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
187323993	10442	MOHAMMED YOUSUF	HD DRIVER

Nationality	Age	Sex	Company	Location
OMANI	30	M	TRUCKOMAN NORTH	HAIMA

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 Crises

BMI Category: 20.7 [ ] 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

Physical Assessment: [✓] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

ENT SYSTEM

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

Otoscopy: [✓] Normal [ ] Abnormal [ ] Not Required

Physical Assessment: [✓] Normal [ ] Abnormal (Whisper, Weber & Rinne Tests)

Pre-existing condition:

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: 94 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: VARICOCELECTOMY BONE ISCHEMIA BACK.
	Respiratory Protection Questionnaire	Remarks
	Hearing Conservation Questionnaire	Remarks
	Screening Questionnaire	Remarks

Fagerstrom Test - Smoking [ ] Non-smoker [ ] Low dependence [ ] Low to Mod dependence [ ] Moderate dependance [ ] 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 8) [ ] 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
DR. MAHMAD MISBAHUL GENERAL PRACTITIONER MOH License No: 20078				14-10-2024

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	Identification N	Name
TRUCKOMAN NORTH	Patient:18897 Reg.Dt: 14/10/202 Name: MOHAMMED YOUSUF JAMIL AL B Gender: Male Nationality: OMAN Age: 30Y Mar. Status: Marrie Address:	

Nationality	Age	Sex	Entry Date	Job Title
			14/10/2025	HD DRIVER

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:

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

Peace Land Clinic Muhaisnah

Doctor Name	Medical License	Hospital	Doctor Signature

OQEP Occupational Health
PHYSICAL ASSESSMENT FORM

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

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
	10442	HD DRIVER

Nationality	Age	Sex	Location
			HAIMA

Patient:18897 Reg.Dt: 14/10/202
Name: MOHAMMED YOUSUF JAMIL AL B.
Gender: Male Nationality: OMAN
Age: 30y Mar. Status: Marrie
Address:

VITAL SIGNS

Height: 184 cm | Weight: 70 Kg | BMI: 20.7 | Blood Pressure: 130/80 mmHg

Pulse: 62 /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: 14/10/2025 | 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
- ☐ 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 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: 14/10/2025 | Physician Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 | Signature:

ENT SYSTEM

[1] Otoscopy

	Right	Left
Ear Canal Collapse	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☐ No ☐ Not Exam
Drainage	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☐ No ☐ Unknown
Perforation	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☐ No ☐ Not Exam
Cerumen	☑ None ☐ Some ☐ A lot ☐ Impacted ☐ Not Exam	☑ None ☐ Some ☐ A lot ☐ Impacted ☐ Not Exam

	Right	Left
Eardrum Position	☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam	☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam
Eardrum Vascularity	☑ Normal ☐ Considerable ☐ Mild ☐ Not Exam	☑ Normal ☐ Considerable ☐ Mild ☐ 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
- Audiologist Name: Signature: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078
- Hearing Questionnaire verified: ☐ Yes ☐ No

Peace Laboratory Muhaisnah

OQEP Occupational Health PHYSICAL ASSESSMENT FORM

OQEP-COR-HSE-HEL-FRM-00021	
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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:

[5] 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: 14/10/2025 Physician Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 Signature:

Peace Land Clinic Mukhaizna

OQEP Occupational Health
MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

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

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #
18732393	10442

Patient:18897 Reg.Dt: 14/10/202
Name: MOHAMMED YOUSUF JAMIL AL B
Gender: Male Nationality: OMA
Age: 30Y Mar. Status: Marrie
Address:

Nationality	Age	Sex
		M

Position: HD DRIVER

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 hath 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: VARICOCELE (SURGERY)

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

List any previous injuries or operations

Previous injuries or operations	Date
VARICOCELECTOMY	17 YEARS AGO

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: 14/10/2025

Peace Land Clinic Makkah

Candidate/Employee Signature

OQEP Occupational Health HEALTH SCREENING QUESTIONNAIRE

OQEP-COR-HSE-HEL-FRM-00021
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CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
18732393	10442	HD DRIVER

Nationality	Age	Sex	Location
			HAIMA

Patient:18897 Reg.Dt: 14/10/202
Name: MOHAMMED YOUSUF JAMIL AL B.
Gender: Male Nationality: OMAN
Age: 30Y Mar. Status: Marrie
Address:

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: 14/10/2025

Peace Land Clinic Municipality

Candidate/Employee Signature

OQEP Occupational Health
RESPIRATORY PROTECTION QUESTIONNAIRE

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

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
187323131044 2		HD DRIVER

Nationality	Age	Sex	Location
			HAIMA

Patient:18897 Reg.Dt: 14/10/202
Name: MOHAMMED YOUSUF JAMIL AL B
Gender: Male Nationality: OMA
Age: 50Y Mar. Status: Marrie
Address:

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 b. Diabetes (sugar disease)
[ ] YES [ ] NO c. Trouble smelling odors
[ ] YES [ ] NO d. Allergic reactions that interfere with your breathing
[ ] YES [ ] NO e. Claustrophobia (fear of closed in places)

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

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

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

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

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

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

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

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

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

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

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

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

Date: 14/10/2025

Candidate/Employee Signature

Peace Land Clinic Nukhaizeel

OQEP Occupational Health
HEARING CONSERVATION QUESTIONNAIRE

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

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #
187323938	10442

Patient:18897 Reg.Dt: 14/10/202
Name: MOHAMMED YOUSUF JAMIL AL B
Gender: Male Nationality: OMA
Age: 30y Mar. Status: Marrie
Address:

Position
HD DRIVER

Nationality	Age	Sex

Location
HAIMA

HEARING CONSERVATION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

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

1 - Have you been out of noise for the past 14-16 hours? [ ] YES [X] 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 [X] 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 [X] 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 [X] 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 [X] NO Which one?

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

Peace Land Clinic Muktinath

Date: 14/10/2025

Candidate/Employee Signature

Patient:18897 Reg.Dt: 14/10/202
Name: MOHAMMED YOUSUF JAMIL AL B.
Gender: Male Nationality: OMAN
Age: 30Y Mar. Status: Marrie
Address:

Heart Rate: 61 bpm
PR/RR Int.: 146/984 ms
QRS Dur: 104 ms
QT/QTc: 408/411 ms
P-R-T axes: 53 91 35
SV1/RV5/R+S: 0.53/0.94/1.47mV

Hosp:
Prescribed by:

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

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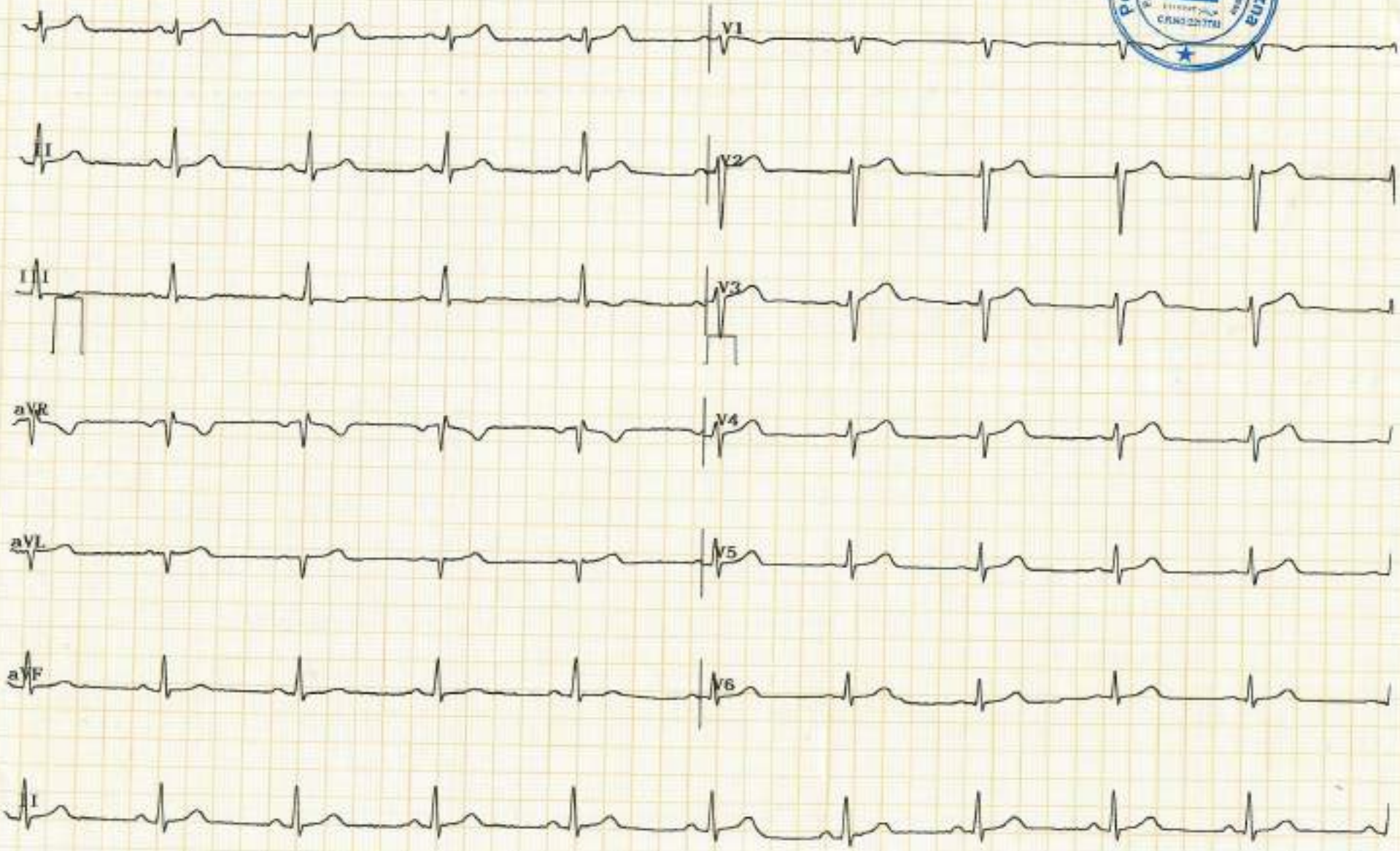

Base:0Hz LPF:100Hz AC:50Hz EMG:Off 10.0/5.0mm/mV 25.0mm/sec EKG2000 6.00/3.24 Bionet Co., Ltd.

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

PATIENTDETAILS :

Patient ID	: 18897	Doc No	: 15457
Name	: MOHAMMED YOUSUF JAMIL AL BALUSHI	Doc Date	: 2025-10-14T16:14:00
Age	: 30Y	Bill No	: 37724
Gender	: Male	Date	: 14/10/2025 16:14 PM
Nationality	: OMANI	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 95045284	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	'B' Positive		
COMPLETE BLOOD COUNT			
RBC	5.9 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	16 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	48 %	Male 42 -52 % Female 37 -47 %	
MCV	76 fl	76 - 96 fl	
MCH	27 pg	27 - 33 pg	
MCHC	33.6 %	32 36 %	
WBC COUNT	8300 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	60 %	40-75 %	
LYMPHOCYTE	28 %	20-45 %	
EOSINOPHIL	5 %	1-6 %	
MONOCYTE	7 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	12	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	79 u/l	44-147 U/ L	
T. BILIRUBIN	0.7 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.3 mg / dl	up to 0.4 mg /dl	

Reported By:
Lab Technician

Sr. Lab Technologist

Printed at: 14/10/2025 16:49:17

Peace Land Clinic Mukhaizna

Verified By:
Lab Technician

Sr. Lab Technologist

Signed at: 14/10/2025 16:21:13

Approved By:
Lab Technician

Sr. Lab Technologist

Test	Result	Normal Range	Detailed Description
S.G.O.T.	23 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	44 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	7.2 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	4.6 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	23 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			
Total Cholesterol	198 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	65 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	64 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	121 mg/dl	< 130 mg/dl	
VLDL	13 mg/dl	2-30 mg/dl	
FASTING BLOOD SUGAR	94 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.015		
pH	Acidic		
Appearance	Clear		
CHEMICAL	0		
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC.			
PUS_CELLS	0-2		
EPITHELIAL CELLS.	0-1		
RBCS	0-1		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NIL		
OTHERS.	NIL		
URINE DRUG SCREEN			

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Test	Result	Normal Range	Detailed Description
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		

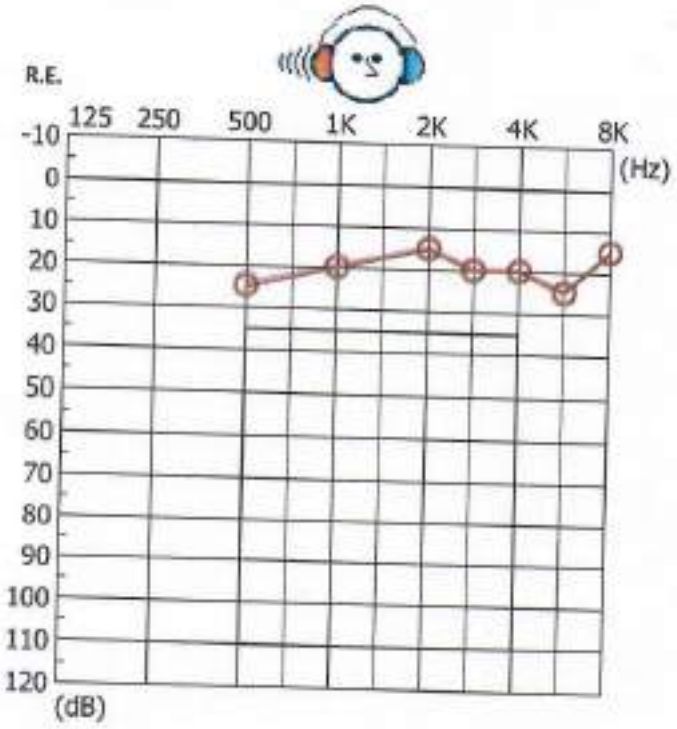
Remarks:

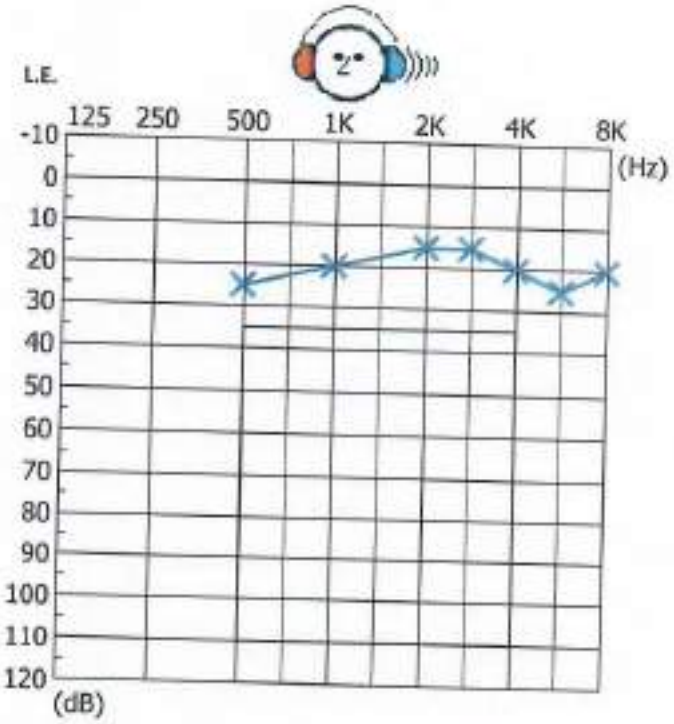
AUDIOMETRY REPORT

Name: AL BALUSHI, MOHAMMED YOUSUF
Age(y): 30
Sex: Man
Height (cm): 0
Weight(Kg): 0
BMI:

SIBELMED W50

Test date: 14/10/2025
Reference: 18732393
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	20.0	18.8
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	↙	↘			

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
18897	MOHAMMED YOUSUF JAMIL AL BALUSHI	30Y/M	14-10-2025	

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**

Peace Land Clinic Mukhaizna

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

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