

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

Ref: 19448 Reg. D: 24-2204
 Job: OQ CONTRACTORS
 Employer: NTA Nationality: INDIA



CANDIDATE / EMPLOYEE IDENTIFICATION				
Civil ID / Passport #	Company ID #	Name	Position	
85409033	6364	BALWINDER SINGH	HD DRIVER	
Nationality	Age	Sex	Company	Location
INDIAN	61	M	TRUCK OMAN	MAINA

EXAMINATION TYPE	
Examination	☒ Pre-employment ☐ Periodic ☐ Exit

VITAL SIGNS & BODY MEASURES	
Blood Pressure Category:	130/80 ☒ Normal ☐ Prehypertension ☐ Hypertension Stage 1 ☐ Hypertension Stage 2 ☐ Hypertension Crisis
BMI Category:	31.2 ☐ Underweight ☐ Normal ☐ Overweight ☒ Obese ☐ Morbid Obesity
Remarks:	OBESSE. REDUCE WEIGHT, LSM.

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	95 mg/dl ☒ Normal 80 - 100 mg/dl ☐ Pre-diabetic 100 - 125 mg/dl ☐ Diabetic > 125 mg/dl
Cholesterol Risk Category	110 mg/dl ☒ Low Risk LDL is less 130 mg/dl ☐ Moderate Risk LDL 130-159 mg/dl ☐ High Risk LDL > 159 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
BRQ-20 Self-reported Questionnaire	☐ No positive answers ☐ Positive answers Factor I (1 to 5) ☐ Positive answers Factor II (7 to 12) ☐ Positive answers Factor III (13 to 16) ☐ Positive answers Factor IV (17 to 20)

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



Doctor Signature & Clinic Stamp: [Signature]
 Issue Date: 30/12/2024

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #			Position	
85409033	6364			HD DRIVER	
Nationality	Age	Sex	Date of Birth		Location
INDIAN	51	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 TO WORK AS PER
SPECIALIST
REPORT.
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

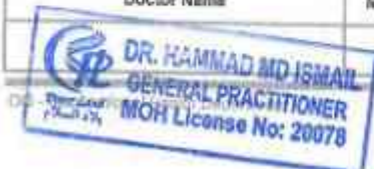
Other, specify

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
24/12/2024	

Medical Review Date	Employee Signature
	Bachmanor Sam

Doctor Name	Medical License	Medical Doctor Signature
DR. HAMMAD MD ISMAIL		



MEDICAL & SURGICAL HISTORY QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	DOB		Position	
854 07033	63 64	1944		HD DRIVER	
Nationality	Age	Sex	Religion	Location	
INDIAN	51	M	BAHINDER MAHAR	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	Infected 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: 24/12/2024



List any previous injuries or operations	
Previous injuries or operations	Date

Candidate/Employee Signature: Bahinder Singh

SCREENING QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name		Position
85409033	6364			MD DRIVER
Nationality	Age	Sex	Date of Birth	Location
INDIAN	51	M		HAIMA

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-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 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 try 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: 24/12/2024



Candidate/Employee Signature

Balwinder Singh

RESPIRATORY PROTECTION QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	Name		Position	
86409033	6364	[Redacted]		HD DRIVER	
Nationality	Age	Sex	Date of Birth	Location	
INDIAN	51	M	24/12/2024	HAIMA	

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? ☐ YES ☒ NO What type: ☐ Disposable mask ☐ Canister 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: 24/12/2024

Candidate/Employee Signature: [Signature]



HEARING CONSERVATION QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	DOB		Position	
85409033	6364			HD DRIVER	
Nationality	Age	Sex	DOB	Location	
INDIAN	51	M		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 ☐ 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:

24/12/2024



Candidate/Employee Signature

Balwinder Singh

PHYSICAL ASSESSMENT FORM



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #			Position	
85409033	6364			HD DRIVER	
Nationality	Age	Sex	DOB	Location	
INDIAN	51	M		MAINA	

VITAL SIGNS					
Height	166 cm	Weight	86 Kg	BMI	31.2
Pulse	90 /min	Blood Pressure	130/80 mmHg		

VISUAL SYSTEM					
Medical Practitioner Name:	DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078				Signature:
Visual Acuity Test	Right Uncorrected	Left Uncorrected	Right Corrected	Left Corrected	Both Corrected
	6/6	6/6			6/6

Colour Vision Test (Ishihara)	# of Plates passed	Inform the Plates # failed	Visual Field Test	Stereoscopic Vision Test
Date of Examination:	24/12/2024		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
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	☐ >3 acceptable curves FEV1 values AND FVC values within 0.15L (150 ml)
☐ Good start	☐ Total of THREE to EIGHT tests performed
☐ Satisfactory expiration	☐ The patient CAN NOT or SHOULD NOT continue
☐ NOT satisfactory	

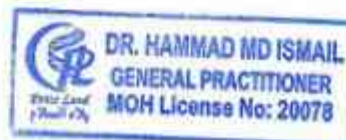
The Patient Demonstrated:	☐ Good Effort	☐ Difficulty following instructions	☐ Ability to obtain only one good effort	☐ Poor Effort	☐ Cooperation
Date of Examination:	Medical Practitioner Name:				
	Signature:				

[2] Chest Shape and Movement		[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	

Date of Examination:	24/12/2024		Physician Name:	DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078
				Signature:

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



PHYSICAL ASSESSMENT FORM

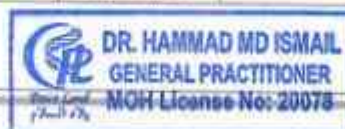
NO: 19448 Reg. Dt: 24-12-2024
 DOC: HALLAN, J. R. STAFF
 SDC: N/A Natigoddis 2024/12/24



ENT SYSTEM	
[1] Nose Assessment ☒ Normal ☐ Abnormal ☐ Not Examined If abnormal, describe below:	[2] 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] Knee ☒ 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: 24/12/2024 Physician Name:

OQ - Occupational Health Department



Signature: *[Signature]*
 Date: 24/12/2024



Peaceland Medical Service LLC, Mukhaizna
 CR No.:2/13627/8, P.O.Box: 1403,
 Postal Code: 133,
 Occidental Camp Mukhaizna, Sultanate of Oman

PATIENT DETAILS :

Patient ID : 19448	Doc No : 11723
Name : BALWINDER SINGH	Doc Date : 2024-12-24T11:23:00
Age : 51Y	Bill No : 33019
Gender : Male	Date : 24/12/2024 11:23 AM
Nationality : INDIAN	Customer : TRUCKOMAN OIL & GAS SERVICES
GBM No : 93503347	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	'A' Positive		
COMPLETE BLOOD COUNT			
RBC	5.6 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	17 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	50 %	Male 42 -52 % Female 37 -47 %	
MCV	88 fl	76 - 96 fl	
MCH	30 pg	27 - 33 pg	
MCHC	33 %	32-36 %	
WBC COUNT	7000 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	51 %	40-75 %	
LYMPHOCYTE	38 %	20-45 %	
EOSINOPHIL	3 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	2	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	1.6 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	50 u/l	44-147 U/ L	
T. BILIRUBIN	0.5 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.2 mg / dl	up to 0.4 mg /dl	
INDIRECT BILIRUBIN	0.3 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	35 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	40 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	28 mg / dl	10-50 mg /dl	
S.CREATININE	0.8 mg / dl	0.7 - 1.2 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: 24/12/2024 11:36:02

Signed at: 24/12/2024 11:26:02



Test	Result	Normal Range	Detailed Description
S.URIC ACID	6.3 mg / dl	3.4 - 7.2 mg /dl	
LIPID PROFILE			
Total Cholesterol	198 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	54 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	110 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	95 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.010		
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:



<< PLMS MCT

<< Conclusions >>

Data for reference only:

ID: 15445 Reg. Dt: 24.12.2024

Unit: PEACELAND MEDICAL

Order No.: Autocontrol

ID:

Operator: PEACELAND MEDICAL

Custom1: SEROT/QTc

Custom2:

Custom3:

HR bpm : 79
PR Interval ms : 169
P Duration ms : 118
QRS Duration ms : 83
T Duration ms : 181
P/QRS/T Axis deg : 366/418
R(V5)/S(V1) mV : 0.77/0.00
R(V5)+S(V1) mV : 0.77

Normal Sinus Rhythm;
Cardiac electric axis normal;

Report need physician confirm

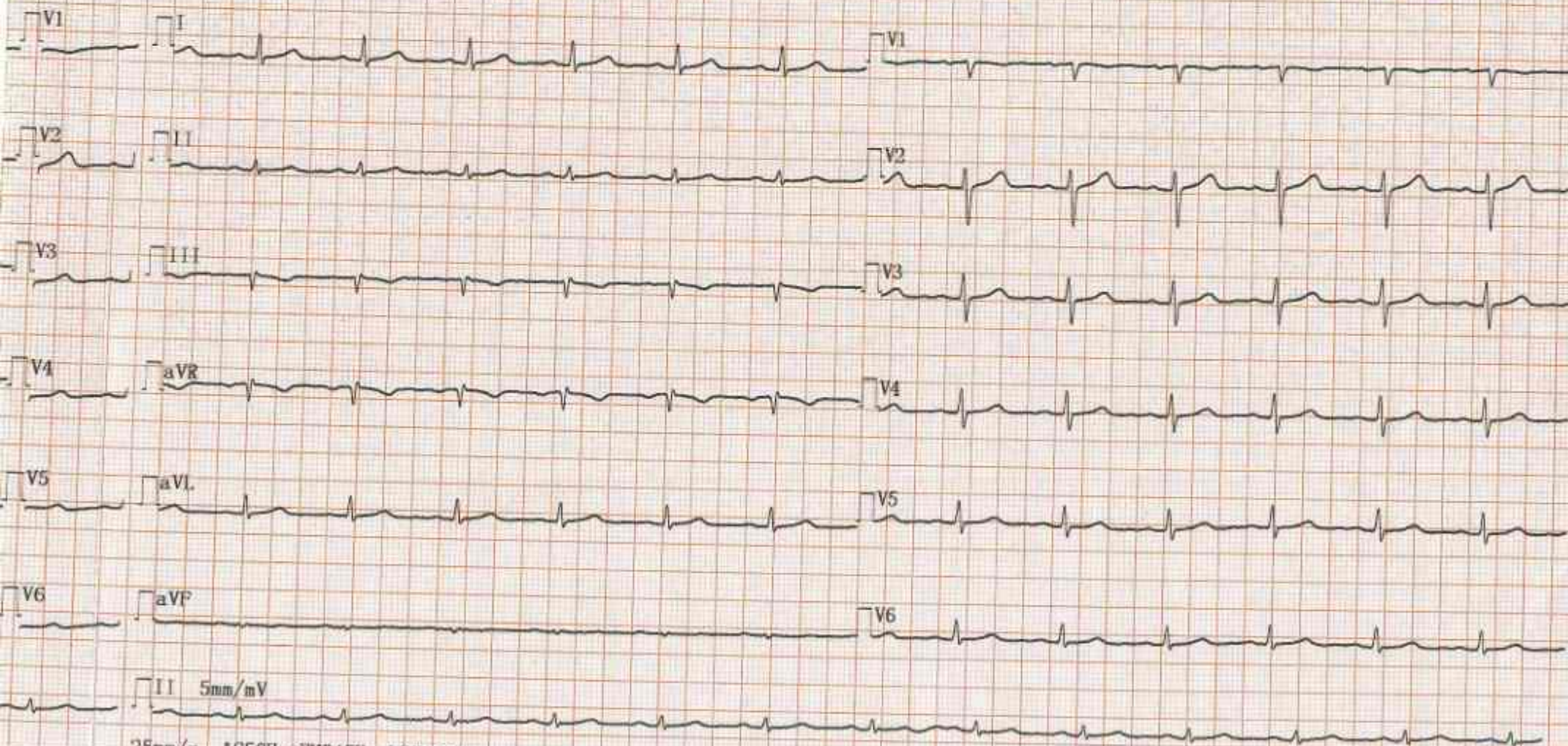


Physician:

5mm/mV

AUTO 5mm/mV

5mm/mV



25mm/s AC50Hz+EMG45Hz+LPF150Hz



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

PATIENT ID: 19448

Estimated 10-year Global CVD Risk

7.90%

Risk Category

Low Risk

Estimated Vascular Age

51 Years

Treatment Guidelines

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

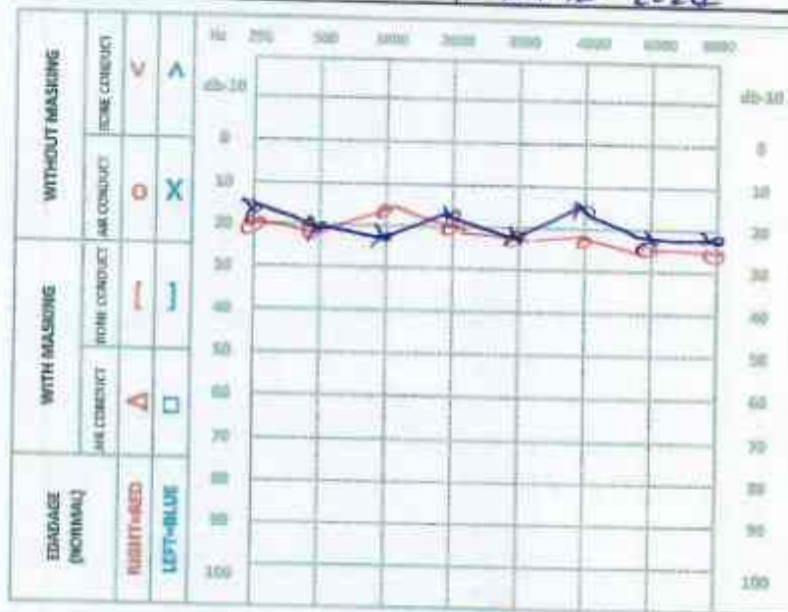
LDL <3 mmol/L (<120 mg/dL)

TChol <5 mmol/L (<194 mg/dL)





NAME: <u>BAKINDER SINGH</u>		COMPANY: <u>TRUCK OMAN</u>
AGE: <u>51Y</u>	GENDER: <u>LM/F</u>	OCCUPATION: <u>HD DRIVER</u>
REF. BY:		DATE: <u>29/12/2024</u>



INTERPRETATION
 O RIGHT EAR
 X LEFT EAR

☒	RESULT
☐	NORMAL
☐	HEARING LOSS
☐	RIGHT
☐	LEFT

د احمد



ص. ب. ١٢٠٣ / الزمر الميمني - ١٢٢٠ / دار القديمة عيسى ابراهيم المسعود ميمنه / سلسلة شمال
PO-Box 1403, Postal Code: 111, Al Azhar, Roundabout al Saffar Tower, Sultanate of Oman
Tel: 24617117 / 24617148 / 24617149 / (+968) 91571111 / 91571120 / 91571119 / هاتف

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
19448	BALWINDER SINGH	51Y/M	24-12-2024	

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.

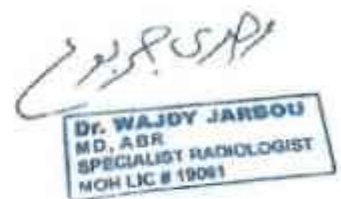
Both cardiophrenic and costophrenic angles are free.

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



nmc specialty hospital, al ghoubra

P.O BOX : 613, Postal Code : 133
AL-GHOUBRA
24504000

Fitness Certificate

Empno:

Date of issue : 29/12/2024

Ref No : 0000130/FIT/NMC/2024

This is to certify that Mr. / Mrs. *BALWINDER SINGH* with file no *14468013* and Resident card no. *85409033* was *Examined* at *nmc specialty hospital, al ghoubra* on *29/12/2024* and will be *FIT TO WORK* from the medical point of view starting from *29/12/2024*

DIAGNOSIS

Z02.1-Encounter For Pre-Employment Examination

Remarks

FIT TO WORK

DR MUHAMMAD SIDDIQUI

Place: *nmc specialty hospital, al ghoubra*

Signature


DR. MUHAMMAD KAMRAN SIDDIQUI
Specialist - Internal Medicine / Family Medicine
M.D. (U.S.A.) No. 25877
Fellow, American Academy on Physician and Surgeons



(Hospital Seal)

12/29/2024 10:22:23 AM Bruce

Bmw

ID: 14468013	Second ID: 2596760	Admission ID: 14468013
Date of Birth:	Height:	Gender: Male
Age: 51 Years	Weight:	Race: Unknown
Indications PDO FOR FITNESS	Medications NIL	
Referring Physician: DR.MUHAMMED SIDDIQUI	Location:	Procedure Type: TMT FOR PDO FITNESS
Attending Phy: DR.MUHAMMED SIDDIQUI	Target HR: 144 bpm (85%)	Reasons for end: ACHIEVED THR
Technician: PRASAD KD	Max HR(%MPHR): 171 bpm (101%)	Symptoms: NIL
Diagnosis:	Notes:	
Conclusions The patient was tested using the Bruce protocol for a duration of 08:39 mins and achieved <u>10.3 METs</u>. A maximum heart rate of 171 bpm with a target predicted heart rate of 90% was obtained at 08:30. A maximum systolic blood pressure of 180/90 was obtained. The patient reached target heart rate with appropriate heart rate and blood pressure response to exercise. No significant ST changes during exercise or recovery. No evidence of ischemia. Normal exercise stress test.		

UNCONFIRMED REPORT

Reviewed by:

Signed by:

Date:

[illegible]