MEDICAL EVALUATION REPORT - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
799177[illegible]		Pradeep Pazuvakkal	

Nationality	Age	Sex	Company	Location
Indian	54	M	Truck Driver	

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 110/80 [ ] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crisis

BMI Category: 26 [ ] 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

Pre-existing condition: — Physical Assessment: [ ] Normal [ ] Abnormal

Remarks:

ENT SYSTEM

Audiometry Test: [ ] Normal [ ] Abnormal [ ] Not Required — Otoscopy: [ ] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition: — Physical Assessment: [ ] Normal [ ] Abnormal (Whisper, Weber & Rinne Tests)

Remarks:

CARDIOVASCULAR SYSTEM

ECG Test: [ ] Normal [ ] Abnormal [ ] Not Required — Physical Assessment: [ ] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

NEUROLOGICAL SYSTEM

Physical Assessment: [ ] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

MUSCULOSKELETAL SYSTEM

Physical Assess: [ ] Normal [ ] Abnormal — Lumbar X-Ray: [ ] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition:

Remarks:

LABORATORY INVESTIGATIONS

Lab Tests: [ ] Normal [ ] Abnormal If abnormal, please specify below — Blood Grouping: O+ve

Pre-existing condition:

Remarks:

Glucose Level Category: 10.07 [ ] Normal 80 – 100 mg/dl [ ] Pre diabetic 100 – 125 mg/dl [ ] Diabetic > 126 mg/dl

Cholesterol Risk Category: 4.90 [ ] 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
	Respiratory Protection Questionnaire	Remarks
	Hearing Conservation Questionnaire	Remarks
	Screening Questionnaire	Remarks

Fagerstrom Test - Smoking [ ] Non-smoker [ ] Low dependence [ ] Low to moderate 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 5) [ ] Positive answers Factor II (7 to 12)

[ ] Positive answers Factor III (13 to 16) [ ] Positive answers Factor IV (17 to 20)

Clinic Doctor Name	License #	Hospital/Policlinic	Doctor Signature & Clinic Stamp	Issue Date
			RECEPTION; DR. SUHATH SUMAYYA	25/10/25

FITNESS TO WORK CERTIFICATE

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
29917731		Pradeep Pasuvakkal	

Nationality	Age	Sex	Company	Location
Indian	54	M	Rajappan	

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

Restrictions

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

Other, specify

Temporary Unfit Until

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
13/10/2025	

Medical Review Date	Employee Signature
25/10/2025	

Doctor Name	Medical License	Hospital	Medical Coordinator Signature

DR. AYSHATH SUMAYYA

CR No: 1246397
Sultanate of Oman
RECEPTION
Inmc specialty hospital, Al Ghubra

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
79917721		Pradeep Paravaickal	

Nationality	Age	Sex	Company	Location
Indian	54	m	Truckman Rajappan	

PERSONAL HEALTH HISTORY

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

Disorders of the heart or circulation i.e. chest pain, heart murmurs		Yes	/	No	
High blood pressure		Yes	/	No	
Palpitations i.e. being aware of the heart beats		Yes	/	No	
Lung disease e.g. bronchitis, asthma, dyspnea, T. B		Yes	/	No	
Phlegm productions or tight chest		Yes	/	No	
Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope)		Yes	/	No	
Nervous disorder, or emotional breakdown, depression, anxiety		Yes	/	No	
Epilepsy / Seizures		Yes	/	No	
Recurrent headaches or migraine		Yes	/	No	
Any sleep problems		Yes	/	No	
Foot deformities or problems		Yes	/	No	
Muscle problems e.g. weakness of your limbs or twitchy muscles		Yes	/	No	
Joint problems, e.g. plantar warts, joint pain or swelling		Yes	/	No	
Problems with limb, neck or spine mobility		Yes	/	No	
Experienced back problem, arthritis, slipped disc		Yes	/	No	
Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gall stones		Yes	/	No	
Rectal bleeding, jaundice		Yes	/	No	
Diabetes or any other glandular diseases	✓	Yes		No	
Cancer, growth or tumor of any kind		Yes	/	No	
Frequent headache		Yes	/	No	
Pain in neck or back or hands or legs		Yes	/	No	
Skin disorders e.g. severe acne, dermatitis, eczema or allergy		Yes	/	No	
Ear, nose or throat problems		Yes	/	No	
Allergies e.g. dust, medication, bee stings		Yes	/	No	
Kidney or bladder diseases e.g. recurrent infection, renal stones		Yes	/	No	
Sexually transmitted disease		Yes	/	No	
Is your eyesight satisfactory	/	Yes		No	
Is your hearing satisfactory	/	Yes		No	
Do you wear glasses or contact lenses	✓	Yes		No	
Do you have color blindness		Yes	/	No	
Do you have any phobia from working at heights		Yes	/	No	
Do you have any phobia from working at confined spaces		Yes	/	No	
Experienced weight loss or gain > 5kg over the past year		Yes	/	No	
Informed about being overweight or obese		Yes	/	No	
Treated for malaria		Yes	/	No	
Treated for depression, stress		Yes	/	No	
Treated for substance abuse		Yes	/	No	
Received counseling or treatment for HIV/AIDS		Yes	/	No	
Received counseling or treatment for Hepatitis		Yes	/	No	
Anemia, especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia		Yes	/	No	
G6PD (Glucose		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
No	

Date: 13/1/25

Candidate/Employee Signature

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
79917231		Pradeep Paswakkal	

Nationality	Age	Sex	Company	Location
Indian	34	m	Truck oman — Rajapan	

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: 13/1/14

Candidate/Employee Signature

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
799177731		Pradeep Paruvakkal	

Nationality	Age	Sex	Company	Location
Indian	54	m	Tawkoma	

VITAL SIGNS

Height: 176 cm Weight: 93 kg Blood Pressure: 110/78 mmHg

Pulse: 87 /min Medical Practitioner Name: RECEPTION Signature:

VISUAL SYSTEM

	Right Uncorrected	Left Uncorrected	Right Corrected	Left Corrected	Both Uncorrected	Both Corrected
Visual Acuity Test	6/6	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: ____ 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 (select all what is applicable)
- ☐ Free from artifacts
- ☐ Satisfactory exhalation
- ☐ Good start
- ☐ NOT satisfactory

Reproducibility Criteria (select all what is applicable)
- ☐ >3 acceptable curves / FEV1 values AND FVC values within 0.1 SL (150 ml)
- ☐ Total of THREE to EIGHT tests performed
- ☐ The patient CAN NOT or SHOULD NOT continue

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

Date of Examination: ____ Medical Practitioner Name: ____ Signature: ____

[2] Chest Shape and Movement

☐ Normal ☐ Abnormal ☐ Not Examined — If abnormal, describe below: ____

[3] Chest Percussion

☐ Normal ☐ Abnormal ☐ Not Examined — If abnormal, describe below: ____

[3] Air Entry in Both Lungs

☐ Normal ☐ Abnormal ☐ Not Examined — If abnormal, describe below: ____

[4] Breath sounds

☐ Normal ☐ Abnormal ☐ Not Examined — If abnormal, describe below: ____

Date of Examination: 25/10/2015 Physician Name: RECEPTION Signature:

ENT SYSTEM

[1] Otoscopy

	Right	Left
Ear Canal Collapse	☐ Yes ☐ No ☐ Not Exam	☐ Yes ☐ No ☐ Not Exam
Eardrum Position	☐ Normal ☐ Retracted ☐ Bulging ☐ Not Exam	☐ Normal ☐ Retracted ☐ Bulging ☐ Not Exam
Drainage	☐ Yes ☐ No ☐ Not Exam	☐ Yes ☐ No ☐ Unknown
Perforation	☐ Yes ☐ No ☐ Not Exam	☐ Yes ☐ No ☐ Not Exam
Eardrum Vascularity	☐ Normal ☐ Considerable ☐ Mild ☐ Not Exam	☐ Normal ☐ Considerable ☐ Mild ☐ Not Exam
Cerumen	☐ None ☐ Some ☐ A lot ☐ Impacted ☐ Not Exam	☐ None ☐ Some ☐ A lot ☐ Impacted ☐ Not Exam

[2] Hearing Test

Whisper Test	☐ Normal ☐ Abnormal ☐ Not Exam
Rinne Test	☐ Normal ☐ Abnormal ☐ Not Exam
Weber Test	☐ Normal ☐ Abnormal ☐ Not Exam
Audiometry Done	☐ Yes ☐ No
Hearing Questionnaire verified	☐ Yes ☐ No

Audiologist Name: ____ Signature: ____

DR. MOHAMMED FEROZ QURAISHI, General Practitioner, MOH Lic. No. 3291, Specialty Hospital, Al Ghobra

DR. AYSHATH SUMAYYA, General Practitioner

DR. ASHWINKUMAR MISHRA, Audiologist, MOH Lic. No. 3602, Specialty Hospital, Al Ghobra

RECEPTION, C.R. No: 1248387, Sultanate of Oman, Specialty Hospital, Al Ghobra

nmc

nmc specialty hospital, al ghoubra

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

Fitness Certificate

Empno:
Date of issue : *25/10/2025*

Ref No : *0000093/FIT/NMC/2025*

This is to certify that Mr. / Mrs. *PRADEEP PARUVAKKAL RAJAPPAN* with file no *14423700* and Resident card no. *79917731* was *Treated* at *nmc specialty hospital, al ghoubra* on *25/10/2025* and will be *Fit* from the medical point of view starting from *25/10/2025*

DIAGNOSIS
R94.5-Abnormal Results Of Liver Function Studies, E11.40-Type 2 Diabetes Mellitus With Diabetic Neuropathy, Unspecified

Remarks
Lifestyle modification, diabetic diet. Medicines compliance stressed. Increase dose of Glim Metformin = Bid/day Follow

DR SUMANT PAJANKAR

Place: *nmc specialty hospital, al ghoubra*

(Hospital Seal)

Signature

DR. SUMANT PAJANKAR
Specialist Emergency Medicine
MBBS, MD (Emergency Medicine)
nmc specialty hospital, Al Ghoubra

nmc specialty hospital, Al Ghoubra
C.R. No: 1248287
Sultanate of Oman
RECEPTION

nmc specialty hospital
Al Ghoubra

REPORT

DEPARTMENT OF LABORATORY MEDICINE

File No:	14423700	**Report No:**	1075409		
Name:	PRADEEP PARUVAKKAL RAJAPPAN	**Sample Date:**	13/10/2025	**Time:**	9:52
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 54 Y **Nationality:** INDIAN	**Report Date:**	13/10/2025	**Time:**	11:21
GSM No.:	71231215 **ID Card No.:** 79917731	**Bill No:**	2714567	**Bill Date:**	13/10/2025
Ref. By:	DR SUMANT PAJANKAR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
OQ FTW PACKAGE-2 (50 Years and Above)		
COMPLETE BLOOD COUNT		
TOTAL WBC COUNT	5180 cells/cumm	4000-11000cells/cumm
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	51 %	40-75%
LYMPHOCYTE (%)	36 %	20-45%
MONOCYTE (%)	9 %	2-8%
EOSINOPHIL (%)	3 %	1-6%
BASOPHIL (%)	1 %	0-1%
HAEMOGLOBIN	16.2 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	5.18 million/cu	Male :4.5-6.5 million/cu Female:3.9-5.5 million/cu
PLATELET COUNT	1.91 lakh/cumm	1.5 - 4 lakhs / cumm
HEMATOCRIT	49.3 %	Male :42 - 52% Female:37- 47%
MCV	95.2 fl	76 - 96 fl
MCH	31.4 pg	27 - 33 pg
MCHC	32.9 %	32 - 36 %
URINE ROUTINE		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	1+	NEGATIVE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE

Verified By:

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

Approved By:

DR ASMA OSMANI
Specialist Pathologist
MOH License No: 5866
Electronically signed at: 13/10/2025 11:24:00

Printed at: 13/10/2025 6:34:19 PM

nmc specialty hospital
Al Ghoubra

REPORT

DEPARTMENT OF LABORATORY MEDICINE

File No:	14423700	**Report No:**	1075409		
Name:	PRADEEP PARUVAKKAL RAJAPPAN	**Sample Date:**	13/10/2025	**Time:**	9:52
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 54 Y **Nationality:** INDIAN	**Report Date:**	13/10/2025	**Time:**	11:21
GSM No.:	71231215 **ID Card No.:** 79917731	**Bill No:**	2714567	**Bill Date:**	13/10/2025
Ref. By:	DR SUMANT PAJANKAR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE PH	7.0	<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	0-2 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	
MUCOUS THREAD	NIL	
FASTING BLOOD SUGAR	10.07 mmol/L	3.8-<5.6 mmol/L
BLOOD GROUP & RH TYPING	O 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	4.90 mmol/L	< 5.2 mmol/L
HDL	1.27 mmol/L	MALE: > 1.0 mmol/L FEMALE: > 1.3 mmol/L
TRIGLYCERIDES	0.79 mmol/L	< 1.7 mmol/L
LDL	3.41 mmol/L	< 3.4 mmol/L
VLDL	0.36 mmol/L	< 0.77 mmol/L

Verified By:

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

Approved By:

DR ASMA OSMANI
Specialist Pathologist
MOH License No: 5866
Electronically signed at: 13/10/2025 11:24:00

Printed at: 25/10/2025 2:48:17 PM

nmc specialty hospital
Al Ghoubra

REPORT

DEPARTMENT OF LABORATORY MEDICINE

File No:	14423700	**Report No:**	1075409		
Name:	PRADEEP PARUVAKKAL RAJAPPAN	**Sample Date:**	13/10/2025	**Time:**	9:52
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 54 Y **Nationality:** INDIAN	**Report Date:**	13/10/2025	**Time:**	11:21
GSM No.:	71231215 **ID Card No.:** 79917731	**Bill No:**	2714567	**Bill Date:**	13/10/2025
Ref. By:	DR SUMANT PAJANKAR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
NON HDL	3.63 mmol/L	<3.4mmol/L
LIVER FUNCTION TEST		
TOTAL BILIRUBIN	28.00 µ mol/L	5.0 - 21.0 µ mol/L
DIRECT BILIRUBIN	9.20 µ mol/L	Upto 5.1 µ mol/L
TOTAL PROTIEN	78.40 g/L	66 - 87 g/L
ALBUMIN	48.50 g/L	35 - 50 g/L
Globulin	29.9 g/L	23-35g/L
SGOT (AST)	48.40 U/L	10-40 U/L
SGPT (ALT)	71.20 U/L	10-40 U/L
ALKPO4 (ALP)	82.00 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)	40.90 U/L	2-30 U/L
RENAL FUNCTION TEST		
URIC ACID	287.60 µ mol/L	MALE: 200 - 430 µ mol/L FEMALE: 140 - 360 µ mol/L
CREATININE	95.0 µ mol/L	MALE: 60 – 110 µ mol/L FEMALE: 50 - 100 µ mol/L
UREA	5.29 mmol/L	2.9-8.2 mmol/L
ESTIMATED GLOMERULAR FILTRATION RATE	76.1484	
SICKLE CELL	NEGATIVE	

Method : Solubility test
(If Positive , Hb Electrophoresis / HPLC to be done to confirm Sickle cell anaemia / Trait).

Verified By:

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

Approved By:

DR ASMA OSMANI
Specialist Pathologist
MOH License No: 5866
Electronically signed at: 13/10/2025 11:24:00

Printed at: 25/10/2025 2:46:17 PM

nmc specialty hospital
Al Ghoubra

REPORT

DEPARTMENT OF LABORATORY MEDICINE

File No:	14423700	**Report No:**	1078203		
Name:	PRADEEP PARUVAKKAL RAJAPPAN	**Sample Date:**	25/10/2025	**Time:**	9:07
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 54 Y **Nationality:** INDIAN	**Report Date:**	25/10/2025	**Time:**	10:03
GSM No.:	71231215 **ID Card No.:** 79917731	**Bill No:**	2720209	**Bill Date:**	25/10/2025
Ref. By:	DR SUMANT PAJANKAR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
HbA1C	7.46 %	4 - 6

Verified By:

11272
Lab Technologist
MOH License No:
Electronically signed at: 10/25/2025

Approved By:

DR ASMA OSMANI
Specialist Pathologist
MOH License No: 5866
Electronically signed at: 25/10/2025 10:03:00

Printed at: 25/10/2025 10:17:12 AM

nmc specialty hospital | مستشفى ان ام سي التخصصي

AUDIOGRAM

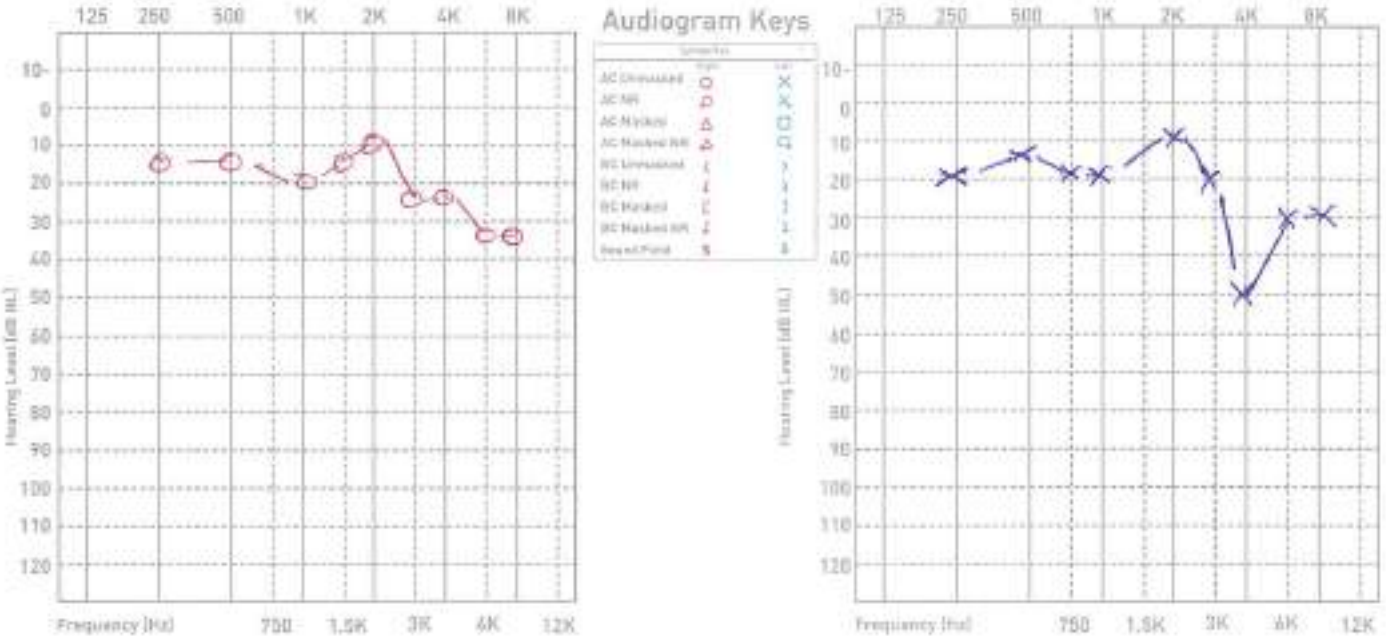
File No. 14423700 رقم الملف

Name of Patient Pradeep Parmvateel Rajappan. اسم المريض Nationality Indian الجنسية

Age 54yr السن Sex M الجنس Date 13/10/2025 التاريخ

Referring Physician طبيب الإحالة

Presenting Complaints تقديم الشكاوى



Ear	PTA	Weber	SRT	SDS	MCL	UCL
Right	15dBHL					
Left	15dBHL					

IMPRESSION:

Bilateral Hearing within Normal limits with a High dip at 4 and 8KHz.

Recommendations:

ANILA SHEKHAR KUMAR MISHRA

Name & Signature of Audiologist

Date 13/10/2025 Time

Name & Signature of Physician

Date Time

Name	: PRADEEP PARUVAKKAL RAJAPPAN	Registered On	: 13/10/2025 17:04
Lab. No.	: 3525062164	Report Date	: 13/10/2025 18:58
Contract.	: NMC Specialty Hospital, Ghoubra		
Patient No.	: 8630-14423700		
File No.	: 8630-14423700		
Branch : Muscat	Age : 54 Year	Sex : Male	

S O Unit

Urine Drug Screening

Test	Result	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	1.010	1.003 - 1.03

Reviewed By:

Dr. Hanan Machlouf
Lab Director
MOH License No 10973

Verified By : Sara Salah
Printed By : System

Printed Date: 19:04 13/10/2025

DEPARTMENT OF LABORATORY MEDICINE

File No:	14423700	Report No:	0107287		
Name:	PRADEEP PARUVAKKAL RAJAPPAN	Sample Date:	13/10/2025	Time:	14:14
		Received By:			
Address:		Received Date:		Time:	
Gender: M Age: 54 Y	Nationality: INDIAN	Report Date:	13/10/2025	Time:	15:45
GSM No.: 71731215	ID Card No.: 79917731	Bill No:	0395931	Bill Date:	13/10/2025
Ref. By:	OUT PATIENT				

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

Verified By: *Approved By*

10593

Lab Technologist *Specialist Pathologist*

MOH License No.

Electronically signed at: 13/10/2025 3:46:00

Printed at: 13/10/2025 3:46:30 PM

مستشفى إن إم سي التخصصي
nmc specialty hospital

NMC Healthcare LLC
C.R.No. [illegible]
[illegible]
[illegible]
Sultanate of Oman
[illegible]
[illegible]
[illegible]

nmc specialty hospital, al ghoubra

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

REPORT

Sl No: 198565		**Bill Date:** 25/10/2025	**Report Date :**25/10/2025 09:52:09
Patient Name: PRADEEP PARUVAKKAL RAJAPPAN		**Reg No:** 14423700	
Age: 54Y	**Gender:** Male	**Nationality:** INDIA	**Phone:**
Address:			
Company: TRUCKOMAN OIL & GAS SERVICES SAOC		**Policy No:**	
Certificate No:			
Region: ULTRASOUND OF ABDOMEN			
Referred Doctor:		**Consultant Name:** DR SUMANT PAJANKAR	

ULTRASOUND ABDOMEN

Clinical Details : Deranged LFT .

LIVER: *Normal in size with mildly increased parenchymal echogenicity. No obvious focal lesions seen. No intrahepatic biliary duct dilatation.*
GALL BLADDER: *Normally distended with no calculi seen inside. Normal wall thickness. No pericholecystic fluid collection seen.*
CBD is normal in course and caliber.

PANCREAS: *normal in size and echogenicity*
SPLEEN: *: normal in size and echogenicity*

KIDNEYS: *Normal in size, shape, position and echotexture. Rt Kidney measures 10.4 cm and Lt Kidney measures 10.9 cm in long axis. No calculus seen. No hydronephrosis/hydroureterosis. C.M. differentiation is well maintained. No focal lesion seen in right kidney .* ***Simple Cortical cyst of 4.1 x 3.8 cm seen in upper pole of left kidney.***

URINARY BLADDER: *Well distended with normal walls with no evidence of calculi/growth/diverticula. Bilateral VUJ clear.*

PROSTATE: *Normal in size and echotexture. Volume: 17 cc*

No evidence of free fluid in the abdomen and pelvis.
No obvious lymphadenopathy detected.

OPINION:
**** Normal sized liver with Grade I fatty changes.***
**** Left renal simple cortical cyst.***

---For clinical /Lab correlation .

DR. MANISHA SHREE
Consultant - Radiology
MOH Lic. No: 10296
nmc specialty hospital, Al Ghoubra

DR MANISHA SHREE
Radiology
MOH License No: 10296

25/10/2025 09:47:41

nmc

nmc specialty hospital, al ghoubra

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

Sl No: 197401		Bill Date: 13/10/2025	Report Date :13/10/2025 15:15:41
Patient Name: PRADEEP PARUVAKKAL RAJAPPAN		Reg No: 14423700	
Age: 54Y	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 15:15:30

DR HEMANTKUMAR MAHARAJA

Radiology

MOH License No: 6489

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

Vitalograph®

Pulmonary Function Report

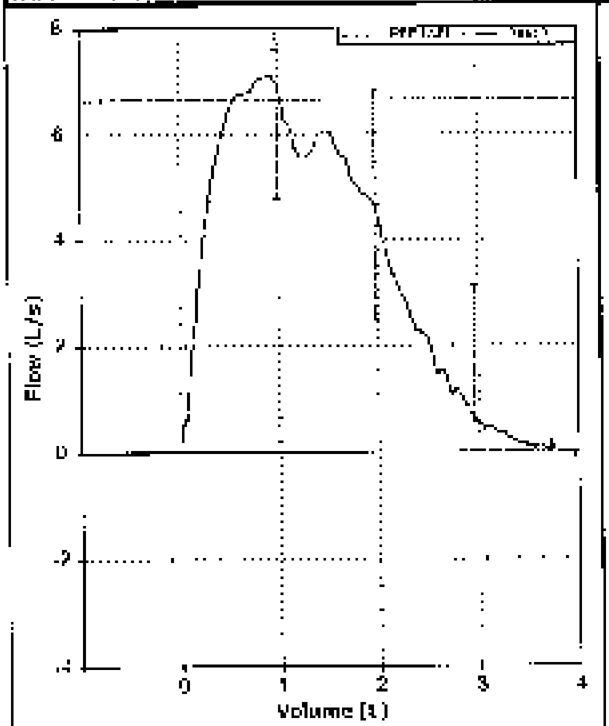
Subject Information

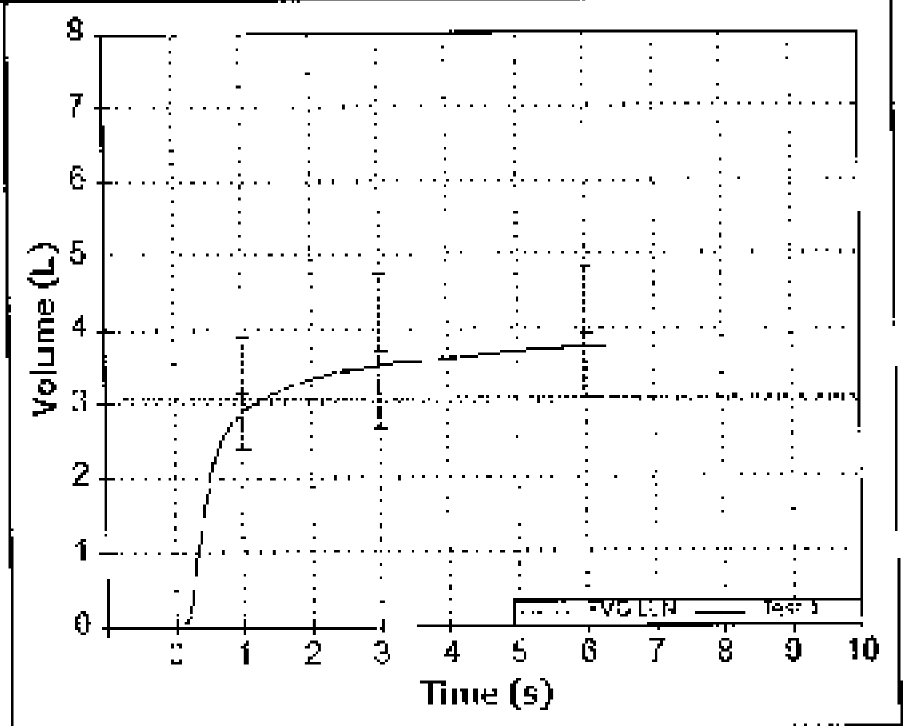
ID:	14423700	Alternate ID:			
Last Name:	Rajappan	First Name:	Pradeep	Middle Name	Poruvakkal
Population:	Asian	Gender:	Male	Date of Birth:	1/6/1971
Age:	54	Height:	176 cm	Weight:	83.0 kg
BMI:	26.8	Smoking:	Non Smoker		

Session Information

Test Date:	10/13/2025 11:37	Device:	ALPHA Touch	Serial Number:	31950
No. of Tests:	4	Accuracy Chk:	1/2/2024 13:35	User:	Administrator
Pred. Values:	ERS 93	Pred. Factor:	90%	Posture:	Sitting

Flow/Volume Graph / Volume/Time Graph





Post ROL Results

Parameter	Pred	LLN	ATS/ERS Best	% Pred.	Z-Score
VC (L)	4.11	3.29	**3.42**	83	-1.38
FVC (L)	**3.95**	3.05	**3.75**	95	-0.36
FEV1 (L)	3.16	2.40	**3.01**	95	-0.32
FEV1 Ratio	**0.77**	0.66	0.80	104	0.45
FEV6 (L)	**3.95**	3.05	**3.75**	95	-0.36
PEF (L/min)	**518**	359	**427**	82	-1.26
FEF25-75 (L/s)	**3.79**	2.08	**3.14**	83	-0.62

Values at BTPS. #Below lower limit of normality (LLN)

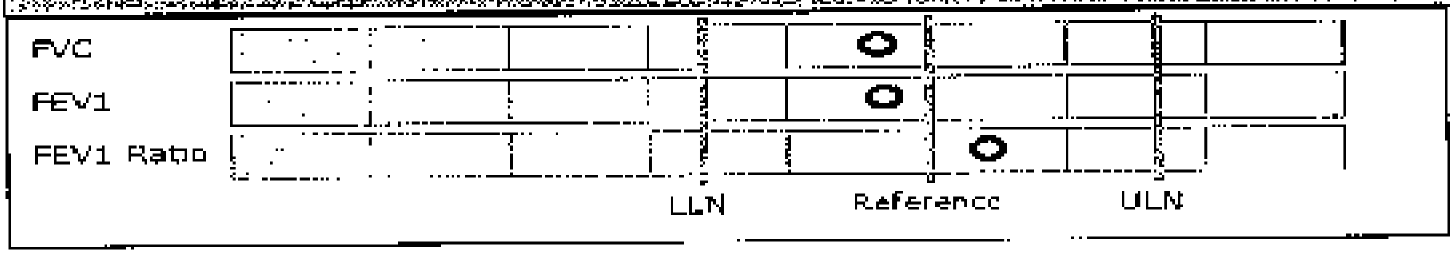
Quality Grade / Session Information

Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
C	0.20 L (5.3%)	0.21 L (7.0%)	0 blow(s)	1 blow(s)	0 blow(s)

Computer Interpretation

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

Lung Age / Z-Score



[redacted]

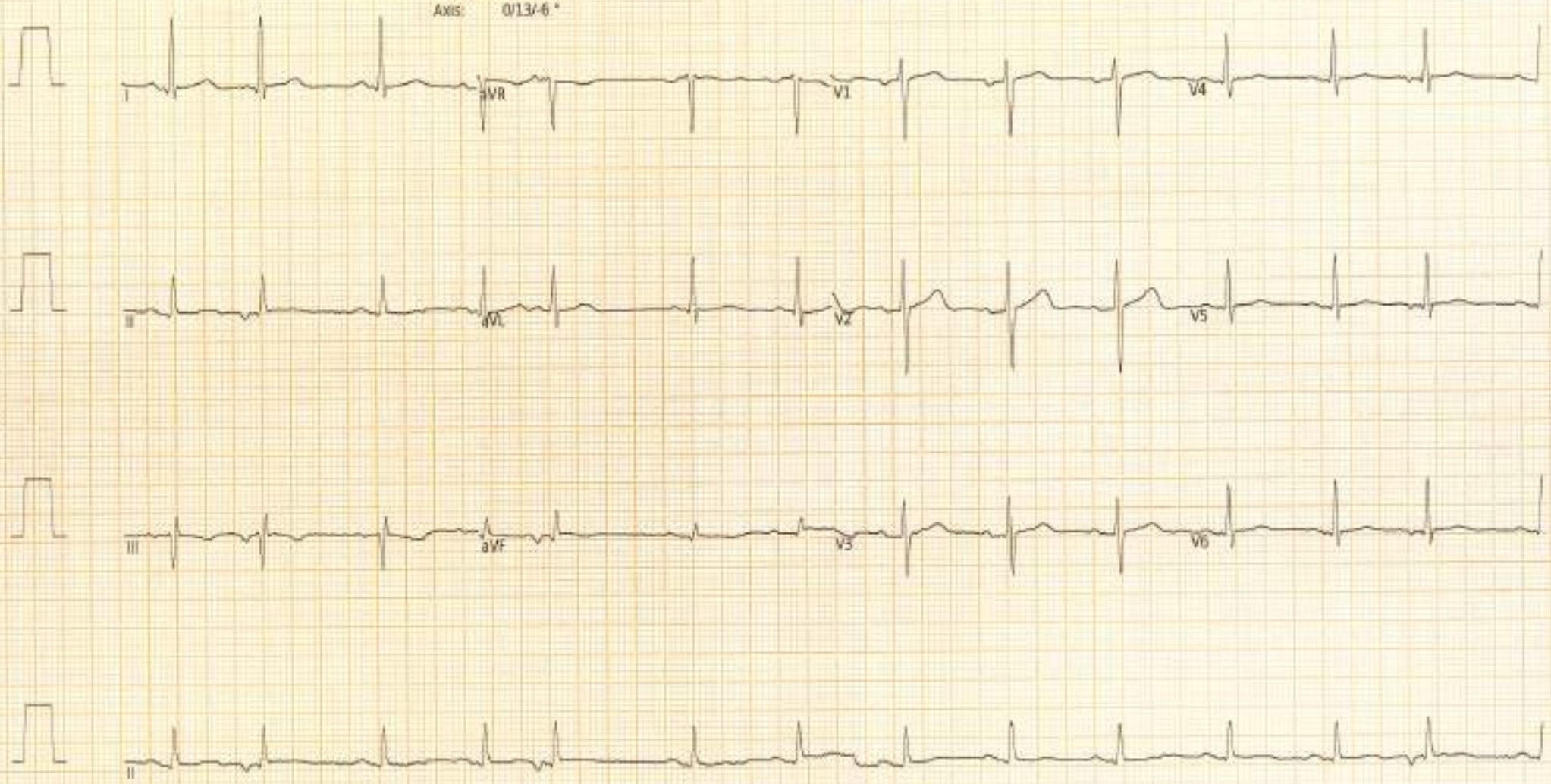
Id: 14423700
Rajappan, Pradeep
Male — (---) Unknown
Height: 0 cm Weight: 0 kg BP: 0/0 mmHg

Med.:
Tech:
Note:

13/10/2025 11:28:11

HR:	81 bpm
PR:	160 ms
QRS:	84 ms
QT/QTcH:	376/413 ms
QTcB:	437 ms
QTcF:	416 ms
$R_{V5}+S_{V1}$:	0.95/1.03 mV
Sok-Lyon:	1.98 mV
Axis:	0/13/-6 °

UNCONFIRMED REPORT



Dep: 25mm/s 10mm/mV 0.05-40Hz/50Hz Cardioline ECG2005 v. 2.0.3919

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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 : *0000016/FIT/NMC/2025*

This is to certify that Mr. / Mrs. *PRADEEP PARUVAKKAL RAJAPPAN* with file no *14423700* and Resident card no. *79917731* 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
E08.69-Diabetes Mellitus

Remarks

DR SHAJU PADMAN

Place: *nmc specialty hospital, al ghoubra*

DR. SHAJU PADMAN PANATTIL
Consultant - Cardiology
MOH Lic. No: 3828
nmc specialty hospital, Al Ghoubra

(Hospital Seal)

Signature

nmc Specialty hospital, Al Ghoubra
C.R. No: 1248387
RECEPTION

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	54	years
Sex	Female / **Male**	
Smoker	**No** / Yes	
Total cholesterol	4.90	mmol/L
HDL cholesterol	1.27	mmol/L
Systolic BP	150	mm Hg
Blood pressure being treated with medicines	**No** / Yes	

6.8 %
10-year risk of MI or death for this patient

10 %
Average 10-year risk of MI or death