MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

oq

T-O.

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
115665688		MUZAMMAL HUSSAIN IHSAN ALI # 004220 # 27 Y/M 70544 22/06/23	H.D.D.
Nationality	**Age**	**Sex**	**Location**
pakistan	17/9/95		

Examination | Pre-employment | Periodic | Exit

VITAL SIGNS & BODY MEASURES

Blood Pressure Category 140/80 | Normal | ✓ Prehypertension | Hypertension Stage 1 | Hypertension Stage 2 | Hypertensive Crisis

BMI Category 35 | Underweight | Normal | Overweight | ✓ Obese | Morbid Obesity

Remarks

VISUAL TEST

Visual Acuity Test RT — LT — | 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 | Abnormal (please specify below) | Blood Grouping O+

Pre-existing condition

Remarks

Glucose Level Category 84 | ✓ Normal 60 – 100 mg/dl | Pre-diabetic 100 – 125 mg/dl | Diabetic > 125 mg/dl

Cholesterol Risk Category 79 | ✓ Low risk: LDL is less than 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 | Very low dependence | Low to Mild 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	Contractor	Hospital/Polyclinic	Doctor Signature & Clinic Stamp	Issue Date
				22/6/23

Dr. MOHAMMED AKBAR KHAN General Practitioner MOH Lic. No. 4404

PEACE LAND MEDICAL CENTER 2775

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		MUZAMMIL HUSSAIN IHSAN ALI 00513	H.D.D.
Nationality	**Age**	**Sex**	**Location**
		78544 22/06/23 11:11	

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 [ ] Temporary Fitness [ ] Not Fit to work

FIT

Applicable for

[ ] 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 designated period
[ ] Working near moving machinery	[ ] Repetitive movements
[ ] Working in noisy area	[ ] Mobile machinery operation
[ ] Working in extreme heat	[ ] Heavy lifting operation
[ ] Handling chemicals products	[ ] Driving vehicle
[ ] Use of respirator	[ ] Emergency response duty

Other, specify

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
22/6/23	Usm – Diet exercise, & wt strictly advised.

Medical Review Date	Employee Signature

Doctor Name	Medical Licensing Authority / Hospital	Medical Doctor Signature
	PEACE LAND MEDICAL CENTER	Dr. MOHAMMED AKBAR KHAN General Practitioner MOH Lic. No. 4404

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

MUZAMMAL HUSSAIN HASAN ALI
0043220 # 27 Y/M Male [illegible] 00613
79644 [illegible] 22/06/23 11:11

Civil ID / Passport #	Company ID #		Position
			H·D·D
Nationality	**Age**	**Sex**	**Location**

PERSONAL HEALTH HISTORY

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

Condition	Yes	No	Condition	Yes	No
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. painful joints, joint pain or swelling	Yes	No
Coronary bypass surgery (CABG) and angioplasty	Yes	No	Problems with limb, back 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
Arteriosclerosis 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
Haemorrhagic 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, [illegible]	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, nervous breakdown, depression	Yes	No	Ear, nose or throat problems (e.g. otitis, hearing loss, sinusitis, tinnitus)	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, [illegible])	Yes	No
Lung disease e.g. bronchitis, asthma, dyspnea, TB	Yes	No	Treated for infectious diseases (e.g. malaria, COVID19)	Yes	No
[illegible]	Yes	No	Treated for depression, stress	Yes	No
[illegible]	Yes	No	Treated for substance or alcohol abuse	Yes	No

	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 22/6/23

List any previous injuries or operations

Previous injuries or operations	Date

Candidate/Employee Signature
[signature]

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		MUZAMMAL HUSSAIN IHSAN ALI # 0048220 # 27 YM 00613 78544 22/06/23	H.D.D

Nationality	Age	Sex	Location

FAGERSTROM TEST

Do you smoke? ☐ Yes ☑ No *If YES, Please answer the following:*

How soon after waking up do you smoke your first cigarette?	☐ <30min	☐ 31-60min	☐ 61-120min	☐ > 120 minutes
Do you find it difficult to avoid smoking where it is forbidden, such as work places, cinemas, shopping etc?			☐ Yes	☐ No
What's the most difficult cigarette to give up 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 in 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
Do you feel tired or with lack of energy for more than 3 hours some days last week?	☐ 1 hour	☐ 2 hours	☐ 3 hours	☐ > 3 hours
Do you feel so low that you had to make some effort to do things last week	☐ Yes	☑ No		
Do 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 feel 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 making 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 cry more than usual?	☐ Yes	☐ No
7 Do you have frequent headaches?	☐ Yes	☐ No	17 Do you find difficulty in getting pleasure in your activities?	☐ Yes	☐ No
8 Do you feel lack of hunger?	☐ Yes	☐ No	18 Do you find difficulty in getting your work done?	☐ Yes	☐ No
9 Do you sleep badly?	☐ Yes	☐ No	19 Have you lost interest in things?	☐ Yes	☐ No
10 Do you feel sad often?	☐ Yes	☐ No	20 Do you feel you're worthless?	☐ Yes	☐ No

Date 22/6/23

Candidate/Employee Signature

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		MUZAMMIL MUBEEN HSAN AL # 0042220 # 27 Y(M) 00513 78544 <Blank> 22/06/23 11:11	

Nationality	Age	Sex		Location

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? [ ] YES [ ] NO What type: a. [ ] Disposable mask b. [ ] Canage Mask c. [ ] 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 e. Trouble smelling odors [ ] YES [ ] NO g. 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 f. 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 g. 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 h. 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 i. Wheezing
[ ] YES [ ] NO e. Shortness of breath when washing or dressing yourself [ ] YES [ ] NO j. 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 problem

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. Irregular heartbeat
[ ] YES [ ] NO c. Angina [ ] YES [ ] NO g. High blood pressure
[ ] YES [ ] NO d. Heart failure [ ] YES [ ] NO h. Any other heart problems that you have been told about

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

[ ] YES [ ] NO a. Frequent pain or tightness in your chest [ ] YES [ ] NO e. Heartburn or indigestion that is not relieved by walking
[ ] 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. Heart problems
[ ] 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 c. General weakness or fatigue
[ ] YES [ ] NO b. Skin allergies or rashes [ ] YES [ ] NO e. Any other problem that interferes with your use of a respirator
[ ] YES [ ] NO c. Anxiety

Date 22/6/23

Candidate/Employee Signature

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID#			Position

Nationality	Age	Sex		Location

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	[ ] Motors	[ ] Concerts / Clubs	[ ] 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 Infections	[ ] Ear fractures	[ ] Ear Surgery	[ ] Head Injury	[ ] Chloroquine
[ ] Ringing in the ears	[ ] Ear Pain	[ ] Earwax buildup	[ ] Intravenous Antibiotics	[ ] Hole in the Eardrum
[ ] Ear Drainage	[ ] Dizziness			

4 - Check ALL that you have suffered from

[ ] Meningitis	[ ] Diabetes	[ ] Measles	[ ] Syphilis	[ ] Chickenpox	[ ] Mumps	[ ] Chronic ear infections
[ ] Hypertension	[ ] Bone Tumor	[ ] Tuberculosis	[ ] Previous surgery	[ ] Thyroid Problems	[ ] Trauma to head/ear/canal/tympanic membrane	

5 - Check ALL that you are currently suffering from

[ ] Sinusitis	[ ] Deafness	[ ] 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 you 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 one box: [ ] 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 24/6/23

Candidate/Employee Signature

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

MUZAMMAL HUSSAIN IHSAN AL
0043220 # 27 Y(M) 00512
78544 22/06/23 11:1

Civil ID / Passport #	Company ID #		Position
			H.D.D
Nationality	**Age**	**Sex**	**Location**

VITAL SIGNS

Height	180 cm	Weight	116 Kg	BMI	35	Blood Pressure	140/80 mmHg
Pulse	82 /min	Medical Practitioner Name	Dr. MOHAMMED AKBAR KHAN General Practitioner MOH Lic. No. 4404			Signature	[signature]

VISUAL SYSTEM

	Right Uncorrected	Left Uncorrected	Right Corrected	Left Corrected	Both Uncorrected	Both Corrected
Visual Acuity Test			—	—		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: 22/6/23 Medical Practitioner Name: Dr. MOHAMMED AKBAR KHAN General Practitioner MOH Lic. No. 4404 Signature: [signature]

RESPIRATORY SYSTEM

[1] Spirometry Test

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

Disorders: ☐ Asthma ☐ COPD ☐ Other ______

Acceptability Criteria (select all what is applicable)	Repeatability Criteria (select all what is applicable)
☑ Free from artifacts ☑ Satisfactory exhalation ☑ Good start ☐ NOT satisfactory	☐ >3 acceptable curves FEV1 values AND FVC values within 0.15 L (150 ml) ☐ Total of THREE to EIGHT trials performed ☐ The patient CAN NOT or SHOULD NOT continue

The Patient Demonstrated: ☑ Good Effort ☐ Difficulty following instructions ☐ Unable to obtain only one good effort ☐ Poor Effort ☐ Cooperation

Date of Examination: 22/6/23 Medical Practitioner Name: Dr. MOHAMMED AKBAR KHAN General Practitioner MOH Lic. No. 4404 Signature: [signature]

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

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

Date of Examination: 22/6/23 Physician Name: Dr. MOHAMMED AKBAR KHAN General Practitioner MOH Lic. No. 4404 Signature: [signature]

ENT SYSTEM

[1] Otoscopy **[2] Tuning Fork**

	Right	Left		Right / Left		
Ear Canal Collapse	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☑ No ☐ Not Exam	Eardrum Position	Right: ☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam	Weber Test	☑ Normal ☐ Abnormal ☐ Not Exam
Discharge	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☑ No ☐ Unknown		Left: ☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam	Rinne Test	☑ Normal ☐ Abnormal ☐ Not Exam
Perforation	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☑ No ☐ Not Exam	Eardrum Vascularity	Right: ☑ Normal ☐ Considerable ☐ Mild ☐ Not Exam	Weber Test	☑ Normal ☐ Abnormal ☐ Not Exam
Cerumen	Right: ☑ None ☐ Some ☐ Much ☐ Impacted ☐ Not Exam			Left: ☑ Normal ☐ Considerable ☐ Mild ☐ Not Exam	Audiometry Done	☑ Yes ☐ No
	Left: ☑ None ☐ Some ☐ Much ☐ Impacted ☐ Not Exam			Audiologist Name: Signature: [signature]	Hearing Conservation needed	☑ Yes ☐ No

Dr. MOHAMMED AKBAR KHAN General Practitioner MOH Lic. No. 4404

مركز السلام الطبي PEACE LAND MEDICAL CENTER

PHYSICAL ASSESSMENT FORM

ENT SYSTEM

[2] Nose Assessment		[3] Throat Assessment	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below

CARDIOVASCULAR SYSTEM

[1] Heart Sounds		[2] Heart Murmurs	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	☐ Present ☑ Absent ☐ Not Examined	If present, describe below
[3] Peripheral Pulses		**[4] Peripheral Veins**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below

NEUROLOGICAL SYSTEM

[1] Mental Status		[2] Cranial Nerves	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below
[3] Motor System		**[4] Reflexes**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below
[5] Sensory System		**[6] Coordination, Station, Gait**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below

MUSCULOSKELETAL SYSTEM

[1] Hand and Wrist		[2] Elbow and Shoulder	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below
[3] Hip		**[4] Knee**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below
[5] Foot and Ankle		**[6] Spine and Back**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below

OTHER

[1] Skin, Extremities		[2] Head & Neck	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below
[3] Mouth and Teeth		**[4] Hernial Orifices**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below
[5] Abdominal Organs		**[6] Lymph Nodes**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below

Date of examination: 22/6/19

Physician Name:

Signature:

PEACE LAND MEDICAL CENTER

DR. MUHAMMED ANWAR M.D.
General Practitioner
DHA License No. 440

MUZAMMIL HUSSAIN IHSAN ALI
3043220 # ST YSC
78544
22/06/23

COMPANY NAME:

RESIDENT/CIVIL ID:

DATE:

ECG REPORT

ECG COMMENTS:

- **NORMAL SINUS RHYTHM**
- **NORMAL QRS COMPLEX**
- **NO SIGNIFICANT ST/T CHANGES**

OTHER FINDINGS (IF ANY)

Dr. MOHAMMED AKBAR KHAN
General Practitioner
MOH Lic. No. 4404

PEACE LAND MEDICAL CENTER

Peace Land Medical Center
P.O. Box 1403, Postal Code. 133, Al Azaiba, Roundabout Al Sahwa Tower
Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name:	MUZAMMAL HUSSAIN IHSAN ALI	**Doc No:**	0034486
Age:	27 Y **Nationality:** PAKISTANI	**File No:**	0043220
Gender:	M	**Bill No:**	0051342
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	22/06/2023
GSM No.:	94589231	**Time:**	14:52

Test	Result	Normal Range
OQ Medical Checkup Package		
COMPLITE BLOOD COUNT		
RBC	5.3 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	16 6 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	47.3 %	Male 39 30 -50.00 % Female 37 -47 %
MCV	88 fl	84-94 ft
MCH	28.5 pg	27 - 33 pg
MCHC	33.1 g/dl	29.6 - 35.6 %
WBC COUNT	9.3 x 10^9/L	4 0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	64 %	40-75 %
LYMPHOCYTE	29 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	05 %	2-8%
BASOPHIL	00 %	0-1%
ESR	08	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	182 x 10^9/L	150 - 450 x 10^9/L
FASTING BLOOD SUGAR	84.1 mg/dl	74 - 100 mg/dl
Sickle cells (Screen)		
SICKLE CELL TEST	NEGATIVE	
Lipid profile(CH,TG,HDL,LDL)		
LIPID PROFILE		
Total Cholesterol	148 mg/dl	0.0 - 200 mg/dl

Medical Technologist

PEACE LAND MEDICAL CENTER

Peace Land Medical Center
P O. Box 1403, Postal Code. 133, Al Azaiba, Roundabout Al Sahwa Tower
Sultanate of Oman
Tel 24617117/24617148/24617149

LAB RESULT

Name:	MUZAMMAL HUSSAIN IHSAN ALI	**Doc No:**	0034468
Age:	27 Y **Nationality:** PAKISTANI	**File No:**	0043220
Gender:	M	**BIN No:**	0051342
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	22/06/2023
GSM No.:	94599231	**Time:**	14.52

Test	Result	Normal Range
Triglyceride	**170.0 mg/dl**	0 0 - 150 mg/dl
HDL - CHOL	**35.0 mg/dl**	35 0 - 79.0 mg/dl
LDL - CHOL	**79.0 mg/dl**	< 100 mg/dl
VLDL	**34.0 mg/dl**	2.0 - 30 mg/dl
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	104 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.70 mg/dl**	0 - 2.0 mg/dl
S G.O.T	**28.4 U/L**	0 - 35 0 U/L
S G.P.T.	**41.0 U/L**	10 - 45 U/L
ALBUMIN	**4.3 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.0 g/dl**	6 - 8 g/dl
S BILIRUBIN DIRECT	**0.13 mg/dl**	0 0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**26.3 mg/dl**	18 0 - 55.0 mg/dl
S CREATININE	**0.84 mg/dl**	0 70 -1.30 mg/dl
S URIC ACID	**6.4 mg/dl**	3 5 - 7.2 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1 010	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	

Medical Technologist

Peace Land Medical Center
P.O Box 1403, Postal Code: 133, Al Azaiba, Roundabout Al Sahwa Tower
Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name:	MUZAMMAL HUSSAIN IHSAN ALI	**Doc No:**	0034486
Age:	27 Y **Nationality:** PAKISTANI	**File No:**	0043220
Gender:	M	**Bill No:**	0051342
Ref. By:	DR MOHAMMED AKBAR KHAN	**Date:**	22/06/2023
GSM No.:	94599231	**Time:**	14:52

Test	Result	Normal Range
Ketones	Negative	
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
BLOOD GROUP & Rh TYPING	'O' Positive	
BLOOD GROUPING AND RH TYPING		
DRUG TESTING		
AMPHETAMINES(AMP)	NEGATIVE	
MORPHINE(MOP)	NEGATIVE	
COCAINE(COC)	NEGATIVE	
PHENCYCLIDINE(PCP)	NEGATIVE	
METHAMPHETAMINE(MET)	NEGATIVE	
TRAMADOL(TRA)	NEGATIVE	
BARBITURATES(BAR)	NEGATIVE	
BENZODIAZEPINES(BZO)	NEGATIVE	
MEDTHODONE(MED)	NEGATIVE	
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE	
MARIJUANA(THC)	NEGATIVE	

PEACE LAND MEDICAL CENTER

Medical Technologist

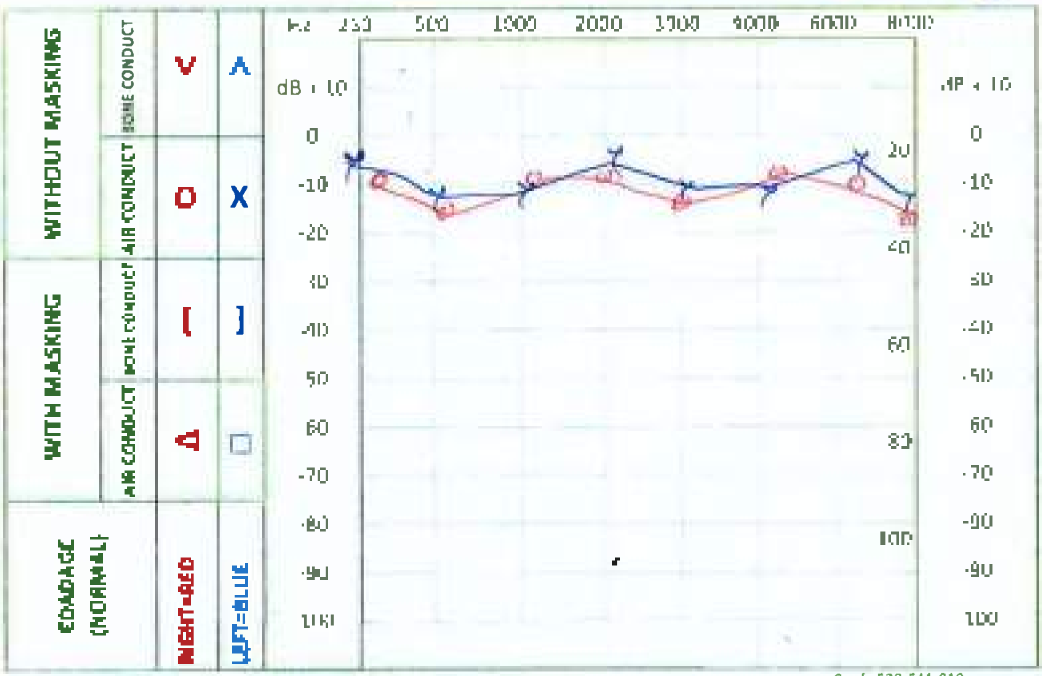
مركز بلاد السلام الطبي
Peace Land Medical Center

MUZAMMAL HUSSAIN IHSAN ALI
0042220 37 YRS

73544 22/06/23

AUDIOMETRY TEST REPORT

		COMPANY	70
GENDER		OCCUPATION	14.00
		DATE	22/6/23



Confg 520 541-010

Sibelmed

INTERPRETATION	
X	LEFT EAR
O	RIGHT EAR

RESULT

- [✓] NORMAL
- [ ] HEARING LOSS
- [ ] RIGHT
- [ ] LEFT

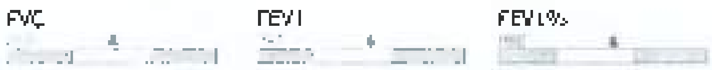
PEACE LAND MEDICAL CENTER

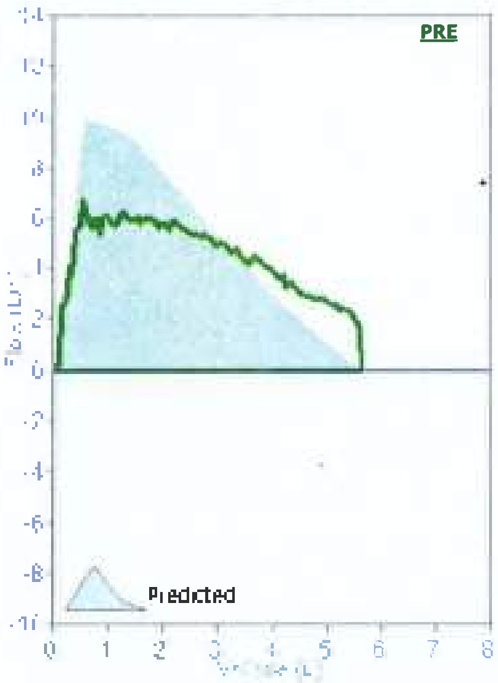
ص.ب ١٤٠٣ الرمز البريدي ١٣٣ العذيبة مبنى ابراج الصحوة سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba Roundabout al Sahwa Tower Sultanate of Oman
Tel : 24617147 / 24617148 / 24617145

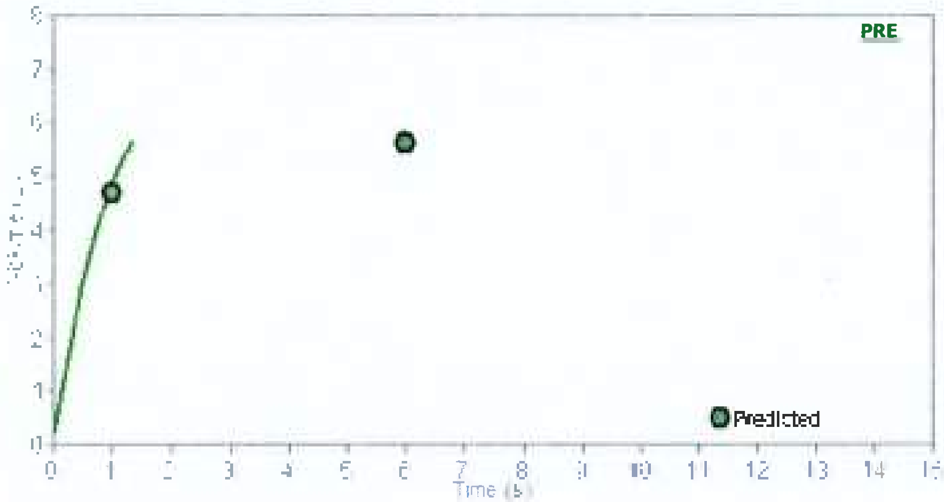
Pulmonary Function Test Results

Visit date 22/06/2023

Patient code	115665686	Age	27
Surname	HUSSAIN	Gender	Male
Name	MUZAMMAL	Height, cm	180
Date of birth	17/09/1995	Weight, kg	116
Ethnic group	Not defined	BMI	35.80
Smoke		Pack Year	
Patient group			







Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 22/06/2023 12:43:30

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	4.55	5.61	5.63*	100	0.04	5.63			*		
FEV1	L	3.80	4.67	4.86*	104	0.37	4.86			*		
FEV1/FVC	%	73.6	83.8	86.3*	103	0.40	86.3			*		
PEF	L/s	6.56	9.98	6.81*	68	-1.53	6.81			*		
ELA	Years		27	27	100		27					
FEF25/75	L/s	3.14	4.92	4.98	101	0.05	4.98					
FET	s		6.00	1.35	23		1.35					
FIVC	L	4.55	5.61									
FEV1/VC	%	73.6	83.8									

* Best values from all loops - BTPS 1.101 23 °C 73.4 °F | - Predicted Knudson

Conclusion / Medical report

Signature

Instrument used
Minispir 5 S/N C11507
Last calibration check 01/11/2021 09:35:30

مركز فرح للخدمات الطبية

FARAH MEDICAL SERVICE CENTER

عضو مجموعة سلطان الطبية

Member of Sultan Medical Group

X-RAY REPORT

Doc No.	PAT009940
Date:	22-06-23
Name:	MUZAMMAL HUSSAIN IHSAN
Sex.	MALE
Referred By:	DR. SHIMA
Age/DOB	17-Jun-1995
X-Ray	CHEST PA

REPORT

Normal heart size

Normal lung fields

Normal pleural spaces

Impression:

NORMAL STUDY

Signature:

Seal

مركز فرح للخدمات الطبية

FARAH MEDICAL SERVICE CENTER

عضو مجموعة مستشفى حديثا

Member of Saudi German Hospitals Group

X-RAY REPORT

Doc No	PAT009940
Date:	22-06-23
Name:	MUZAMMAL HUSSAIN IHSAN
Sex:	MALE
Referred By	DR. SHIMA
Age/DOB	17-Jun-1995
X-Ray.	LUMBOSACRAL SPINE AP/L

REPORT

Normal vertebral body height

Maintained intervertebral disc spaces.

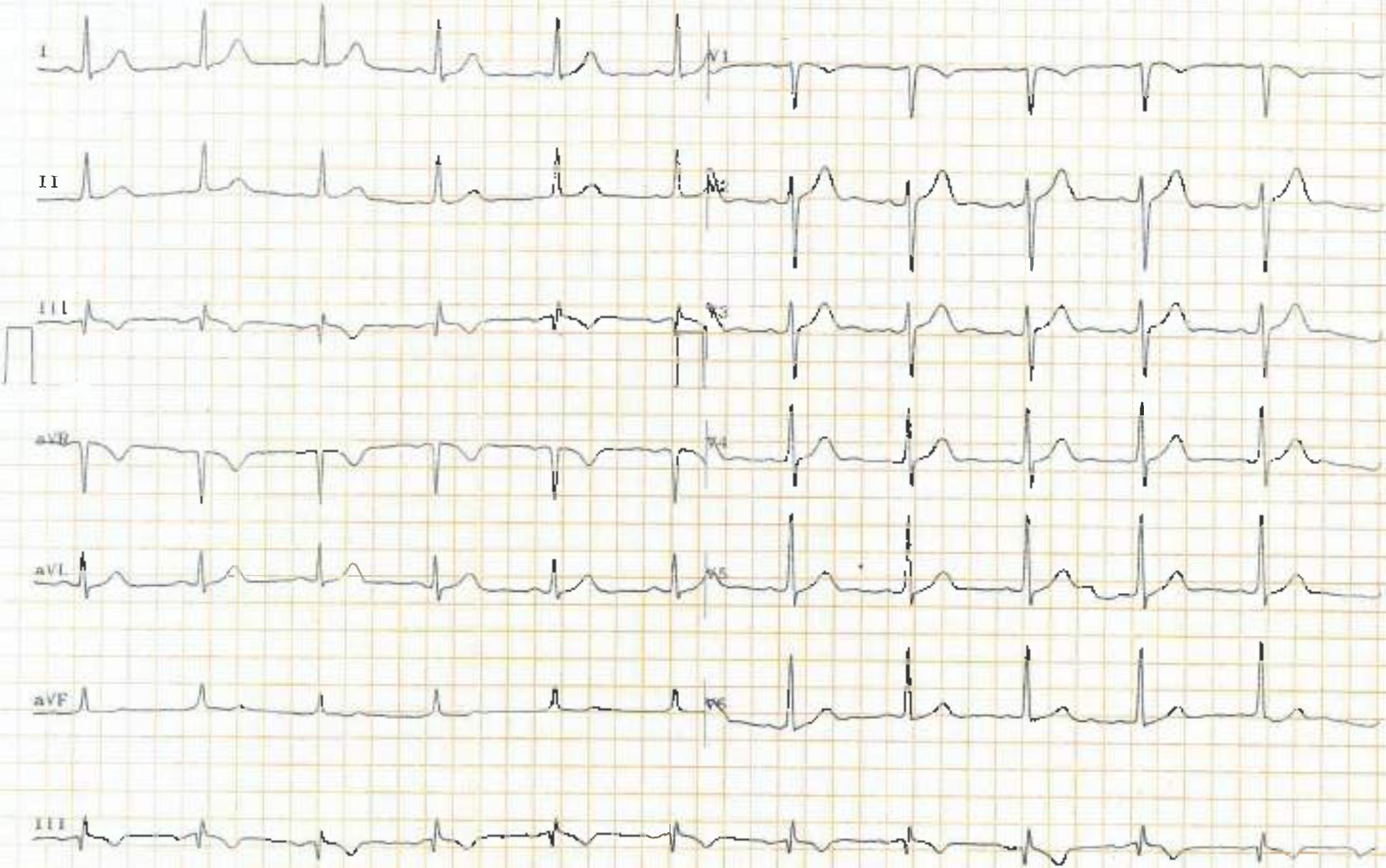
No fractures.

Gaseous bowel loops.

Signature:

Seal

Heart Rate: 64bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 156 ms Normal Sinus Rhythm
QRS Dur.: 80 ms Normal Axis
QT/QTc: 400/425 ms [Normal ECG]
P-R-T axes:
-8 26 -2



0.1Hz- 150Hz, AC50Hz. All Channels: 10.0mm/mV, 25.0mm/sec. EKG2000 Ver5.05M.30 Bionet Co., Ltd.