

79055 <Blank> 01-06-23 09:03

Heart Rate: 76bpm ** Analysis Result ** (To be finally confirmed by cardiologist)

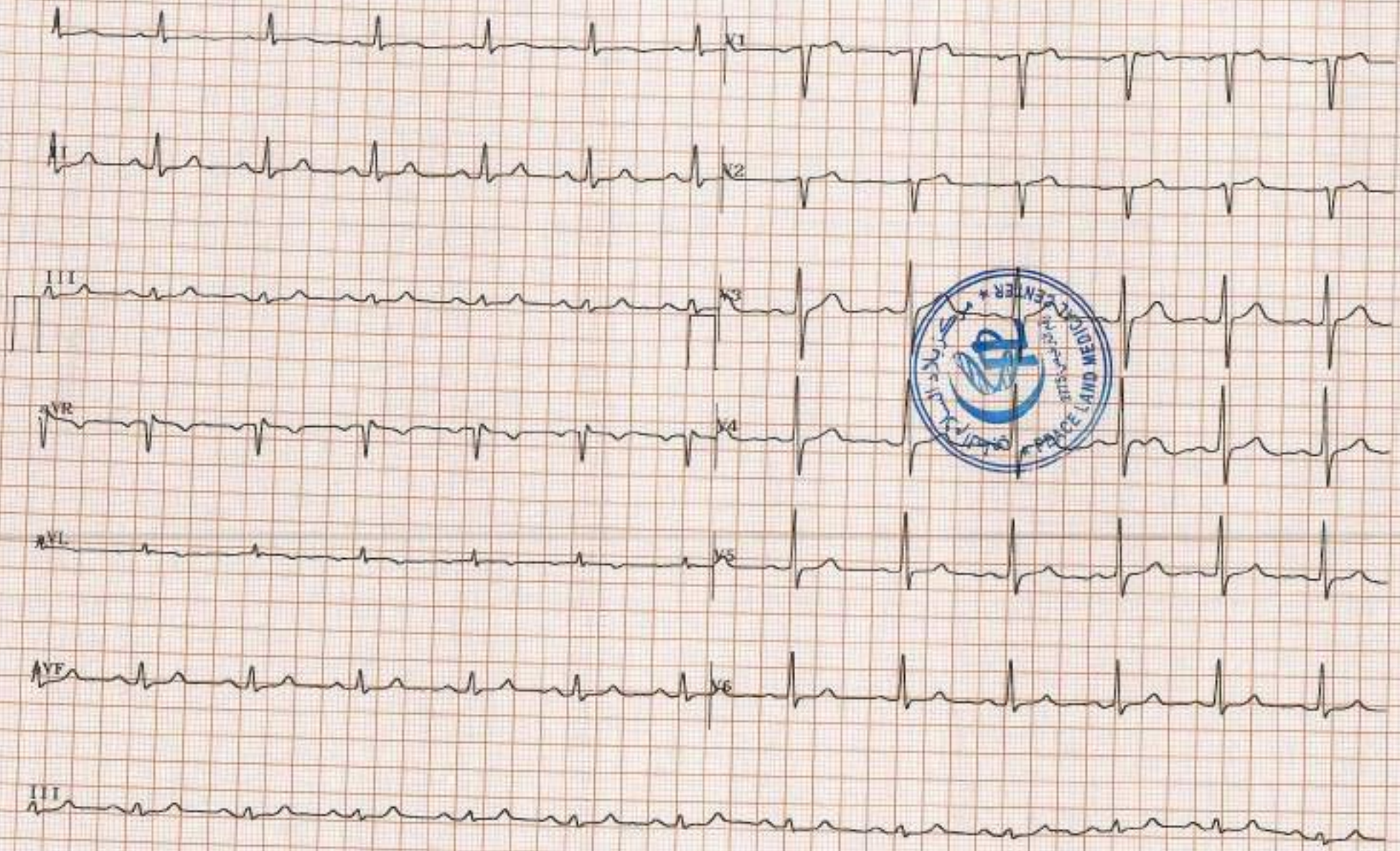
PR Int.: 182 ms Normal Sinus Rhythm

QRS Dur.: 94 ms Normal Axis

QT/QTc: 386/433 ms possible Anteroseptal MI

P-R-T axes: [Markedly Abnormal ECG]

68 43 73



0.1Hz- 150Hz, AC50Hz.

All Channels: 10.0mm/mV, 25.0mm/sec.

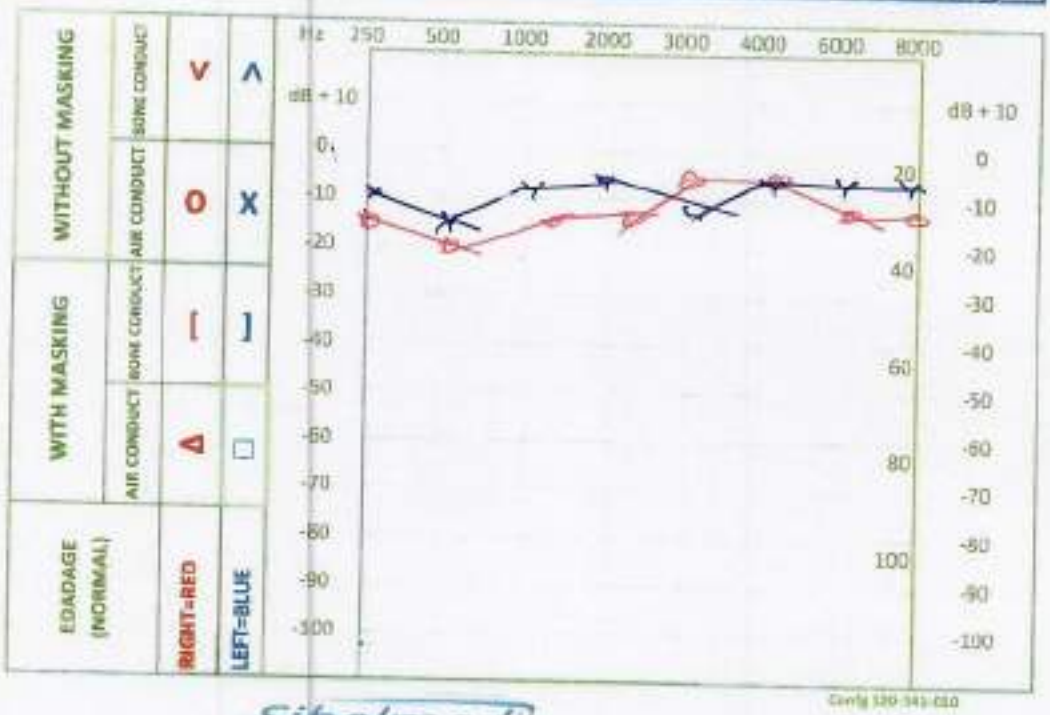
EKG2000 Ver5.05M.30 Bionet Co., Ltd.

مركز بلاد السلام الطبي
Peace Land Medical Center

MAJOR SINGH
00607
01-08-23 09:03

TRY TEST REPORT

NAME	
AGE	
REF. BY	
COMPANY	T.O
OCCUPATION	H.O
DATE	1/8/23



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
NORMAL
HEARING LOSS
RIGHT
LEFT

مركز بلاد السلام الطبي (رقم الترخيص 2775) * PEACE LAND MEDICAL CENTER *

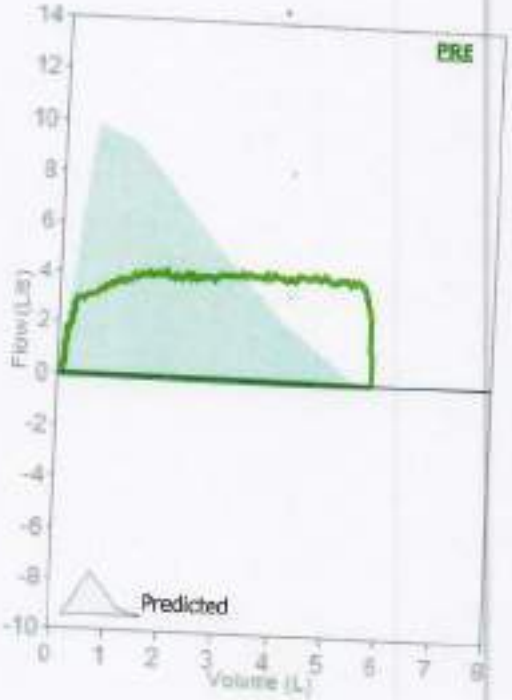
ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العذيبة مبنى ابراج النخوة مبنى ٢ سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel: 24617117 / 24617148 / 24617149 هاتف: ٢٤٦١٧١١٧/ ٢٤٦١٧١٤٨/ ٢٤٦١٧١٤٩

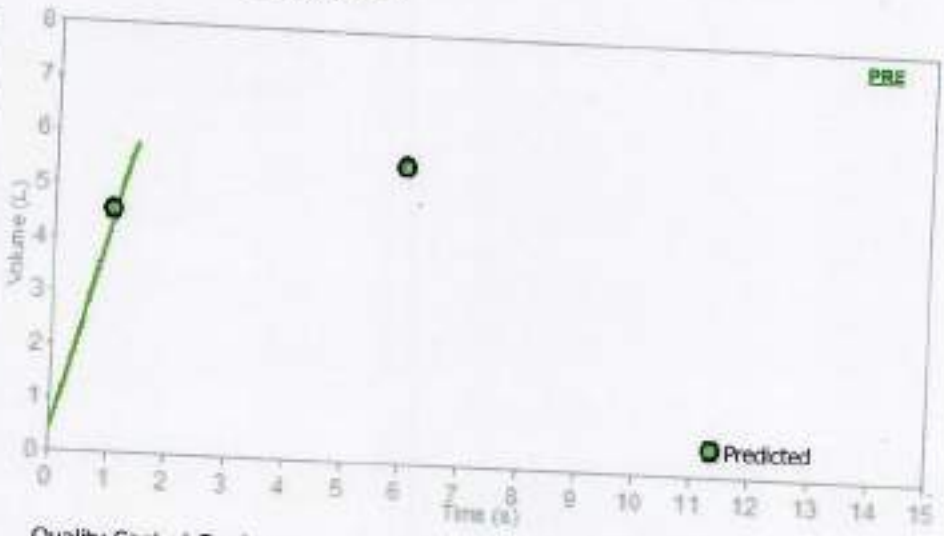
Pulmonary Function Test Results

Visit date 01/06/2023

Patient code	K8087629	Age	41
Surname	SINGH	Gender	Male
Name	MAJOR	Height, cm	184
Date of birth	13/09/1981	Weight, kg	88
Ethnic group	Not defined	BMI	25.99
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 01/06/2023 12:21:01

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	4.48	5.53	5.78*	105	0.40	5.78			*		
FEV1	L	3.66	4.52	4.38*	97	-0.27	4.38			*		
FEV1/FVC	%	71.4	81.6	75.8*	93	-0.93	75.8			*		
PEF	L/s	6.45	9.87	4.40*	45	-2.63	4.40			*		
ELA	Years		41	46	112		46					
FEF2575	L/s	2.87	4.65	4.10	88	-0.51	4.10					
FET	s		6.00	1.38	23		1.38					
FIVC	L	4.48	5.53									
FEV1/VC	%	71.4	81.6									

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

Conclusion / Medical report

Signature

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
(رقم الترخيص 2775)

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 ميديكا
Member of Sultan Medica™ Group

RADIOLOGY REPORT

PATIENT NAME:	MAJOR SINGH		
PATIENT ID:	PAT0213685(PEACE LAND)	**PROCEDURE DATE:**	01-06-2023
AGE/SEX:	41Y/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

Impression:

Normal study

Dr Hussam Al Kindi Senior Specialist Radiologist, MOH License No- 15665, Safa Medical Diagnostic Center

01-06-2023

* This Report is Digitally Signed

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