T.O

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

KHALID ABDALLAH SALIM AL ABDALI
0048073 # 45 Y(M) BAS-No BI: 00659
82453 08/11/23 09:21

Civil ID / Passport #	Company ID #	Position
87241835		Supervisor

Nationality	Age	Sex	Location
Omani	11/9/78	M	

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

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

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

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

Remarks:

ENT SYSTEM

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

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

Remarks:

CARDIOVASCULAR SYSTEM

ECG Test: [✓] Normal [ ] Abnormal [ ] Not Required — Physical Assessment: [✓] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

NEUROLOGICAL SYSTEM

Physical Assessment: [✓] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

MUSCULOSKELETAL SYSTEM

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

Pre-existing condition:

Remarks:

LABORATORY INVESTIGATIONS

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

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

Clinic Doctor Name	License #	Hospital/Policlinic	Doctor Signature & Clinic Stamp	Issue Date
Dr. SHAH FAISAL		PEACE LAND MEDICAL CENTER		08-11-23

Dr. SHAH FAISAL
General Practitioner
MOH Lic No. 22368

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

OQ

EMPLOYEE IDENTIFICATION

KHALID ABDALLAH SALIM AL ABDALI
0048873 # 45 Y/M 00589
12483 08/11/23 09:21

Civil ID / Passport #	Company ID #			Position
				Supervisor

Nationality	Age	Sex		Location

EXAMINATION TYPE

- [ ] Pre-employment Examination (PRE)
- [ ] Change of Position Examination
- [ ] Emergency Response Team
- [ ] Periodic Medical Examination (PME)
- [ ] Exit Examination
- [ ] Traveling Examination
- [ ] Post-absence Examination
- [ ] Critical Activities Examination
- [ ] Medical Surveillance

Medical Suitability for Work

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

Restrictions

- [ ] Working at height
- [ ] Working in confined space
- [ ] Working with electricity
- [ ] Working near rotating machinery
- [ ] Working in noise area
- [ ] Working in extreme heat
- [ ] Handling chemical products
- [ ] Use of respirator
- [ ] Pulling, pushing or carrying weight
- [ ] Ascend/descend ladders and stairs
- [ ] Walking or standing for long distance/period
- [ ] Repetitive movements
- [ ] Mobile machinery operation
- [ ] Heavy lifting operation
- [ ] Driving vehicle
- [ ] Emergency response duty

Other, specify

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
08/11/23	

Medical Review Date	Employee Signature
08-11-23	[signature]

Doctor Name	Medical License	Hospital	Medical Doctor Signature
Dr. SHAH FAISAL General Practitioner MOH Lic No. 22368			[signature]

PEACE LAND MEDICAL CENTER

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

oq

CANDIDATE / EMPLOYEE IDENTIFICATION

KHALID ABDALLAH SALIM AL ABDALI
0040873 # 45 Y(M) [illegible] 00509
82403 <Blank> 08/11/23 09:21

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

PERSONAL HEALTH HISTORY

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

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

List any previous injuries or operations

Previous injuries or operations	Date

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

Date: 08/11/2023

Candidate/Employee Signature

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		KHALID ABDALLAH SALIM AL ABDALI 00569	Supervisor
Nationality	**Age**	**Sex**	**Location**
		08/11/23 09:21	

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.Have 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 08/11/2023

Candidate/Employee Signature

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
			Supervisor

KHALID ABDALLAH SALIM AL ABDALI
0048873 0569
82483 08/11/23 09:21

Nationality	Age	Sex	Location

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? [ ] YES [ ] NO What type: ☐ Disposible mask ☐ Cartoge 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. Trouble smelling odor [ ] 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 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 interfere with your use of a respirator

Date: 08/11/2023

Candidate/Employee Signature

HEARING CONSERVATION QUESTIONNAIRE

KHALID ABDALLAH SALIM AL ABDALI
0648873 45Y/M 00509
02403 08/11/23 09:21

Civil ID / Passport #	Company ID #		Position
			Supervisor
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?

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

Date: 08/11/2023

Candidate/Employee Signature

PHYSICAL ASSESSMENT FORM

KHALID ABDALLAH SALIM AL ABDALI

Civil ID / Passport #	Company ID #		Position
			Supervisor

Nationality	Age	Sex		Location
			08/11/23 08:21	

VITAL SIGNS

Height: 167 cm | Weight: 88 Kg | BMI: 31.5 | Blood Pressure: 140/80 mmHg

Pulse: 81 /min | Medical Practitioner Name: DR. SHAH FAISAL General Practitioner MOH Lic No. 22368 | Signature:

VISION 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 Test	☑ Normal ☐ Abnormal	Stereoscopic Vision Test	☑ Normal ☐ Abnormal

Date of Examination: 08-11-23 | Medical Practitioner Name: DR. SHAH FAISAL General Practitioner MOH Lic No. 22368 | Signature:

RESPIRATORY SYSTEM

[1] Spirometry Test

Smoking Status: ☐ Never ☐ Ever Used ☐ Current | Patient's Posture During Test: | 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 0.15L (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: 08-11-23 | Medical Practitioner Name: DR. SHAH FAISAL General Practitioner MOH Lic No. 22368 | 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: 08-11-23 | Physician Name: DR. SHAH FAISAL General Practitioner MOH Lic No. 22368 | 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			
Right	☑ None ☐ Some	☐ A lot ☐ Impacted	☐ Not Exam
Left	☑ None ☐ Some	☐ A lot ☐ Impacted	☐ Not Exam

Eardrum Position	
Right	☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam
Left	☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam

Eardrum Vascularity	
Right	☑ Normal ☐ Considerable ☐ Mild ☐ Not Exam
Left	☑ Normal ☐ Considerable ☐ Mild ☐ Not Exam

Audiologist Name: DR. SHAH FAISAL General Practitioner MOH Lic No. 22368
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

PHYSICAL ASSESSMENT FORM

ENT SYSTEM

[2] Nose Assessment
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[3] Throat Assessment
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

CARDIOVASCULAR SYSTEM

[1] Heart Sounds
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[2] Heart Murmurs
- [ ] Present
- [x] Absent
- [ ] Not Examined

If present, describe below:

[3] Peripheral Pulses
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[4] Peripheral Veins
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

NEUROLOGICAL SYSTEM

[1] Mental Status
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[2] Cranial Nerves
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[3] Motor System
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[4] Reflexes
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[5] Sensory System
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[6] Coordination, Station, Gait
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

MUSCULOSKELETAL SYSTEM

[1] Hand and Wrist
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[2] Elbow and Shoulder
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[3] Hip
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[4] Knee
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[5] Foot and Ankle
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[6] Spine and Back
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

OTHER

[1] Skin, Extremities
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[2] Head & Neck
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[3] Mouth and Teeth
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[4] Hernial Orifices
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[5] Abdominal Organs
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[6] Lymph Nodes
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

Date of Examination: 8-11-23

Physician Name: DR. SHAH FAISAL
General Practitioner
MOH Lic No. 22368

Signature:

PATIENT DETAILS

COMPANY NAME:

KHALID ABDALLAH SALIM AL ABDALI
00589
08/11/23 09:21

DATE:

ECG REPORT

ECG COMMENTS:

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

OTHER FINDINGS (IF ANY)

CLINIC SEAL

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
2775 رقم الترخيص

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:	KHALID ABDALLAH SALIM AL ABDALI	**Doc No:**	0039823
Age:	45 Y **Nationality:** OMANI	**File No:**	0046673
Gender:	M	**Bill No:**	0056959
Ref. By:	DR.SHAH FAISAL	**Date:**	08/11/2023
GSM No.:	96221125	**Time:**	16:26

Test	Result	Normal Range
OQ Medical Checkup Package		
COMPLITE BLOOD COUNT		
RBC	5.6 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	14.6 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	42.9 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.5 pg	27 - 33 pg
MCHC	33.9 g/dl	29.6 - 35.6 %
WBC COUNT	5.3 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	52 %	40-75 %
LYMPHOCYTE	44 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	08	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	250 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	215 mg/dl	0.0 - 200 mg/dl
Triglyceride	119.6 mg/dl	0.0 - 150 mg/dl

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Medical Technologist

Peace Land Medical Center
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Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name:	KHALID ABDALLAH SALIM AL ABDALI	**Doc No:**	0039823
Age:	45 Y **Nationality:** OMANI	**File No:**	0046673
Gender:	M	**Bill No:**	0056959
Ref. By:	DR.SHAH FAISAL	**Date:**	08/11/2023
GSM No.:	96221125	**Time:**	16:26

Test	Result	Normal Range
HDL - CHOL	**70.9 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**120.2 mg/dl**	< 100 mg/dl
VLDL	**23.9 mg/dl**	2.0 - 30 mg/dl
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	56 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.36 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**18.6 U/L**	0 - 35.0 U/L
S.G.P.T.	**44.0 U/L**	10 - 45 U/L
ALBUMIN	**4.3 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.6 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.15 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**26.7 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.81 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**6.5 mg/dl**	3.5 - 7.2 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Pale yellow	
Sp. Gravity	1.015	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Albumin	Negative	
Glucose	Negative	
Ketones	Negative	

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LAB RESULT

Name:	KHALID ABDALLAH SALIM AL ABDALI	**Doc No:**	0039823
Age:	45 Y **Nationality:** OMANI	**File No:**	0046673
Gender:	M	**Bill No:**	0056959
Ref. By:	DR.SHAH FAISAL	**Date:**	08/11/2023
GSM No.:	96221125	**Time:**	16:26

Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-3	
EPITHELIAL CELLS	1-2	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
BLOOD GROUP & Rh TYPING	'A' Positive	
BLOOD GROUPING AND RH TYPING		
RANDOM BLOOD SUGAR	**86.1 mg/dl**	80 - 120 mg/dl

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Medical Technologist

12 Channel + 1 Rhythm Report

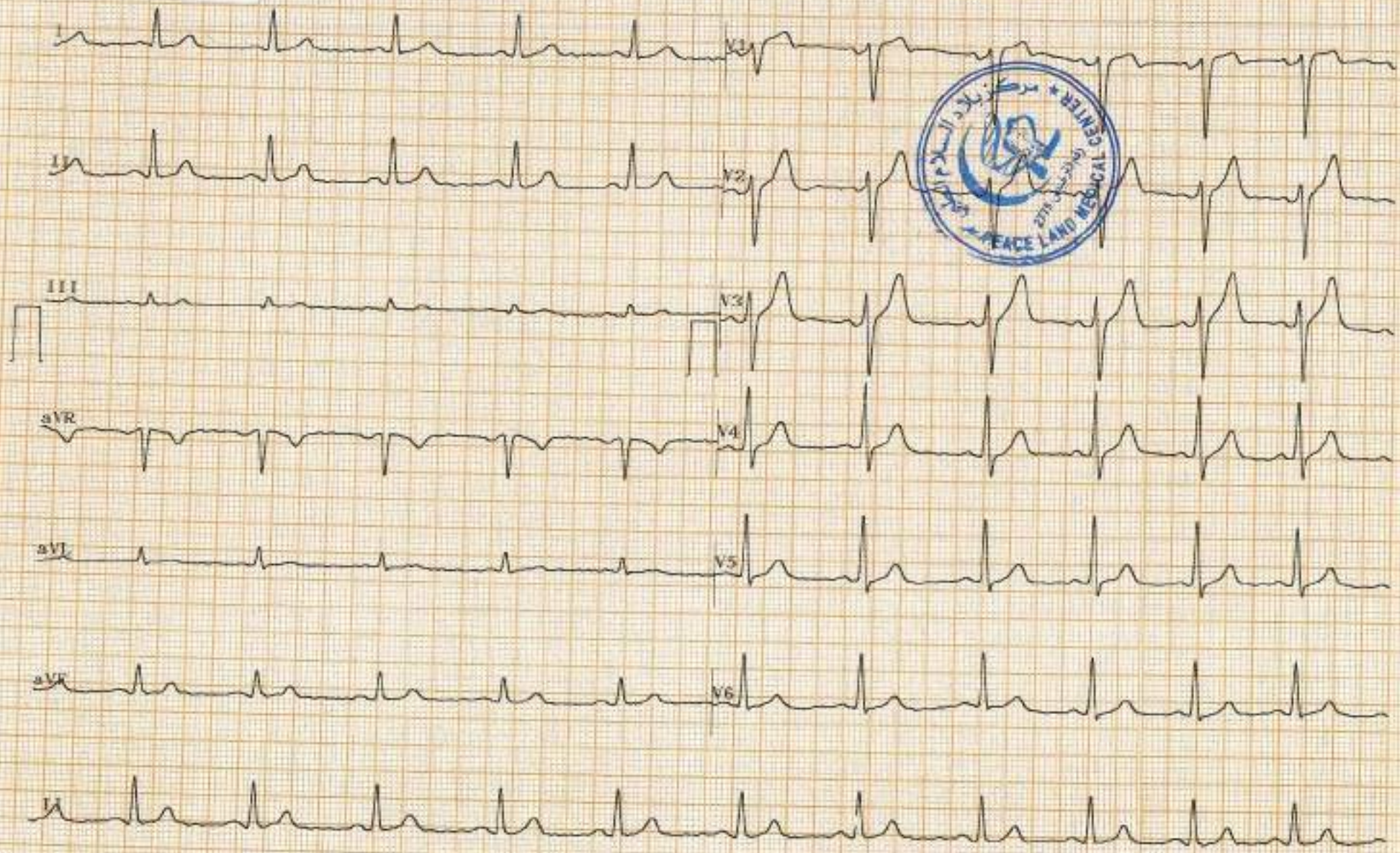
Hospital:
Prescribed by:

ID :

KHALID ABDALLAH SALIM AL ABDALI

ECG

Heart Rate: 70bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 140 ms Normal Sinus Rhythm
QRS Dur.: 94 ms Normal Axis
QT/QTc: 378/405 ms [Normal ECG]
P-R-T axes:
45 36 43



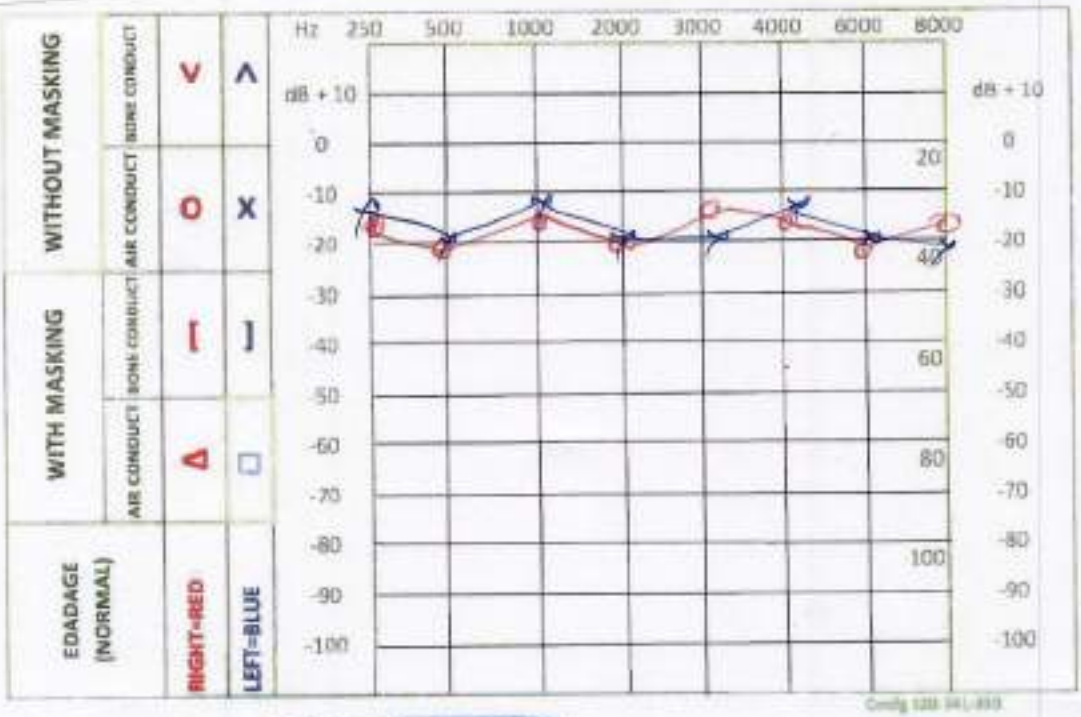
0.1Hz- 100Hz, AC50Hz, EMG. All Channels:10.0mm/mV.25.0mm/sec. CARDIO-M Ver5.10M.30 Medical Econet GmbH.

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land

KHALID ABDALLAH SALIM AL ABDALI
00589
08/11/23 09:21

AUDIOMETRY TEST REPORT

COMPANY	P.O.
OCCUPATION	Supervisor
DATE	8/11/23



Sibelmed

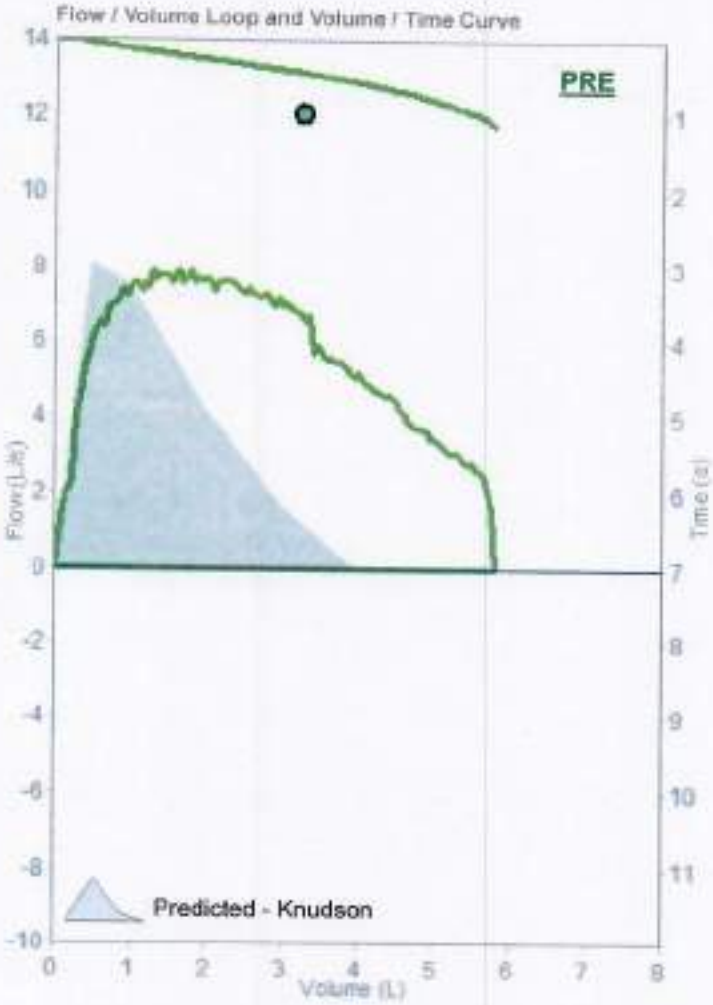
INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
NORMAL
HEARING LOSS
RIGHT
LEFT

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
رقم الترخيص 2779

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

Pulmonary Function Test Results



Visit date 08/11/2023

Patient code	8724835	Age	45
Surname	ABDALLAH	Gender	Male
Name	KHALID	Height, cm	167
Date of birth	01/09/1978	Weight, kg	88
Ethnic group	Not defined	BMI	31.55

Interpretation

FVC FEV1 FEV1%

Normal Spirometry

Best values from all loops

Parameters		Pred	PRE	%Pred	POST	%Chg
FVC	L	3.97	5.78	146		
FEV1	L	3.28	5.62	172		
FEV1%	%	83.1	97.20	117		
PEF	L/s	8.13	7.95	98		

PRE Trial date 08/11/2023 11:46:01

Parameters		Pred	PRE # 1	%Pred	PRE # 2	PRE # 3	POST#1	%Pred	%Chg
FEV6	L	3.97	**5.78**	146					
FVC	L	3.97	**5.78**	146					
FEV1	L	3.28	**5.62**	172					
FEV1%	%	83.1	**97.2**	117					
PEF	L/s	8.13	**7.95**	98					
FEF2575	L/s	3.52	**6.48**	184					
FIVC	L	3.97							
ELA	Years	45							

BTPS 1.097 24 °C 75.2 °F

Conclusion / Medical report

Signature

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Quality Control F

===

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

Instrument used
Minispir LT POST S/N K05070

MIR

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
46673	KHALID ABDALLAH SALIM AL ABDALI	045Y/M	08-11-2023	

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**

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