OQEP Occupational Health
MEDICAL EVALUATION REPORT - SUMMARY

OQEP-COR-HSE-HEL-FRM-00021
Classification: External Use
Review: 03-31/08/2024

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
73695116	1916	AVTAR SINGH	FORKLIFT OPERATOR

Nationality	Age	Sex	Company	Location
INDIAN	64	M	TRUCKOMAN NORTH	HAINA

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 130/70 [✓] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crises

BMI Category: 30.6 [ ] 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 Framingham [ ] Low [ ] Moderate [ ] Hig

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: B+ve

Pre-existing condition:

Remarks:

Glucose Level Category 93 mg/dl [✓] Normal 80 – 100 mg/dl [ ] Pre diabetic 100 – 125 mg/dl [ ] Diabetic > 126 mg/dl

Cholesterol Risk Category 121 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 16) [ ] Positive answers Factor IV (17 to 20)

Clinic Doctor Name	License #	Hospital	Doctor Signature & Clinic Stamp	Issue Date
				8-10-2025

Peace Land Clinic Rukhaizna C.R.NO-2217783

DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078

OQEP	OQEP Occupational Health FITNESS TO WORK CERTIFICATE [CONTRACTOR]	OQEP-COR-HSE-HEL-FRM-00021 Classification: External Use Review: 03-31/08/2024

EMPLOYEE IDENTIFICATION

Company	Ident	Name
TRUCKMAN NORTH		

Patient:15784 Reg.Dt: 08/10/202
Name: AVTAR SINGH BHATOE
Gender: Male Nationality: INDIA
Age: 43Y Mar. Status: Unmarrie
Address:

Nationality	Age	Sex	Entry Date	Job Title
			8/10/2025	FORKLIFT OPERATOR

MEDICAL SUITABILITY FOR WORK

Medical Evaluation Type	[ ] Pre-employment	[✓] Periodic	[ ] Exit	[ ] Job Transfer	[ ] Post-absence [ ] Cause Triggered
Medical Suitability for Work	[✓] Fit to Work	[ ] Unfit	[ ] Fit with Restrictions		

FIT

Restrictions

	Working at height		Heavy lifting operation		Pulling, pushing or carrying weight
	Working in confined space		Emergency response duty		Ascend/descend ladders and stairs
	Working with electricity		Manual cargo handling		Walking or standing for long distance/period
	Working near rotating machinery		Deep excavation		Repetitive movements
	Driving vehicles		Food handling		Handling chemical products
	Mobile machinery operation		Working in noise area		Working in extreme heat

Other, specify

Restriction Type [ ] Temporary until ____/____/____ [ ] Permanent

Annotations:

mild ↑ lipid profile for life style modification
& review after 3 months

Doctor Name	Medical License	Hospital	Doctor Signature
DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078		Peace Land Clinic Mukhtarizma	

OQEP Occupational Health PHYSICAL ASSESSMENT FORM

OQEP-COR-HSE-HEL-FRM-00021
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73695116	1916		FORKLIFT OPERATOR

Patient:15784 Reg.Dt: 08/10/202
Name: AVTAR SINGH BHATOE
Gender: Male Nationality: INDIA
Age: 43Y Mar. Status: Unmarrie
Address:

Nationality	Age	Sex	Location
			TRUCK OMAN NORTH / HAIMA

VITAL SIGNS

Height: 180 cm | Weight: 99 Kg | BMI: 30.6 | Blood Pressure: 130/70 mmHg

Pulse: 70 /min | Medical Practitioner Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 | Signature:

VISUAL 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: 8/10/2025 | Medical Practitioner Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 | Signature:

RESPIRATORY SYSTEM

[1] Spirometry Test

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

Diagnosis: ☐ Asthma ☐ COPD ☐ Other _____

Acceptability Criteria (select all what is applicable)
☐ Free from artifacts ☐ 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: _____ | Medical Practitioner Name: _____ | Signature: _____

[2] Chest Shape and Movment

☑ 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: 8/10/2025 | Physician Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 | Signature:

ENT SYSTEM

[1] Otoscopy

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

[2] Hearing Test

Whisper Test	☑ Normal ☐ Abnormal ☐ Not Exam	Adiometry Done	☑ Yes ☐ No
Rinne Test	☐ Normal ☐ Abnormal ☐ Not Exam		
Weber Test	☑ Normal ☐ Abnormal ☐ Not Exam		

Audiologist's Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 | Signature:

Hearing Questionnaire verified: ☑ Yes ☐ No

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Patient:15784 Reg.Dt: 08/10/202
Name: AVTAR SINGH BHATOE
Gender: Male Nationality: INDIA
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QEP Occupational Health
SICAL ASSESSMENT FORM

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ENT SYSTEM

[2] Nose Assessment

☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

[3] Throat Assessment

☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

CARDIOVASCULAR SYSTEM

[1] Heart Sounds

☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

[2] Heart Murmurs

☐ Present ☑ Absent ☐ Not Examined	If present, describe below:

[3] Peripheral Pulses

☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

[4] Peripheral Veins

☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

NEUROLOGICAL SYSTEM

[1] Mental Status

☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

[2] Cranial Nerves

☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

[3] Motor System

☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

[4] Reflexes

☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

[5] Sensory System

☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

[6] Coordination, Station, Gait

☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

MUSCULOSKELETAL SYSTEM

[1] Hand and Wrist

☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

[2] Elbow and Shoulder

☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

[3] Hip

☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

[4] Knees

☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

[5] Foot and Ankle

☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

[6] Spine and Back

☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

OTHER

[1] Skin, Extremities

☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

[2] Head & Neck

☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

[3] Mouth and Teeth

☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

[4] Hernial Orifices

☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

[5] Abdominal Organs

☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

[6] Lymph Nodes

☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

Date of Examination: 8/10/2025 Physician Name:

Peace Land Clinic Mukhaizna

DR. HAMMAD MD ISMAIL
GENERAL PRACTITIONER
MOH License No: 20078

Signature:

OQEP Occupational Health
MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

OQEP-COR-HSE-HEL-FRM-00021	
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A3695116	1916	FORKLIFT OPERATOR

Patient:15784 Reg.Dt: 08/10/202
Name: AVTAR SINGH BHATOE
Gender: Male Nationality: INDIA
Age: 43Y Mar. Status: Unmarrie
Address:

Nationality	Age	Sex	Location
			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 or 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, G6PD		Yes	✓	No	Experienced unintentional weight loss or gain > 5kg over the past year		Yes	✓	No
Haemorrage 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
Recurrent headaches or migraine		Yes	✓	No	Allergies e.g. dust, medication, insect bites, chemicals		Yes	✓	No
Epilepsy and recurrent seizures		Yes	✓	No	Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gastritis		Yes	✓	No
Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope)		Yes	✓	No	Haemorrhoids, fistulae and fissures causing pain, or recurrent bleeding		Yes	✓	No
Sleep disorders, such as insomnia, hypersomnia, sleep apnea, narcolepsy		Yes	✓	No	Liver and pancreas diseases (e.g. pancreatitis, Hepatitis, Jaudice)		Yes	✓	No
Chronic anxiety states and/or recurrent depression		Yes	✓	No	Kidney or bladder diseases e.g. recurrent infection, renal stones		Yes	✓	No
Phobias such as fear of heights, fear of confined spaces, fear of flying		Yes	✓	No	Ear, nose or throat problems (e.g. otitis, hearing loss, tinnitus, sinusitis, tonsilitis)		Yes	✓	No
Lung disease e.g. bronchitis, asthma, dyspnea, Tuberculosis (TB)		Yes	✓	No	Eye disease or visual defect (e.g. glaucoma, color blindness, monocular vision)		Yes	✓	No
Phlegm production (excess mucus production) or tight chest		Yes	✓	No	Treated for infectious diseases (e.g. malaria, COVID19, dengue)		Yes	✓	No
Immuno suppression due to cancer or human immunodeficiency virus		Yes	✓	No	Treated for mental halth problems, such as depression, stress, anxiety		Yes	✓	No
Lump in breast or armpit		Yes	✓	No	Treated for substance or alcohol abuse		Yes	✓	No

Any other diseases not mentioned in the above list? [ ] No [✓] Yes, please specify:

Any disabilities and compesations received? [ ] No [✓] Yes, please specify:

List any previous injuries or operations

Previous injuries or operations	Date

Have you visited a doctor in the last year?		Yes	✓	No
Are you taking any medication at present?		Yes	✓	No
Are you pregnant? EDD: ___/___/____		Yes		No

Date: 8/10/2025

Peace Land Clinic Mukhaizna

Candidate/Employee Signature

Avtar Singh

OQEP Occupational Health
HEALTH SCREENING QUESTIONNAIRE

OQEP-COR-HSE-HEL-FRM-00021
Classification: External Use
Review: 03-31/08/2024

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Civil ID / Passport #	Company ID #	Position
J3695116	1916	FORKLIFT OPERATOR

Patient:15784 Reg.Dt: 08/10/202
Name: AVTAR SINGH BHATOE
Gender: Male Nationality: INDIA
Age: 43Y Mar. Status: Unmarrie
Address:

Nationality	Age	Sex	Location
			HAIMA

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.Has 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: 8/10/2025

Peace Land Clinic Mukhaizna

Candidate/Employee Signature
Avtar Singh

OQEP Occupational Health
RESPIRATORY PROTECTION QUESTIONNAIRE

OQEP-COR-HSE-HEL-FRM-00021
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Review: 03-31/08/2024

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Patient:15784 Reg.Dt: 08/10/202
Name: AVTAR SINGH BHATOE
Gender: Male Nationality: INDIA
Age: 45Y Mar. Status: Unmarrie
Address:

Nationality	Age	Sex	Location
			HAIMA

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? [✓] YES [ ] NO What type: ☐ Disposible mask ☐ Cartidge 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 odors	[ ] YES	[ ] NO	e. Claustrophobia (fear of closed in places)
[ ] YES	[ ] NO	b. Diabetes (sugar disease)	[ ] YES	[ ] NO	d. Allergic reactions that interfere with your breathing			

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

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

Date: 6/10/2025

Peace Land Clinic Mukhaizna

Candidate/Employee Signature

Avtar Singh

OQEP Occupational Health
HEARING CONSERVATION QUESTIONNAIRE

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Nationality	Age	Sex	Location
			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

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

Peace Land Clinic Mukhaizna

Date: 8/10/2025

Candidate/Employee Signature
Avtar Singh

PeacelandMedicalServiceLLC,Mukhaizna
CRNo.:2/13627/9,P.O.Box:1403,
PostalCode:133,
OccidentialCampMukhaizna,SultanateofOman

PATIENTDETAILS:

PatientID	: 15784	DocNo	: 15423
Name	:AVTARSINGHBHATOE	DocDate	:2025-10-08T16:02:00
Age	: 43Y	BillNo	: 37646
Gender	: Male	Date	:08/10/202516:02PM
Nationality	: INDIAN	Customer	: TRUCKOMANOIL&GASSERVICES
GSIDNo	: 72081619	Ref.by	:DR.HAMMADISMAIL

TESTRESULT:OQ-001OQMEDICALCHECKUP

Test	Result	NormalRange	DetailedDescription
OQMEDICAL CHECKUP			
BLOODGROUP&Rh TYPING	' B 'Positive		
COMPLETEBLOODCOUNT			
RBC	5.5Million/c	Male4.5-6.0million/cu Female4.5-5.5million/cu	
HAEMOGLOBIN	15.1gm%	Male13-18gm% Female11 - 15gm %	
HCT	44%	Male42-52% Female37-47%	
MCV	79fl	76-96fl	
MCH	27pg	27-33pg	
MCHC	34.5%	3236%	
WBCCOUNT	5200cells/cumm	4000- 11 000 cells / cu mm	
DIFFERENTIALCOUNT			
NEUTROPHIL	53%	40-75%	
LYMPHOCYTE	34%	20-45%	
EOSINOPHIL	5 %	1-8%	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	10	Male0-15mm/1sthour Female0-20mm/1st hour	
PLATELET	2 lakhs/cumm	1.5-4.5lakhs/cumm	
Sicklecells(Screen)	NEGATIVE		
LIVERFUNCTIONTEST			
ALKALINEPHOSPHATASE	56u/l	44-147U/L	
T.BILIRUBIN	0.7mg/dl	upto2.0mg/dl	
DIRECTBILIRUBIN	0.3mg/dl	upto0.4mg/dl	
S.G.O.T.	12u/l	Male0-50u/l Female0-41u/l	
S.G.P.T.	20u/l	Male0-45u/l Female0-32u/l	

ReportedBy:
LabTechnician
Sr.LabTechnologist

Peace Land Clinic Mukhaizna

VerifiedBy:
LabTechnician
Sr.LabTechnologist

ApprovedBy:
LabTechnician
Sr.LabTechnologist

Printedat:08/10/202516:41:37

Signedat:08/10/202516:10:24

Test	Result	NormalRange	DetailedDescription
T.PROTEIN	6.7g/dl	Newborn5.2-9.1g/dl Children 5.4 - 8.7 g /dl Adult6.7-8.7g/dl	
ALBUMIN	3.8g/dl	3.6-5.5g/dl	
RENAL FUNCTIONTEST			
UREA	20mg/dl	10-50mg/dl	
S.CREATININE	0.8mg/dl	0.7-1.2mg/dl	
S.URIC ACID	5.7mg/dl	3.4-7.2mg/dl	
LIPIDPROFILE			
TotalCholesterol	199mg/dl	Normal < 200mg/dl Borderline:200-239mg / dl High>240mg/dl	
Triglyceride	148mg/dl	Normal0.0-150mg/dl	
HDL-CHOL	48mg/dl	35.0-79.0mg/dl	
LDL-CHOL	121mg/dl	<130mg/dl	
VLDL	29mg/dl	2-30mg/dl	
FASTINGBLOODSUGAR	93mg/dl	70-110mg/dl	
URINEROUTINEANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Paleyellow		
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	1-3		
EPITHELIALCELLS.	0-2		
RBCS	0-1		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NIL		
OTHERS.	NIL		
URINEDRUGSCREEN			
OPIATE(URINE)	NEGATIVE		
MORPHINE(URINE)	NEGATIVE		
COCCAINE(URINE)	NEGATIVE		
AMPHETAMINE(URINE)	NEGATIVE		
BENZODIAZEPINES(URINE)	NEGATIVE		
PHENCYCLIDINE(URINE)	NEGATIVE		
METHAMPHETAMINE(URINE)	NEGATIVE		

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Test	Result	NormalRange	DetailedDescription
TRAMADOL(URINE)	NEGATIVE		
BARBITURATES(URINE)	NEGATIVE		
TRICYCLICANTIDEPRESSANTS (URINE)	NEGATIVE		
METHADONE(URINE)	NEGATIVE		
ALCOHOLTEST	NEGATIVE		

Remarks:

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Patient:15784 Reg.Dt: 08/10/202
Name: AVTAR SINGH BHATOE
Gender: Male Nationality: INDIA
Age: 43Y Mar. Status: Unmarrie
Address:

Heart Rate: 67 bpm
PR/RR Int.:154/896 ms
QRS Dur: 100 ms
QT/QTc: 388/409 ms
P-R-T axes: -11 59 40
SV1/RV5/R+S:0.33/1.06/1.39mV

Prescribed by:

** Analysis Result ** (To be finally confirmed by physician)
Normal Sinus Rhythm
[Normal ECG]

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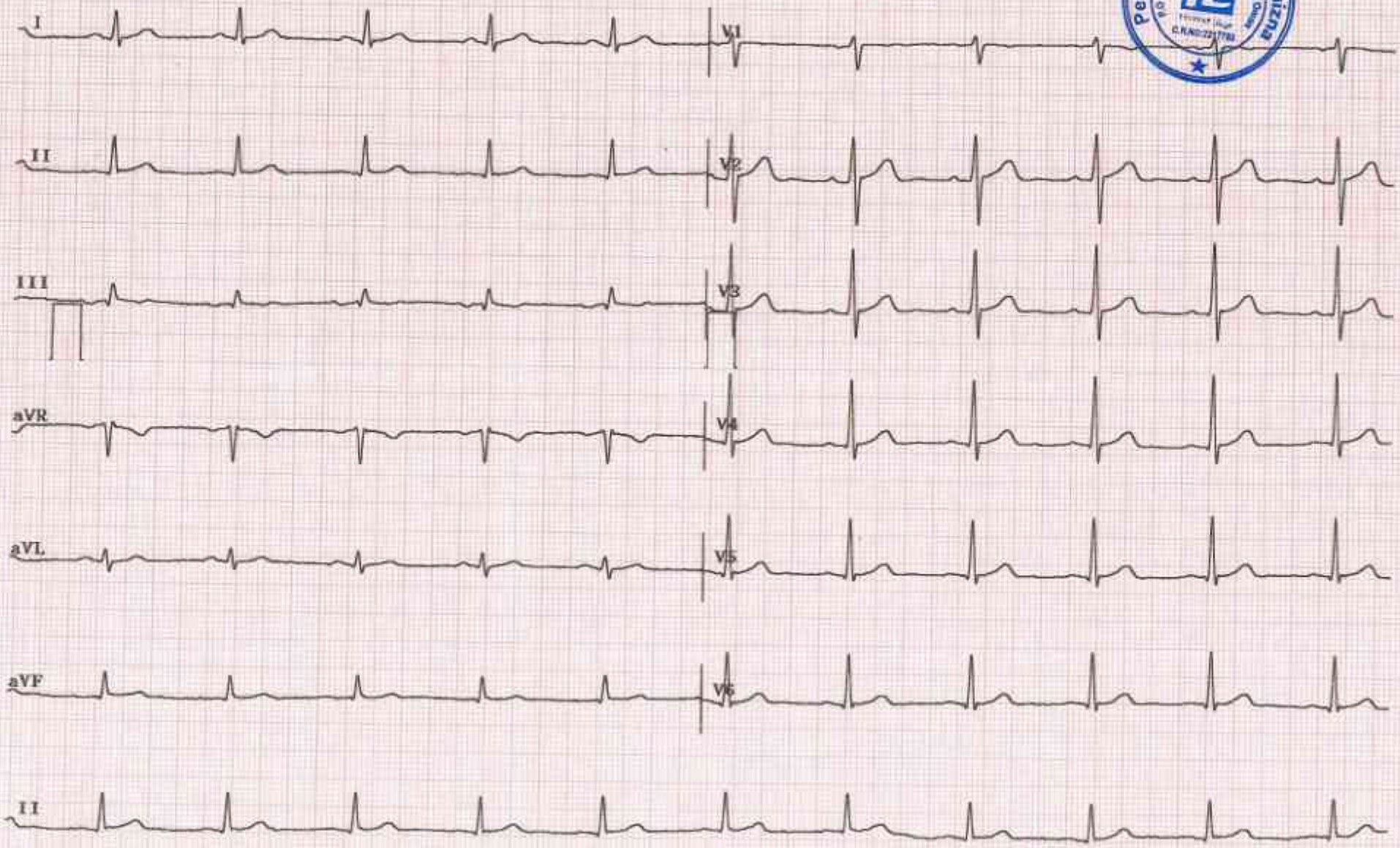

Base:0Hz LPF:100Hz AC:50Hz EMG:On 10.0mm/mV 25.0mm/sec EKG2000 6.00/3.24 Bionet Co., Ltd.

بلاد السلام للخدمات الطبية ش.م.م
Peace Land Medical Services L.L.C

PATIENT ID: 15784

Estimated 10-year Global CVD Risk

5.60%

Risk Category

Estimated Vascular Age

45 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)

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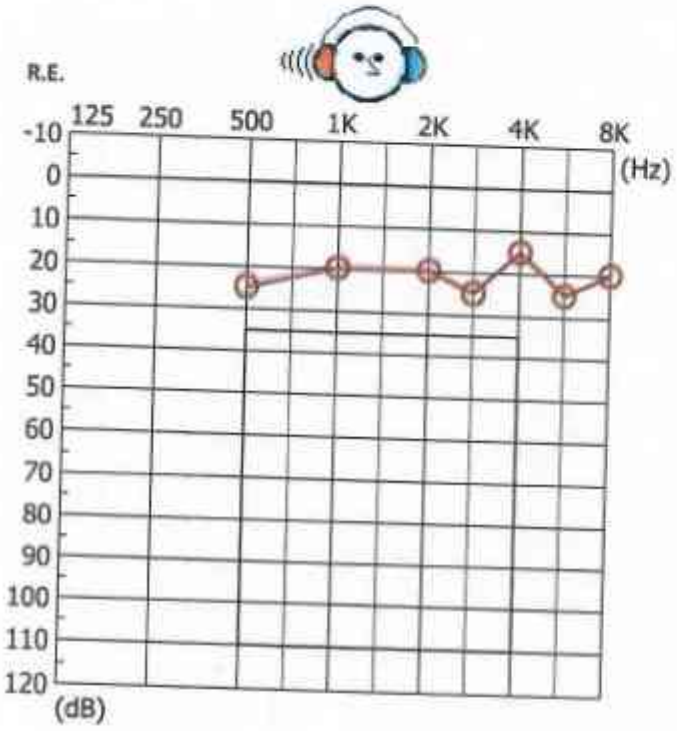
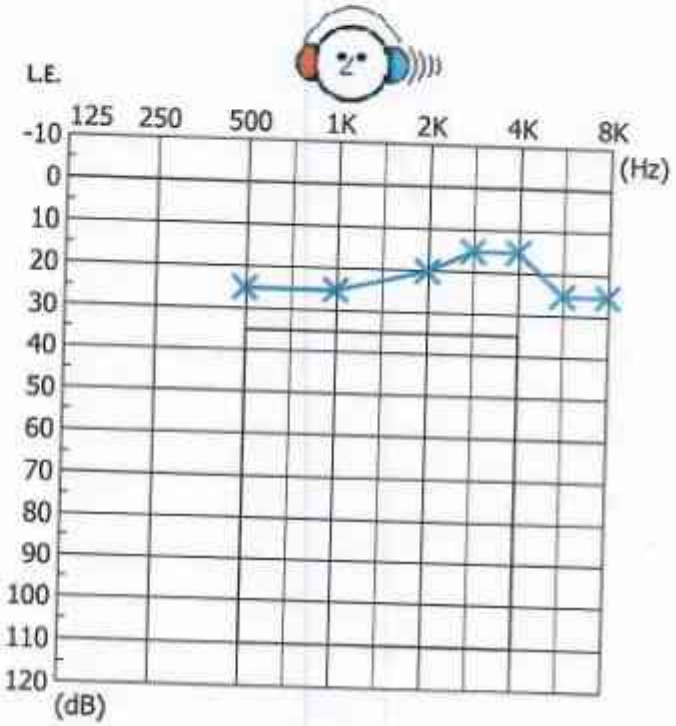
AUDIOMETRY REPORT

Name: SINGH, AVTAR
Age(y): 43
Sex: Man
Height (cm): 0
Weight(Kg): 0
BMI:

SIBELMED W50

Test date: 08/10/2025
Reference: 736995116
Technician:
Reason:
Origin:
Equipment:
Device serial numb.:
Flash Version:





MINISTRY OF LABOUR AND SOCIAL AFFAIRS

	R.E.	L.E.
Hearing Loss (%)	0.0	0.0
Average dBs	22.5	21.2
Bilateral Loss (%)	0.0	

No Masking	R.E.	L.E.	With Masking	R.E.	L.E.
Air	O	X	Air	△	□
Bone	<	>	Bone	⊏	⊐
F.Field	⊘	⊗			
No response	O↙	X↘			

Right ear Normal
Left ear Normal

COMMENTS: Normal

DR. HAMMAD MD ISMAIL
GENERAL PRACTITIONER
MOH License No: 20078

Peace Land Clinic Mukhaizna

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
15784	AVTAR SINGH BHATOE.	43Y/M	08-10-2025	

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**
-

LUMBOSACRAL SPINE AP / LATERAL

Normal bone density.

Vertebral bodies, pedicles, posterior elements appears normal.

Intervertebral disc space is normal.

Sacroiliac joints appear normal.

Pre and paravertebral soft tissue appears normal.

No pars defect.

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OPINION;

- NORMAL STUDY.
-

Peace Land Clinic Mukhaizna

Dr. K. VIJAYAKUMAR
MBBS, DMRD
Radiologist
MOH Lic No.: 7560

Dr. Kumaresan Vijayakumar
MBBS, DMRD
Radiologist
MOH Lic No.: 7560