MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

T.O

OQ

CANDIDATE / EMPLOYEE IDENTIFICATION

IMRAN AZIZ
0043219 # 47 Y(M) M&A. Bi 00513
78645 22/06/23

Civil ID / Passport #	Company ID #		Position
95775896			H-D-D
Nationality	**Age**	**Sex**	**Location**
pakistan	11/3/1976		

Examination | Pre-employment | Periodic | Exit

VITAL SIGNS & BODY MEASURES

Blood Pressure Category 120/80 | Normal | Prehypertension | Hypertension Stage 1 | Hypertension Stage 2 | Hypertension Crisis
BMI Category 26 | 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 Assessment | 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 AB−
Pre-existing condition
Remarks

Glucose Level Category 97 | Normal 80 – 100 mg/dl | Pre diabetic 100 – 125 mg/dl | Diabetic > 126 mg/dl
Cholesterol Risk Category 112 | Low Risk LDL is less 130 mg/dl | Moderate Risk LDL 130-159 mg/dl | High Risk LDL >160 mg/dl
Routine Urine Analysis | Normal | Abnormal | Not Required Stool Analysis | Normal | Abnormal | Not Required

QUESTIONNAIRES

	Medical & Surgical History Questionnaire	Remarks
	Respiratory Protection Questionnaire	Remarks
	Hearing Conservation Questionnaire	Remarks
	Screening Questionnaire	Remarks

Fagerstrom Test - Smoking | Non smoker | Low dependence | Low to Mod dependence | Moderate dependence | High dependence
CAGE Questionnaire Alcohol use | No use of alcohol | Screening negative | Clinically significant
SRQ 20 Self Reporting 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 ARBAB KHAN General Practitioner MOH Lic. No. 4404	22/6/23

PEACE LAND MEDICAL CENTER
بلاد السلام الطبي
رقم الترخيص 2175

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

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

MRAN AZIZ
784 [illegible] M [illegible] BR 00513
78545 [illegible] 22/06/23 11:0

EXAMINATION TYPE

[/] Pre-employment Examination (PME)	[ ] 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 at noisy area	[ ]	Mobile machinery operation
[ ]	Working in extreme heat	[ ]	Heavy lifting operation
[ ]	Handling chemical products	[ ]	Driving vehicle
[ ]	Use of respirator	[ ]	Emergency response duty

Other activity

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
22/6/23	UAM - Diet, eyesight advised.

Medical Review Date	Employee Signature

Doctor Name	Medical Licensing Authority	Medical Doctor Signature

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

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		IMRAN AZ2 # 0041218 # 47 Y/M 00513	H-D-D
Nationality	**Age**	**Sex**	**Location**
		78548 22/06/23 11:15	

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. painful joints, joint pain or swelling		Yes		No
Coronary bypass surgery (CABG) and angioplasty		Yes		No	Problems with limb, muscle or spine mobility		Yes		No
Heart arrhythmias (heart beats too fast, too slow or irregularly)		Yes		No	Extremities (foot or hands) deformities or problems		Yes		No
High blood pressure (hypertension)		Yes		No	Paresthesia (wet problem, aching, 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
Any headache or other vascular disease		Yes		No	Diabetes mellitus or Hyperglycemia		Yes		No
Anemias, especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia		Yes		No	Abnormal weight loss or gain > 5kg over the past year		Yes		No
Hematologic disorders or bleeding disorders		Yes		No	Worried about being overweight or obese		Yes		No
Leukaemia, polycythaemia and disorders of the reticulo-endothelial system		Yes		No	Skin disorders e.g. eczema, sores, 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	Abnormal tissue growths or lesions causing pain or recurrent bleeding		Yes		No
Paralysis, dizziness, fainting, memory loss, unconsciousness, cardiovascular		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 failure		Yes		No
Chronic anxiety states, panic disorder, depression		Yes		No	Ear, nose or throat problems e.g. sinus, hearing loss, sinusitis, tonsillitis		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, myopia, injury		Yes		No
Lung disease e.g. bronchitis, asthma, dyspnea, TB		Yes		No	Tropical or infectious diseases (e.g. malaria, COVID-19)		Yes		No
Allergy, persistent rashes, or any prescribed or agricultural		Yes		No	Treated for depression, stress		Yes		No
Immune suppression due to cancer or human immunodeficiency virus		Yes		No	Treated for addiction 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 22/6/23

Candidate/Employee Signature

عمران عزيز

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

IMRAN AZIZ

Civil ID / Passport #	Company ID #		Position
			H.S.E

Nationality	Age	Sex	Location

00513 78545 22/06/23 11:15

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 it is forbidden, such as work places, cinemas, shopping etc.? [ ] Yes [ ] No

Which one most difficult cigarette to quit or not to smoke [ ] Anyone [ ] The first in the morning

How many cigarettes do you smoked 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 feel that you should decrease the amount of drinks or cut down (stop) drinking? [ ] Yes [ ] No

Do people act or do 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 did 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 take 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 sleeping?	[ ] Yes	[ ] No	11. Is your digestion not good?	[ ] Yes	[ ] No
2. Do you find it hard to do your daily work?	[ ] Yes	[ ] No	12. Do you have unpleasant sensations in your stomach	[ ] Yes	[ ] No
3. Do you find difficulty thinking clearly?	[ ] Yes	[ ] No	13. Do you get scared easily?	[ ] Yes	[ ] No
4. Is your daily work suffering?	[ ] Yes	[ ] No	14. Do you feel nervous, tense or worried?	[ ] Yes	[ ] No
5. Do you feel incapable of this kind?	[ ] Yes	[ ] No	15. Is your hand shaky?	[ ] 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. Have the right of losing your interest on your life?	[ ] Yes	[ ] No
8. Do you feel lack of appetite?	[ ] Yes	[ ] No	18. Do you find difficult to perform your work?	[ ] Yes	[ ] No
9. Do you sleep badly?	[ ] Yes	[ ] No	19. Have you lost interest in things?	[ ] Yes	[ ] No
10. Is your hands trembling?	[ ] Yes	[ ] No	20. Do you feel you're worthless?	[ ] Yes	[ ] No

Date 22/6/23

Candidate/Employee Signature

عمران عزيز

RESPIRATORY PROTECTION QUESTIONNAIRE

OQ

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		MRAN AZIZ P 0042219 47 Y(M) 0513 78546 27/06/23 11:15	H.D.D

Nationality	Age	Sex	Location

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? [ ] YES [ ] NO   What type: [ ] Disposable mask [ ] Cartridge 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	c. Trouble smelling odors	[ ] YES	[ ] NO	e. Claustrophobia (fear of closed-in places)
[ ] YES	[ ] NO	b. Diabetes (sugar disease)	[ ] YES	[ ] NO	d. Allergic reactions that interfere with your breathing			

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

[ ] 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? No

[ ] 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? No

[ ] 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 problem 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	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? No

[ ] 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? No

[ ] 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 interferes with your use of a respirator
[ ] YES	[ ] NO	c. Anxiety			

Date: 22/6/23

Candidate/Employee Signature: [signature]

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #			Position
				H.O.D

Nationality	Age	Sex		Location

IMRAN AZIZ
0043218 #47 YM 00513
78545 22/06/23 11:16

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	[ ] Blast cleaning	[ ] Welding	[ ] Forging
[ ] Power tools	[ ] Mowing	[ ] Concrete / Sand	[ ] 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 Pain/Loss	[ ] Ear Infections	[ ] Ear Surgery	[ ] Head Injury	[ ] Chemotherapy
[ ] Ringing in the ears	[ ] Ear Pain	[ ] Severe Vertigo	[ ] Unexplained Ear Bruising	[ ] 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 or tympanic membrane	

6 - Check ALL that you are currently suffering from:

[ ] Sinusitis [ ] Cold/Flu [ ] Ear Infection [ ] Allergies/Hayfever

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 is your hearing aids? [ ] Siemens Audiologist [ ] Hearing Aid Center [ ] Don't Know
When did you receive your hearing aids?

8 - Have you ever served in the military? [ ] YES [ ] NO
If yes, check below: [ ] Army [ ] Navy [ ] Air Force [ ] Marines [ ] National Guard Yrs: ____ / ____
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 [ ] S.S [ ] Motorcycle [ ] Walking

Date 22/6/23

Candidate/Employee Signature
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PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	IMRAN AZIZ # 0043218 # 47 Y(M) 30513 — 22-06-23	Position: H-O-D
Nationality	Age	Sex	Location

VITAL SIGNS

Height: 169 cm — Weight: 76 kg — BMI: 26 — Blood Pressure: 120/80 mmHg

Pulse: 78 /min — Medical Practitioner Name: Dr. MOHAMMED AKBAR KHAN, General Practitioner, MOH Lic. No. 4404 — Signature

VISUAL SYSTEM

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

Colour Vision Test Method: ☑ Normal ☐ Abnormal — Visual Field Test: ☑ Normal ☐ Abnormal — Stereoscopic Vision Test: ☐ Normal ☐ Abnormal

Date of Examination: 22/6/23 — Medical Practitioner Name: Dr. MOHAMMED AKBAR KHAN, General Practitioner, MOH Lic. No. 4404 — Signature

RESPIRATORY SYSTEM

[1] Spirometry Test

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

Diagnosis: ☐ Asthma ☐ COPD ☐ Other

Acceptability Criteria: ☑ Free from artifacts ☑ Satisfactory exhalation ☑ Good start ☐ NOT satisfactory

Repeatability Criteria (select all that is applicable): ☑ 3 acceptable curves FEV1 values and FVC values within 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: 22/6/23 — Medical Practitioner Name: Dr. MOHAMMED AKBAR KHAN, General Practitioner, MOH Lic. No. 4404 — Signature

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

[3] Chest Percussion: ☑ Normal ☐ Abnormal ☐ Not Examined — 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: 22/6/23 — Physician's Name: Dr. MOHAMMED AKBAR KHAN, General Practitioner, MOH Lic. No. 4404 — Signature

ENT SYSTEM

[1] Otoscopy

- Ear Canal Collapse: Right ☐ Yes ☑ No ☐ Not Exam; Left ☐ Yes ☑ No ☐ Not Exam
- Eardrum Position: Right ☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam; Left ☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam
- Discharge: Right ☐ Yes ☑ No ☐ Not Exam; Left ☐ Yes ☑ No ☐ Unknown
- Perforation: Right ☐ Yes ☑ No ☐ Not Exam; Left ☐ Yes ☑ No ☐ Not Exam
- Eardrum Vascularity: Right ☑ Normal ☐ Considerable ☐ Mild ☐ Not Exam; Left ☑ Normal ☐ Considerable ☐ Mild ☐ Not Exam
- Cerumen: Right ☑ None ☐ Some ☐ A lot ☐ Impacted ☐ Not Exam; Left ☑ None ☐ Some ☐ A lot ☐ Impacted ☐ Not Exam

[2] Hearing Test

- Weber Test: ☐ Normal ☐ Abnormal ☐ Not Exam
- Rinne Test: ☑ Normal ☐ Abnormal ☐ Not Exam
- Weber Test: ☑ Normal ☐ Abnormal ☐ Not Exam
- Audiometry Done: ☑ Yes ☐ No
- Hearing Conservation Advised: ☑ Yes ☐ No

Audiologist's Name / Signature: Dr. MOHAMMED AKBAR KHAN, General Practitioner, MOH Lic. No. 4404

PEACE LAND MEDICAL CENTER — 2775

PHYSICAL ASSESSMENT FORM

ENT SYSTEM

[2] Nose Assessment		[3] Throat Assessment	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below

CARDIOVASCULAR SYSTEM

[1] Heart Sounds		[2] Heart Murmurs	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	☐ Present ☑ Absent ☐ Not Examined	If present, describe below
[3] Peripheral Pulses		**[4] Peripheral Veins**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below.

NEUROLOGICAL SYSTEM

[1] Mental Status		[2] Cranial Nerves	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below
[3] Motor System		**[4] Reflexes**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below
[5] Sensory System		**[6] Coordination, Station, Gait**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below

MUSCULOSKELETAL SYSTEM

[1] Hand and Wrist		[2] Elbow and Shoulder	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below
[3] Hip		**[4] Knees**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below
[5] Foot and Ankle		**[6] Spine and Back**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below

OTHER

[1] Skin, Extremities		[2] Head & Neck	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below
[3] Mouth and Teeth		**[4] Hernial Orifices**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below
[5] Abdominal Organs		**[6] Lymph Nodes**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below

Date of Examination: 22/6/23 Physician Name: Signature:

PEACE LAND MEDICAL CENTRE

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

IMRAN AZIZ
78548 22/06/23 11:15

COMPANY NAME:

RESIDENT/CIVIL ID:

DATE:

ECG REPORT

ECG COMMENTS:

- **NORMAL SINUS RHYTHM**
- **NORMAL QRS COMPLEX**
- **NO SIGNIFICANT ST/T CHANGES**

OTHER FINDINGS (IF ANY)

Dr. MUBASHER MBBS MRCP
General Practitioner
MOH Lic. No. 44...

CLINIC SEAL
PEACE LAND MEDICAL CENTER

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

LAB RESULT

Name:	IMRAN AZIZ	**Doc No:**	0034487
Age:	47 Y **Nationality:** PAKISTANI	**File No:**	0043219
Gender:	M	**Bill No:**	0051341
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	22/06/2023
GSM No.:	94189020	**Time:**	14:54

Test	Result	Normal Range
OQ Medical Checkup Package		
COMPLITE BLOOD COUNT		
RBC	5.4 x10^12/L	Male 4.36 -6.0 x 10^12/L Female 4.0- 5 2x10^12/L
HAEMOGLOBIN	15.2 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	44.6 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	28.4 pg	27 - 33 pg
MCHC	33.0 g/dl	29.6 - 35 6 %
WBC COUNT	8.8 x 10^9/L	4 0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	66 %	40-75 %
LYMPHOCYTE	26 %	20-45 %
EOSINOPHIL	03 %	1-6 %
MONOCYTE	05 %	2-8%
BASOPHIL	00 %	0-1%
ESR	11	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	150 x 10^9/L	150 - 450 x 10^9/L
FASTING BLOOD SUGAR	97.8 mg/dl	74 - 100 mg/dl
Sickle cells (Screen)		
SICKLE CELL TEST	NEGATIVE	
Lipid profile(CH.TG,HDL,LDL)		
LIPID PROFILE		
Total Cholesterol	206 mg/dl	0.0 - 200 mg/dl

Medical Technologist

PEACE LAND MEDICAL CENTER

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

LAB RESULT

Name:	IMRAN AZIZ	**Doc No:**	0034487
Age:	47 Y **Nationality:** PAKISTANI	**File No:**	0043219
Gender:	M	**Bill No:**	0051341
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	22/06/2023
GSM No.:	94189020	**Time:**	14 54

Test	Result	Normal Range
Triglyceride	**180.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**58.0 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**112.0 mg/dl**	< 100 mg/dl
VLDL	**36.0 mg/dl**	2.0 - 30 mg/dl
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	80 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.43 mg/dl**	0 - 2.0 mg/dl
S.G O.T.	**17.8 U/L**	0 - 35.0 U/L
S.G.P T.	**32.9 U/L**	10 - 45 U/L
ALBUMIN	**4.2 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.9 g/dl**	6 - 8 g/dl
S BILIRUBIN DIRECT	**0.16 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**21.0 mg/dl**	16.0 - 55.0 mg/dl
S.CREATININE	**0.71 mg/dl**	0.70 - 1.30 mg/dl
S.URIC ACID	**5.5 mg/dl**	3.5 - 7.2 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.015	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	

Medical Technologist

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LAB RESULT

Name:	IMRAN AZIZ	**Doc No:**	0034487
Age:	47 Y **Nationality:** PAKISTANI	**File No:**	0043219
Gender:	M	**Bill No:**	0051341
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	22/08/2023
GSM No.:	94189020	**Time:**	14:54

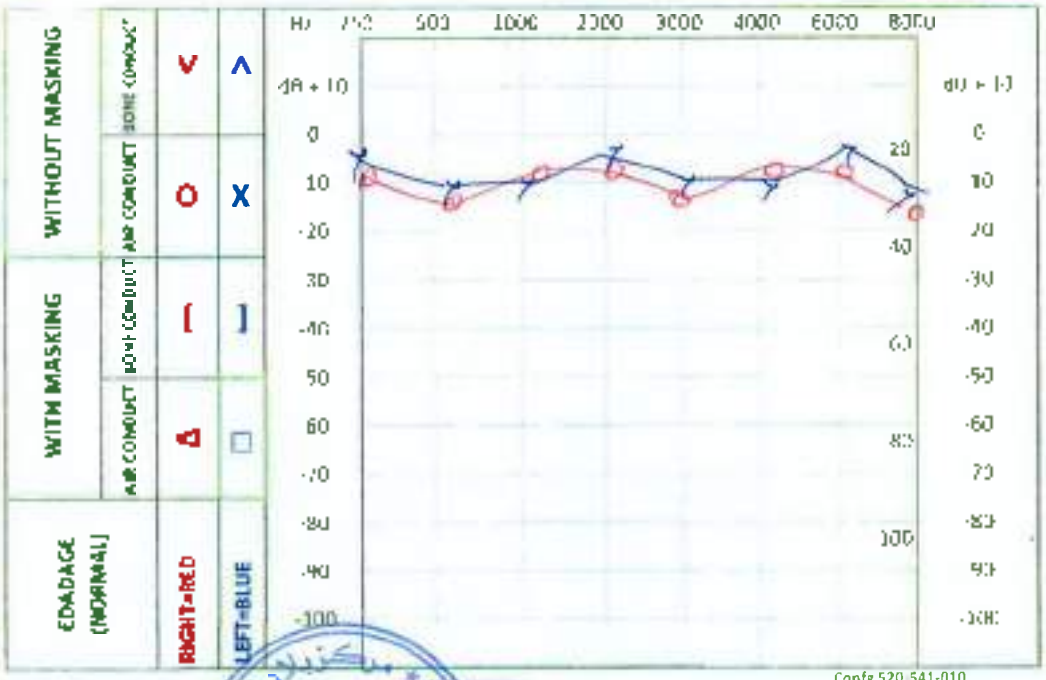
Test	Result	Normal Range
Ketones	Negative	
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	1-2	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
BLOOD GROUP & Rh TYPING	' AB ' Negative	
BLOOD GROUPING AND RH TYPING		
DRUG TESTING		
AMPHETAMINES(AMP)	NEGATIVE	
MORPHINE(MOP)	NEGATIVE	
COCAINE(COC)	NEGATIVE	
PHENCYCLIDINE(PCP)	NEGATIVE	
METHAMPHETAMINE(MET)	NEGATIVE	
TRAMADOL(TRA)	NEGATIVE	
BARBITURATES(BAR)	NEGATIVE	
BENZODIAZEPINES(BZO)	NEGATIVE	
MEDTHODONE(MED)	NEGATIVE	
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE	
MARIJUANA(THC)	NEGATIVE	

Medical Technologist

IMRAN AZIZ
00513
22/06/23 11:15

OMETRY TEST REPORT

COMPANY	T.O
OCCUPATION	HCM
DATE	22 / 6 / 23



Confg 520 541-010

Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

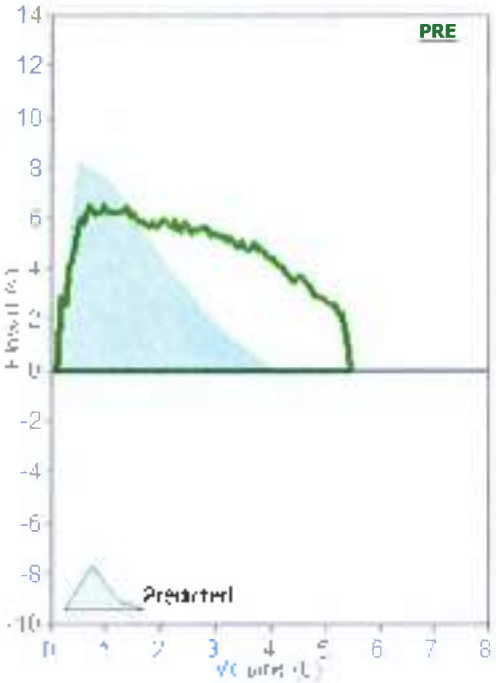
RESULT
NORMAL
HEARING LOSS
RIGHT
LEFT

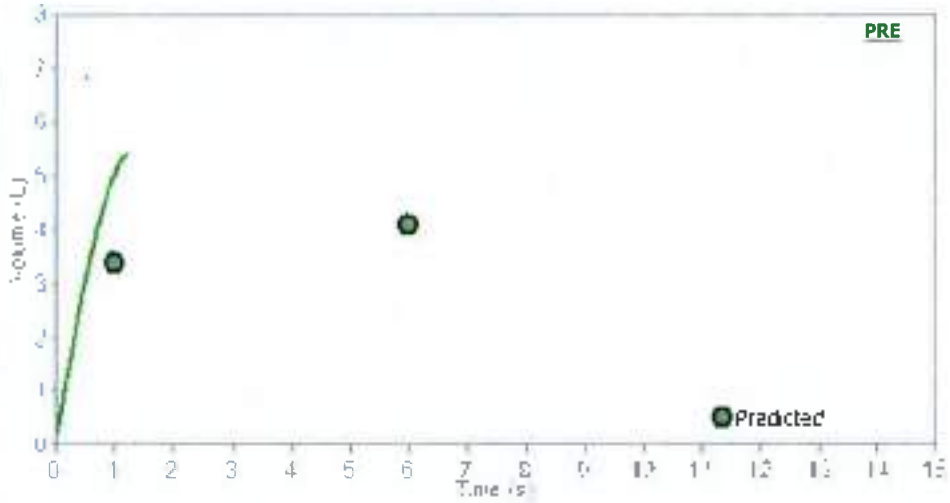
Pulmonary Function Test Results

Visit date 22/06/2023

Patient code	95775896	Age	47
Surname	AZIZ	Gender	Male
Name	IMRAN	Height, cm	169
Date of birth	11/03/1976	Weight, kg	76
Ethnic group	Not defined	BMI	26.61
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 22/06/2023 12:41:22

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.03	4.08	5.43*	133	2.11	5.43			*		
FEV1	L	2.49	3.35	5.05*	151	3.24	5.05			*		
FEV1/FVC	%	72.4	82.6	93.0*	113	1.68	93.0			*		
PEF	L/s	4.83	8.75	6.71*	81	-0.74	6.71			*		
EXA	Years		47	47	100		47					
FEF2575	L/s	1.78	3.56	5.38	151	1.68	5.38					
FET	s		6.00	1.20	20		1.20					
FIVC	L	3.03	4.08									
FEV1/VC	%	72.4	82.6									

* Best values from all loops - BTPS 1.106 22 °C (71.6 °F) - Predicted Knudson

Conclusion / Medical report

Signature

Instrument used
Minicur S S/N C11507
Last calibration check 01/11/2021 09.35.10

MIR

مركز فرح للخدمات الطبية

FARAH MEDICAL SERVICE CENTER

مقدم بخدمات مجموعة سلطان مديكا

Member of Sultan Medical Group

X-RAY REPORT

Doc No.	PAT009940
Date.	22-06-23
Name:	IMRAN AZIZ
Sex:	MALE
Referred By:	DR. SHIMA
Age/DOB	11-Mar-1976
X-Ray:	CHEST PA

REPORT

Normal heart size

Normal lung fields

Normal pleural spaces

Impression:

NORMAL STUDY

Signature

Seal

مركز فرح للخدمات الطبية

FARAH MEDICAL SERVICE CENTER

عضو مجموعة سلطان الطبية

Member of Sultan Medical Group

X-RAY REPORT

Doc No	PAT009940
Date:	22-06-23
Name:	IMRAN AZIZ
Sex:	MALE
Referred By:	DR. SHIMA
Age/DOB	11-Mar-1976
X-Ray:	LUMBOSACRAL SPINE AP/L

REPORT

Normal vertebral body height.

Maintained intervertebral disc spaces.

No fractures.

Gaseous bowel loops.

Signature:

Seal

IMRAN AZIZ

00513

Heart Rate: 62bpm
PR Int.: 158 ms
QRS Dur.: 98 ms
QT/QTc: 406/413 ms
P-R-T axes: 52 19 26

** Analysis Result ** (To be finally confirmed by cardiologist)
Normal Sinus Rhythm
Normal Axis
ICRBBB(Incomplete Right Bundle Branch Block)
LVH(Left Ventricular Hypertrophy)
[Moderately Abnormal ECG]

Prescribed by: