	OQEP Occupational Health MEDICAL EVALUATION REPORT - SUMMARY	OQEP-COR-HSE-HEL-FRM-00021 Classification: External Use Review: 03-31/08/2024

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
12324374	1896	VINOD THALIYAKATTIL	RIGGER

Nationality	Age	Sex	Company	Location
INDIAN	45	M	TRUCKOMAN NORTH	HAIMA

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 130/70 [✓] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crises

BMI Category: 28.2 [ ] 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 — Framigham [✓] Low [ ] Moderate [ ] Hig

Pre-existing condition:

Remarks:

NEUROLOGICAL SYSTEM

Physical Assessment [✓] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

MUSCULOSKELETAL SYSTEM

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

Pre-existing condition:

Remarks:

LABORATORY INVESTIGATIONS

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

Pre-existing condition:

Remarks:

Glucose Level Category 95 mg/dl [✓] Normal 80 – 100 mg/dl [ ] Pre diabetic 100 – 125 mg/dl [ ] Diabetic > 126 mg/dl

Cholesterol Risk Category 116 mg/dl [✓] Low Risk LDL is less 130 mg/dl [ ] Moderate Risk LDL 130-159 mg/dl [ ] High Risk LDL >160 mg/dl

Routine Urine Analysis [✓] Normal [ ] Abnormal [ ] Not Required — Stool Analysis [ ] Normal [ ] Abnormal [✓] Not Required

QUESTIONNAIRES

	Questionnaire	Remarks
[ ]	Medical & Surgical History Questionnaire	Remarks RIGHT LEG FRACTURE IN 2009. (# TIBIA, FIBULA)
[ ]	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-Reporting Questionnaire [ ] No positive answers [ ] Positive answers Factor I (1 to 6) [ ] Positive answers Factor II (7 to 12) [ ] Positive answers Factor III (13 to 16) [ ] Positive answers Factor IV (17 to 20)

Clinic Doctor Name	License #	Hospital	Doctor Signature & Clinic Stamp	Issue Date
			DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20070	5-10-2025

OQEP Occupational Health
FITNESS TO WORK CERTIFICATE [CONTRACTOR]

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

EMPLOYEE IDENTIFICATION

Company	Identification Number
TRUCKMON NORTH	1232437411

'atient:20558 Reg.Dt: 30/10/202
Name: VINOD THALIYAKATTIL
Gender: Male Nationality: INDIA
Age: 45Y Mar. Status: Marrie
Address:

Nationality	Age	Sex	Entry Date	Location	Title
			30/10/2025		RIGGER

MEDICAL SUITABILITY FOR WORK

Medical Evaluation Type [ ] Pre-employment [✓] Periodic [ ] Exit [ ] Job Transfer [ ] Post-absence [ ] Cause Triggered

Medical Suitability for Work [✓] Fit to Work [ ] Unfit [ ] Fit with Restrictions

FIT

Restrictions

[ ] Working at height	[ ] Heavy lifting operation	[ ] Pulling, pushing or carrying weight
[ ] Working in confined space	[ ] Emergency response duty	[ ] Ascend/descend ladders and stairs
[ ] Working with electricity	[ ] Manual cargo handling	[ ] Walking or standing for long distance/period
[ ] Working near rotating machinery	[ ] Deep excavation	[ ] Repetitive movements
[ ] Driving vehicles	[ ] Food handling	[ ] Handling chemical products
[ ] Mobile machinery operation	[ ] Working in noise area	[ ] Working in extreme heat

Other, specify

Restriction Type [ ] Temporary until ____/____/____ [ ] Permanent

Annotations:

Oasis Land Clinic Mukhaizna

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

Doctor Name	Medical License	Hospital	Doctor Signature

OQEP Occupational Health
PHYSICAL ASSESSMENT FORM

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

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
123243749	1996	RINGER

Patient:20558 Reg.Dt: 30/10/202
Name: VINOD THALIYAKATTIL
Gender: Male Nationality: INDIA
Age: 45Y Mar. Status: Marrie
Address:

Nationality	Age	Sex	Location
			HAIMA

VITAL SIGNS

Height: 161 cm | Weight: 73 Kg | BMI: 28.2 | Blood Pressure: 130/70 mmHg

Pulse: 805 /min | Medical Practitioner Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 | Signature:

VISUAL SYSTEM

	Right Uncorrected	Left Uncorrected	Right Corrected	Left Corrected	Both Uncorrected	Both Corrected
Visual Acuity Test	6/6	6/6			6/6	

Colour Vision Test Ishihara: # of Plates passed | Inform the Plates # failed | ☑ Normal ☐ Abnormal

Visual Field Test: ☑ Normal ☐ Abnormal

Stereoscopic Vision Test: ☐ Normal ☐ Abnormal

Date of Examination: 30/10/2025 | Medical Practitioner Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 | Signature:

RESPIRATORY SYSTEM

[1] Spirometry Test

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

Diagnosis: ☐ Asthma ☐ COPD ☐ Other _____

Acceptability Criteria (select all what is applicable)
- ☐ Free from artifacts
- ☑ Good start
- ☐ Satisfactory exhalation
- ☐ NOT satisfactory

Repeatability Criteria (select all what is applicable)
- ☐ ≥3 acceptable curves FEV1 values AND FVC values within 0.15L (150 ml)
- ☐ Total of THREE to EIGHT tests performed
- ☐ The patient CAN NOT or SHOULD NOT continue

The Patient Demonstrated: ☑ Good Effort ☐ Difficulty following instructions ☐ Unable to consistently give good effort ☐ Poor Effort ☐ Cooperation

Date of Examination: 30/10/2025 | Medical Practitioner Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 | Signature:

[2] Chest Shape and Movment

☑ Normal ☐ Abnormal ☐ Not Examined | If abnormal, describe below:

[3] Chest Percussion

☑ Normal ☐ Abnormal ☐ Not Examined | If abnormal, describe below:

[3] Air Entry in Both Lungs

☑ Normal ☐ Abnormal ☐ Not Examined | If abnormal, describe below:

[4] Breath sounds

☑ Normal ☐ Abnormal ☐ Not Examined | If abnormal, describe below:

Date of Examination: 30/10/2025 | Physician Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 | Signature:

ENT SYSTEM

[1] Otoscopy

	Right	Left		Right		Left	
Ear Canal Collapse	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☑ No ☐ Not Exam	Eardrum Position	☑ Normal ☐ Bulging	☐ Retracted ☐ Not Exam	☑ Normal ☐ Bulging	☐ Retracted ☐ Not Exam
Drainage	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☑ No ☐ Unknown					
Perforation	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☑ No ☐ Not Exam	Eardrum Vascularity	☑ Normal ☐ Mild	☐ Considerable ☐ Not Exam		

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

[2] Hearing Test

Whisper Test	☑ Normal ☐ Not Exam	☐ Abnormal
Rinna Test	☐ Normal ☐ Not Exam	☐ Abnormal
Weber Test	☑ Normal ☐ Not Exam	☐ Abnormal
Adiometry Done	☑ Yes ☐ No	
Hearing Questionnaire verified	☑ Yes ☐ No	

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

Peace Land Clinic Mukhaizna

OQEP Occupational Health
PHYSICAL ASSESSMENT FORM

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

Patient:20558 Reg.Dt: 30/10/202
Name: VINOD THALIYAKATTIL
Gender: Male Nationality: INDIA
Age: 45Y Mar. Status: Marrie
Address:

ENT SYSTEM

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

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

CARDIOVASCULAR SYSTEM

[1] Heart Sounds
☑ Normal ☐ Abnormal ☐ Not Examined
If abnormal, describe below:

[2] Heart Murmurs
☐ Present ☑ Absent ☐ Not Examined
If present, describe below:

[3] Peripheral Pulses
☑ Normal ☐ Abnormal ☐ Not Examined
If abnormal, describe below:

[4] Peripheral Veins
☑ Normal ☐ Abnormal ☐ Not Examined
If abnormal, describe below:

NEUROLOGICAL SYSTEM

[1] Mental Status
☑ Normal ☐ Abnormal ☐ Not Examined
If abnormal, describe below:

[2] Cranial Nerves
☑ Normal ☐ Abnormal ☐ Not Examined
If abnormal, describe below:

[3] Motor System
☑ Normal ☐ Abnormal ☐ Not Examined
If abnormal, describe below:

[4] Reflexes
☑ Normal ☐ Abnormal ☐ Not Examined
If abnormal, describe below:

[5] Sensory System
☑ Normal ☐ Abnormal ☐ Not Examined
If abnormal, describe below:

[6] Coordination, Station, Gait
☑ Normal ☐ Abnormal ☐ Not Examined
If abnormal, describe below:

MUSCULOSKELETAL SYSTEM

[1] Hand and Wrist
☑ Normal ☐ Abnormal ☐ Not Examined
If abnormal, describe below:

[2] Elbow and Shoulder
☑ Normal ☐ Abnormal ☐ Not Examined
If abnormal, describe below:

[3] Hip
☑ Normal ☐ Abnormal ☐ Not Examined
If abnormal, describe below:

[4] Knees
☑ Normal ☐ Abnormal ☐ Not Examined
If abnormal, describe below:

[5] Foot and Ankle
☐ Normal ☑ Abnormal ☐ Not Examined
If abnormal, describe below:
RT LEG having Accidental Fracture and deformity.

[6] Spine and Back
☑ Normal ☐ Abnormal ☐ Not Examined
If abnormal, describe below:

OTHER

[1] Skin, Extremities
☑ Normal ☐ Abnormal ☐ Not Examined
If abnormal, describe below:

[2] Head & Neck
☑ Normal ☐ Abnormal ☐ Not Examined
If abnormal, describe below:

[3] Mouth and Teeth
☑ Normal ☐ Abnormal ☐ Not Examined
If abnormal, describe below:

[4] Hernial Orifices
☑ Normal ☐ Abnormal ☐ Not Examined
If abnormal, describe below:

[5] Abdominal Organs
☑ Normal ☐ Abnormal ☐ Not Examined
If abnormal, describe below:

[6] Lymph Nodes
☑ Normal ☐ Abnormal ☐ Not Examined
If abnormal, describe below:

Date of Examination: 30/10/2025 Physician Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 Signature:

Peace Land Clinic Mukhaizna

OQEP Occupational Health
MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

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

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
12324374	1996	RIGGER

Patient:20558 Reg.Dt: 30/10/202
Name: VINOD THALIYAKATTIL
Gender: Male Nationality: INDIA
Age: 45Y Mar. Status: Marrie
Address:

Nationality	Age	Sex	Location
			HAIMA

PERSONAL HEALTH HISTORY

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

Congenital heart disease or Valvular heart disease or Coronary artery disease		Yes	✓	No	Muscle problems e.g. weakness of your limbs or twitchy muscles		Yes	✓	No
Myocardial insufficiency or infarction (heart attack)		Yes	✓	No	Joint problems, e.g. plantar warts, joint pain or swelling		Yes	✓	No
Coronary bypass surgery (CABS) and angioplasty		Yes	✓	No	Problems with limb, neck or spine mobility		Yes	✓	No
Heart arrhythmias (heart beats too fast, too slow or irregularly)		Yes	✓	No	Extremities (feet or hands) deformities or problems	✓	Yes		No
High blood pressure (hypertension)		Yes	✓	No	Experienced back problem, arthritis, slipped disc		Yes	✓	No
Shortness of breath after exertion		Yes	✓	No	Pain in neck or back or hands or legs		Yes	✓	No
Varicose veins associated with varicose eczema, ulcers or other complications		Yes	✓	No	Thyroid disease or any other glandular diseases		Yes	✓	No
Arteriosclerotic or other vascular disease		Yes	✓	No	Diabetes mellitus or Hypoglycemia		Yes	✓	No
Anemias, especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia, G6PD		Yes	✓	No	Experienced unintentional weight loss or gain > 5kg over the past year		Yes	✓	No
Haemorrage disorders i.e. bleeding disorders		Yes	✓	No	Informed about being overweight or obese	✓	Yes		No
Leukaemia, polycythaemia and disorders of the reticulo-endothelial system		Yes	✓	No	Skin disorders e.g. severe acne, dermatitis, eczema or allergy		Yes	✓	No
Recurrent headaches or migraine		Yes	✓	No	Allergies e.g. dust, medication, insect bites, chemicals		Yes	✓	No
Epilepsy and recurrent seizures		Yes	✓	No	Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gastritis		Yes	✓	No
Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope)		Yes	✓	No	Haemorrhoids, fistulas and fissures causing pain, or recurrent bleeding		Yes	✓	No
Sleep disorders, such as insomnia, hypersomnia, sleep apnea, narcolepsy		Yes	✓	No	Liver and pancreas diseases (e.g. pancreatitis, Hepatitis, Jaudice)		Yes	✓	No
Chronic anxiety states and/or recurrent depression		Yes	✓	No	Kidney or bladder diseases e.g. recurrent infection, renal stones		Yes	✓	No
Phobias such as fear of heights, fear of confined spaces, fear of flying		Yes	✓	No	Ear, nose or throat problems (e.g. otitis, hearing loss, tinnitus, sinusitis, tonsilitis)		Yes	✓	No
Lung disease e.g. bronchitis, asthma, dyspnea, Tuberculosis (TB)		Yes	✓	No	Eye disease or visual defect (e.g. glaucoma, color blindness, monocular vision)		Yes	✓	No
Phlegm production (excess mucus production) or tight chest		Yes	✓	No	Treated for infectious diseases (e.g. malaria, COVID19, dengue)	✓	Yes		No
Immuno suppression due to cancer or human immunodeficiency virus		Yes	✓	No	Treated for mental health problems, such as depression, stress, anxiety		Yes	✓	No
Lump in breast or armpit		Yes	✓	No	Treated for substance or alcohol abuse		Yes	✓	No

Any other diseases not mentioned in the above list? [ ] No [ ] Yes, please specify:

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

List any previous injuries or operations

Previous injuries or operations	Date
VEHICLE ACCIDENT AND	
TIBIA & FIBULA FRACTURE	2009.

Have you visited a doctor in the last year?		Yes	✓	No
Are you taking any medication at present?		Yes	✓	No
Are you pregnant? EDD: ___/___/___		Yes		No

Date: 30/10/2025

Peace Land Clinic Mukhaizna

Candidate/Employee Signature

OQEP Occupational Health
HEALTH SCREENING QUESTIONNAIRE

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

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
12324-3741	1996	RIGGER

Patient:20558 Reg.Dt: 30/10/202
Name: VINOD THALIYAKATTIL
Gender: Male Nationality: INDIA
Age: 45Y Mar. Status: Marrie
Address:

Nationality	Age	Sex	Location
			HAIMA

FAGERSTROM TEST

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

How soon after waking up do you smoke you first cigarette?	☐	>60min	☐	31-60min	☐	6-30min	☐	< 5 minutes
Do you find it difficult to avoid smoking where is forbidden, such as work places, cinemas, shopping etc.?	☐	Yes	☐	No				
What's the most difficult cigarette to quit or not to smoke	☐	Anyone	☐	The first in the morning				
How many cigarettes do you smoke per day	☐	<10	☐	11-20	☐	21-30	☐	>31
Do you smoke more frequently the first hours of the day than the rest of the day	☐	Yes	☐	No				
Do you smoke even when you're sick and have to stay in the bed most part of the day	☐	Yes	☐	No				

CAGE QUESTIONNAIRE

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

Did you ever felt that you should decrease the amount of drinks or cut down (stop) drinking?	☐	Yes	☐	No
Do people bother you because they criticize the way you drink?	☐	Yes	☐	No
Do you feel guilty or upset with yourself with the way you use to drink	☐	Yes	☐	No
Do you drink in the morning to feel less nervous or decrease the hang over	☐	Yes	☐	No
Have you had any problems related to alcohol	☐	Yes	☐	No
Did you drink in the last 24 hours	☐	Yes	☐	No

FATIGUE QUESTIONNAIRE

Have you noticed that you are feeling tired recently ☐ Yes ☑ No

Have you been feeling a lack of energy ☐ Yes ☑ No *If YES, Please answer the following:*

For how many days did you feel tired or with lack of energy in the last week	☐	1 day	☐	2 days	☐	3 days	☐	> 3 days
Did you feel tired or with lack of energy for more than 3 hs in some days last week?	☐	1 hour	☐	2 hours	☐	3 hours	☐	> 3 hours
Did you feel so tired that you had to make some effort to do things last week	☐	Yes	☐	No				
Did you feel tired or with lack of energy doing things you like last week	☐	Yes	☐	No				

SELF-REPORTING QUESTIONNAIRE (SRQ-20)

1.Do you have trouble thinking clearly?	☐	Yes	☑	No	11.Is your digestion not good?	☐	Yes	☑	No
2.Do you find it hard to like your daily work?	☐	Yes	☑	No	12.Do you have unpleasant sensations in your stomach	☐	Yes	☑	No
3.Do you find difficult taking decisions?	☐	Yes	☑	No	13.Do you get scared easily?	☐	Yes	☑	No
4.Is your daily work a suffering?	☐	Yes	☑	No	14.Do you feel nervous, tense or worried?	☐	Yes	☑	No
5.Do you feel tired all the time?	☐	Yes	☑	No	15.Do you feel unhappy?	☐	Yes	☑	No
6.Are you easily tired?	☐	Yes	☑	No	16.Do you cry more than usual?	☐	Yes	☑	No
7.Do you have frequent headaches?	☐	Yes	☑	No	17.Has the thought of ending your life been on your mind?	☐	Yes	☑	No
8.Do you feel lack of hunger?	☐	Yes	☑	No	18.Do you find it difficult to perform your work?	☐	Yes	☑	No
9.Do you sleep badly?	☐	Yes	☑	No	19.Have you lost interest in things?	☐	Yes	☑	No
10.Do your hands tremble?	☐	Yes	☑	No	20.Do you feel you're worthless?	☐	Yes	☑	No

Date: 30/10/2025

Candidate/Employee Signature

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

PATIENTDETAILS :

Patient ID	: 20558	Doc No	: 15634
Name	: VINOD THALIYAKATTIL	Doc Date	: 2025-10-30T10:34:00
Age	: 45Y	Bill No	: 38062
Gender	: Male	Date	: 30/10/2025 10:34 AM
Nationality	: INDIAN	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 72021922	Ref.by	: DR.HASHIM ABDALLAH

TEST RESULT : OQ-001 OQ MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
OQ MEDICAL CHECKUP			
BLOOD GROUP & Rh TYPING	'A' Positive		
COMPLETE BLOOD COUNT			
RBC	4.4 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	13.5 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	38 %	Male 42 -52 % Female 37 -47 %	
MCV	87 fl	76 - 96 fl	
MCH	30 pg	27 - 33 pg	
MCHC	35 %	32 36 %	
WBC COUNT	9100 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	71 %	40-75 %	
LYMPHOCYTE	20 %	20-45 %	
EOSINOPHIL	3 %	1-6 %	
MONOCYTE	6 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	10	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	1.9 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	45 u/l	44-147 U/ L	
T. BILIRUBIN	0.7 mg / dl	up to 2.0 mg/dl	

Reported By:
Lab Technician

Sr. Lab Technologist

Verified By:
Lab Technician

Sr. Lab Technologist

Approved By:
Lab Technician

Sr. Lab Technologist

Printed at: 30/10/2025 11:54:58

Signed at: 30/10/2025 10:38:20

Test	Result	Normal Range	Detailed Description
DIRECT BILIRUBIN	0.4 mg / dl	up to 0.4 mg /dl	
INDIRECT BILIRUBIN	0.3 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	15 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	20 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	7 g /dl	New born 5.2 - 9.1 g /dl Children 5.4 - 8.7 g /dl Adult 6.7 - 8.7 g /dl	
ALBUMIN	4 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	21 mg / dl	10-50 mg /dl	
S.CREATININE	0.8 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	4 mg / dl	3.4 - 7.2 mg /dl	
LIPID PROFILE			
Total Cholesterol	192 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	95 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	67 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	116 mg/dl	< 130 mg/dl	
VLDL	19 mg/dl	2-30 mg/dl	
FASTING BLOOD SUGAR	95 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.020		
pH	Acidic		
Appearance	Clear		
CHEMICAL	0		
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC			
PUS_CELLS	1-2		
EPITHELIAL CELLS	1-2		
RBCS	1-2		
CASTS	NIL		
CRYSTALS	NIL		

Peace Land Clinic Mukhaizna

Test	Result	Normal Range	Detailed Description
BACTERIA.	NIL		
OTHERS.	NIL		
URINE DRUG SCREEN			
OPIATE (URINE)	Negative		
MORPHINE (URINE)	Negative		
COCCAINE (URINE)	Negative		
AMPHETAMINE (URINE)	Negative		
BENZODIAZEPINES (URINE)	Negative		
PHENCYCLIDINE (URINE)	Negative		
METHAMPHETAMINE (URINE)	Negative		
TRAMADOL (URINE)	Negative		
BARBITURATES (URINE)	Negative		
TRICYCLIC ANTIDEPRESSANTS (URINE)	Negative		
METHADONE (URINE)	Negative		
ALCOHOL TEST	Negative		

Remarks:

ID :

'atient:20558 Reg.Dt: 30/10/202
Name: VINOD THALIYAKATTIL
Gender: Male Nationality: INDIA
Age: 45Y Mar. Status: Marrie
Address:

Heart Rate: 68 bpm
PR/RR Int.:174/882 ms
QRS Dur: 100 ms
QT/QTc: 404/430 ms
P-R-T axes: 41 34 32
SV1/RV5/R+S:1.04/2.20/3.24mV

Prescribed by:

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

Peace Land Clinic Mukhaizina

I V1
II V2
III V3
aVR V4
aVL V5
aVF V6
II

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

بلاد السلام للخدمات الطبية ش.م.م
Peace Land Medical Services L.L.C

PATIENT ID: 20558

Estimated 10-year Global CVD Risk

4.70%

Risk Category

Low Risk

Estimated Vascular Age

42 Years

Treatment Guidelines

ATP-III (2004)

Treatment Targets

LDL <160 mg/dL (<4.14 mmol/L)
Non-HDL <190 mg/dL (<4.93 mmol/L)

CCS (2009)

Initiate Pharmacotherapy if

LDL >5 mmol/L (>193 mg/dL)
TChol/HDL-C >6 mmol/L (>231 mg/dL)

Treatment Targets

≥50 % decrease in LDL-C

ESC (2007, see Info for more)

Treatment Targets

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

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UU
UU
UU

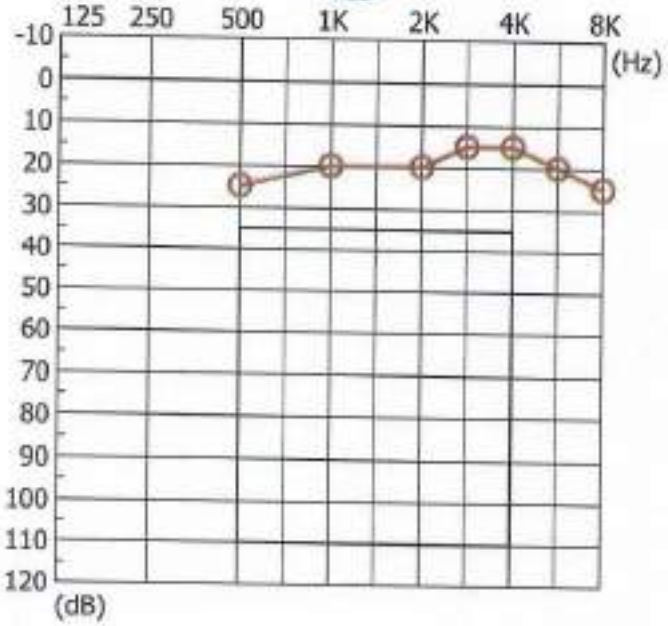
AUDIOMETRY REPORT

Name: THALIYAKATTIL, VINOD
Age(y): 45
Sex: Man
Height (cm): 0
Weight(Kg): 0
BMI:

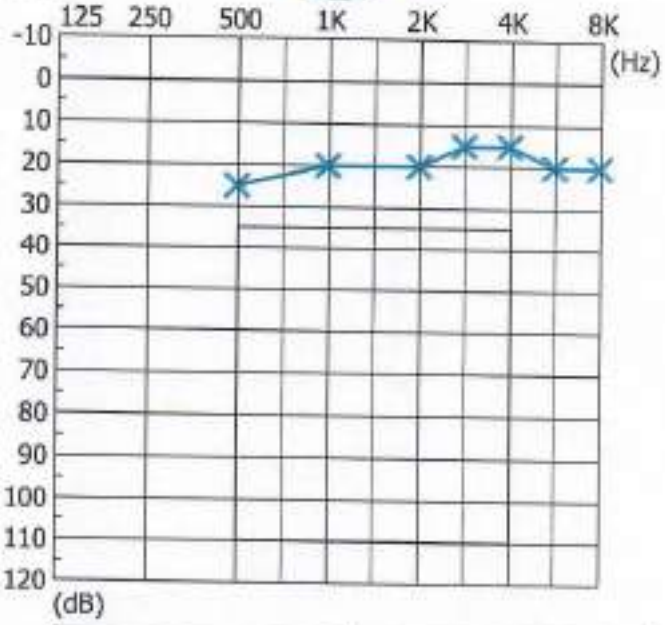
SIBELMED W50

Test date: 30/10/2025
Reference: 12343741
Technician:
Reason:
Origin:
Equipment:
Device serial numb.:
Flash Version:

R.E.



L.E.



No Masking	R.E.	L.E.	With Masking	R.E.	L.E.
Air	O	X	Air	△	□
Bone	<	>	Bone	⊂	⊃
F.Field	⌀	⌘			
No response	↺	↘			

MINISTRY OF LABOUR AND SOCIAL AFFAIRS

	R.E.	L.E.
Hearing Loss (%)	0.0	0.0
Average dBs	20.0	20.0
Bilateral Loss (%)	0.0	

Right ear Normal
Left ear Normal

COMMENTS: Normal

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

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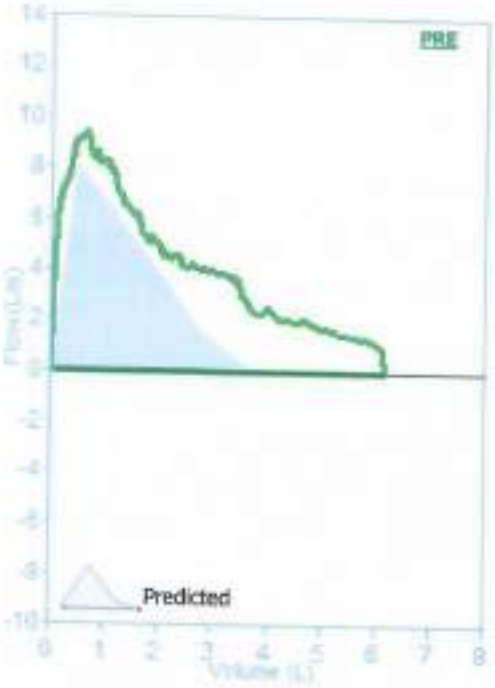
Sibelmed

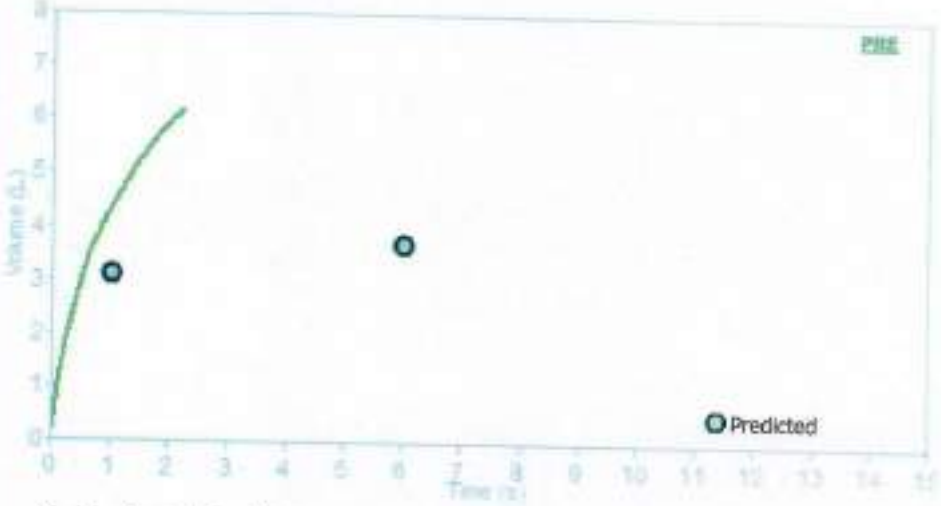
Pulmonary Function Test Results

FVC FEV1 FEV1%

Visit date 30/10/2025

Patient code	123243741	Age	45
Surname	THALIYAKATTIL	Gender	Male
Name	VINOD	Height, cm	160
Date of birth	11/03/1980	Weight, kg	71
Ethnic group	Caucasian	BMI	27.73
Smoke	No smoker	Pack-Year	
Patient group			





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 30/10/2025 09:32:32

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	2.70	3.71	6.16*	166	4.02	6.16			*		
FEV1	L	2.25	3.08	4.36*	141	2.50	4.36			*		
FEV1/FVC	%	67.3	79.1	70.8*	89	-1.16	70.8			*		
PEF	L/s	6.05	8.04	9.49*	118	1.20	9.49			*		
ELA	Years		45	45	100		45					
FEF2575	L/s	2.16	3.87	3.26	84	-0.59	3.26					
FET	s		6.00	2.22	37		2.22					
FIVC	L	2.70	3.71									
FEV1/VC	%	67.3	79.1									

*Best values from all loops - BTPS 1.087 26 °C (78.8 °F) - Predicted ERS (ECCS) / Zapletal

Conclusion / Medical report

Signature

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Instrument used
Minispir S S/N C16043

MIR

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
20558	VINOD THALIYAKATTIL.	45Y/M	30-10-2025	

DIGITAL X-RAY CHEST PA VIEW

FINDINGS:

Trachea and mediastinum in midline.

Both lung fields show normal bronchovascular markings.

Cardiothoracic ratio is within normal limits.

Both cardiophrenic and costophrenic angles are free.

Both domes of diaphragm are normally placed.

Bony ribcage and soft tissue structures appear normal.

IMPRESSION:

- **NO ABNORMALITIES DETECTED**

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

Peace Land Clinic Mukhaizna

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MD ABR
Specialist Radiologist
MOH Lic # 19061