TON

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
74477417	1859	MUHAMMAD AMIN IRSHAD	HD DRIVER

Nationality	Age	Sex	Company	Location
PAKISTAN	40	M	TON.	HAIMA

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 130/80 [✓] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crises

BMI Category: 27.7 [ ] Underweight [ ] Normal [✓] Overweight [ ] Obese [ ] Morbid Obesity

Remarks:

VISUAL TEST

Visual Acuity Test: RT 6/6 LT 6/6

Visual Field Test: [✓] Normal [ ] Abnormal

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

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

Pre-existing condition:

Remarks:

RESPIRATORY SYSTEM

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

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

Physical Assessment: [✓] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

ENT SYSTEM

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

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

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

Pre-existing condition:

Remarks:

CARDIOVASCULAR SYSTEM

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

Physical Assessment: [✓] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

NEUROLOGICAL SYSTEM

Physical Assessment: [✓] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

MUSCULOSKELETAL SYSTEM

Physical Assess.: [✓] Normal [ ] Abnormal

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

Pre-existing condition:

Remarks:

LABORATORY INVESTIGATIONS

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

Pre-existing condition: FBS, LIPID HIGH

Blood Grouping: B-VE

Remarks: REFERRAL MEDICINE CONSULTATION.

Glucose Level Category: 284 mg/dl [ ] Normal 80 – 100 mg/dl [ ] Pre diabetic 100 – 125 mg/dl [✓] Diabetic > 126 mg/dl

Cholesterol Risk Category: 140 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
	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 use of alcohol [ ] Screening negative [ ] Clinically significant

BRQ-20 Self-reported Questionnaire [ ] No positive answers [ ] Positive answers Factor I (1 to 6) [ ] Positive answers Factor II (7 to 12)

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

Clinic Doctor Name	License #	Hospital/Polyclinic	Doctor Signature & Clinic Stamp	Issue Date
DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087		Dr. Hashim Abdallah Specialist Internal Medicine		26-10-2024

Form Review - 09/31/03/2021

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
74477117	1859	HD DRIVER
Nationality	**Age** / **Sex**	**Location**
PAKISTANI	40 / M	HAIMA

EXAMINATION TYPE

- [ ] Pre-employment Examination (PRE)
- [x] 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

- [x] 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
21/10/2024	

Medical Review Date	Employee Signature

Doctor Name	Medical License	Hospital	Medical Doctor Signature
DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087		Peace Land Clinic Mukhaizna	

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
74477117	1659		HD DRIVER
Nationality	**Age**	**Sex**	**Location**
PAKISTANI	40	M	HAIHA

PERSONAL HEALTH HISTORY

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

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

Have you visited a doctor in the last year?		Yes	✓ No
Are you taking any medication at present?		Yes	✓ No
Are you pregnant?		Yes	No

List any previous injuries or operations

Previous injuries or operations	Date

Date: 21/10/2024

Peace Land Clinic Mukhaizna

Candidate/Employee Signature

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
74477117	1859		HD DRIVER
Nationality	**Age**	**Sex**	**Location**
PAKISTAN	40	M	HAIMA

FAGERSTROM TEST

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

How soon after waking up do you smoke you first cigarette?	[✓] >60min	[ ] 31-60min	[ ] 6-30min	[ ] < 5 minutes	[ ]
Do you find it difficult to avoid smoking where is forbidden, such as work places, cinemas, shopping etc.?			[ ] Yes	[ ] No	[ ]
What's the most difficult cigarette to quit or not to smoke	[✓] Anyone	[ ] The first in the morning			[ ]
How many cigarettes do you smoke per day	[✓] <10	[ ] 11-20	[ ] 21-30	[ ] >31	[ ]
Do you smoke more frequently the first hours of the day than the rest of the day		[ ] Yes	[✓] No		[ ]
Do you smoke even when you're sick and have to stay in the bed most part of the day		[ ] Yes	[✓] No		[ ]

CAGE QUESTIONNAIRE

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

Did you ever felt that you should decrease the amount of drinks or cut down (stop) drinking?	[ ] Yes	[ ] No	[ ]
Do people bother you because they criticize the way you drink?	[ ] Yes	[ ] No	[ ]
Do you feel guilty or upset with yourself with the way you use to drink	[ ] Yes	[ ] No	[ ]
Do you drink in the morning to feel less nervous or decrease the hang over	[ ] Yes	[ ] No	[ ]
Have you had any problems related to alcohol	[ ] Yes	[ ] No	
Did you drink in the last 24 hours	[ ] Yes	[ ] No	

FATIGUE QUESTIONNAIRE

Have you noticed that you are feeling tired recently [ ] Yes [✓] No

Have you been feeling a lack of energy [ ] Yes [✓] No *If YES, Please answer the following:*

For how many days did you feel tired or with lack of energy in the last week	[ ] 1 day	[ ] 2 days	[ ] 3 days	[ ] > 3 days
Did you feel tired or with lack of energy for more than 3 hs in some days last week?	[ ] 1 hour	[ ] 2 hours	[ ] 3 hours	[ ] > 3 hours
Did you feel so tired that you had to make some effort to do things last week	[ ] Yes	[ ] No		
Did you feel tired or with lack of energy doing things you like last week	[ ] Yes	[ ] No		

SELF-REPORTING QUESTIONNAIRE (SRQ-20)

1.Do you have trouble thinking clearly?	[ ] Yes	[✓] No	11.Is your digestion not good?	[ ] Yes	[✓] No
2.Do you find it hard to like your daily work?	[ ] Yes	[✓] No	12.Do you have unpleasant sensations in your stomach	[ ] Yes	[✓] No
3.Do you find difficult taking decisions?	[ ] Yes	[✓] No	13.Do you get scared easily?	[ ] Yes	[✓] No
4.Is your daily work a suffering?	[ ] Yes	[✓] No	14.Do you feel nervous, tense or worried?	[ ] Yes	[✓] No
5.Do you feel tired all the time?	[ ] Yes	[✓] No	15.Do you feel unhappy?	[ ] Yes	[✓] No
6.Are you easily tired?	[ ] Yes	[✓] No	16.Do you cry more than usual?	[ ] Yes	[✓] No
7.Do you have frequent headaches?	[ ] Yes	[✓] No	17.Has the thought of ending your life been on your mind?	[ ] Yes	[✓] No
8.Do you feel lack of hunger?	[ ] Yes	[✓] No	18.Do you find it difficult to perform your work?	[ ] Yes	[✓] No
9.Do you sleep badly?	[ ] Yes	[✓] No	19.Have you lost interest in things?	[ ] Yes	[✓] No
10.Do your hands tremble?	[ ] Yes	[✓] No	20.Do you feel you're worthless?	[ ] Yes	[✓] No

Date: 21/10/2024

Peace Land Clinic Mukhaizna

Candidate/Employee Signature

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
74477117	1859		HD DRIVER
Nationality	**Age**	**Sex**	**Location**
PAKISTANI	40	M	HAIMA

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? [ ] YES [ ] NO What type: ☐ Disposable mask ☐ Cartidge Mask ☐ SCBA

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? [ ] YES [ ] NO

2. Have you ever had any of the following conditions?

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

3. Have you ever had any of the following pulmonary or lung problems?

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

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

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

5. Have you ever had any of the following cardiovascular or heart problems?

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

6. Have you ever had any of the following cardiovascular or heart symptoms?

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

7. Do you currently take medication for any of the following problems?

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

8. If you've used a respirator, have you ever had any of the following problems?

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

Date: 21/10/2024

Peace Land Clinic Mukhaizna

Candidate/Employee Signature

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
744771?7	1859		HD DRIVER
Nationality	**Age**	**Sex**	**Location**
PAKISTAN	40	M	HAIMA

HEARING CONSERVATION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

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

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

2 - Check ALL of the following activities that you have done or do:

[ ] Hunting	[ ] Car races	[ ] Skeet shooting	[ ] Woodwork	[ ] Target shooting
[ ] Power tools	[ ] Mower	[ ] Concerts / Band	[ ] Welding	[ ] Air compressor
[ ] Construction	[ ] Scuba diving	[ ] Tractor (open or closed cab)		

Have you ALWAYS used hearing protection when participating in the above activities? [ ] YES [ ] NO

3 - Check ALL that you have experienced:

[ ] Ear Fullness	[ ] Ear Infections	[ ] Ear Surgery	[ ] Head injury	[ ] Chemotherapy
[ ] Ringing in the ears	[ ] Ear Pain	[ ] Earwax buildup	[ ] Intravenous Antibiotics	[ ] Hole in the Eardrum
[ ] Ear Drainage	[ ] Dizziness			

4 - Check ALL that you have had/suffered from:

[ ] Meningitis	[ ] Diabetes	[ ] Measles	[ ] Syphilis	[ ] Chickenpox	[ ] Mumps	[ ] Chronic ear infections
[ ] Hypertension	[ ] Renal Failure	[ ] Tuberculosis	[ ] Previous surgery	[ ] Thyroid Problems	[ ] Trauma to head/ ear canal / tympanic membrane	

5 - Check ALL that you are currently suffering from:

[ ] Sinusitis	[ ] Cold/Flu	[ ] Ear Infection	[ ] Allergic rhinitis

6 - Do you have documented Hearing Loss? [ ] YES [✓] NO
If Yes: Which Ear(s)? [ ] Right Ear [ ] Left Ear [ ] Both Ear Who performed your hearing test?

7 - Have you EVER worn Hearing Aids? [ ] YES [✓] NO

If Yes: Which Ear(s)	[ ] Right Ear	[ ] Left Ear	[ ] Both Ear	
What Size?	[ ] Behind-the-ear	[ ] In-the-ear	[ ] In-the-canal	[ ] Completely-in-the-canal
What Type?	[ ] Analog	[ ] Digital		
Who fit your hearing aids?	[ ] Licensed Audiologist	[ ] Hearing Aid Dealer	[ ] Don't Know	

When did you receive your hearing aids?

8 - Have you ever served in the military? [ ] YES [✓] NO

If yes, check division [ ] Arm [ ] Navy [ ] Air Force [ ] Marines [ ] National Guard Date __/__/__

Do you have medical disability through the Veterans Administration (VA) for hearing loss or tinnitus? [ ] YES [ ] NO

If yes, how much? _____% What is your TOTAL VA disability? _____%

9 - Are you currently using any medication [ ] YES [✓] NO Which one?

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

Date: 21/10/2024

Grace Land Clinic Mukhaizna P.O. Box 1363 P.C. 132, Sultanate of Oman

Candidate/Employee Signature

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
74477117	1859		HD DRIVER.
Nationality	**Age**	**Sex**	**Location**
PAKISTANI	40	M	HAMRA

VITAL SIGNS

Height: 170 cm | Weight: 80 Kg | BMI: 27.7 | Blood Pressure: 130/80 mmHg

Pulse: 74 /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: ☑ Normal ☐ Abnormal | Stereoscopic Vision Test: ☐ Normal ☐ Abnormal

Date of Examination: 21/10/24 | 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 0.16L (150 ml)
☐ Total of THREE to EIGHT tests performed
☐ The patient CAN NOT or SHOULD NOT continue

The Patient Demonstrated: ☐ Good Effort ☐ Difficulty following instructions ☐ Ability to obtain only one good effort ☐ Poor Effort ☐ Cooperation

Date of Examination: _____ | Medical Practitioner Name: _____ | Signature: _____

[2] Chest Shape and Movment

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

[3] Chest Percussion

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

[3] Air Entry in Both Lungs

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

[4] Breath sounds

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

Date of Examination: 21/10/24 | Physician Name: DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087 | Signature:

ENT SYSTEM

[1] Otoscopy

	Right	Left		Right	Left		Right	Left
Ear Canal Collapse	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☑ No ☐ Not Exam	Eardrum Position	☑ Normal ☐ Bulging ☐ Retracted ☐ Not Exam	☑ Normal ☐ Bulging ☐ Retracted ☐ Not Exam	Eardrum Vascularity	☑ Normal ☐ Mild ☐ Considerable ☐ Not Exam	☑ Normal ☐ Mild ☐ Considerable ☐ 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						

[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	
Audiologyst Name: Signature:		Hearing Questionnaire verified: ☑ Yes ☐ No

Peace Land Clinic Mukhaizna

DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087

PHYSICAL ASSESSMENT FORM

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: 21-10-2024 Physician Name: DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087 Signature:

OQ - Occupational Health Department

Form Revised: 02-06/05/2021

Peace Land Clinic Makhaizna

Peaceland Medical Service LLC, Mukhaizna
CR No.:2/13627/9, P.O.Box: 1493,
Postal Code: 133,
Occidential Camp Mukhaizna, Sultanate of Oman

PATIENTDETAILS :

Patient ID	: 16089	Doc No	: 10631
Name	: MUHAMMAD AMIN IRSHAD AHMAD	Doc Date	: 2024-10-21T16:13:00
Age	: 39Y	Bill No	: 31495
Gender	: Male	Date	: 21/10/2024 16:13 PM
Nationality	: PAKISTANI	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 98882197	Ref.by	: DR.HASHIM ABDALLAH

TEST RESULT : OQ-001 OQ MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
OQ MEDICAL CHECKUP			
BLOOD GROUP & Rh TYPING	' B ' Negative		
COMPLETE BLOOD COUNT			
RBC	5.9 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	17 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	52 %	Male 42 -52 % Female 37 -47 %	
MCV	89 fl	76 - 96 fl	
MCH	31 pg	27 - 33 pg	
MCHC	34 %	32 36 %	
WBC COUNT	7600 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	46 %	40-75 %	
LYMPHOCYTE	44 %	20-45 %	
EOSINOPHIL	2 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	2	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	1.9 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	100 u/l	44-147 U/ L	
T. BILIRUBIN	1.2 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.4 mg / dl	up to 0.4 mg /dl	
IINDIRECT BILIRUBIN	0.8 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	20 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	41 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	

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Reported By:
AHMED ALHAG
Sr. Lab Technologist

Verified By:
AHMED ALHAG
Sr. Lab Technologist

Specialist Pathologist:
AHMED ALHAG
Sr. Lab Technologist

Printed at: 21/10/2024 16:16:06

Signed at: 21/10/2024 16:16:04

Test	Result	Normal Range	Detailed Description
RENAL FUNCTION TEST			
UREA	28 mg / dl	10-50 mg /dl	
S.CREATININE	1 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	4.9 mg / dl	3.4 - 7.2 mg /dl	
LIPID PROFILE			
Total Cholesterol	207 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	273 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	41 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	140 mg/dl	< 130 mg/dl	
FASTING BLOOD SUGAR	284 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.005		
pH	Acidic		
Appearance	Clear		
CHEMICAL	0		
Nitrite	Negative		
Protein	Negative		
Glucose	(+++)		
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		

Remarks:

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	Result	Nomal Range
URINE DRUG TEST :		
OPIATE (URINE)	Negative	
AMPHETAMINES(URINE)	Negative	
MORPHINE (URINE)	Negative	
COCAINE (URINE)	Negative	
PHENCYCLIDINE (URINE)	Negative	
METHAMPHETAMINE (URINE)	Negative	
TRAMADOL (URINE)	Negative	
BARBITURATES (URINE)	Negative	
BENZODIAZEPINES (URINE)	Negative	
MEDTHODONE (URINE)	Negative	
TRICYCLIC ANTIDEPRESSANTS (URINE)	Negative	
ALCOHOL TEST	Negative	

Remark

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<< Conclusions >>

Data for reference only:

HR	bpm	:	71
PR Interval	ms	:	170
P Duration	ms	:	120
QRS Duration	ms	:	85
T Duration	ms	:	220
QT/QTc	ms	:	355/385
P/QRS/T Axis	deg	:	34.2/8.6/21.5
R(V5)/S(V1)	mV	:	1.36/0.95
R(V5)+S(V1)	mV	:	2.31

Normal Sinus Rhythm.
Cardiac electric axis normal.

Report ... Physician confirm

Physician:

ID:
Operator: PEACELAND MEDICAL SERVICE
Custom1:
Custom2:
Custom3:

AUTO 10mm/mV

10mm/mV

I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
II 10mm/mV

25mm/s AC50Hz+EMG45Hz+DFT0.05Hz+LPF150Hz

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

PATIENT ID: 16089

Estimated 10-year Global CVD Risk

15.60%

Risk Category

High Risk

Estimated Vascular Age

64 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)

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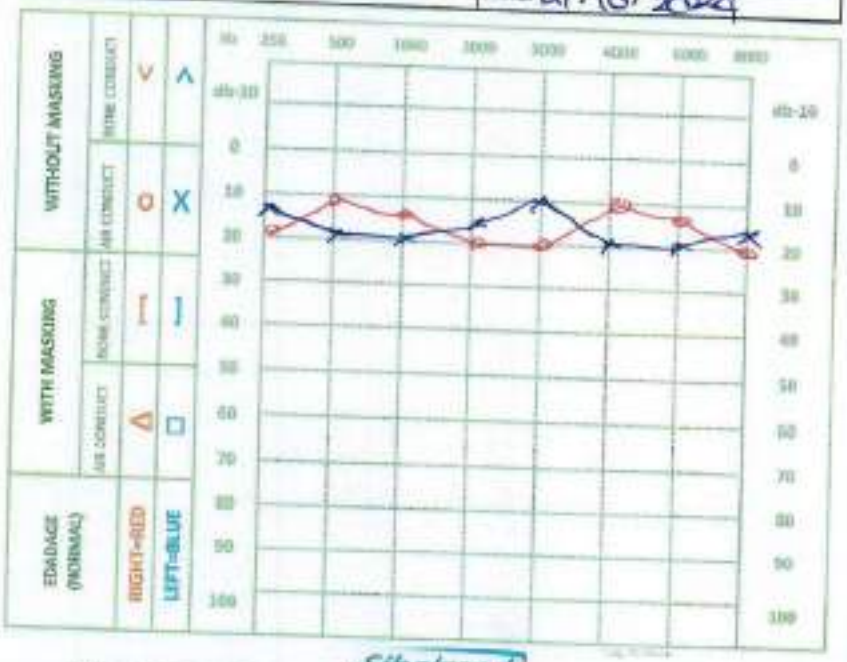
AUDIOMETRY TEST REPORT

NAME:	MUHAMMAD AMIN IRSHAD AHMED	COMPANY:	TRUCK OMAN
AGE:	40, 4	GENDER: M / F	OCCUPATION: HD DRIVER
REF. BY:			DATE: 21/10/2024



Sibelmed

INTERPRETATION
O RIGHT EAR
X LEFT EAR

RESULT
☑ NORMAL
HEARING LOSS
☐ RIGHT
☐ LEFT

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DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
16089	MUHAMMAD AMIN IRSHAD AHMAD	39Y/M	21-10-2024	

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**

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
24504000

Fitness Certificate

Empno:
Date of issue : *23/10/2024*

Ref No : *0000193/FIT/NMC/2024*

This is to certify that Mr. / Mrs. *MUHAMMAD AMIN* with file no *14460718* and Resident card no. *74477117* was *Treated* at *nmc specialty hospital, al ghoubra* on *23/10/2024* and will be *FIT FOR WORK* from the medical point of view starting from *23/10/2024*

DIAGNOSIS
E78.5-Hyperlipidemia, Unspecified,E11.65-Type 2 Diabetes Mellitus With Hyperglycemia

Remarks
NEWLY DETECTED TYPE 2 DM AND HYPERLIPIDEMIA. STARTED ON MEDICATION. TO REVIEW AT 3 MONTHS.

DR ANIL DEVARAJ

Place: *nmc specialty hospital, al ghoubra*

(Hospital Seal)

Signature

nmc specialty hospital, al ghoubra

P.O BOX : 613, Postal Code : 133AL-GHOUBRA
Phone : 24504000
Fax 24501101
Email : nmc.ghoubra@nmcoman.com

Prescription

File No : **14460718**

Date : **23-10-2024**

Name: **MUHAMMAD AMIN** Age: **39 Y**

Gender: **Male**

Address :

Omani ID/L.Card No : **74477117**

Company : Customer : **TRUCKOMAN OIL & GAS SERVICES SAOC (Credit)**

Policy No : Certificate No :

Nationality : **PAKISTANI** Phone : **98862197**

℞

Sl No	Name	Duration	RO Admin	Quantity	Remarks
1	VIPDOMET TAB 12.5/1000(Alogliptin/ Metformin) 56's	90 Days		1	Take 1 each 2 times in a day for 90 da ys(1-0-1)
2	(ATORVASTATIN (calcium) 10 mg tab let)LORVAST 10MG TABLET(ATORV ASTATIN)	90 Days	Oral	90	Take 1 tablet 1 times in a day for 90 d ays(0-0-1)

23/10/2024 19:53:10

Name of Dr & Signature

DR ANIL DEVARAJ
GENERAL MEDICINE