OQ

Patient: 16894 Reg.Dt: 15/12/20..
Name: SURINDER SINGH
Gender: Male Nationality: [illegible]

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

OQ

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
91442626	6513	SURINDER SINGH	HD DRIVER

Nationality	Age	Sex	Company	Location
INDIAN	47	M	TRUCK OMAN	HAIMA

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 130/90 [✓] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crises

BMI Category: 29.4 [ ] Underweight [ ] Normal [✓] Overweight [ ] Obese [ ] Morbid Obesity

Remarks: OVER WEIGHT, REDUCE WEIGHT & LSM

VISUAL TEST

Visual Acuity Test: CORRECTED RT 6/6 CORRECTED 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: 90 mg/dl [✓] Normal 80 – 100 mg/dl [ ] Pre diabetic 100 – 125 mg/dl [ ] Diabetic > 126 mg/dl

Cholesterol Risk Category: 130 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: HYPERTENSION ON TREATMENT
[ ]	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 # / Registration #	Doctor Signature & Clinic Stamp	Issue Date
DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078		[signature] Peace Land Clinic Mukhaizna	16-12-2024

Form Revision - 03-30/05/2023

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
91442626	6513	[redacted]	HD DRIVER
Nationality	**Age**	**Sex**	**Location**
INDIAN	47	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
15/12/2024	

Medical Review Date	Employee Signature
	Surender Singh

Doctor Name	Medical License	Hospital	Medical Doctor Signature
DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078		Peace Land Clinic Mukhaizna C.R.NO:2317713	

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
91442626	6513		HD DRIVER
Nationality	**Age**	**Sex**	**Location**
INDIAN	47	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
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
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, tonsilitis)		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
Immune 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: 15/12/2024

List any previous injuries or operations

Previous Injuries or operations	Date

Candidate/Employee Signature
Surinder Singh

Peace Land Clinic Mukhaizna

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
91442626	6513		HD DRIVER
Nationality	**Age**	**Sex**	**Location**
INDIAN	47	M	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: 15/12/2024

Candidate/Employee Signature

Surinder Singh

Peace Land Clinic Mukhaizna

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
91442626	6513	HD DRIVER
Nationality	**Age**	**Sex**
INDIAN	47	M

Location: HAINA

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: 15/12/2024

Peace Land Clinic Mukhaizna P.O. Box: 143 P.C. 133, Sultanate of Oman C.R.NO:2017/13

Candidate/Employee Signature: Surinder Singh

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
91442629	6513		HD DRIVER
Nationality	**Age**	**Sex**	**Location**
INDIAN	47	M	HAINA

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? TAB ATANAKOL 25MG 1-0-0

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

Date: 15/12/2024

Peace Land Clinic Mukhaizna

Candidate/Employee Signature: Surinder Singh

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYER ENDORSEMENT

Civil ID / Passport #	Company ID #		Position
91442626	6513		HD DRIVER
Nationality	**Age**	**Sex**	**Location**
INDIAN	47	M	HAIMA

VITAL SIGNS

Height: 172 cm | Weight: 87 Kg | BMI: 29.4 | Blood Pressure: 130/90 mmHg

Pulse: 64 /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: 15/12/2024 | 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 ☐ Sitting | Nose Clips Used: ☐ Yes ☐ No

Diagnosis: ☐ Asthma ☐ COPD ☐ Other: _____

Acceptability Criteria (select all what is applicable)
- ☐ Free from artifacts
- ☐ Good start
- ☐ Satisfactory exhalation
- ☐ 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 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: 15/12/2024 | 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	☑ Normal ☐ Considerable ☐ Mild ☐ Not Exam

	Right			Left		
Cerumen	☑ None ☐ Some	☐ A lot ☐ Impacted	☐ Not Exam	☑ None ☐ Some	☐ A lot ☐ Impacted	☐ Not Exam

[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	
Audiologyst Name: Signature:	Hearing Questionnaire verified	☑ Yes ☐ No

Peace Land Clinic Mukhaizna

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

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] Knees
- [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: 16/12/2024

Physician's Name: DR. HAMMAD MD ISMAIL
GENERAL PRACTITIONER
MOH License No: 20078

Signature:

Peace Land Clinic Mukhaizna

Peaceland Medical Service LLC, Mukhaizna
CR No.:2/1136277/9, P.O.Box: 1403,
Postal Code: 133,
Occidental Camp Mukhaizna, Sultanate of Oman

PATIENTDETAILS :

Patient ID	: 16094	Doc No	: 11489
Name	: SURINDER SINGH	Doc Date	: 2024-12-15T12:50:00
Age	: 47Y	Bill No	: 32668
Gender	: Male	Date	: 15/12/2024 12:50 PM
Nationality	: INDIAN	Customer	: TRUCKOMAN OIL & GAS SERVICES
OSM No	: 72035016	Ref.by	: DR.HAMMAD ISMAIL

TEST RESULT : OQ-031 OQ MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
OQ MEDICAL CHECKUP			
BLOOD GROUP & Rh TYPING	'A' Positive		
COMPLETE BLOOD COUNT			
RBC	5.3 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	14.8 gm %	Male 13 - 18 gm % Female 11 - 16 gm %	
HCT	45 %	Male 42 -52 % Female 37 -47 %	
MCV	84 fl	76 - 96 fl	
MCH	28 pg	27 - 33 pg	
MCHC	33 %	32 36 %	
WBC COUNT	8000 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	52 %	40-75 %	
LYMPHOCYTE	37 %	20-45 %	
EOSINOPHIL	3 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	4	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	2.2 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	57 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.	21 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	28 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	7 g /dl	New born 5.2 - 8.1 g /dl Children 5.4 - 8.7 g /dl Adult 6.7 - 8.7 g /dl	
ALBUMIN	4 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	16 mg / dl	10-50 mg /dl	
S.CREATININE	0.7 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	7.1 mg / dl	3.4 - 7.2 mg /dl	
LIPID PROFILE			

Reported By:
Lab Technician

Sr. Lab Technologist

Printed at: 15/12/2024 12:52:21

Peace Land Clinic Mukhaizna

Verified By:
Lab Technician

Sr. Lab Technologist

Signed at: 15/12/2024 12:52:21

Approved By:
Lab Technician

Sr. Lab Technologist

Test	Result	Normal Range	Detailed Description
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	68 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	100 mg/dl	< 130 mg/dl	
VLDL	30 mg/dl	2-30 mg/dl	
NON HDL CHOLESTEROL	129 mg/dl	Less than 130mg/dl	
FASTING BLOOD SUGAR	90 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		
COCCAINE (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:

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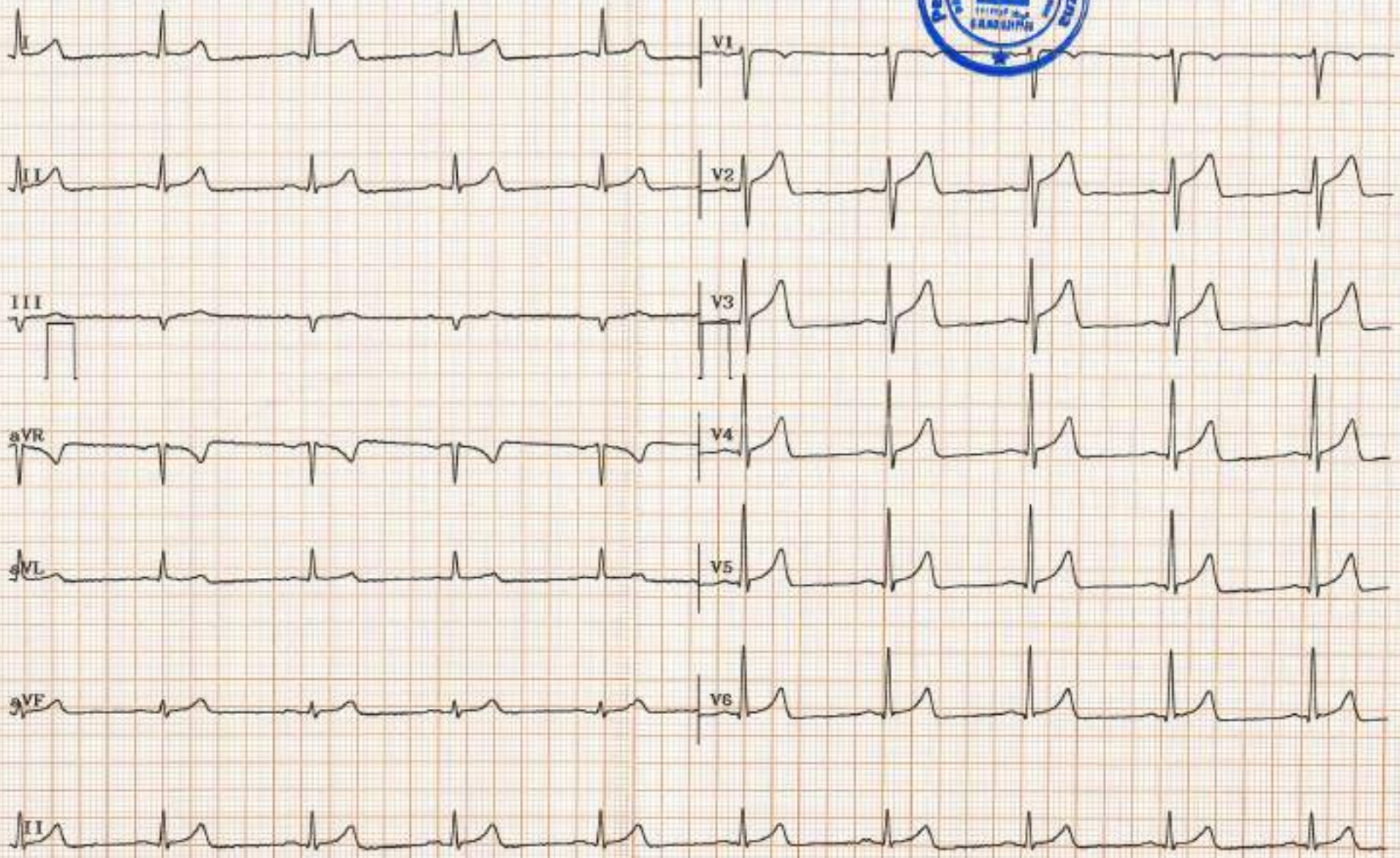
2024-12-15 13:35:04 6 Channel + 1 Rhythm Report Hosp:

Prescribed by:

Heart Rate: 58 bpm
PR/RR Int.:160/1034 ms
QRS Dur: 102 ms
QT/QTc: 414/404 ms
P-R-T axes: 43 10 43
SV1/RV5/R+S:0.84/1.37/2.21mV

** Analysis Result ** (To be finally confirmed by physician)
Sinus Bradycardia(HR:50-59)
[Minimally Abnormal or Normal Variation ECG]

Peace Land Clinic Mukhairana



Base:0.2Hz LPF:Off AC:50Hz EMG:Off 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: 16094

Estimated 10-year Global CVD Risk

6.70%

Risk Category

Low Risk

Estimated Vascular Age

48 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

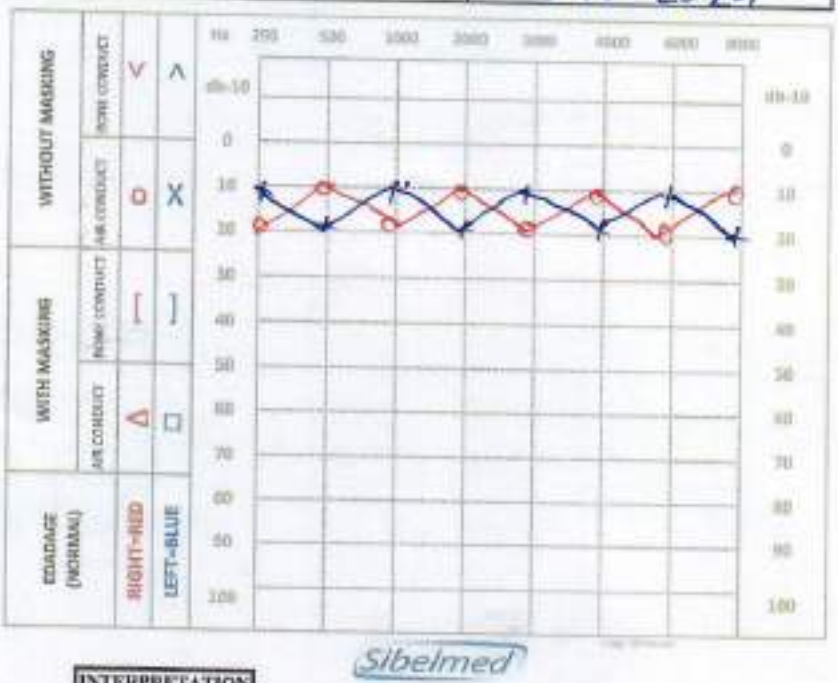
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

Peace Land Clinic Mukhaizna

مركز بلاد السلام الطبي
Peace Land Medical Center

AUDIOMETRY TEST REPORT

NAME: SURINDER SINGH	COMPANY: TRUCK OMAN
AGE: 47 Y GENDER: M/F	OCCUPATION: HD DRIVER.
REF. BY:	DATE: 15/12/2024



Sibelmed

INTERPRETATION
O RIGHT EAR
X LEFT EAR

RESULT
☐ NORMAL
HEARING LOSS
☐ RIGHT
☐ LEFT

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

Peace Land Clinic Mukhaizna

ص.ب ١٤٠٣، الرمز البريدي ١٣٣، دوار العذيبة مبنى برج السهوة 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

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
16094	SURINDER SINGH	47Y/M	15-12-2024	

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**

Peace Land Clinic Mukhaizna

Dr. WAJDY JARBOU
M.D., ABR
SPECIALIST RADIOLOGIST
MOH LIC # 19061

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