T.O.

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

IDENTIFICATION

AVRIK SINGH
0048927 # 30 Y(M) BR 00572
82767 <Blank> 19/11/23 08:30

Civil ID / Passport #	Company ID #	Position
[illegible]		H-DD

Nationality	Age	Sex	Location
Jordan	5/9/73	M	

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: [ ] Normal [✓] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crisee

BMI Category: [ ] 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: early osteophyte formation L5

Remarks:

LABORATORY INVESTIGATIONS

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

Pre-existing condition: HCV, HIV

Remarks: LFT ↑

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

Cholesterol Risk Category: [ ] 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 Pain — 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 Mid dependence [ ] Moderate dependence [ ] High dependence

CAGE Questionnaire Alcohol Use: [ ] No use of alcohol [ ] Screening negative [ ] Clinically significant

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

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

Clinic Doctor Name	License #	Hospital Physician	Doctor Signature & Clinic Stamp	Issue Date
				5/11/23

Dr. Shine Satyesh Sasidharan Jalaja
Cardiologist Specialist
MOH Lic. No. 21962

PEARL LAND MEDICAL CENTER
C.R: 1116019

Form Review - 03-30/5/2021

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION				
Civil ID / Passport #	Company ID #			Position
		AMRIK SINGH #[illegible] # 50 YRS [illegible] 00572 02787 <Blank> 19/11/23 08:30		HDD
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	Internist consultation – (Dr. NISANTH KALLINKEL) 29/11/23 → 1. [illegible] DM, DLP, fatty liver 2. USG → hepatic hemangi[illegible] CECT 3. fit for work 4. regular F/u by an internist 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:

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
19/11/2023	

Medical Review Date	Employee Signature
3/12/23	Amrik Singh

Doctor Name	Medical License	Hospital	Medical Doctor Signature
Dr. [illegible] Cardiologist [illegible] MOH Lic. No. 21962		PEACE LAND MEDICAL CENTER C.R: 1116619	[signature]

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		AMRIK SINGH 00672 19/11/23 09:30	H. DD
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 [ ] 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? Tab. Glycomet 2mg, T-metformin 500mg

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

Date: 19/11/23

Candidate/Employee Signature
Amrik Singh

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

AMRIK SINGH
004... # 50 Y/M ... 00572
82767 ... 18/11/23 08:30

Civil ID / Passport #	Company ID #		Position
			4DD
Nationality	**Age**	**Sex**	**Location**

VITAL SIGNS

Height: 167 cm | Weight: 74 Kg | BMI: 26 | Blood Pressure: 130/80 mmHg

Pulse: 70 /min

Medical Practitioner Name: Dr. Shima Seyedabdollah Jafar, Cardiologist Specialist, MOH Lic. No. 21962 | 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: 3,12,23 | Medical Practitioner Name: Dr. Shima Seyedabdollah Jafar, Cardiologist Specialist, MOH Lic. No. 21962 | 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):
- ☑ >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 ☐ Ability to obtain only one good effort ☐ Poor Effort ☐ Cooperation

Date of Examination: 3,12,23 | Medical Practitioner Name: Dr. Shima Seyedabdollah Jafar, Cardiologist Specialist, MOH Lic. No. 21962 | 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: 3,12,23 | Physician Name: Dr. Shima Seyedabdollah Jafar, Cardiologist Specialist, MOH Lic. No. 21962 | 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

	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

Audiologist Name:
Signature:

[2] Hearing Test

- Whisper Test: ☑ Normal ☐ Abnormal ☐ Not Exam
- Rinne Test: ☑ Normal ☐ Abnormal ☐ Not Exam
- Weber Test: ☑ Normal ☐ Abnormal ☐ Not Exam

Adiometry Done: ☑ Yes ☐ No

Hearing Questionnaire verified: ☑ Yes ☐ No

Dr. Shima Seyedabdollah Jafar, Cardiologist Specialist, MOH Lic. No. 21962

مركز بلاد السلام الطبي — PEACE LAND MEDICAL CENTER — C.R: 1116819

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] Genital 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 5/12/23 Physician Name

Signature

OH - Occupational Health Department

Dr. Shima Seyedazadeh Jafar
Cardiologist Specialist
MOH Lic. No. 21962

PEACE LAND MEDICAL CENTER
C.R: 1118819

PATIENT DETAILS

COMPANY NAME:

AMRIK SINGH
00572
82787
19/11/23 08:30

DATE:

ECG REPORT

ECG COMMENTS:

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

OTHER FINDINGS (IF ANY)

Dr. Shima Sujeebabdolahzadar
Cardiologist Specialist
MOH Lic. No. 21762

CLINIC SEAL

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:	AMRIK SINGH		
Age:	50 Y **Nationality:** INDIAN	**Doc No:**	0040137
Gender:	M	**File No:**	0046927
Ref. By:	DR.SHIMA	**Bill No:**	0057294
GSM No.:	71292440	**Date:**	19/11/2023
		Time:	15:09

Test	Result	Normal Range
OQ Medical Checkup Package		
COMPLITE BLOOD COUNT		
RBC	5.1 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	15.9 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	44.2 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	86 fl	84-94 fl
MCH	29.2 pg	27 - 33 pg
MCHC	33.9 g/dl	29.6 - 35.6 %
WBC COUNT	7.1 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	62 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	03 %	1-6 %
MONOCYTE	05 %	2-8%
BASOPHIL	00 %	0-1%
ESR	07	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	186 x 10^9/L	150 - 450 x 10^9/L
Sickle cells (Screen)		
SICKLE CELL TEST	NEGATIVE	
Lipid profile(CH,TG,HDL,LDL)		
LIPID PROFILE		
Total Cholesterol	124 mg/dl	0.0 - 200 mg/dl
Triglyceride	618.4 mg/dl	0.0 - 150 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:	AMRIK SINGH	**Doc No:**	0040137
Age:	50 Y **Nationality:** INDIAN	**File No:**	0046927
Gender:	M	**Bill No:**	0057294
Ref. By:	DR.SHIMA	**Date:**	19/11/2023
GSM No.:	71292440	**Time:**	15:09

Test	Result	Normal Range
HDL - CHOL	20.0 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	- mg/dl	< 100 mg/dl
VLDL	123.6 mg/dl	2.0 - 30 mg/dl
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	206 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.60 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	147.5 U/L	0 - 35.0 U/L
S.G.P.T.	173.0 U/L	10 - 45 U/L
ALBUMIN	3.3 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	7.1 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.19 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	18.0 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.84 mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	3.5 mg/dl	3.5 - 7.2 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	5 ml	
Colour	Yellow	
Sp. Gravity	1.025	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Albumin	Negative	
Glucose	(++++)	

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:	AMRIK SINGH	**Doc No:**	0040137
Age:	50 Y **Nationality:** INDIAN	**File No:**	0046927
Gender:	M	**Bill No:**	0057294
Ref. By:	DR.SHIMA	**Date:**	19/11/2023
GSM No.:	71292440	**Time:**	15:09

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	'O' Positive	
BLOOD GROUPING AND RH TYPING		
RANDOM BLOOD SUGAR	347.1 mg/dl	80 - 120 mg/dl
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

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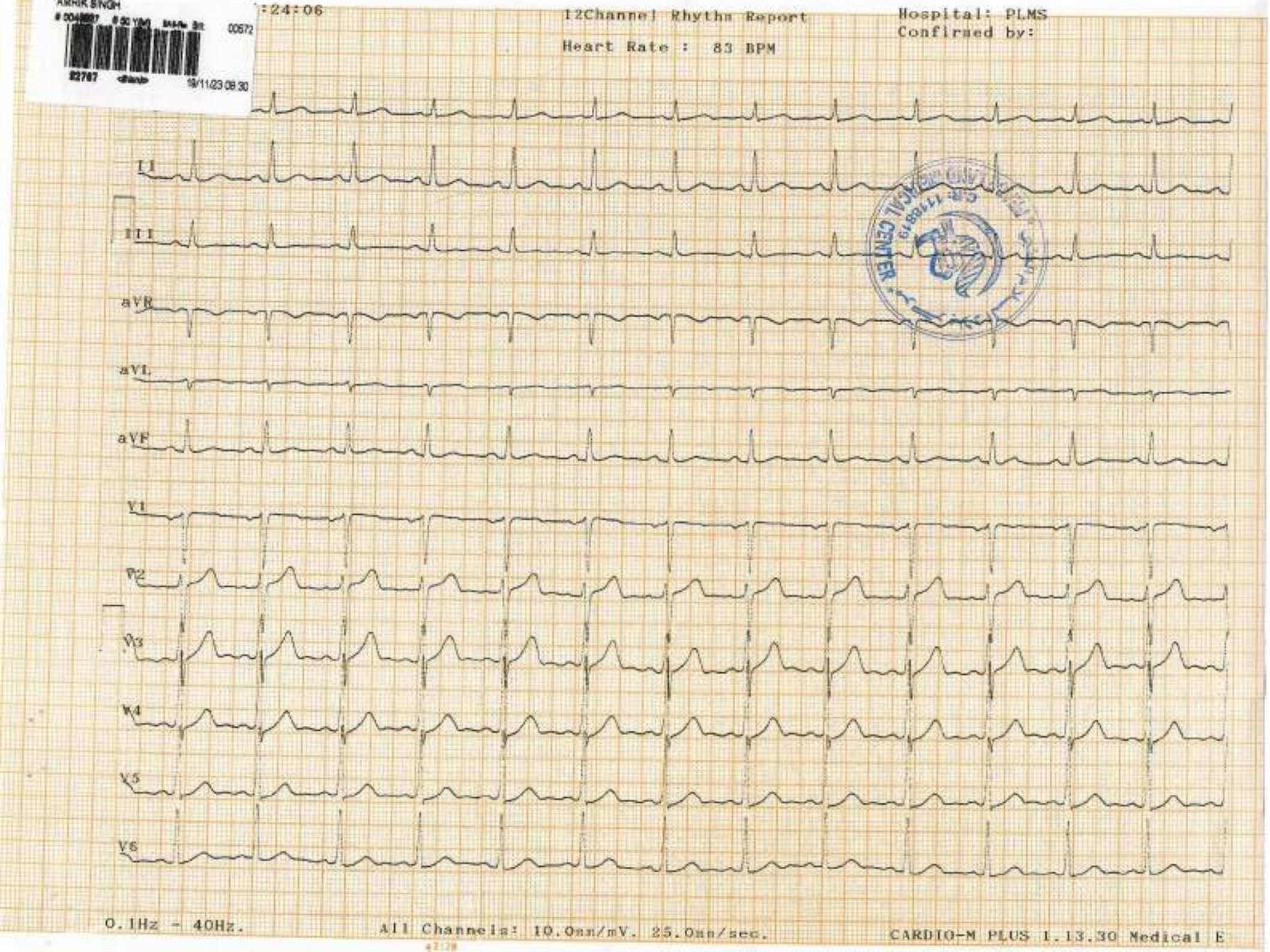
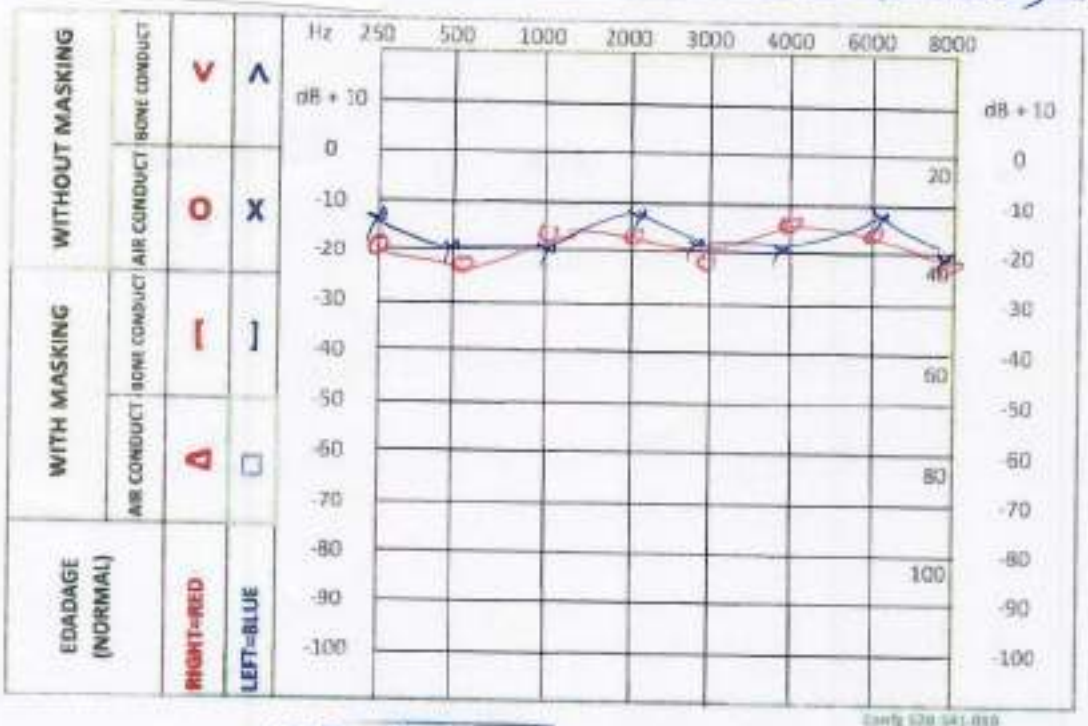
Medical Technologist


:24:06
12Channel Rhythm Report
Heart Rate : 83 BPM
Hospital: PLMS
Confirmed by:
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
0.1Hz - 40Hz.
All Channels: 10.0mm/mV. 25.0mm/sec.
CARDIO-M PLUS 1.13.30 Medical E

AMRIK SINGH
82767 18/11/23 09:30 00572

DIOMETRY TEST REPORT

COMPANY	T.O
OCCUPATION	H.O.D
DATE	18/11/23



Sibelmed

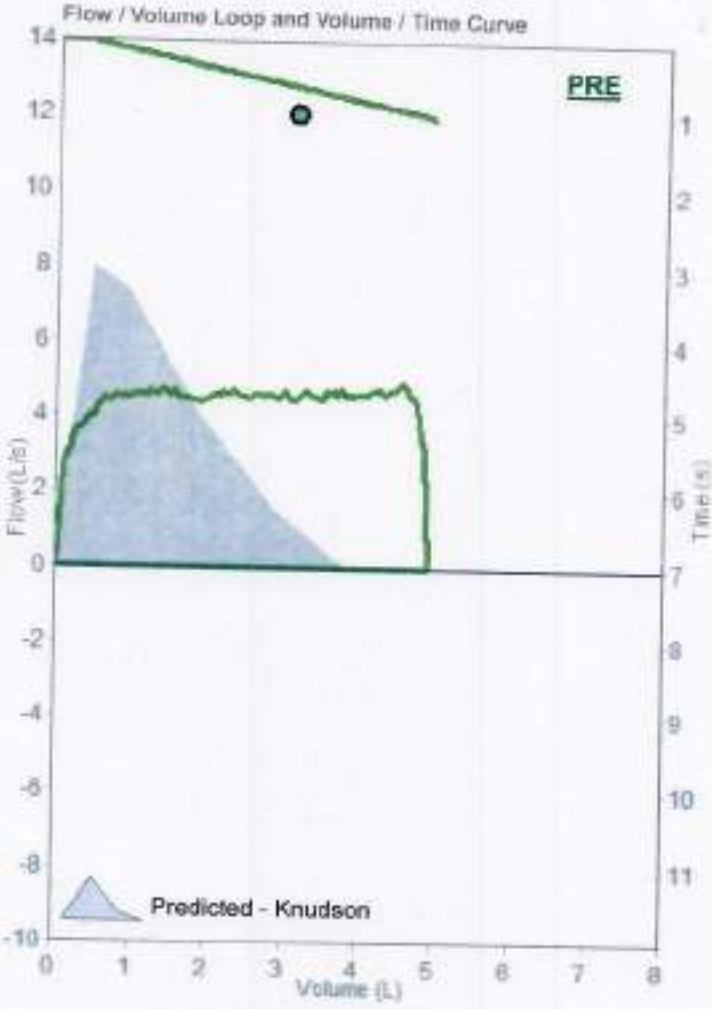
INTERPRETATION
X LEFT EAR
O RIGHT EAR

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

Pulmonary Function Test Results

Visit date 19/11/2023

Patient code	79733448		
Surname	SINGH	Age	50
Name	AMRIK	Gender	Male
Date of birth	05/09/1973	Height, cm	167
Ethnic group	Not defined	Weight, kg	74
		BMI	26.53



Interpretation

Normal Spirometry

Best values from all loops

Parameters		Pred	PRE	%Pred	POST	%Chg
FVC	L	3.82	4.91	128		
FEV1	L	3.13	4.89	156		
FEV1%	%	82.5	99.60	121		
PEF	L/s	7.96	5.00	63		

PRE Trial date 19/11/2023 12:21:13

Parameters		Pred	PRE # 1	%Pred	PRE # 2	PRE # 3	POST#1	%Pred	%Chg
FEV6	L	3.82	**4.91**	128					
FVC	L	3.82	**4.91**	128					
FEV1	L	3.13	**4.89**	156					
FEV1%	%	82.5	**99.6**	121					
PEF	L/s	7.96	**5.00**	63					
FEF2575	L/s	3.34	**4.62**	138					
FIVC	L	3.82							
ELA	Years	50							

BTPS 1.092 25 °C 77 °F

Conclusion / Medical report

Quality Control F

===

Repeat test and start faster .
Breathe out for a longer time.

Instrument used
Minispir LT POST S/N K05070

Signature

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
46927	AMRIK SINGH	050Y/M	19-11-2023	

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**

DIGITAL X-RAY LUMBO-SACRAL SPINE AP / LAT VIEWS

Tiny spur is seen in the anterior margin of L5 vertebra.

Lumbar lordotic curvature and alignment maintained.

Inter-vertebral disc spaces are not narrowed.

Sacro-iliac joints appear intact.

Pre- and para-vertebral soft tissues are unremarkable.

IMPRESSION: **Early osteophyte formation, L5 vertebral body**

DR. ROMEL M.HUERTO
MD, DPBR
RADIOLOGIST
MOH LICENSE # 8568

Dr. Romel Masangkay Huerto
MD, DPBR
Radiologist
MOH License # 8568

nmc specialty hospital,al hail

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

Medical Report

Ref.No: 0000175/MED/NMC/2023

NAME: AMRIK SINGH 1863			
AGE : 50 Y	DOB : 09/05/1973	GENDER : M	NATIONALITY : INDIAN
FILE NO : 50111464	ResidentCardNo : 79735448	Emp No :	

To Whom it may Concern

This is to inform that Mr AMRIK SINGH was found to have elevated blood sugar, cholesterol and liver enzymes during his work related health check up. He had history of DM and is on treatment. He had no previous history of liver disease, he is apparently asymptomatic and his clinical examination is with in normal limits. His USG showed some hepatic lesions and CECT was done for further clarification which showed hemangioma only. Now his diabetic medication dose is modified and medications started for hypertriglyceridemia and fatty liver. Suggested diet and lifestyle modification. Need to be under regular follow up for optimization of treatment. NO ABSOLUTE CONTRAINDICATION FOR CONTINUING HIS WORK.

ON EXAMINATION:

INVESTIGATION:

DIAGNOSIS:
Fatty liver, Hemangioma Liver, Hypertriglyceridemia, Type 2 diabetes mellitus

TREATMENT GIVEN:

FURTHER PLAN:

29/1/2023

DR. NISANTH KALLINKEEL
Specialist - Internal Medicine
MOH Lic. No: 16847
nmc specialty hospital, Al Hail

DR NISANTH KALLINKEEL
GENERAL MEDICINE
(Name with seal)

Place : nmc specialty hospital,al-hail

C.R. No: 1660152
Subsidiary of Dawa
RECEPTION
nmc specialty hospital, Al Hail

STS Summary Report

PEACELAND MEDICAL CENTER

Name: **AMRIK SINGH**
Details: 50years(Male), 74Kg,167cm

ID: 02191123
Doctor: **Dr. SHIMA**

Tested On: 19/11/2023,10:16 AM

Test Summary Report

Target HR = 170
Protocol = BRUCE

HR achieved = 179 (105%)
Total time = 15:07

Peak Ex = Exercise 4
Excercise time = 10:01

Max ST deviation = 4.35(Lead V2)
Recovery time = 04:02

Object of test	: OCCUPATIONAL HEALTH EXAMINATION;	*Ex tolerance*	:
Risk factor	: DM	*Ex Arrhythmia*	: NONE
Activity	:	*Hemo Response*	: NL
Other investigation	:	*Chrono response*	: NL

Reason for Termination : FATIGUE

Stagewise Summary

Stage Name	*Duration (mm:ss)*	*HR at the end of stage*	*Max ST (mm)*	*Min ST (mm)*	*Speed km/hr*	*Slope (%)*	*METS*	*sys/dia(map) (mmHg)*	*RPP*	*Comments*
Supine	00:39	114	4.35(V2)	---	0.0	0.0	0.00	---/---(---)		
Waiting for Exercise	00:25	112	3.78(V3)	-1.78(V3)	0.0	0.0	0.00	---/---(---)		
Exercise 1	03:00	129	3.94(V3)	-4.08(I)	2.7	10.0	5.10	140/80(100)	18060	
Exercise 2	03:00	151	4.35(V2)	-3.27(I)	4.0	12.0	7.10	150/80(103)	22650	
Exercise 3	03:00	169	3.09(V2)	-2.33(AVR)	5.5	14.0	10.00	160/80(106)	27040	
Peak Exercise 4	01:01	179	4.30(V2)	-2.80(AVR)	6.8	16.0	13.00	160/80(106)	28640	
Recovery 1	01:00	162	3.30(V2)	-1.20(V6)	6.8	16.0	0.00	180/80(113)	32220	
Recovery 2	01:00	139	3.58(V3)	-0.79(AVR)	6.8	16.0	0.00	170/80(110)	27540	
Recovery 3	01:00	127	1.59(V2)	-0.39(AVL)	6.8	16.0	0.00	160/80(106)	22240	
Recovery 4	01:00	123	1.59(V2)	-0.44(I)	6.8	16.0	0.00	150/80(103)	18900	
Recovery 5	00:02	0	---	---	6.8	16.0	0.00	---/---(---)		

Medication: METFORMIN TAB 500 MG QD
GLIMIPERI

History: DM 5 YEARS AGO

BPL DYNATRAC ULTRA *Technician:* SHAN *Done By:* *Confirmed by:*

STS Summary Report

PEACELAND MEDICAL CENTER

Name: **AMRIK SINGH**
Details: 50years(Male), 74Kg,167cm

ID: 02191123
Doctor: **Dr. SHIMA**

Tested On: 19/11/2023,10:16 AM

Observations: A 50 YEAR OLD MALE UNDERWENT EXERCISE TOLERANCE TEST; UTILIZING BRUCE PROTOCOL.
THE PATIENT DID NOT COMPLAIN OF CHEST PAIN, SOB OR DIZZINESS.
COMPLETED 10:01 MINUTES OF EXERCISE (STAGE 4). ACHIEVED 13 METS. AVERAGE FUNCTIONAL CLASS.
RESTING HEART RATE 75 BPM AND INCREASED TO 179 BPM WHICH IS 105% OF THE MAXIMUM AGE-PREDICTED HEART RATE.
RESTING BLOOD PRESSURE: 140/80 MMHG AND INCREASED TO 180/80 MMHG. NEITHER HYPERTENSIVE BLOOD PRESSURE RESPONSE NOR HYPOTENSION.
RESTING ECG SHOWED NORMAL SINUS RHYTHM.
EXERCISE ECG SHOWED NO SIGNIFICANT ST-T WAVE CHANGES.
REASON FOR TERMINATION WAS FATIGUE.

Final Impression: THE TEST IS NEGATIVE FOR EXERCISE-INDUCIBLE ISCHEMIA.
HE IS CONSIDERED FIT FROM CARDIAC POINT OF VIEW AT PRESENT TO WORK.

Dr. Shima Sayed Abdollah Jafar
Cardiology Specialist
MOH Lic. No. 21962

PEACELAND MEDICAL CENTER
C.R. 1118819

BPL DYNATRAC ULTRA Technician: SHAN Done By: Confirmed by: