

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

DOB 24/08/1992 Reg. ID 231224
 ID# 12345678901
 Ref. No. Nationality PAKISTANI



CANDIDATE / EMPLOYEE IDENTIFICATION				
Civil ID / Passport #	Company ID #	Name		Position
109340852	1922	TASAWAR CHEEMA		HD DRIVER
Nationality	Age	Sex	Company	Location
PAKISTANI	31	M	TRUCKMAN NORTH	HAINA

EXAMINATION TYPE	
Examination	☐ Pre-employment ☒ Periodic ☐ Exit

VITAL SIGNS & BODY MEASURES	
Blood Pressure Category:	120/70 ☒ Normal ☐ Prehypertension ☐ Hypertension Stage 1 ☐ Hypertension Stage 2 ☐ Hypertension Crises
BMI Category:	30.3 ☐ Underweight ☐ Normal ☐ Overweight ☒ Obese ☐ Morbid Obesity
Remarks:	

VISUAL TEST	
Visual Acuity Test	RT 6/6 LT 6/6 ☒ Normal ☐ Abnormal ☐ Not Required
Colour Vision Test	☒ Normal ☐ Abnormal ☐ Not Required
Pre-existing condition:	
Remarks:	

RESPIRATORY SYSTEM	
Spirometry Test	☐ Normal ☐ Abnormal ☒ Not Required
Pre-existing condition:	
Remarks:	

ENT SYSTEM	
Audiometry Test	☒ Normal ☐ Abnormal ☐ Not Required
Pre-existing condition:	
Remarks:	

CARDIOVASCULAR SYSTEM	
ECG Test	☒ Normal ☐ Abnormal ☐ Not Required
Pre-existing condition:	
Remarks:	

NEUROLOGICAL SYSTEM	
Physical Assessment	☒ Normal ☐ Abnormal
Pre-existing condition:	
Remarks:	

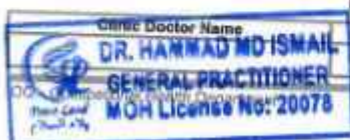
MUSCULOSKELETAL SYSTEM	
Physical Assess.	☒ Normal ☐ Abnormal
Pre-existing condition:	
Remarks:	

LABORATORY INVESTIGATIONS	
Lab Tests:	☒ Normal ☐ Abnormal If abnormal, please specify below:
Pre-existing condition:	
Remarks:	

Glucose Level Category	92 mg/dl ☒ Normal 80 - 100 mg/dl ☐ Pre-diabetic 100 - 125 mg/dl ☐ Diabetic > 125 mg/dl
Cholesterol Risk Category	120 mg/dl ☒ Low Risk LDL is less 130 mg/dl ☐ Moderate Risk LDL 130-159 mg/dl ☐ High Risk LDL > 160 mg/dl
Routine Urine Analysis	☐ Normal ☐ Abnormal ☐ Not Required
Stool Analysis	☐ Normal ☐ Abnormal ☐ Not Required

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

Fagerstrom Test - Smoking	☐ Non-smoker ☐ Low 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 18) ☐ Positive answers Factor IV (17 to 20)



Doctor Signature & Clinic Stamp: [Signature]
 Issue Date: 23-12-2024

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #		Company ID #		Position	
109342857		1922		HD DRIVER	
Nationality	Age	Sex	Location		
PAKISTANI	31	M	HAIMA		
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			

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
23/12/2024	

Medical Review Date	Employee Signature
	Tasleem
Doctor Name	Medical Doctor Signature
DR. HANWAD MD ISMAIL	
GENERAL PRACTITIONER	
MD License No: 20078	



MEDICAL & SURGICAL HISTORY QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION			
Civil ID / Passport #	Company ID #	Position	
109342857	1922	HD DRIVER	
Nationality	Age	Sex	Location
PAKISTANI	31	M	HAIMA

PERSONAL HEALTH HISTORY

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

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

Have you visited a doctor in the last year? ☒ Yes ☐ No

Are you taking any medication at present? ☐ Yes ☒ No

Are you pregnant? ☐ Yes ☐ No

Date: 23/12/2024



List any previous injuries or operations

Previous injuries or operations	Date

Candidate/Employee Signature

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SCREENING QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
109342857	1922	MD DRIVER
Nationality	Age	Sex
Pakistani	31	M
Location		
HAINA		

FAGERSTROM TEST

Do you smoke? ☐ Yes ☒ No

If YES, Please answer the following:

How soon after waking up do you smoke your 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 feel 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 hrs 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-30)

1. Do you have trouble thinking clearly?	☐ Yes ☒ No	11. Is your digestion not good?	☐ Yes ☒ No
2. Do you find it hard to like your daily work?	☐ Yes ☒ No	12. Do you have unpleasant sensations in your stomach?	☐ Yes ☒ No
3. Do you find difficult taking decisions?	☐ Yes ☒ No	13. Do you get scared easily?	☐ Yes ☒ No
4. Is your daily work a suffering?	☐ Yes ☒ No	14. Do you feel nervous, tense or worried?	☐ Yes ☒ No
5. Do you feel tired all the time?	☐ Yes ☒ No	15. Do you feel unhappy?	☐ Yes ☒ No
6. Are you easily tired?	☐ Yes ☒ No	16. Do you cry more than usual?	☐ Yes ☒ No
7. Do you have frequent headaches?	☐ Yes ☒ No	17. Has the thought or 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: 23/12/2024



Candidate/Employee Signature

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RESPIRATORY PROTECTION QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #		Position		
109342857	1922		HD DRIVER		
Nationality	Age	Sex	DOB	Location	
PAKISTANI	31	M	24/04/1993	HAIMA	

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?

☐ YES ☒ NO a. Seizures	☐ YES ☒ NO c. Tuberculosis	☐ YES ☒ NO e. Claustrophobia (fear of closed in places)
☐ YES ☒ NO b. Diabetes (sugar disease)	☐ YES ☒ NO d. Allergic reactions that interfere with your breathing	

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

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

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

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

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

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

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

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

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

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

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

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

Date: 23/12/2024



Candidate/Employee Signature

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HEARING CONSERVATION QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #			Position	
109342657	1922			HD DRIVER	
Nationality	Age	Sex	DOB	Location	
PAKISTANI	31	M	24/09/1993	HAIMA	

HEARING CONSERVATION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

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

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

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

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

Have you ALWAYS used hearing protection when participating in the above activities? ☐ YES ☒ NO

3 - Check ALL that you have experienced:

☐ Ear Fullness	☐ Ear Infections	☐ Ear Surgery	☐ Head Injury	☐ Chemotherapy
☐ Ringing in the ears	☐ Ear Pain	☐ Earwax buildup	☐ Intravenous Antibiotics	☐ Hole in the Eardrum
☐ Ear Drainage	☐ Dizziness			

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

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

5 - Check ALL that you are currently suffering from:

☐ Sinusitis	☐ Cold/Flu	☐ Ear Infection	☐ Allergic rhinitis
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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 ☐ Army ☐ 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 ☐ Motorcycle ☐ Walking

Date: 23/12/2024



Candidate/Employee Signature

Tasadd

PHYSICAL ASSESSMENT FORM



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #			Position	
109342857	1922			HD DRIVER	
Nationality	Age	Sex	DOB	Location	
PAKISTANI	31	M		HAIMA	

VITAL SIGNS					
Height	Weight	BMI	Blood Pressure		
177 cm	95 Kg	30.2	120/70 mmHg		
Pulse					
76 /min					

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

Colour Vision Test (Ishihara)					
# of Plates passed	Inform the Plates # failed	Normal	Abnormal	Stereoscopic Vision Test	Normal
23/12/2024		☒	☐		☐

RESPIRATORY SYSTEM					
[1] Spirometry Test					
Smoking Status:	☐ Never	☐ Ever Used	☐ Current	Patient's Posture During Test:	☐ Standing
Diagnosis:	☐ Asthma	☐ COPD	☐ Other	Nose Clips Used:	☐ Yes

Acceptability Criteria (select all that is applicable)		Repeatability Criteria (select all that is applicable)	
☐ Free from artifacts	☐ Satisfactory exhalation	☐ >3 acceptable curves FEV1 values AND FVC values within 0.15L (150 ml)	
☐ Good start	☐ NOT satisfactory	☐ 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	

[2] Chest Shape and Movement		[3] Chest Percussion	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	

[3] Air Entry in Both Lungs		[4] Breath sounds	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	

ENT SYSTEM					
Date of Examination:	Physician Name:				
23/12/2024					

[1] Otoscopy				[2] Hearing Test			
Ear Canal Collapse	Right	Left	Eardrum Position	Whisper Test	Normal	Abnormal	
	☒ No	☒ No			☐	☐	
Drainage	Right	Left	Eardrum Vascularity	Rinne Test	Normal	Abnormal	
	☒ No	☒ No			☐	☐	
Perforation	Right	Left		Weber Test	Normal	Abnormal	
	☒ No	☒ No			☐	☐	
Cerumen	Right	Left		Adiometry Done	Yes	No	
	☒ None	☒ None			☐	☐	
	☐ Some	☐ Some		Audiologist Name:			
	☐ A lot	☐ A lot		Signature:			
	☐ Impacted	☐ Impacted		Hearing Questionnaire verified	Yes	No	
	☐ Not Exam	☐ Not Exam			☐	☐	



PHYSICAL ASSESSMENT FORM

DOB: 24/6/99 Reg. No: 2512/2024
 MR: HAMMAD ISMAIL
 MR: N/A Nationality: SAUDI



ENT SYSTEM			
[1] Nose Assessment		[3] Throat Assessment	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
CARDIOVASCULAR SYSTEM			
[1] Heart Sounds		[2] Heart Murmurs	
☒ Normal	If abnormal, describe below:	☐ Present	If present, describe below:
☐ Abnormal		☒ Absent	
☐ Not Examined		☐ Not Examined	
[3] Peripheral Pulses		[4] Peripheral Veins	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
NEUROLOGICAL SYSTEM			
[1] Mental Status		[2] Cranial Nerves	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
[3] Motor System		[4] Reflexes	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
[5] Sensory System		[6] Coordination, Station, Gait	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
MUSCULOSKELETAL SYSTEM			
[1] Hand and Wrist		[2] Elbow and Shoulder	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
[3] Hip		[4] Knee	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
[5] Foot and Ankle		[6] Spine and Back	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
OTHER			
[1] Skin, Extremities		[2] Head & Neck	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
[3] Mouth and Teeth		[4] Genital Orifices	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
[5] Abdominal Organs		[6] Lymph Nodes	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	

Date of Examination: 23/12/2024
 OH - Occupational Health Department

Physician Name:



Signature:
 Form Review - 02-Jan-2023



Peace Land Medical Service LLC, Mukhaizna
CR No.:2/13627/9, P.O.Box: 1403,
Postal Code: 133,
Occidental Camp Mukhaizna, Sultanate of Oman

PATIENT DETAILS :

Patient ID	: 24769	Doc No	: 11716
Name	: TASWAR CHEEMA	Doc Date	: 2024-12-23T11:21:00
Age	: 31Y	Bill No	: 33000
Gender	: Male	Date	: 23/12/2024 11:21 AM
Nationality	: PAKISTANI	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 96959730	Ref.by	: DR.HAMMAD ISMAIL

TEST RESULT : OQ-001 OQ MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
OQ MEDICAL CHECKUP			
BLOOD GROUP & Rh TYPING	'AB' Positive		
COMPLETE BLOOD COUNT			
RBC	5.6 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	15.4 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	47 %	Male 42 -52 % Female 37 -47 %	
MCV	83 fl	76 - 96 fl	
MCH	27 pg	27 - 33 pg	
MCHC	33 %	32 -36 %	
WBC COUNT	7000 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	47 %	40-75 %	
LYMPHOCYTE	42 %	20-45 %	
EOSINOPHIL	3 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	6	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	2.7 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	55 u/l	44-147 U/ L	
T. BILIRUBIN	0.5 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.1 mg / dl	up to 0.4 mg /dl	
INDIRECT BILIRUBIN	0.4 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	32 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	30 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	8 g /dl	New born 5.2 - 9.1 g /dl Children 5.4 - 8.7 g /dl Adult 6.7 - 8.7 g /dl	
ALBUMIN	4.5 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	29 mg / dl	10-50 mg /dl	
S.CREATININE	1 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	7 mg / dl	3.4 - 7.2 mg /dl	

Reported By:
Lab Technician

Verified By:
Lab Technician

Approved By:
Lab Technician

Sr. Lab Technologist

Sr. Lab Technologist

Sr. Lab Technologist

Printed at: 23/12/2024 11:24:18

Signed at: 23/12/2024 11:24:17

Test	Result	Normal Range	Detailed Description
LIPID PROFILE			
Total Cholesterol	199 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	150 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	49 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	120 mg/dl	< 130 mg/dl	
VLDL	30 mg/dl	2-30 mg/dl	
NON HDL CHOLESTEROL	130 mg/dl	Less than 130mg/dl	
FASTING BLOOD SUGAR	92 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.020		
pH	Acidic		
Appearance	Clear		
CHEMICAL			
	0		
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC.			
PUS_ CELLS	1-2		
EPITHELIAL CELLS.	1-2		
RBCS	1-2		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA.	NIL		
OTHERS.	NIL		
URINE DRUG SCREEN			
OPIATE (URINE)	Negative		
MORPHINE (URINE)	Negative		
COCAINE (URINE)	Negative		
AMPHETAMINE (URINE)	Negative		
BENZODIAZEPINES (URINE)	Negative		
PHENCYCLIDINE (URINE)	Negative		
METHAMPHETAMINE (URINE)	Negative		
TRAMADOL (URINE)	Negative		
BARBITURATES (URINE)	Negative		
TRICYCLIC ANTIDEPRESSANTS (URINE)	Negative		
METHADONE (URINE)	Negative		
ALCOHOL TEST	Negative		

Remarks:



HR: 68 bpm
 PR: 166 ms
 P: 100 ms
 QRS: 98 ms
 T: 193 ms
 P/QRS/T Axis: 49.5/-44.2/1.1
 R(V5)/S(V1): 1.06/0.65
 R(V5)+S(V1): 1.71

Data for reference only:

<< Conclusions >>

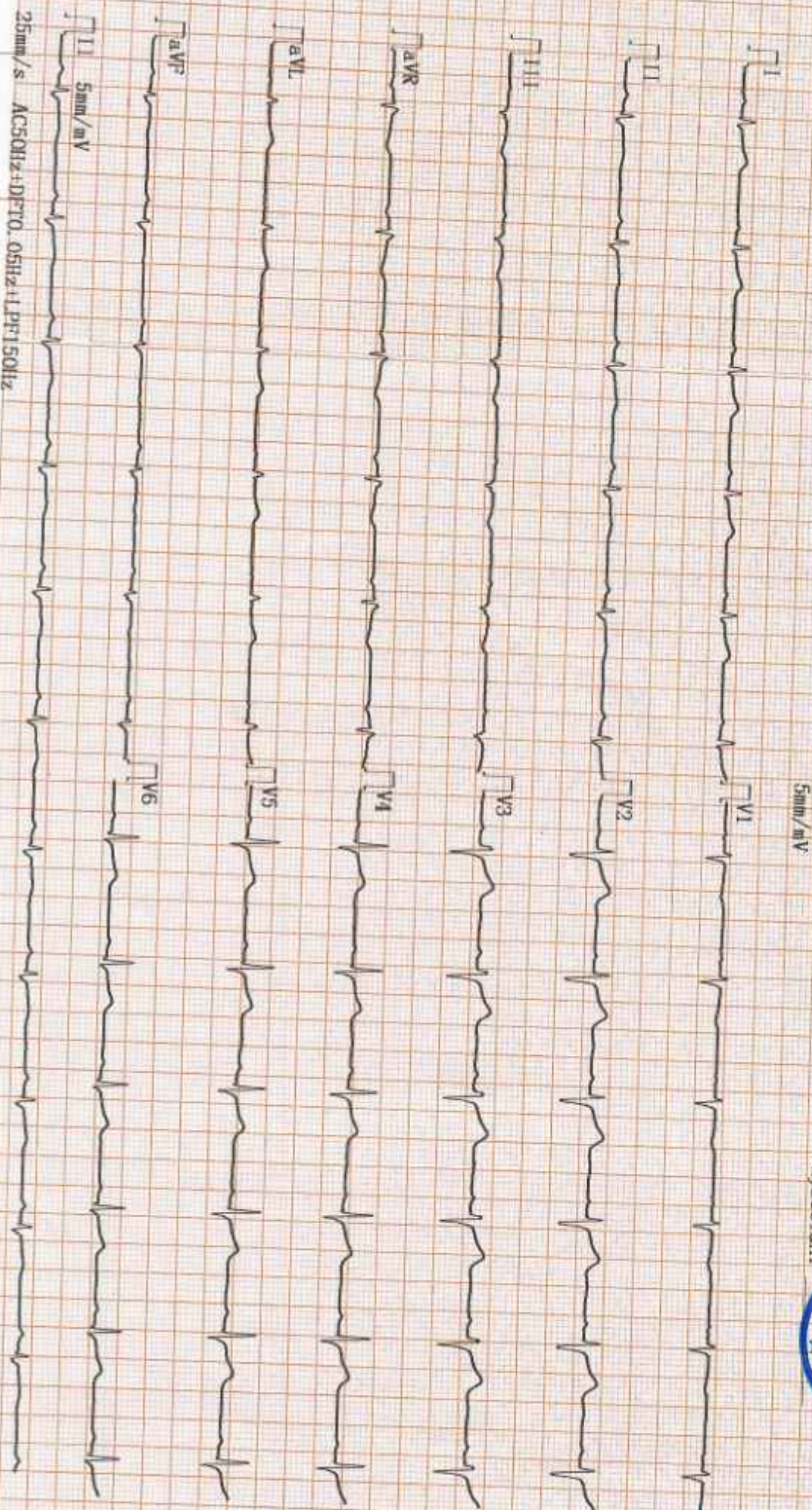
Normal Sinus Rhythm,
 Severity left axis deviation.

**Report need physician confirm

Physician:

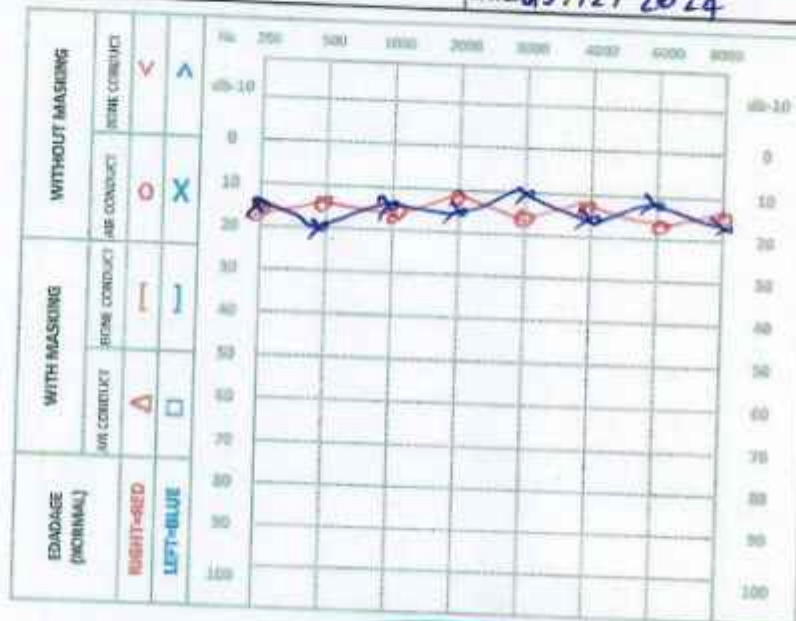


Operator: PEACE LAND MEDICAL SERVICE
 Custom1:
 Custom2:
 Custom3:
 AUTO 5mm/mV





NAME: TASAWAR CHEEMA		COMPANY: TRUCK OMAN
AGE: 31 Y	GENDER: M/F	OCCUPATION: HD DRIVER
REF. BY:		DATE: 23/12/2024



INTERPRETATION
O RIGHT EAR
X LEFT EAR

RESULT
☒ **NORMAL**
HEARING LOSS
☐ **RIGHT**
☐ **LEFT**



DR. HAMMAD MD ISMAIL
GENERAL PRACTITIONER
MOH License No: 20073



ص.ب. 1203، الزمزم العربي، 133، بناية القديسة صلي، أبراج الشهباء، مبنى أ، سديقة عمان
P.O. Box 1403, Postal Code : 513, Al Azhar, Roundabout at Sathia Tower, Sultanate of Oman
تلف: 24617117, 24617148, 24617149, 24617149/24617148/24617149 فاكس

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
24769	TASWAR CHEEMA	31Y/M	23-12-2024	

DIGITAL X-RAY CHEST PA VIEW

FINDINGS:

Trachea and mediastinum in midline.

Both lung fields show normal bronchovascular markings.

Cardiothoracic ratio is within normal limits.

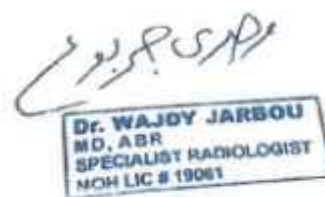
Both cardiophrenic and costophrenic angles are free.

Both domes of diaphragm are normally placed.

Bony ribcage and soft tissue structures appear normal.

IMPRESSION:

- NO ABNORMALITIES DETECTED



Dr. Wajdy Jarbou
MD ABR
Specialist Radiologist
MOH Lic # 19061