MEDICAL EVALUATION REPORT - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
89640604		Gurjant Singh	

Nationality	Age	Sex	Company	Location
Indian	55	M	Taulk Oman	

EXAMINATION TYPE

Examination [ ] Pre-employment [ ] Periodic [ ] Crit

VITAL SIGNS & BODY MEASURES

Blood Pressure Category 145/83 [ ] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertensive Crisis
BMI Category 31 [ ] Underweight [ ] Normal [ ] Overweight [ ] Obese [ ] Morbid Obesity
Remarks

VISUAL TEST

Visual Acuity Test: RT 6/9 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 B/L minimal hearing loss 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 5.53 [ ] Normal 80 – 100 mg/dl [ ] Pre-diabetic 100 – 125 mg/dl [ ] Diabetic > 126 mg/dl
Cholesterol Risk Category 6.29 [ ] Low Risk LDL at least 130 mg/dl [ ] Moderate Risk LDL 130-159 mg/dl [ ] High Risk LDL > 160 mg/dl
Routine Urine Analysis [ ] Normal [ ] Abnormal [ ] Not Required Stool Analysis [ ] Normal [ ] Abnormal [ ] Not Required

QUESTIONNAIRES

	Medical & Surgical History Questionnaire	Remarks
	Respiratory Protection Questionnaire	Remarks
	Hearing Conservation Questionnaire	Remarks
	Screening Questionnaire	Remarks

Fagerstrom Test - Smoking [ ] Non-smoker [ ] Low dependence [ ] Low to Mod dependence [ ] Moderate dependence [ ] High dependence
CAGE Questionnaire Alcohol Use [ ] No use of alcohol [ ] Screening negative [ ] Clinically significant
SRQ-20 Self-reported Questionnaire [ ] No positive answers [ ] Positive answers Factor I [ ] Factor II [ ] Positive answers Factor III (7 to 12)
[ ] Positive answers Factor III (13 to 16) [ ] Positive answers Factor IV (17 to 20)

Clinic Doctor Name	License #	Hospital/Polyclinic	Doctor Signature & Clinic Stamp	Issue Date

Specialty Hospital, Al Ghubra — RECEPTION

FITNESS TO WORK CERTIFICATE

EMPLOYEE IDENTIFICATION			
Civil ID / Passport #	Company ID #	Name	Position
R9640409		Gurjant Singh	

Nationality	Age	Sex	Company	Location
Indian	55	M	Tzucu Oman	

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 Suitability for Work

Medical Suitability for Work	[✓] Fit to work [ ] Fit with following restrictions [ ] Pending Fitness [ ] Not fit to work

DR. ELMIRA SOKHANVARI
General Practitioner
MOH LIC No. 21443

Al Oraimi Specialty Hospital
C.R. No. 1318347
Sultanate of Oman
RECEPTION

Restrictions

- [ ] Working at height
- [ ] Lifting, pushing or carrying weight
- [ ] Working in confined space
- [ ] Ascending/descending ladders and stairs
- [ ] Working with electricity
- [ ] Walking or standing for long distance/period
- [ ] Working in extreme heat
- [ ] Repetitive movements
- [ ] Working near rotating machinery
- [ ] Operating cargo machinery
- [ ] Use of respirator
- [ ] Emergency response duty
- [ ] Driving vehicle
- [ ] Handling chemical products
- [ ] Flying
- Other, specify:

Temporary Until Until:

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
13/10/2025	

Medical Review Date	Employee Signature
21/10/2025	Gurjant Singh (signature)

Doctor Name	Medical License	Hospital	Medical Coordinator Signature

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
89[illegible]09		Gurjant Singh	

Nationality	Age	Sex	Company	Location
India	55	M	Taylor Smith	

PERSONAL HEALTH HISTORY

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

Disorders of the heart or circulation (e.g. chest pain, heart murmur)		Yes	✓	No	Skin disorders e.g. severe acne, dermatitis eczema or allergy		Yes	✓	No
High blood pressure		Yes	✓	No	Ear, nose or throat problems		Yes	✓	No
Palpitations i.e. being aware of the heart beats		Yes	✓	No	Allergies e.g. dust, medication, bee stings		Yes	✓	No
Lung disease e.g. bronchitis, asthma, tuberculosis, T. B		Yes	✓	No	Kidney or bladder diseases e.g. recurrent infection, renal stones		Yes	✓	No
Hernia or problems on right groin		Yes	✓	No	Sexually transmitted disease		Yes	✓	No
Stomach, abdominal, bowel or liver disease, jaundice/hepatitis		Yes	✓	No	Is your eyesight satisfactory	✓	Yes		No
Nervous disorder, i.e. emotional breakdown, depression, anxiety		Yes	✓	No	Is your hearing satisfactory	✓	Yes		No
Epilepsy / Seizures		Yes	✓	No	Do you wear glasses or contact lenses		Yes	✓	No
Recurrent headaches or migraine		Yes	✓	No	Do you have color blindness		Yes	✓	No
Any sleep problems		Yes	✓	No	Do you have any phobia from working at heights		Yes	✓	No
Foot deformities or problems	✓	Yes	✗	No	Do you have any phobia from working in confined spaces		Yes	✓	No
Muscle problems e.g. weakness of your limbs or twitchy muscles		Yes	✓	No	Experienced weight loss or gain > 5kg over the past year		Yes	✓	No
Joint problems e.g. painful ankle, joint pain or swelling		Yes	✓	No	Intolerance of working overweight or obese		Yes	✓	No
Problems with limb, back or spine mobility		Yes	✓	No	Treated for malaria		Yes	✓	No
Experienced back problem, arthritis, slipped disc		Yes	✓	No	Treated for depression, stress		Yes	✓	No
Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gall disease		Yes	✓	No	Treated for substance abuse		Yes	✓	No
Rectal bleeding, jaundice		Yes	✓	No	Received counseling or treatment for HIV/AIDS		Yes	✓	No
Diabetes or any other glandular diseases		Yes	✓	No	Received counseling or treatment for Hepatitis		Yes	✓	No
Cancer, growth or tumor of any kind		Yes	✓	No	Anemia, especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia		Yes	✓	No
Frequent headache		Yes	✓	No	Cancer, Diabetes		Yes	✓	No
Pain in neck or back or hands or legs		Yes	✓	No	Any other diseases not mentioned in the above list?		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

List any previous injuries or operations

Previous injuries or operations	Date
Hernia	2023

Date: 9/5/2024

Candidate/Employee Signature

Gurjant Singh

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
84446409		Gurjant Singh	

Nationality	Age	Sex	Company	Location
Indian	55	M	Truce Oman	

FASCRITRON 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 [ ] 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 drink or quit 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 losing hair recently [ ] Yes [✓] No

Have you been feeling a lack of energy [ ] Yes [✓] No **If YES, Please answer the following:**

In how many days did you feel tired or with lack of energy in the last week [ ] 1 day [ ] 1 days [ ] 3 days [ ] > 3 days

Did you feel tired or with lack of energy for more than 2 hr 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 do 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 tired easily?	[ ] Yes	[✓] No
4.Is your daily work is 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 in 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: 13/10/24

Candidate/Employee Signature

Gurjant Singh

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Gov't ID / Passport #	Company ID #	Name	Position
Redacted		Gurjant Singh	

Nationality	Age	Sex	Company	Location
Indian	55	M	Tattle man	

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? [ ] YES [✓] NO What type: ☐ Disposable mask ☐ Cartridge filter ☐ 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 eased by 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 interferes with your use of a respirator

Date: 23/10/22

Candidate/Employee Signature: Gurjant Singh

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION			
Govt ID / Passport #	Company ID #	Name	Position
[illegible]		Gurjant Singh	

Nationality	Age	Sex	Company	Location
Indian	55	M	Tallu Engg.	

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: NO
[ ] Hunting [ ] Car races [ ] Band shooting [ ] Fireworks [ ] Target shooting
[ ] Power tools [ ] Mower [ ] Concerts / Band [ ] Welding [ ] Air compressor
[ ] Construction [ ] Shop class [ ] 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: NO
[ ] 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: NO
[ ] Meningitis [ ] Diabetes [ ] Measles [ ] Syphilis [ ] Chickenpox [ ] Mumps [ ] Chronic ear infections
[ ] Hypertension [ ] Renal Failure [ ] Tuberculosis [ ] Previous surgery [ ] Thyroid Problems [ ] Trauma to head/ ear canal / temporal mastoid area

5 - Check ALL that you are currently suffering from: NO
[ ] 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 aid? [ ] 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: 13/10/25

Candidate/Employee Signature:

Gurjant Singh

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
89640410		Gusjant singh	

Nationality	Age	Sex	Company	Location
Indian	55	m	Tecco oman	

VITAL SIGNS

Height 175 cm Weight 95 Kg BMI 31 Blood Pressure 144/102 (mmHg)

Pulse 80 /min Medical Practitioner Name: Signature:

VISUAL SYSTEM

	Right Uncorrected	Left Uncorrected	Right Corrected	Left Corrected	Both Uncorrected	Both Corrected
Visual Acuity Test	6/9	6/6P			6/6P	—

Colour Vision Test (Ishihara): # of Plates passed / Inform the Plate # failed / ☑ Normal ☐ Abnormal — Field Test: ☐ Normal ☐ Abnormal — Stereoscopic Vision Test: ☑ Normal ☐ Abnormal

Date of Examination: Medical Practitioner Name: 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: ☐ Free from artifacts ☐ Good start ☐ Satisfactory exhalation ☐ NOT satisfactory

Repeatability Criteria: ☐ <3 acceptable curves FEV1 values AND FVC values within 0.150 (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] Auscultation (Both Lungs): ☑ Normal ☐ Abnormal ☐ Not Examined — If abnormal, describe below

[4] Breath sounds: ☑ Normal ☐ Abnormal — If abnormal, describe below

Date of Examination: 21/10/2015 Physician Name: Signature:

EAR 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

Eardrum Position: ☐ Normal ☐ Retracted ☐ Bulging ☑ Not Exam

Eardrum Vascularity: ☐ Normal ☐ Considerable ☐ Not ☑ Not Exam

Cerumen: Right ☑ None ☐ Some ☐ A lot ☐ Impacted; Left ☑ None ☐ Some ☐ A lot ☐ Impacted

[2] Hearing Test

Whisper Test: ☐ Normal ☐ Abnormal ☐ Not Exam — -ve

Rinne Test: ☑ Normal ☐ Abnormal ☐ Not Exam

Weber Test: ☐ Normal ☐ Abnormal ☐ Not Exam — -ve

Audiometry Done: ☑ Yes ☐ No

Hearing Questionnaire verified: ☑ Yes ☐ No

RECEPTION
RECEPTION
RECEPTION
DR. ELMIRA SHAHMADI

PHYSICAL ASSESSMENT FORM

ENT SYSTEM

[1] Nose Assessment
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below

[2] 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
- [ ] Normal
- [x] 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] Knee
- [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] Nervous Organs
- [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: 12/10/24

Physician Name:

Signature

RECEPTION

nmc specialty hospital, al ghoubra

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

Fitness Certificate

Empno:
Date of issue : *21/10/2025*

Ref No : *0000051/FIT/NMC/2025*

This is to certify that Mr. / Mrs. *GURJANT SINGH* with file no *14423698* and Resident card no. *89640409* was *Treated* at *nmc specialty hospital, al ghoubra* on *21/10/2025* and will be *Fit* from the medical point of view starting from *21/10/2025*

DIAGNOSIS
E78.5-Hyperlipidemia, Unspecified

Remarks
Lifestyle modification / diet changes. Follow with repeat Lipids x 2/12.

DR SUMANT PAJANKAR

Place: *nmc specialty hospital, al ghoubra*

(Hospital Seal)

Signature

DEPARTMENT OF LABORATORY MEDICINE

File No:	14423698	**Report No:**	1075403		
Name:	GURJANT SINGH	**Sample Date:**	13/10/2025	**Time:**	9:41
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender: M **Age:** 55 Y	**Nationality:** INDIAN	**Report Date:**	13/10/2025	**Time:**	11:06
GSM No.: 71260634	**ID Card No.:** 89640409	**Bill No:**	2714561	**Bill Date:**	13/10/2025
Ref. By:	DR SUMANT PAJANKAR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
GQ FTW PACKAGE-2 (50 Years and Above)		
COMPLETE BLOOD COUNT		
TOTAL WBC COUNT	7830 cells/cumm	4000-11000cells/cumm
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	53 %	40-75%
LYMPHOCYTE (%)	35 %	20-45%
MONOCYTE (%)	8 %	2-8%
EOSINOPHIL (%)	3 %	1-6%
BASOPHIL (%)	1 %	0-1%
HAEMOGLOBIN	15.0 gm/dl	Male : 13-18 gm/dl Female:11-15 gm /dlchildren upto 1year-11.0-13.0 upto12years-11.5-14.5 Infant full term cord blood:13-19.5
RBC COUNT	4.97 million/cu	Male :4.5-6.5 million/cu Female:3.9-5.5 million/cu
PLATELET COUNT	2.98 lakh/cumm	1.5 - 4 lakhs / cumm
HEMATOCRIT	44.6 %	Male :42 - 52% Female:37- 47%
MCV	89.8 fl	76 - 96 fl
MCH	30.2 pg	27 - 33 pg
MCHC	33.7 %	32 - 36 %
URINE ROUTINE		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE

Verified By:

10475
Lab Technologist
MOH License No:
Electronically signed at: 13/10/2025

Approved By:

DR ASMA OSMANI
Specialist Pathologist
MOH License No: 5800
Electronically signed at: 13/10/2025 11:06:05

Printed at: 13/10/2025 6:31:46 PM

nmc specialty hospital

DEPARTMENT OF LABORATORY MEDICINE

File No:	14423698	**Report No:**	1075403
Name:	GURJANT SINGH	**Sample Date:**	13/10/2025 **Time:** 9:41
Address:		**Received By:**	
Gender:	M **Age:** 55 Y **Nationality:** INDIAN	**Received Date:**	**Time:**
GSM No.:	71260634 **ID Card No.:** 89640409	**Report Date:**	13/10/2025 **Time:** 11:06
Ref. By:	DR SUMANT PAJANKAR	**Bill No:**	2714561 **Bill Date:** 13/10/2025
		Report Status:	Final

INVESTIGATION	RESULT	REFERENCE RANGE
URINE PH	6.5	<6
SPECIFIC GRAVITY	1.005	1.010-1.030
BLOOD	NEGATIVE	
UROBILINOGEN	NORMAL	NORMAL
LEUCOCYTE	NEGATIVE	
URINE MACROSCOPY		
COLOUR	PALE YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	0-3
PUSCELLS	1-2	
EPITHELIAL CELLS	0-1 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	
MUCOUS THREAD	NIL	
FASTING BLOOD SUGAR	5.57 mmol/L	3.8-<5.6 mmol/L
BLOOD GROUP & RH TYPING	A POSITIVE	
Confirmation of the Newborn's blood group is indicated when the "A" and "B"antigen expression and the isoagglutinins are fully developed (2–4 years).		
LIPID PROFILE		
TOTAL CHOLESTEROL	6.36 mmol/L	< 5.2 mmol/L
HDL	1.43 mmol/L	MALE: > 1.0 mmol/L FEMALE: > 1.3 mmol/L
TRIGLYCERIDES	2.41 mmol/L	< 1.7 mmol/L
LDL	4.40 mmol/L	< 3.4 mmol/L
VLDL	1.1 mmol/L	< 0.77 mmol/L

Verified By:

10475
Lab Technologist
MOH License No:
Electronically signed at: 13/10/2025

Approved By:

DR ASMA OSMANI
Specialist Pathologist
MOH License No: 5995
Electronically signed at: 13/10/2025 11:06:00

Printed at: 21/10/2025 5:57:54 PM

nmc specialty hospital

DEPARTMENT OF LABORATORY MEDICINE

File No:	14423698	**Report No:**	1075403		
Name:	GURJANT SINGH	**Sample Date:**	13/10/2025	**Time:**	9:41
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 55 Y **Nationality:** INDIAN	**Report Date:**	13/10/2025	**Time:**	11:06
GSM No.:	71280634 **ID Card No.:** 89840409	**Bill No:**	2714561	**Bill Date:**	13/10/2025
Ref. By:	DR SUMANT PAJANKAR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
NON HDL	4.95 mmol/L	<3.4mmol/L
LIVER FUNCTION TEST		
TOTAL BILIRUBIN	9.10 µ mol/L	5.0 - 21.0 µ mol/L
DIRECT BILIRUBIN	3.20 µ mol/L	Upto 5.1 µ mol/L
TOTAL PROTIEN	73.00 g/L	66 - 87 g/L
ALBUMIN	46.70 g/L	35 - 50 g/L
Globulin	26.3 g/L	23-35g/L
SGOT (AST)	22.00 U/L	10-40 U/L
SGPT (ALT)	30.40 U/L	10-40 U/L
ALKPO4 (ALP)	117.00 U/L	3 - 10 Yrs: 130 - 260 U/L 10 - 14 Yrs: 130 - 340 U/L 14 - 18 Yrs: 30 - 180 U/L Adult: 30 - 120 U/L
Gamma GT (GGT)	62.60 U/L	2-30 U/L
RENAL FUNCTION TEST		
URIC ACID	453.91 µ mol/L	MALE: 200 - 430 µ mol/L FEMALE: 140 - 360 µ mol/L
CREATININE	79.0 µ mol/L	MALE: 60 – 110 µ mol/L FEMALE: 50 - 100 µ mol/L
UREA	3.90 mmol/L	2.9-8.2 mmol/L
ESTIMATED GLOMERULAR FILTRATION RATE	83.768824	
SICKLE CELL Method : Solubility test (If Positive , Hb Electrophoresis / HPLC to be done to confirm Sickle cell anaemia / Trait).	NEGATIVE	

Verified By:

10475
Lab Technologist
MOH License No:
Electronically signed at: 13/10/2025

Approved By:

DR ASMA OSMANI
Specialist Pathologist
MOH License No: 5866
Electronically signed at: 13/10/2025 11:08:00

Printed at: 21/10/2025 5:57:54 PM

Name	: GURJANT SINGH		
Lab. No.	: 3525062190	Registered On	: 13/10/2025 17:37
Contract.	: NMC Specialty Hospital, Ghoubra	Report Date	: 13/10/2025 19:51
Patient No.	: 8630-14423698		
File No.	: 8630-14423698		

Branch : Muscat Age : 55 Year Sex : Male

Urine Drug Screening

Test	Result	S O Unit	Ref. Range
Amphetamine	Negative		
Methamphetamine	Negative		
Barbiturates	Negative		
Benzodiazepines	Negative		
Cocaine	Negative		
Marijauna	Negative		
Morphine	Negative		
Methadone	Negative		
Tricyclic Antidepressants	Negative		
Phencyclidine	Negative		
Tramadol	Negative		
pH	6		4 - 9
Specific Gravity	1.015		1.003 - 1.03

Reviewed By:

Dr. Hanen Makhlouf
Lab Director
MOH License No 10073

Verified By : Sara Salah
Printed By: System

Printed Date: 19:57 13/10/2025

DEPARTMENT OF LABORATORY MEDICINE

File No:	14423698	**Report No:**	0167268		
Name:	GURJANT SINGH	**Sample Date:**	13/10/2025	**Time:**	14:14
Address:		**Received By:**			
Gender:	M **Age:** 55 Y **Nationality:** INDIAN	**Received Date:**		**Time:**	
GSM No.:	71260634 **ID Card No.:** 89640409	**Report Date:**	13/10/2025	**Time:**	15:47
Ref. By:	OUT PATIENT	**Bill No:**	0398930	**Bill Date:**	13/10/2025

INVESTIGATION	RESULT	REFERENCE RANGE
ALCOHOL CHECK		
ETHANOL	NOT DETECTED (0.001) g/L	< 0.1 g/L

Verified By:

10593
Lab Technologist
MOH License No:
Electronically signed at: 10/13/2025 3:47:03

Approved By:

Specialist Pathologist

Printed at: 13/10/2025 3:46:03 PM

مستشفى أن أم سي التخصصي
nmc specialty hospital

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Building No. 512, Al Hail North
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T: (+968) 2428 8222
F: (+968) 2428 8788
www.nmcoman.com

nmc specialty hospital nmc مستشفى ان ام سي التخصصي

AUDIOGRAM

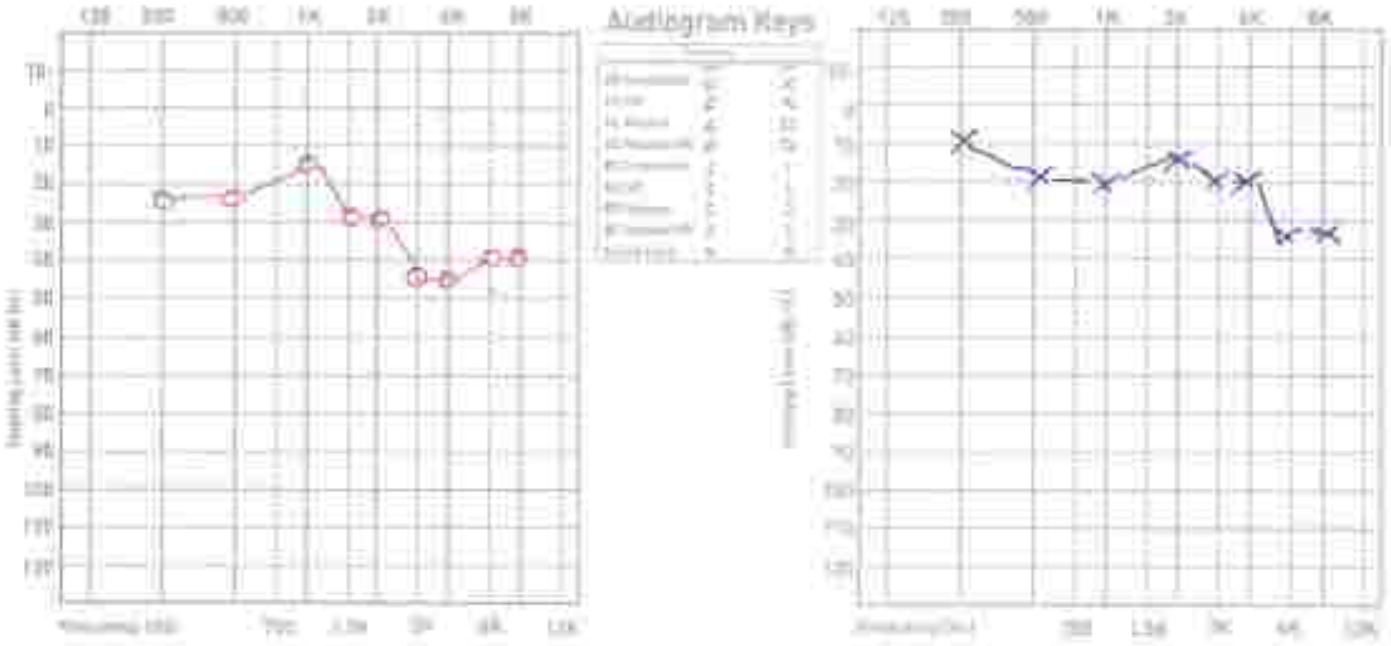
File No. 14423698 رقم الملف

Name of Patient Gunjant Singh اسم المريض Nationality Indian الجنسية

Age 55yr السن Sex M الجنس Date 13/10/2025 التاريخ

Referring Physician طبيب الوحدة

Presenting Complaints التشخيص



Ear	PTA	Weber	SRT	UCL	HDL	UCL
Right	38dBHL					
Left	18dBHL					

IMPRESSION:

Bilateral Minimal Hearing loss with High sloping at Right Ear

Recommendations:

Name & Signature of Audiologist

Date 13/10/2025

Name & Signature of Physician

Date Time

Pulmonary Function Report

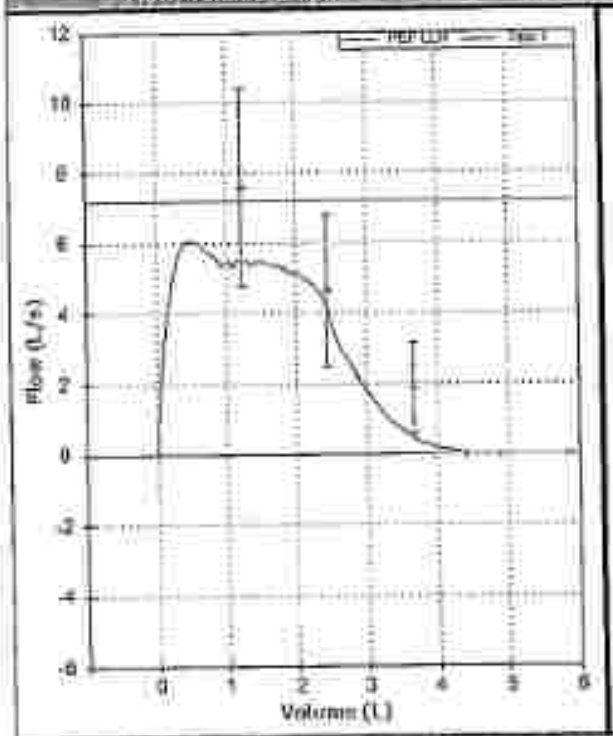
Subject Information

ID:	14423698	Alternate ID:	2714661	Middle Name:	
Last Name:	Singh	First Name:	Gurjant	Date of Birth:	3/28/1970
Population:	Other	Gender:	Male	Weight:	98.0 kg
Age:	55	Height:	177 cm		
BMI:	31.6	Smoking:	Non Smoker		

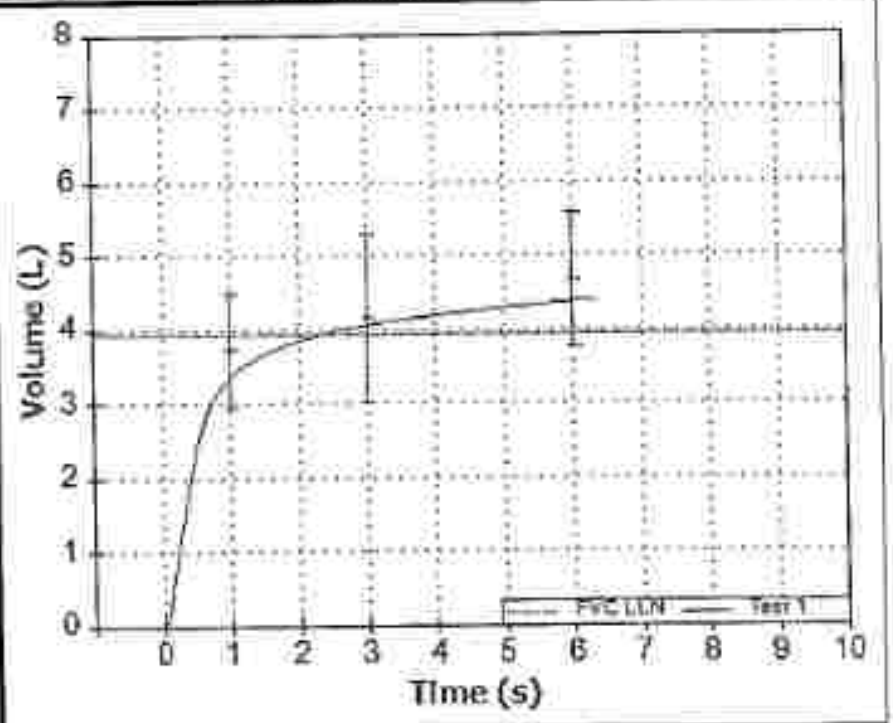
Test Session Information

Test Date:	10/13/2025 10:35	Device:	ALPHA Touch	Serial Number:	31950
No. of Tests:	4	Accuracy Chk:	1/2/2024 13:30	User:	Administrator
Pred. Values:	NHANES C	Pred. Factor:	100%	Posture:	Sitting

Flow/Volume Graph



Volume/Time Graph



Results

Parameter	Pred	LLN	ATS/ERS Best	% Pred.	Z-Score
VC (L)	4.87	3.95	3.28*	67	-2.83
FVC (L)	4.87	3.95	4.39	90	-0.85
FEV1 (L)	3.73	2.95	3.40	91	-0.67
FEV1 Ratio	0.77	0.67	0.77	100	0.00
FEV6 (L)	4.67	3.77	4.38	94	-0.53
PEF (L/min)	569	431	362*	64	-2.46
FEF25-75 (L/s)	3.19	1.61	3.15	99	-0.04

Values at BTPS , Below lower limit of normality (LLN)

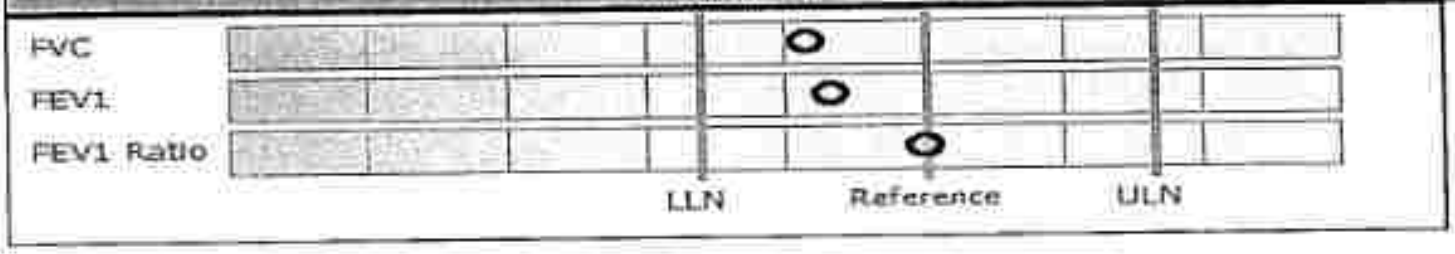
Session Quality and Reproducibility Information

Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
C	0.75 L (17.1%)	0.79 L (23.2%)	1 blow(s)	0 blow(s)	0 blow(s)

Computer Generated Interpretation

Computer Interpretations cannot be relied upon for diagnosis. Normal ventilatory function.

Reference Ranges



nmc specialty hospital

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P.O BOX : 613, Postal Code : 133 AL-GHOUBRA Sultanate of Oman

SI No: 197402		Bill Date: 13/10/2025	Report Date :13/10/2025 15:17:00
Patient Name: GURJANT SINGH		Reg No: 14423698	
Age: 55Y	Gender: Male	Nationality: INDIA	Phone:
Address:			
Company: TRUCKOMAN OIL & GAS SERVICES SAOC		Policy No:	
Certificate No:			
Region: CHEST X RAY PA			
Referred Doctor:		Consultant Name: DR SUMANT PAJANKAR	

CHEST RADIOGRAPH -PA VIEW

Observations :

Both lung fields are clear.

Bilateral CP angles are clear

No hilar abnormality seen.

Cardiac shadow is normal .

Both domes of diaphragm are normal.

Bony thorax appears normal

Impression:

- **Normal chest radiograph**

13/10/2025 15:16:50

DR HEMANTKUMAR MAHARAJA

Radiology

MOH License No: 6489

Disclaimer : This is an electronically generated report and does not require a doctor's signature

[redacted]

Id: 1442698
Singh, Gurjant
Male — [redacted] Ukrainian
Height: 0 cm Weight: 0 kg BP: 0/0 mmHg

Med.:
Techn:
Note:

13/10/2025 10:25:42

HR: 53 bpm
PR: 140 ms
QRS: 94 ms
QT/QTcB: 420/425 ms
QTcB: 426 ms
QTcF: 427 ms
RV5/SV1: 1.74/1.13 mV
Sok Lyon: 2.86 mV
Axis: 33/-59 °

UNCONFIRMED REPORT

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

II

Dipo: 25mm/s 10mm/mV 0.05-23Hz/50Hz CardioAire ECG2205 v. 2.0-3815

nmc

nmc specialty hospital, al ghoubra

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

Fitness Certificate

Empno:
Date of Issue : *13/10/2025*

Ref No : *0000010/FIT/NMC/2025*

This is to certify that Mr. / Mrs. *GURJANT SINGH* with file no *14423698* and Resident card no. *89640409* was *Treated* at *nmc specialty hospital, al ghoubra* on *13/10/2025* and will be *Fit for work.* from the medical point of view starting from *13/10/2025*

DIAGNOSIS
Z00.8-Encounter For Other General Examination

Remarks

DR SHAJU PADMAN

Place: *nmc specialty hospital, al ghoubra*

(Hospital Seal)

Signature

RECEPTION

nmc specialty hospital, al Ghoubra

GURJANT SINGH, 14423698

Patient Information

10/13/2025 11:16:36 AM
Bruce

ID: 14423698 Second ID: 2425713 Admission ID:

Date of Birth:
Age: 55 Years
Height:
Weight:
Gender: Male
Race: Unknown

Indications
FITNESS

Medications
NIL

Referring Physician: DR. SHAJU PADMAN Location: Procedure Type: TMT

Attending Phy: DR.SHAJU PADMAN Target HR: 140 bpm (85%) Reasons for end: ACHIEVED THR
Technician: ANJANA Max HR(%MPHR): 160 bpm (96%) Symptoms: NIL

Diagnosis

Notes

Conclusions
The patient was tested using the Bruce protocol for a duration of 08:36 mmcss and achieved 10.1 METs. A maximum heart rate of 160 bpm with a target predicted heart rate of 114% was obtained at 08:40. A maximum systolic blood pressure of 148/89 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.

Reviewed by:

UNCONFIRMED REPORT

Signed by:

Date:

GURJANT SINGH, 14423698

Exam Summary

10/13/2025 11:16:36 AM
Bruce

Summary

Exercise Time: 08:36
Leads with 100uV ST: V2, V3
PVCs: 1
Duke Treadmill Score: 3

Max Values

Speed: 4.2 MPH HR: 160 BPM 98% of MPHR (165 bpm)
Grade: 16 % SBP: 148/89 mmHg
METs: 10.7 DBP: 125/96 mmHg
HR*BP: 15750 BPM * mmHg
ST/HR Index: 1.01 uV/bpm in III at 08:30

Max ST

ST elevation: 1.4 mm in V3 at 09:20
ST depression: -0.9 mm in III at 08:40

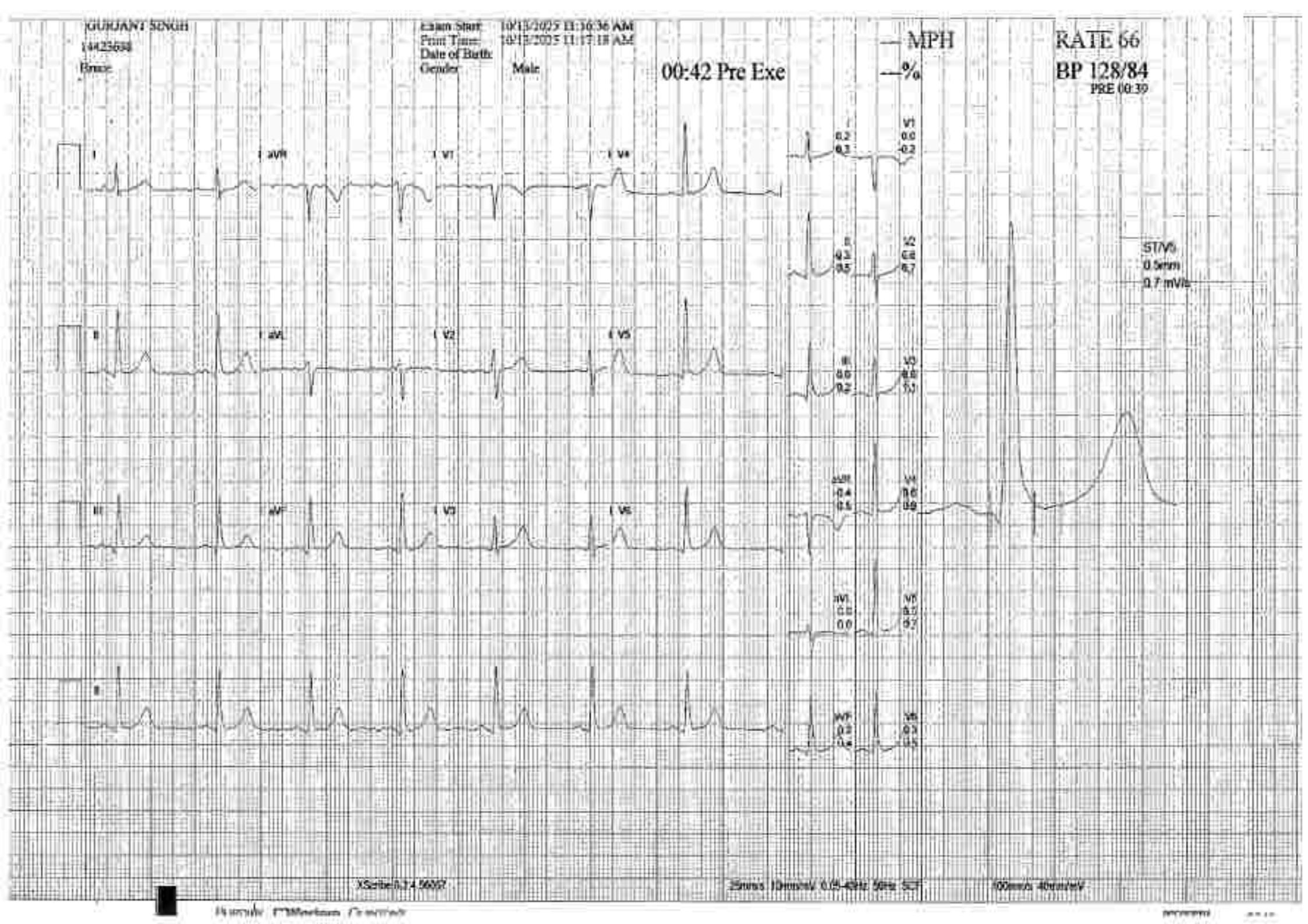
Max ST Changes

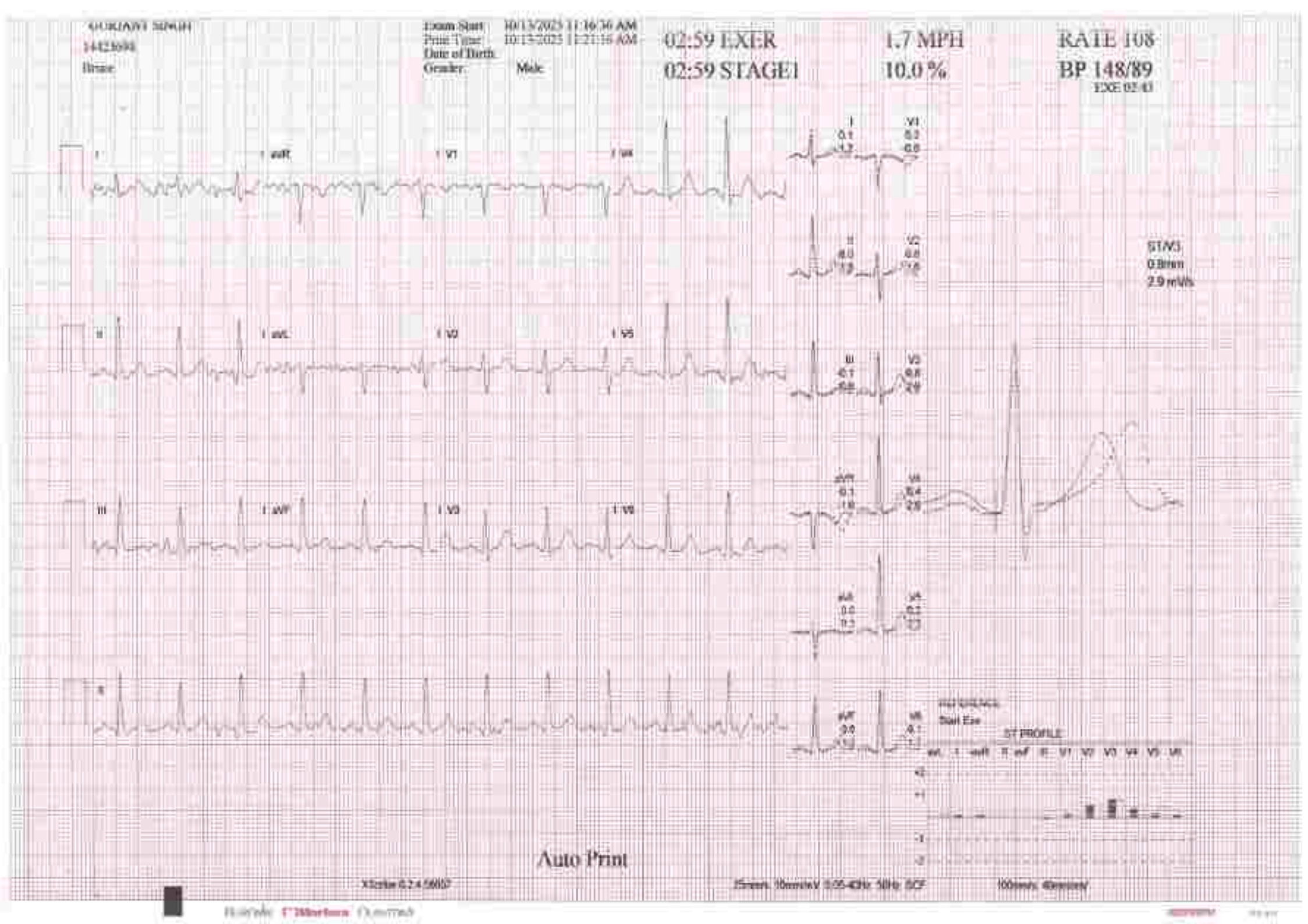
ST elevation change: 0.7 mm in I at 08:30
ST depression change: -1 mm in V4 at 06:00

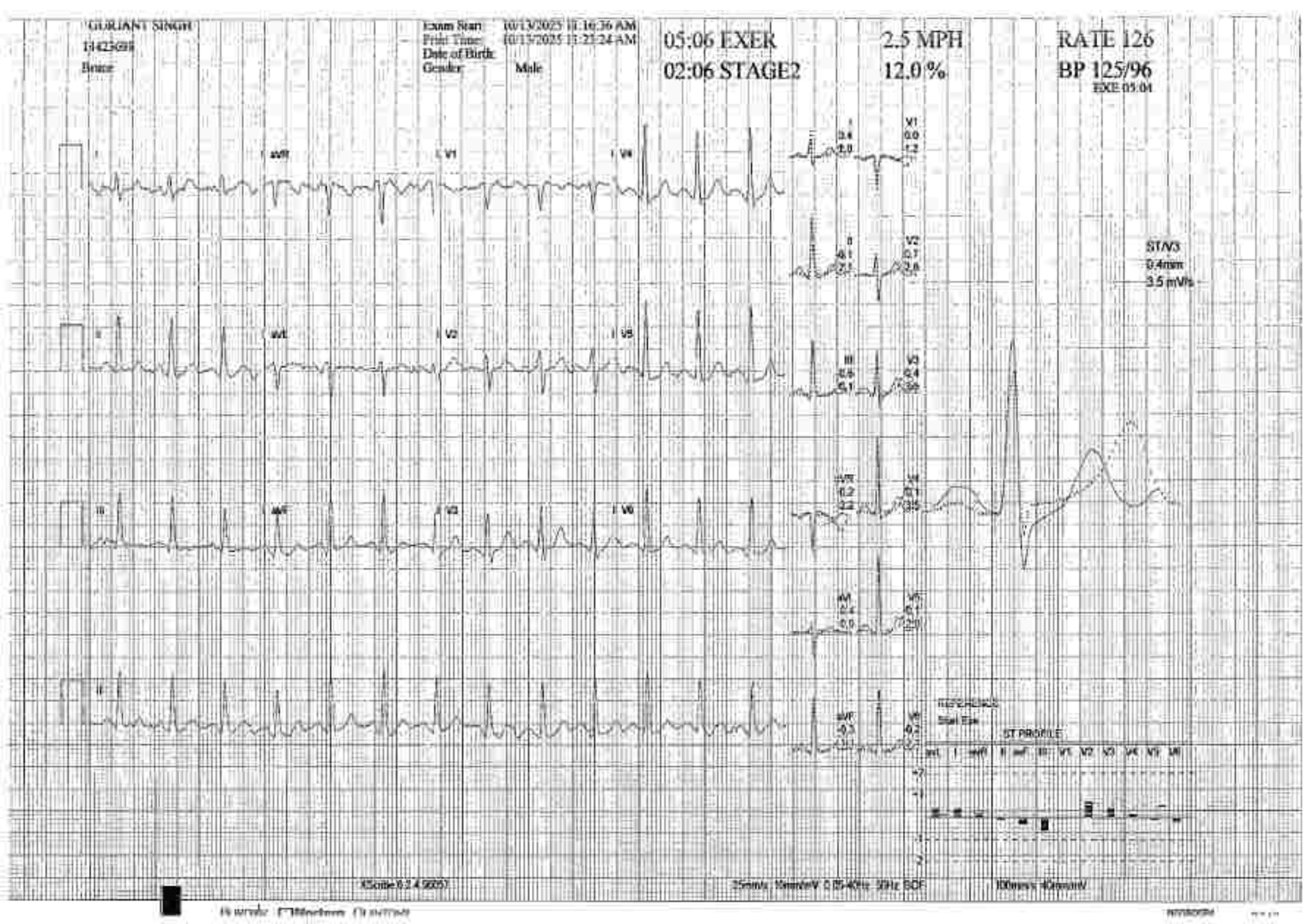
STAGE SUMMARY

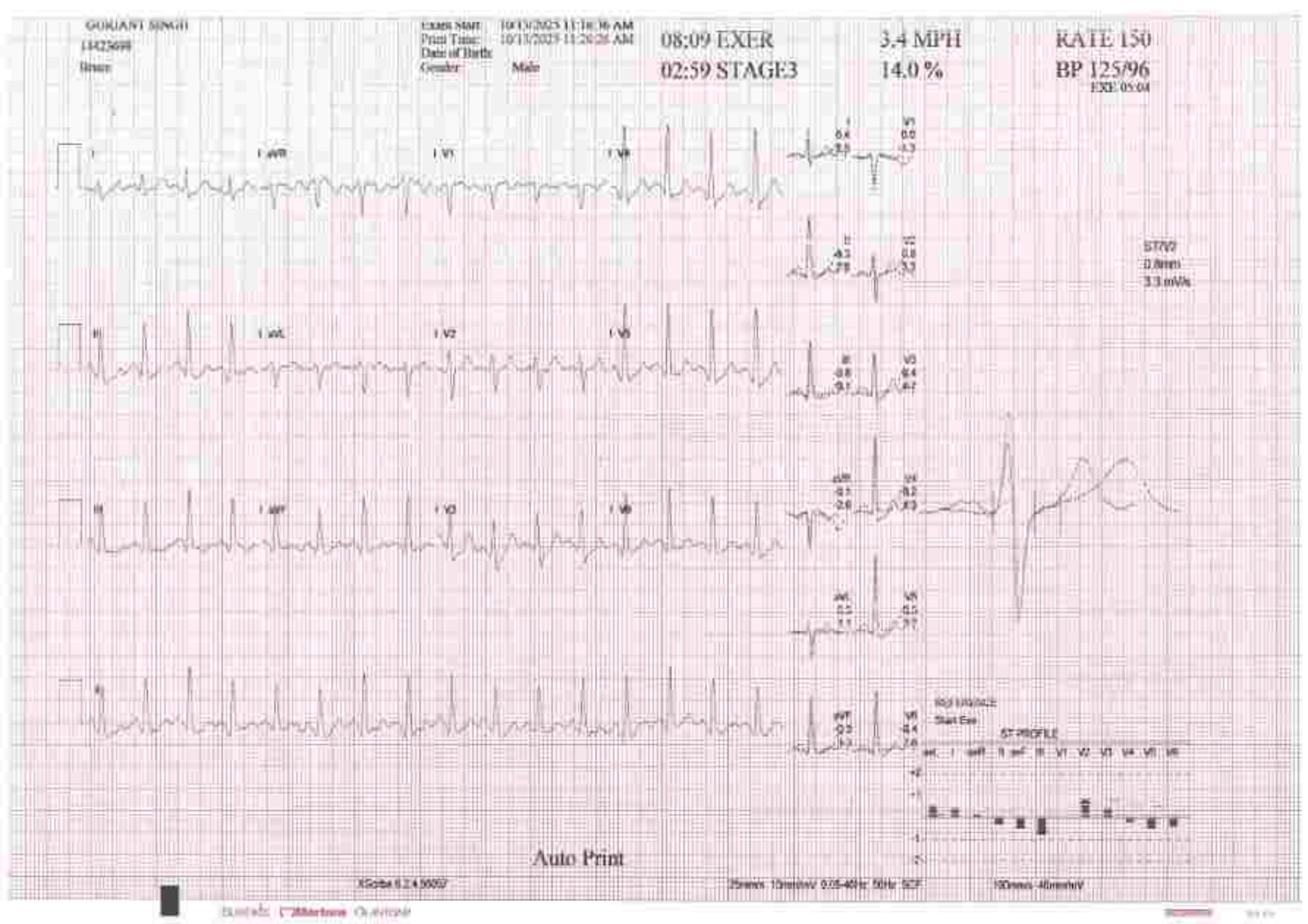
ST measurement based on J+60ms

		Speed (MPH)	Grade (%)	HR (BPM)	BP (mmHg)	METs	HR*BP	ST LEVEL (mm) I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
SP	PRE-X	0.0	0.0	64	126/94	-	8192	-	-	-	-	-	-	-	-	-	-	-	-
Treadmill Started	PRE-X	1.0	0.0	82	-	-	-	0.3	0.4	0.1	-0.4	0	0.2	0	0.6	0.9	0.6	0.5	0.4
START EXE	EXE 00:00	1.0	0.0	82	-	-	-	0.2	0.3	0	-0.3	0.1	0.2	0	0.6	0.8	0.6	0.5	0.3
SP	EXE 02:43	1.7	10.0	108	148/89	4.2	15668	0	0	-0.1	-0.1	0	0	0.1	0.5	0.5	0.5	0.2	0.1
STAGE 1	EXE 03:00	1.7	10.0	108	-	4.4	-	0.1	0	-0.1	-0.1	0	0	0.2	0.6	0.6	0.4	0.2	0.1
SP	EXE 05:04	2.5	12.0	126	125/96	7.0	15750	0.4	-0.1	-0.6	-0.2	0.4	-0.3	0	0.7	0.4	0.1	-0.1	-0.2
STAGE 2	EXE 06:10	3.4	14.0	125	-	7.1	-	0.4	0	-0.4	-0.3	0.4	-0.2	-0.1	0.7	0.6	0.2	0	-0.1
STAGE 3	EXE 08:10	3.4	16.0	150	-	10.3	-	0.4	0.3	0.6	-0.1	0.5	-0.5	0	0.8	0.4	-0.2	0.5	0.4
Treadmill Stopped	EXE 08:29	0.0	0.0	155	-	10.7	-	0.4	-0.2	-0.7	-0.2	0.5	-0.4	0.3	-0.8	-0.1	-0.3	-0.3	-0.3
PEAK	EXE 08:36	0.0	0.0	159	-	10.5	-	0.8	0.2	-0.6	-0.6	0.7	-0.2	0	0.7	0.1	-0.3	-0.3	-0.3
SP	REC 04:52	0.0	0.0	81	133/99	4.7	10773	0.1	0.2	-0.3	0	0.2	-0.2	0.2	0.4	0.3	0	-0.1	-0.2
END REC	REC 05:10	0.0	0.0	81	-	4.5	-	0.1	-0.1	-0.3	-0.1	0.1	-0.2	0.1	0.4	0.4	0	-0.1	-0.1


GURJANT SINGH
14423658
Exam Start: 10/13/2025 11:16:36 AM
Print Time: 10/13/2025 11:17:18 AM
Date of Birth:
Gender: Male
00:42 Pre Exe
MPH
%
RATE 66
BP 128/84
PRE 00:39
I aVR I V1 I V4
II aVL I V2 I V5
III aVF I V3 I V6
II
V1
V2
V3
V4
V5
V6
ST/V5
0.5mm
0.7 mV/s
XScribe 6.3.4.56007
25mm/s 10mm/mV 0.05-40Hz 50Hz SCT
100mm/s 40mm/mV


Exam Start 10/13/2025 11:16:36 AM
Print Time 10/13/2025 11:21:16 AM
Date of Birth
Gender Male
02:59 EXER
02:59 STAGE1
1.7 MPH
10.0 %
RATE 108
BP 148/89
EXE 02:43
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
ST/V3
0.9mm
2.9 mV/s
ST PROFILE
Auto Print


GURJANT SINGH
Exam Start: 10/13/2025 11:16:36 AM
Print Time: 10/13/2025 11:25:24 AM
Date of Birth:
Gender: Male
05:06 EXER
02:06 STAGE2
2.5 MPH
12.0 %
RATE 126
BP 125/96
EXE 05:04
ST/V3
0.4mm
3.5 mV/s
ST PROFILE


GURJANT SINGH
1423698
Exam Start: 10/13/2023 11:18:36 AM
Print Time: 10/13/2023 11:20:26 AM
Date of Birth:
Gender: Male
08:09 EXER
02:59 STAGE3
3.4 MPH
14.0 %
RATE 150
BP 125/96
EXE 05:04
I
I aVR
I V1
I V4
II
I aVL
I V2
I V5
III
I aVF
I V3
I V6
V
ST/V2
0.8mm
3.3 mV/s
ST PROFILE
Auto Print

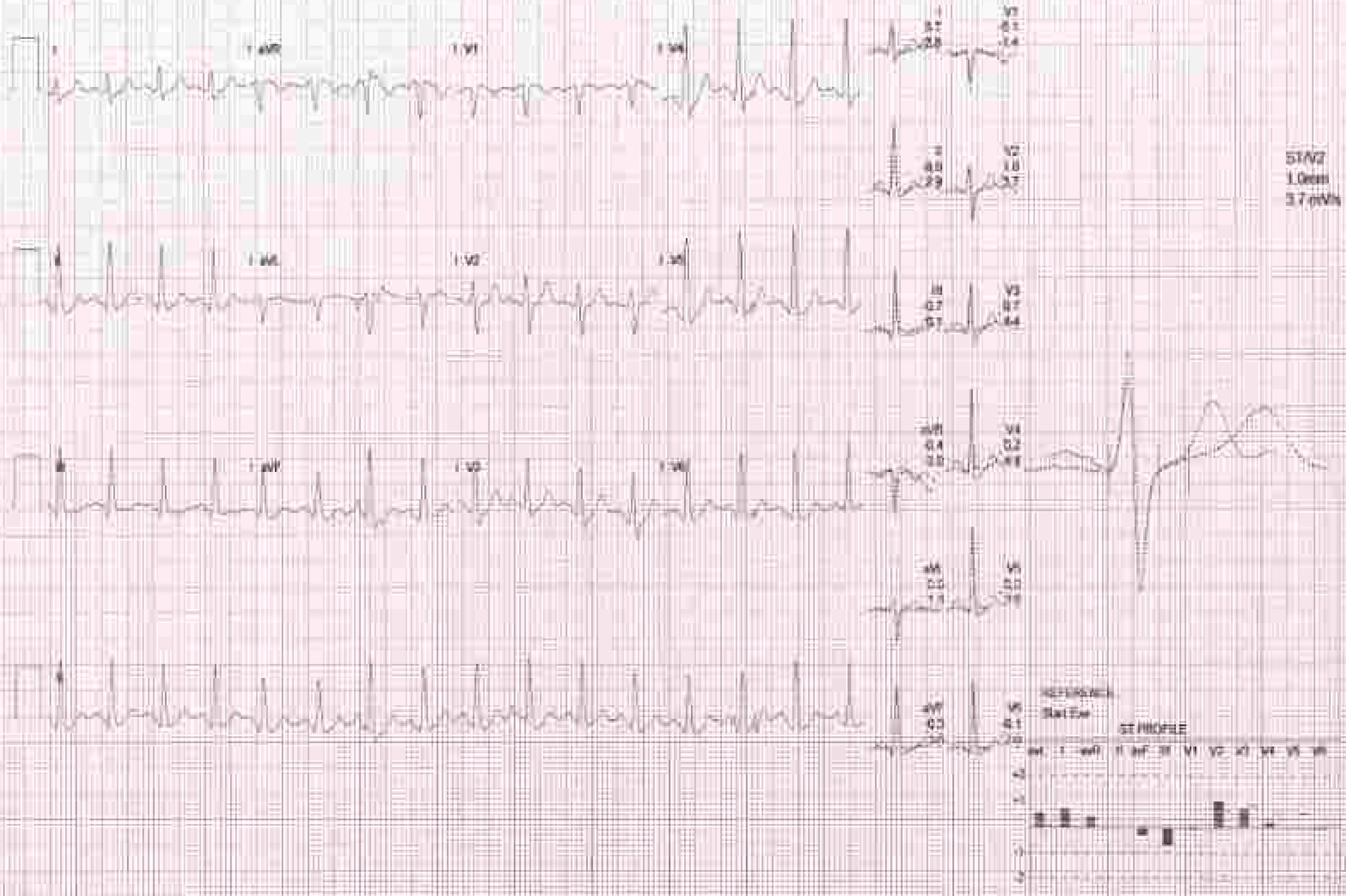
GURJANT SINGH
1442698
Bruce

Exam Start: 10/13/2025 11:16:36 AM
Print Time: 10/13/2025 11:27:15 AM
Date of Birth:
Gender: Male

08:36 EXER
00:19 REC

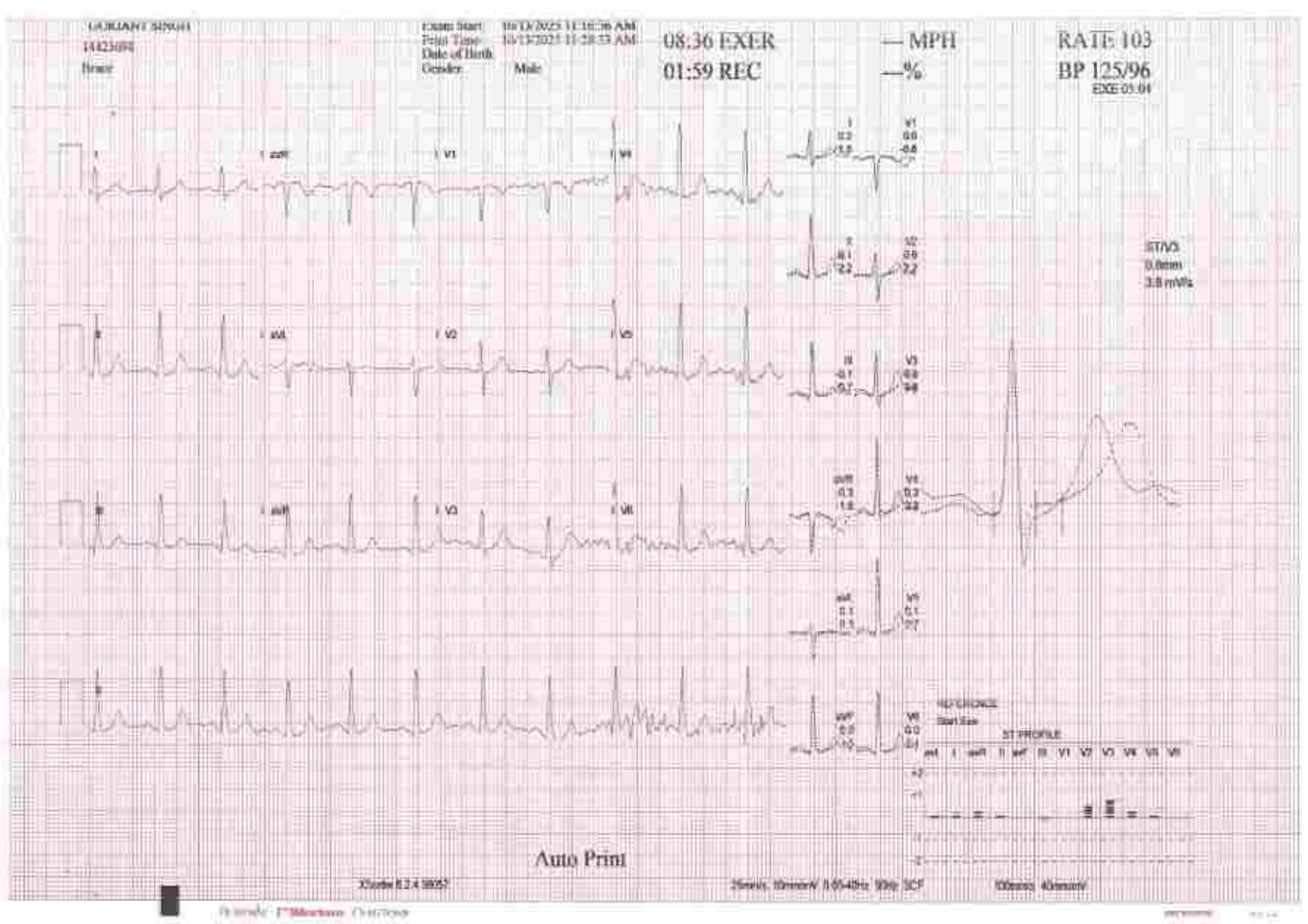
— MPH
—%

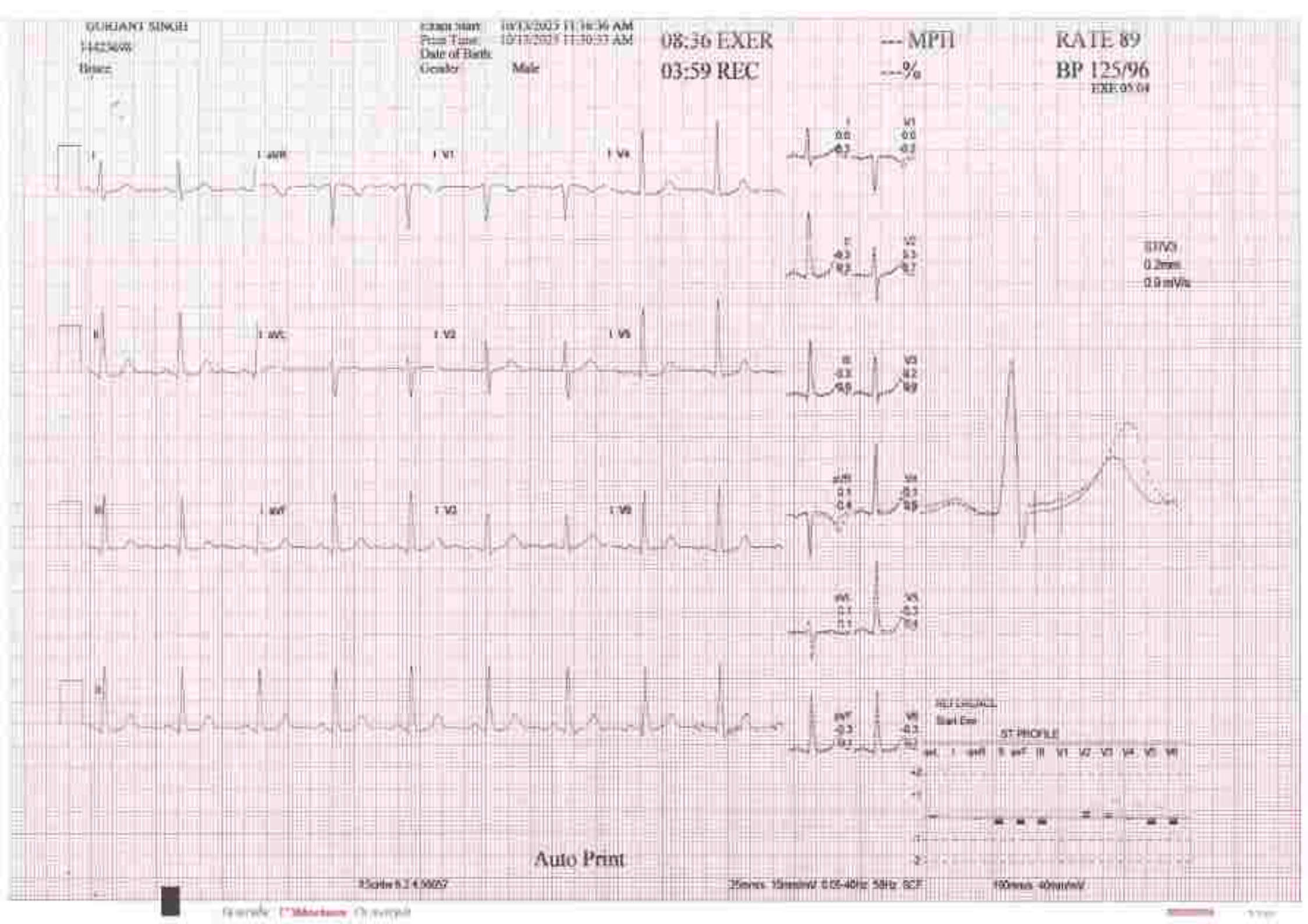
RATE 148
BP 125/96
EXE 05:04



25mm/s 10mm/mV 0.05-40Hz 50Hz

100mm/s 40mm/mV


Exam Start
Print Time
Date of Birth
Gender
Male
08:36 EXER
01:59 REC
— MPH
—%
RATE 103
BP 125/96
EXE 05:01
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
ST/V3
0.0mm
3.8 mV/s
ST PROFILE
Auto Print


GURJANT SINGH
Exam Start: 10/13/2023 11:36:36 AM
Print Time: 10/13/2023 11:39:53 AM
Date of Birth:
Gender: Male
08:36 EXER
03:59 REC
---MPH
---%
RATE 89
BP 125/96
EXE 05:04
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
0.2mm
0.5 mV/s
ST PROFILE
Auto Print

Framingham Risk Score for Hard Coronary Heart Disease

Estimates 10-year risk of heart attack in patients 30-79 years with no history of CHD or diabetes.

INSTRUCTIONS

There are several distinct Framingham risk models. MDCalc uses the 'Hard' coronary Framingham outcomes model, which is intended for use in **non-diabetic** patients age 30-79 years with no prior history of coronary heart disease or intermittent claudication, as it is the most widely applicable to patients without previous cardiac events. See the official Framingham website for additional Framingham risk models.

When to Use | Pearls/Pitfalls

Age	55	years
Sex	Female / **Male**	
Smoker	**No** / Yes	
Total cholesterol	6.38	mmol/L
HDL cholesterol	1.43	mmol/L
Systolic BP	145	mm Hg
Blood pressure being treated with medicines	**No** / Yes	

9.4 %
10-year risk of MI or death for this patient

13 %
Average 10-year risk of MI or death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