MEDICAL EVALUATION REPORT - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
76848133		ABID HUSSAIN ABID	

Nationality	Age	Sex	Company	Location
Pakistani	47	M	TRUCK OMAN	

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: _____ [ ] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crises 138/87

BMI Category: _____ [ ] Underweight [ ] Normal [ ] Overweight [ ] Obese [ ] Morbid Obesity 28.9

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:

Pre-existing condition:

Remarks:

Glucose Level Category _____ [ ] Normal 80 – 100 mg/dl [ ] Pre diabetic 100 – 125 mg/dl [ ] Diabetic > 126 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 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 6) [ ] Positive answers Factor II (7 to 12)

[ ] Positive answers Factor III (13 to 18) [ ] Positive answers Factor IV (17 to 20)

Clinic Doctor Name	License #	Hospital/Policlinic	Doctor Signature & Clinic Stamp	Issue Date
				23/08/2025

DR. SADRA ALIREZA NIKSERESHT
General Practitioner
MOH Lic. No: 20495
nmc specialty hospital, Al Hail

FITNESS TO WORK CERTIFICATE

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
7C348133		ABID HUSSAIN ABID	

Nationality	Age	Sex	Company	Location
Pakistani	47	M	TRUCKOMAN	

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 Suitability for Work

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

DR. MAHDI MAHMOUD KARIMI
General Practitioner
MOH Lic. No: 2516
omc specialty hospital, Al Hail

23.08.2025

DR. SHIVA KUMAR SIDDAIAH
General Practitioner
MOH Lic. No: 5978

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 in extreme heat	[ ]	Repetitive movements
[ ]	Working near rotating machinery	[ ]	Operating cargo machinery
[ ]	Use of respirator	[ ]	Emergency response duty
[ ]	Driving vehicle	[ ]	Handling chemical products
[ ]	Flying	Other, specify	

Temporary Unfit Until

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
23.08.2025	

Medical Review Date	Employee Signature
23.08.2025	

Doctor Name	Medical License	Hospital	Medical Coordinator Signature

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
76848133		ABID HUSSAIN ABID	

Nationality	Age	Sex	Company	Location
Pakistani	47	M	TRUCKOMAN	

PERSONAL HEALTH HISTORY

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

Disorders of the heart or circulation i.e. chest pain, heart murmurs,		Yes	✓	No	Skin disorders e.g. severe acne, dermatitis, eczema or allergy		Yes	✓	No
High blood pressure		Yes	✓	No	Ear, nose or throat problems		Yes	✓	No
Palpitations i.e. being aware of the heart beats		Yes	✓	No	Allergies e.g. dust, medication, bee stings		Yes	✓	No
Lung disease e.g. bronchitis, asthma, dyspnea, T. B		Yes	✓	No	Kidney or bladder diseases e.g. recurrent infection, renal stones		Yes	✓	No
Phlegm productions or tight chest		Yes	✓	No	Sexually transmitted disease		Yes	✓	No
Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope)		Yes	✓	No	Is your eyesight satisfactory		Yes	✓	No
Nervous disorder, or emotional breakdown, depression, anxiety		Yes	✓	No	Is your hearing satisfactory		Yes	✓	No
Epilepsy / Seizures		Yes	✓	No	Do you wear glasses or contact lenses		Yes	✓	No
Recurrent headaches or migraine		Yes	✓	No	Do you have color blindness		Yes	✓	No
Any sleep problems		Yes	✓	No	Do you have any phobia from working at heights		Yes	✓	No
Foot deformities or problems		Yes	✓	No	Do you have any phobia from working at confined spaces		Yes	✓	No
Muscle problems e.g. weakness of your limbs or bulky muscles		Yes	✓	No	Experienced weight loss or gain > 5kg over the past year		Yes	✓	No
Joint problems, e.g. plantar warts, joint pain or swelling		Yes	✓	No	Informed about being overweight or obese		Yes	✓	No
Problems with limb, neck or spine mobility		Yes	✓	No	Treated for malaria		Yes	✓	No
Experienced back problem, arthritis, slipped disc		Yes	✓	No	Treated for depression, stress		Yes	✓	No
Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gall stones		Yes	✓	No	Treated for substance abuse		Yes	✓	No
Rectal bleeding, jaundice		Yes	✓	No	Received counseling or treatment for HIV/AIDS		Yes	✓	No
Diabetes or any other glandular diseases		Yes	✓	No	Received counseling or treatment for Hepatitis		Yes	✓	No
Cancer, growth or tumor of any kind		Yes	✓	No	Anemia, especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia		Yes	✓	No
Frequent headache		Yes	✓	No	G6PD (Glucose		Yes	✓	No
Pain in neck or back or hands or legs		Yes	✓	No	Any other diseases not mentioned in the above list?		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: 23/6/2025

Candidate/Employee Signature

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
F6848133		Abid hussain	

Nationality	Age	Sex	Company	Location
pakistani	47	M	Tauk Oman	

FAGERSTROM TEST

How soon after waking up do you smoke your first cigarette? ____ Before ____ 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 is the most difficult to quit or not to smoke ____ Anything ____ 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 few 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 alcoho ? ____ Yes ____ No if YES, Please answer the following:

Did you ever felt that you should decrease the amount of drinks or quit ever (stop) drinking? ____ Yes ____ No

Do people annoy 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 problem 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 1 hour a 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 do your work properly?	____ Yes	____ No	12 Do you have unpleasant sensations in your stomach	____ Yes	____ No
3 Do you find it difficult to make 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 Have the thought of ending your life been in 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 23/08/2025

Candidate/Employee Signature

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
7GE48133		Abid Hussain	

Nationality	Age	Sex	Company	Location
Pakistani	47	M	Tariq Omran	

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

[illegible] [ ] YES [ ] NO [illegible]

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

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

- [ ] YES [✓] NO a. Seizures
- [ ] YES [✓] NO b. Diabetes (sugar disease)
- [ ] YES [✓] NO c. Trouble smelling odors
- [ ] YES [✓] NO c. Allergic reactions that interfere with your breathing
- [ ] YES [✓] NO d. Claustrophobia (fear of closed-in places)

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

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

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

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

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

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

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

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

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

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

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

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

Date: 23/03/23

Candidate/Employee Signature: [signature]

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

CNIC# / Passport #	Company ID #	Name	Position
7654133		Abid Hussain	
Nationality	**Age** **Sex**	**Company**	**Location**
Pakistani	Fifty (50)	Truck Driver	

HEARING CONSERVATION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use hearing protection? [ ] Yes [X] No What type: [ ] Earplugs [ ] Ear Muffs [ ] Both or HP

1 - Have you been out of town for the past 14-18 hours? [ ] YES [X] NO

2 - Did you use hearing protection while in the area? [ ] YES [ ] NO

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

[ ] Hunting	[ ] Carpentry	[ ] Skeet shooting	[ ] Woodwork	[ ] Target shooting
[ ] Power tools	[ ] Mower	[ ] 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 ever had: N/A

[ ] Ear Fullness	[ ] Ear Infections	[ ] Ear Surgery	[ ] Head Injury	[ ] Chemotherapy
[ ] Ringing in the ears	[ ] Ear Pain	[ ] Eustachian tube blockage	[ ] Intravenous Antibiotics	[ ] Meniere's Syndrome
[ ] Ear Discharge	[ ] Dizziness			

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

[ ] Measles	[ ] 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: N/A

[ ] Measles	[ ] Cold/Flu	[ ] Ear Infection	[ ] Allergic Rhinitis

6 - Do you have documented Hearing Loss? [ ] YES [X] NO

If Yes: Which Ear(s)? [ ] Right Ear [ ] Left Ear [ ] Both Ear What problems with your hearing aid?

7 - Have your EVER worn Hearing Aids? [ ] YES [X] 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		
When is your next hearing test?	[ ] Less than 6 months	[ ] Yearly Ear Doctor	[ ] Don't know	

When did you receive your hearing aid?

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

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

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

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

Date: 23-8-2023

Candidate/Employee Signature:

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
YE84033		Abid Hussain	
Nationality	**Age** / **Sex**	**Company**	**Location**
Pakistani	47y / M	Truck Oman	

VITAL SIGNS

Height: 185 cm   Weight: 98.9 Kg   BMI: 28.9   Blood Pressure: 138/87 mmHg

Pulse: 72 /min   Medical Practitioner Name: Dr. Sadra

DR. SADRA ALIREZA NIKSERESHT
General Practitioner
MOH Lic. No: 20495
nmc specialty hospital, Al Hail

VISUAL SYSTEM

	Right Uncorrected	Left Uncorrected	Right Corrected	Left Corrected	Both Uncorrected	Both Corrected
Visual Acuity Test	6/12	6/12			6/12	

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: 23.8.2025   Medical Practitioner Name: Dr. Sadra   Signature:

DR. SADRA ALIREZA NIKSERESHT
General Practitioner
MOH Lic. No: 20495
nmc specialty hospital, Al Hail

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 which is applicable)
☐ Free from artifacts ☐ Satisfactory exhalation
☐ Good start ☐ NOT satisfactory

Repeatability Criteria (select all which 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: ________ Medical Practitioner Name: ________ 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: 23.8.2025   Physician Name: Dr. Sadra

DR. SADRA ALIREZA NIKSERESHT
General Practitioner
MOH Lic. No: 20495
nmc specialty hospital, Al Hail

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

Audiometry Done: ☐ Yes ☐ No

Hearing Questionnaire verified: ☐ Yes ☐ No

nmc specialty hospital — RECEPTION

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:

23.8.2023

Dr. Sadra

Date of Examination:

Physician Name:

Signature:

DR. SADRA ALIREZA NIKSERESHT
General Practitioner
MOH Lic. No: 20405
nmc specialty hospital, Al Hail

nmc

DEPARTMENT OF LABORATORY MEDICINE

File No:	14335315	**Report No:**	0161979		
Name:	ABID HUSSAIN ABID 6965	**Sample Date:**	23/08/2025	**Time:**	8:19
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 47 Y **Nationality:** PAKISTANI	**Report Date:**	23/08/2025	**Time:**	13:57
GSM No.:	96065465 **ID Card No.:** 76848133	**Bill No:**	0388307	**Bill Date:**	23/08/2025
Ref. By:	DR SADRA NIKSERESHT				

INVESTIGATION	RESULT	REFERENCE RANGE
OQ FTW PACKAGE-3 for Drivers and Operators (Below 49 yrs)		
COMPLETE BLOOD COUNT		
TOTAL WBC COUNT	7.08 x 10^3 / µL	4.00-11.00 x 10^3 / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	53.60 %	40-75%
LYMPHOCYTE (%)	33.83 %	20-45%
MONOCYTE (%)	7.27 %	2-8%
EOSINOPHIL (%)	4.01 %	1-6%
BASOPHIL (%)	1.29 %	0-1%
HAEMOGLOBIN	14.68 gm/dl	Male : 13 -18 gm/dl Female:11-15 gm /dl childrens upto 1year-11.0 - 13.0 gm /dl upto12years-11.5 - 14.5 gm /dl cord blood:13 -19.5 gm /dl
RBC COUNT	5.66 million/cu	Male :4.5-6.5 million/cu Female:3.9-5.5 million/cu
PLATELET COUNT	184.90 x 10^3 / µL	150 - 400 x 10^3 / µL
HEMATOCRIT	46.52 %	Male :42 - 52% Female:37- 47%
MCV	82.23 fl	76 - 96 fl
MCH	25.94 pg	27 - 33 pg
MCHC	31.55 gm/dl	32 - 36 gm/dl
URINE ROUTINE		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE
URINE BILIRUBIN	NEGATIVE	NEGATIVE

Verified By: *Approved By:*

10589

Lab Technologist *Specialist Pathologist*

MOH License No: 17976
Electronically signed at: 8/23/2025 2:00:00

RECEPTION
nmc specialty hospital

NMC Healthcare LLC

DEPARTMENT OF LABORATORY MEDICINE

File No:	14335315	**Report No:**	0161979		
Name:	ABID HUSSAIN ABID 6965	**Sample Date:**	23/08/2025	**Time:**	8:19
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 47 Y **Nationality:** PAKISTANI	**Report Date:**	23/08/2025	**Time:**	13:57
GSM No.:	96065465 **ID Card No.:** 76848133	**Bill No:**	0388307	**Bill Date:**	23/08/2025
Ref. By:	DR SADRA NIKSERESHT				

INVESTIGATION	RESULT	REFERENCE RANGE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	6.0	4.6-8.0
SPECIFIC GRAVITY	1.015	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	0-3
PUSCELLS	2-4 /hpf	0-5
EPITHELIAL CELLS	0-3 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	
MUCOUS THREAD	NIL	
FASTING BLOOD SUGAR	5.36 mmol/L	4.11 - 6.05 mmol/L
BLOOD GROUP & RH TYPING	"O" Rh POSITIVE	
Confirmation of the Newborn's blood group is indicated when the "A" and "B"antigen expression and the isoagglutinins are fully developed (2–4 years).		
LIPID PROFILE		
TOTAL CHOLESTEROL	5.11 mmol/L	< 5.18 mmol/L
HDL	0.86 mmol/L	>1.5 mmol/L
TRIGLYCERIDES	4.02 mmol/L	Desirable : <2.083 mmol/L Boderline high : 2.83 - 5.67 mmol/L Hypertriglyceridemia >5.65 mmol/L
LDL	2.94 mmol/L	< 2.6 mmol/L

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DEPARTMENT OF LABORATORY MEDICINE

File No:	14335315	**Report No:**	0161979		
Name:	ABID HUSSAIN ABID 6965	**Sample Date:**	23/08/2025	**Time:**	8:19
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 47 Y **Nationality:** PAKISTANI	**Report Date:**	23/08/2025	**Time:**	13:57
GSM No.:	96065465 **ID Card No.:** 76848133	**Bill No:**	0388307	**Bill Date:**	23/08/2025
Ref. By:	DR SADRA NIKSERESHT				

INVESTIGATION	RESULT	REFERENCE RANGE
VLDL	1.83 mmol/L	0.128-0.645mmol/L
LIVER FUNCTION TEST		
TOTAL BILIRUBIN	9.50 µ mol/L	Adults:- up to 21 µ mol/L, Children >1 month - up to 17 µ mol/L, Neonates :- 1.7 - 180 µmol/L
DIRECT BILIRUBIN	3.30 µ mol/L	Adults ;- 0 - 5.0 µ mol/L, Neonates:- 0-10 µ mol/L,
TOTAL PROTIEN	80.90 g/L	Adults : 66 - 87 g/L
ALBUMIN	46.10 g/L	39.7 - 49.4 g/L
Globulin	34.8 g/L	23-35g/L
SGOT (AST)	22.90 U/L	MALE : up to 40 U/L, FEMALE : up to 32 U/L.
SGPT (ALT)	37.80 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
ALKPO4 (ALP)	121.00 U/L	Adults: MALES: 40 - 129 U/L, FEMALES: 35 - 104 U/L.
Gamma GT (GGT)	34.00 U/L	MALE- 8 - 61 U/L, FEMALE- 5 - 36 U/L
RENAL FUNCTION TEST		
URIC ACID	437.00 µ mol/L	MALE: 202.3 - 416.5 µ mol/L, FEMALE: 142.8 - 339.2 µ mol/L
CREATININE	72.00 µ mol/L	Adults: MALE: 62 – 106 µ mol/L FEMALE: 44 - 80 µ mol/L
UREA	5.80 mmol/L	2.76 - 8.07 mmol/L
ECG		
CHEST X RAY PA		
SICKLE CELL	NEGATIVE.	

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DEPARTMENT OF LABORATORY MEDICINE

File No:	14335315	**Report No:**	0161979		
Name:	ABID HUSSAIN ABID 6965	**Sample Date:**	23/08/2025	**Time:**	8:19
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 47 Y **Nationality:** PAKISTANI	**Report Date:**	23/08/2025	**Time:**	13:57
GSM No.:	96065465 **ID Card No.:** 76848133	**Bill No:**	0388307	**Bill Date:**	23/08/2025
Ref. By:	DR SADRA NIKSERESHT				

INVESTIGATION	RESULT	REFERENCE RANGE
Method : Solubility test (If Positive , Hb Electrophoresis / HPLC to be done to confirm Sickle cell anaemia / Trait).		
AUDIOMETRY		
LUMBAR SPINE AP & LAT		
DRUGS SCREENING ONLY IN URINE		
OPIATE (OPI)	NEGATIVE	
MORPHINE (MOP)	NEGATIVE	
COCCAINE (COC)	NEGATIVE	
AMPHETAMINE (AMP)	NEGATIVE	
MARIJUANA (THC)	NEGATIVE	
BENZODIAZEPINES (BZO)	NEGATIVE	
PHENCYCLIDINE (PCP)	NEGATIVE	
TCA -TRICYCLIC ANTIDEPRESSANTS (TCA)	NEGATIVE	
BARBITURATES (BAR)	NEGATIVE	
METHAMPHETAMINE (MET)	NEGATIVE	
METHADONE (MTD)	NEGATIVE	
METHYLENEDIOXYMETHAMPHETAMINE (MDMA)	NEGATIVE	
DRUGS SCREENING ONLY IN URINE		
OPIATE (OPI)	NEGATIVE	
MORPHINE (MOP)	NEGATIVE	
COCCAINE (COC)	NEGATIVE	
AMPHETAMINE (AMP)	NEGATIVE	
MARIJUANA (THC)	NEGATIVE	
BENZODIAZEPINES (BZO)	NEGATIVE	
PHENCYCLIDINE (PCP)	NEGATIVE	
TCA -TRICYCLIC ANTIDEPRESSANTS (TCA)	NEGATIVE	

Verified By: *Approved By:*

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Lab Technologist *Specialist Pathologist*

MOH License No: 17976
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DEPARTMENT OF LABORATORY MEDICINE

File No: 14335315		**Report No:**	0161979		
Name: ABID HUSSAIN ABID 6965		**Sample Date:**	23/08/2025	**Time:**	8:19
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender: M **Age:** 47 Y	**Nationality:** PAKISTANI	**Report Date:**	23/08/2025	**Time:**	13:57
GSM No.: 96065465	**ID Card No.:** 76848133	**Bill No:**	0388307	**Bill Date:**	23/08/2025
Ref. By: DR SADRA NIKSERESHT					

INVESTIGATION	RESULT	REFERENCE RANGE
BARBITURATES (BAR)	NEGATIVE	
METHAMPHETAMINE (MET)	NEGATIVE	
METHADONE (MTD)	NEGATIVE	
METHYLENEDIOXYMETHAMPHETAMINE (MDMA)	NEGATIVE	
ALCHOHOL CHECK		
ETHANOL	NOT DETECTED. g/L	< 0.1 g/L
DRUG AND ALCOHOL TEST		
URINE DRUG SCREENING 12 PANEL		
AMPHETAMINE (AMP)	NEGATIVE	
BARBITURATES (BAR)	NEGATIVE	
BENZODIAZEPINES (BZO)	NEGATIVE	
COCCAINE (COC)	NEGATIVE	
MARIJUANA (THC)	NEGATIVE	
METHADONE (MTD)	NEGATIVE	
METHAMPHETAMINE (MET)	NEGATIVE	
MORPHINE (MOP)	NEGATIVE	
PHENCYCLIDINE (PCP)	NEGATIVE	
TCA -TRICYCLIC ANTIDEPRESSANTS (TCA)	NEGATIVE	
METHYLENEDIOXYMETHAMPHETAMINE (MDMA)	NEGATIVE	
OPIATE (OPI)	NEGATIVE	

Verified By:

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Lab Technologist

MOH License No: 17976

Electronically signed at: 8/23/2025 2:00:00

Approved By:

Specialist Pathologist

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Printed at: 23/08/2025 7:39:47 PM

Vitalograph

Pulmonary Function Report

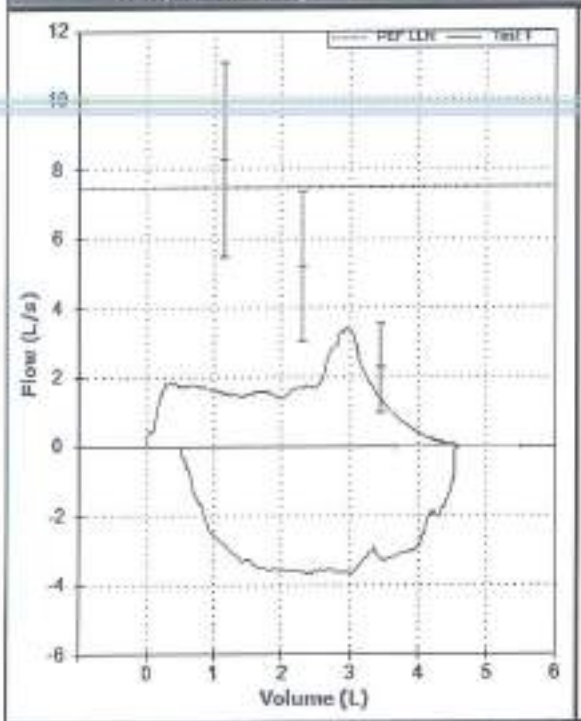
Subject Information

ID:	2025235_093439212	Alternate ID:	14335315		
Last Name:	Abid	First Name:	Abid	Middle Name:	Hussain
Population:	Asian	Gender:	Male	Date of Birth:	03/05/1978
Age:	47	Height:	185 cm	Weight:	98.9 kg
BMI:	28.9	Smoking:	Non Smoker		

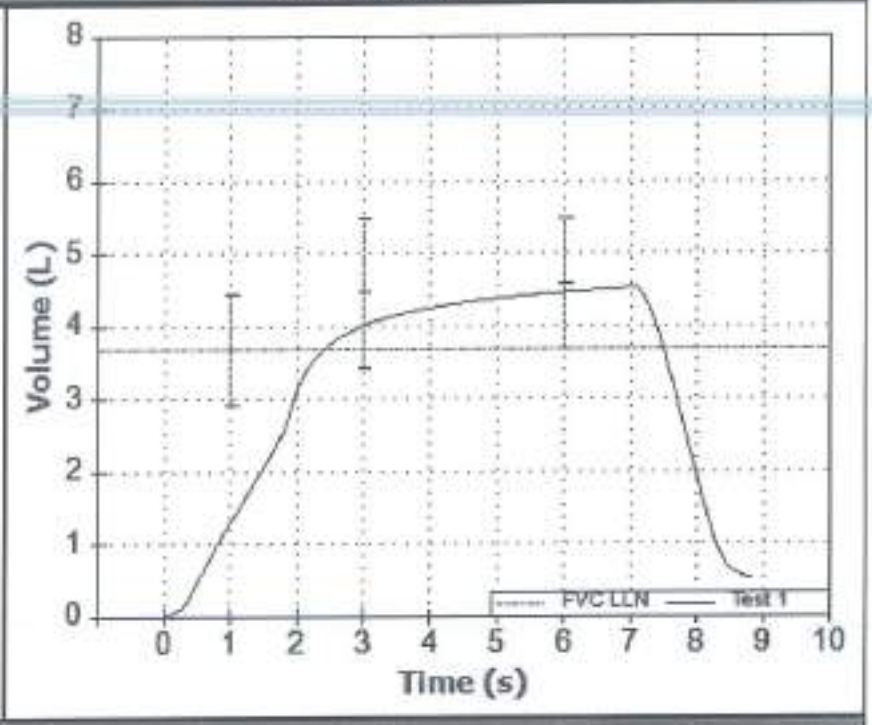
Test Session Information

Test Date:	23/08/2025 09:41	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	5	Accuracy Chk:	30/05/2019 15:42	User:	Administrator
Pred. Values:	ERS 93	Pred. Factor:	90%	Posture:	Sitting

Flow/Volume Graph



Volume/Time Graph



Results

Parameter	Pred	LLN	Best	% Pred.	Z-Score
FVC (L)	**4.58**	3.68	**4.52**	**99**	-0.11
FEV1 (L)	**3.69**	2.93	**3.30**	**89**	-0.84
FEV1 Ratio	**0.79**	0.67	**0.73**	**92**	-0.82
FEV6 (L)	**4.58**	3.68	**4.52**	**99**	-0.11
PEF (L/min)	**569**	451	**269***	**47**	-4.16
FEF25-75 (L/s)	**4.27**	2.56	**1.80***	**42**	-2.37

Values at BTPS ,*Below lower limit of normality (LLN)

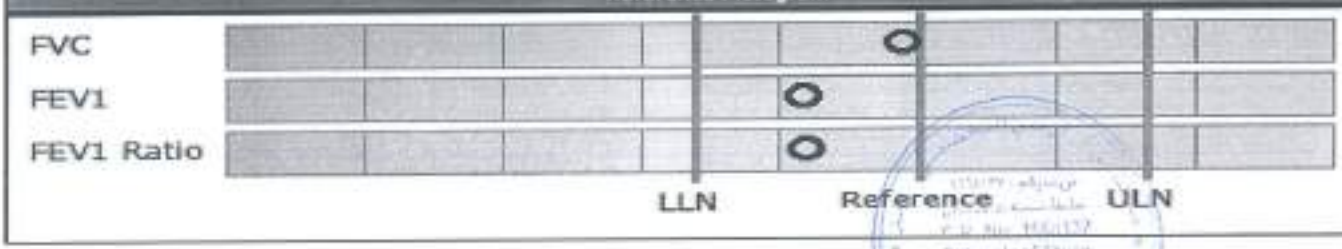
Session Quality and Repeatability Information

FVC Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
C	0.48 L (10.6%)	0.16 L (4.8%)	2 blow(s)	0 blow(s)	0 blow(s)

Computer Suggested Interpretation

Computer interpretations cannot be relied upon for diagnosis. Normal ventilatory function.

Reference Pictogram



nmc

nmc specialty hospital,al-hail

REPORT

P.O BOX : 613, Postal Code : 133 al-hail Sultanate of Oman

Sl No: 48983		**Bill Date:** 23/08/2025	**Report Date :**23/08/2025 13:03:40
Patient Name: ABID HUSSAIN ABID 6965		**Reg No:** 14335315	
Age: 47Y	**Gender:** Male	**Nationality:** PAKISTAN	**Phone:**
Address:			
Company: TRUCKOMAN EQUIPMENT RENTAL LLC		**Policy No:**	
Certificate No:			
Region: CHEST X RAY PA			
Referred Doctor:		**Consultant Name:** DR SADRA NIKSERESHT	

CHEST X RAY PA

Both lung fields are clear.

Bilateral CP angles are clear

Cardiac silhoutte appears normal .

Both domes of diaphragm are normal.

Bony thorax appears normal

Impression:

- ***No significant abnormality.***

Suggested clinical correlation

DR ANAMIKA CHATURVEDI

Radiology

Elegant Medical Center LLC
Plot No. 294, Block: 316, Building No: 812, Al Hail North, Sultanate of Oman MOH License No: 7709
T: (+968) 2426 9222, F: (+968) 2426 9288, E: nmc.hail@nmcoman.com

nmc

nmc specialty hospital,al-hail

REPORT

P.O BOX : 613, Postal Code : 133 al-hail Sultanate of Oman

SI No: 48983		**Bill Date:** 23/08/2025	**Report Date :**23/08/2025 13:04:11
Patient Name: ABID HUSSAIN ABID 6965		**Reg No:** 14335315	
Age: 47Y	**Gender:** Male	**Nationality:** PAKISTAN	**Phone:**
Address:			
Company: TRUCKOMAN EQUIPMENT RENTAL LLC		**Policy No:**	
Certificate No:			
Region: LUMBAR SPINE AP & LAT			
Referred Doctor:		**Consultant Name:** DR SADRA NIKSERESHT	

LUMBAR SPINE AP & LAT VIEWS

Vertebral bodies & disc spaces are normal.

Posterior elements appear normal.

Para vertebral soft tissue appears normal.

No obvious fracture seen.

Suggested clinical correlation

C.R. No: 1003137
Sultanate of Oman
RECEPTION
nmc specialty hospital, Al Hail

DR. ANAMIKA CHATURVEDI
Specialist - Radiology
MOH Lic. No: 7709
nmc specialty hospital, AL HAIL

DR ANAMIKA CHATURVEDI

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AUDIOMETRY REPORT

Name of the Patient Abid Hussain Abid

Age 47 yrs Sex Male MRN 14335315 Date of Test 23/08/2025

U107.05
23-AUG-25 09:34
DP 4s 4 sec avg
SN: GI1005649 GI2014595

NAME:

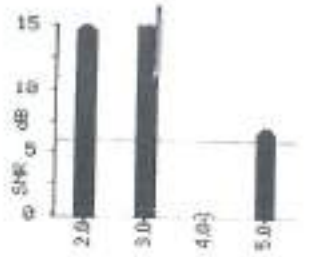
Left: Pass

F2	L1	L2	DP	NF	SNR	
2.0	66	56	-1	-18	16	P
3.0	69	51	-10	-20	18	P
4.0	60	52	-2	-20	18	P
5.0	61	54	-2	-20	18	P

23-AUG-25 09:35
DP 4s 4 sec avg
SN: GI1005649 GI2014595

NAME:

Right: Pass



F2	L1	L2	DP	NF	SNR	
2.0	65	55	-2	-17	15	P
3.0	67	56	-3	-20	17	P
4.0	62	51	-20	-20	0	
5.0	65	55	-13	-20	7	P

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prime specialty hospital

Signature of the Technician

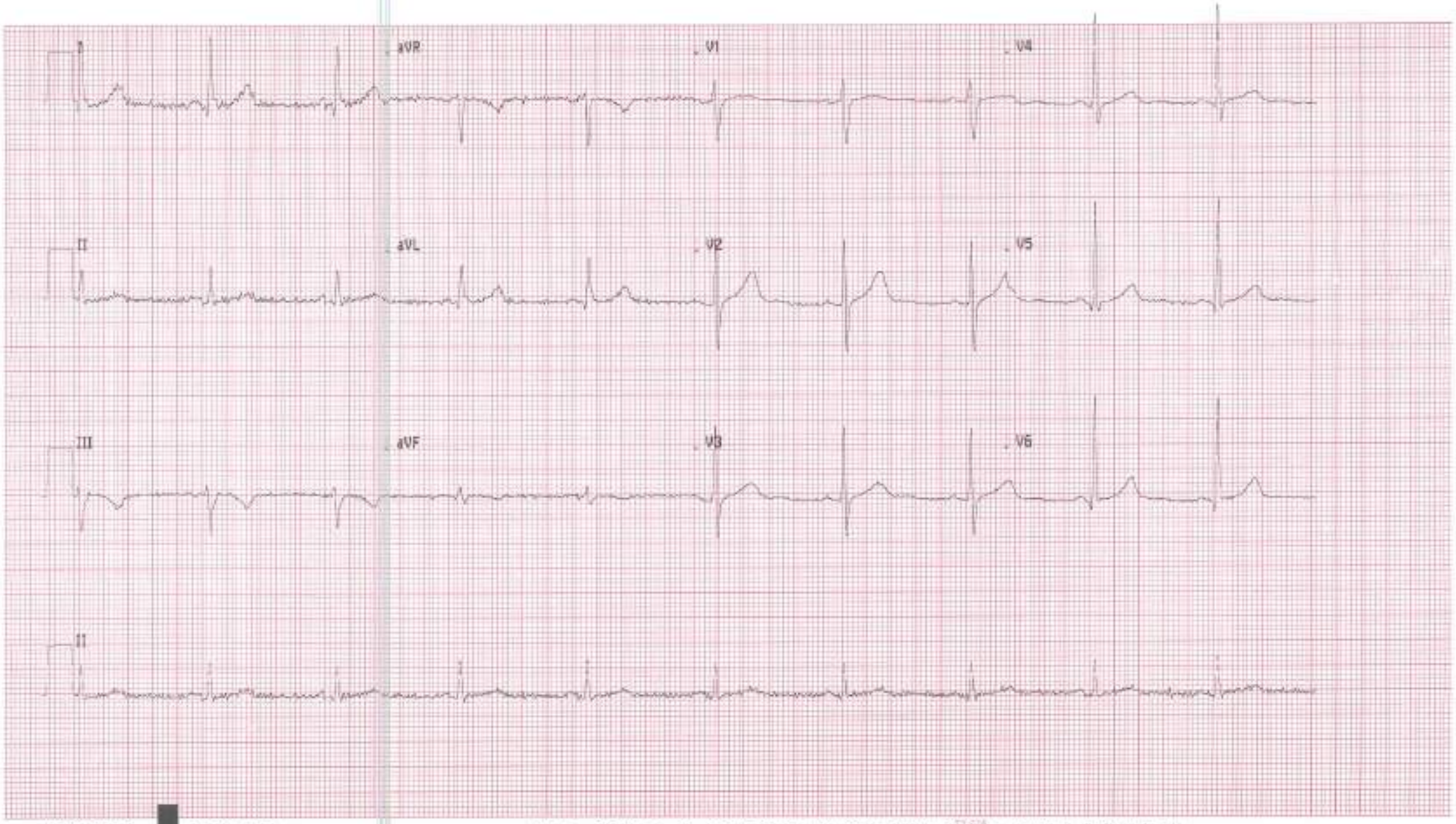
NMCOMAN/DOC/NSG/75

ID: 14335315
DOB:
47yr. Male

Vent rate:	59 BPM
PR int:	144 ms
QRS dur:	93 ms
QT/QTc:	420/418 ms
P-R-T axes:	15 5 -6

SINUS BRADYCARDIA
BORDERLINE ECG

UNCONFIRMED REPORT



[redacted] Min Site Name

Site # 0 Cart # 0 Version 2.10.5 Sequence #03700 25mm/s 10mm/mV 0.05-40 Hz W

Framingham Risk Score (2008)

Questions

1.	Gender?	Male
2.	Age?	45-49
3.	Total Cholesterol?	4.14-5.15 mmol/L
4.	HDL?	<0.9 mmol/L
5.	Systolic Blood Pressure?	130-139 mmHg
6.	On Medication for Hypertension?	No
7.	Smoker?	No
8.	Diabetic?	No
9.	Known Vascular Disease (CAD, PVD, S...	No

About

The FRS estimates the 10 year risk of manifesting clinical CVD (CAD, Stroke, PVD, CHF, cardiac death). Although not examined in the 2008 model, it is common practice to double the FRS if there is a FHx of premature CAD in a 1st degree relative (men <55y, women <65y).

*The risk stratification tool for the ESC is the SCORE system which estimates 10y risk of CVD death. Patients with a 10y risk of CVD death ≥5% are considered high risk. The lipid guidelines recognize risk equivalents as a distinct category that warrant immediate treatment. For patients with an ESC SCORE ≥ 5% a 3 month trial of lifestyle measures is a reasonable starting point. If after 3 months the lipids remain above moderate risk targets and the SCORE remains ≥ 5% then intensive therapy to reach high risk targets is recommended.

Results

Copy Results

Estimated 10-year Global CVD Risk

9.4%

Risk Category

Low Risk

Estimated Vascular Age

54 Years

Treatment Guidelines

ATP-III (2004)
Treatment Targets
LDL <160 mg/dL (<4.14 mmol/L)
Non-HDL <190 mg/dL (<4.93 mmol/L)

CCS (2009)
Initiate Pharmacotherapy if
LDL >5 mmol/L (>193 mg/dL)
TChol/HDL-C >6 mmol/L (>231 mg/dL)

Treatment Targets
≥50 % decrease in LDL-C

ESC (2007, see Info for more)
Treatment Targets
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

Created by QxMD

References

Ralph B. D’Agostino, Sr, Ramachandran S. Vasan, Michael J. Pencina, Philip A. Wolf, Mark Cobain, Joseph M. Massaro and William B. Kannel.
General cardiovascular risk profile for use in primary care: the Framingham Heart Study.
Circulation 2008 February 12, 117 (6): 743-53

McPherson R et al.
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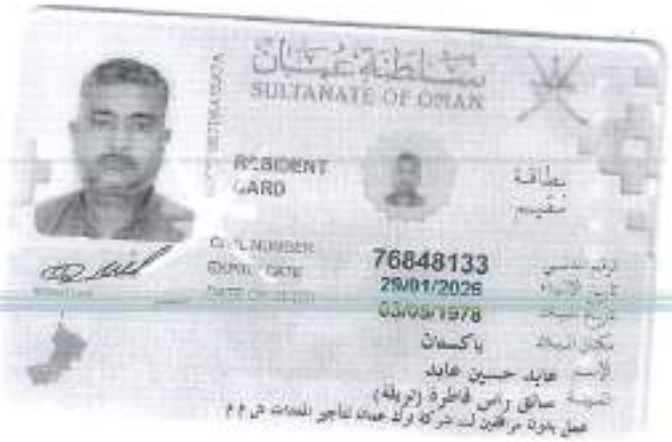
Management of Blood Cholesterol in Adults: Systematic Evidence Review from the Cholesterol Expert Panel.

Ian Graham et al.
European guidelines on cardiovascular disease prevention in clinical practice: executive summary: Fourth Joint Task Force of the European Society of Cardiology and Other Societies on Cardiovascular Disease Prevention in Clinical Practice (Constituted by representatives of nine societies and by invited experts).
European Heart Journal, Volume 28, Issue 19, October 2007, Pages 2375-2414

The Framingham Risk Score (2008) calculator is created by QxMD.



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