MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
77434687	2020	Manohar Singh	Operator

Nationality	Age	Sex	Company	Location
Indian	38	M	Trakroman	Fahud Sofa

EXAMINATION TYPE

Examination | | Pre-employment | | Periodic | | Exit

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 148/80 | ✓ Normal | Prehypertension | Hypertension Stage 1 | Hypertension Stage 2 | Hypertension Crisis

BMI Category: 32.9 | Underweight | Normal | Overweight | ✓ Obese | Morbid Obesity

Remarks:

VISUAL TEST

Visual Acuity Test: RT 6 | LT 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: B negative

Pre-existing condition:

Remarks:

Glucose Level Category: ✓ Normal 80 – 100 mg/dl | Pre diabetic 100 – 125 mg/dl | Diabetic > 126 mg/dl

Cholesterol Risk Category: | 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 7) | 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
Dr. Jamal		Aster		23/3/24

Dr. JAMAL T.M
SPECIALIST INTERNAL MEDICINE
MOH LICENCE NO: 13476
ASTER HOSPITAL IBRI

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
77434487	2020	Mahohar Singh.	Operator

Nationality	Age	Sex	Company	Location
Indian	38	M	Trak oman	Fahud - Sala

EXAMINATION TYPE

[ ] Pre-employment Examination (PRE)	[ ] Periodic Medical Examination (PME)	[ ] Post-absence Examination
[ ] Change of Position Examination	[ ] Exit Examination	[ ] Critical Activities Examination
[ ] Emergency Response Team	[ ] Travelling Examination	[ ] Medical Surveillance

Medical Suitability for Work

Medical Suitability for Work

- [x] Fit to work
- [ ] Fit with following restrictions
- [ ] Pending Fitness
- [ ] Not fit to work

Diet control & Exercise advised weight reduction is necessary

Restrictions

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

Other, specify

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
23/12/2024	

Medical Review Date	Employee Signature

Doctor Name	Medical License	Hospital	Medical Doctor Signature
Dr. Jamal			

OQ - Occupational Health Department

Form Review - 02-30/05/2021

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PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
7743487	2.20	Manohar Singh	

Nationality	Age	Sex	Company	Location
Indian	36	M	Trailcomar	Fahud

VITAL SIGNS

Height: 177 cm | Weight: 103 Kg | BMI: 32.9 | Blood Pressure: 140/90 mmHg

Pulse: 96 /min | Medical Practitioner Name: Dr Jamal | Signature:

VISUAL SYSTEM

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

Colour Vision Test Ishihara: # of Plates passed: 8 | Inform the Plates # failed: 0 | ☑ Normal ☐ Abnormal

Visual Field Test: ☑ Normal ☐ Abnormal

Stereoscopic Vision Test: ☑ Normal ☐ Abnormal

Date of Examination: 23/12/24 | Medical Practitioner Name: Dr Jamal | Signature:

RESPIRATORY SYSTEM

[1] Spirometry Test

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

Diagnosis: ☐ Asthma ☐ COPD ☐ Other: _____

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

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

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

Date of Examination: 23/12/24 | Medical Practitioner Name: Dr Jamal | 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: 23/12/24 | Physician Name: Dr Jamal | Signature:

ENT SYSTEM

[1] Otoscopy

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

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

Audiometry Done: ☑ Yes ☐ No

Audiologyst Name: Signature:

Hearing Questionnaire verified: ☑ Yes ☐ No

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PHYSICAL ASSESSMENT FORM

ENT SYSTEM

[2] Nose Assessment

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

[3] Throat Assessment

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

CARDIOVASCULAR SYSTEM

[1] Heart Sounds

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

[2] Heart Murmurs

	If present, describe below:
☐ Present ☑ Absent ☐ Not Examined	

[3] Peripheral Pulses

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

[4] Peripheral Veins

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

NEUROLOGICAL SYSTEM

[1] Mental Status

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

[2] Cranial Nerves

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

[3] Motor System

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

[4] Reflexes

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

[5] Sensory System

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

[6] Coordination, Station, Gait

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

MUSCULOSKELETAL SYSTEM

[1] Hand and Wrist

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

[2] Elbow and Shoulder

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

[3] Hip

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

[4] Knees

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

[5] Foot and Ankle

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

[6] Spine and Back

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

OTHER

[1] Skin, Extremities

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

[2] Head & Neck

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

[3] Mouth and Teeth

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

[4] Hernial Orifices

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

[5] Abdominal Organs

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

[6] Lymph Nodes

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

Date of Examination: 23/12/24 Physician Name: Dr Jamal Signature:

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MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
77436487	L20	Manohar Singh	Operator

Nationality	Age	Sex	Company	Location
Indian	38	M	Trakoman	Fahud - Sofa

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 (CABG) 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 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		Yes	✓	No	Experienced 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
G6PD (Glucose 6-Phosphate Dehydrogenase) Deficiency		Yes	✓	No	Allergies e.g. dust, medication, insect bites		Yes	✓	No
Recurrent headaches or migraine		Yes	✓	No	Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gastritis		Yes	✓	No
Epilepsy and recurrent seizures		Yes	✓	No	Haemorrhoids, fistulae and fissures causing pain, or recurrent bleeding		Yes	✓	No
Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope)		Yes	✓	No	Liver and pancreas diseases (e.g. pancreatitis, Hepatitis B)		Yes	✓	No
Sleep disorders, such as insomnia, hypersomnia, sleep apnea, narcolepsy		Yes	✓	No	Kidney or bladder diseases e.g. recurrent infection, renal stones		Yes	✓	No
Chronic anxiety states and/or recurrent depression		Yes	✓	No	Ear, nose or throat problems (e.g. otitis, hearing loss, sinusitis, tonsilitis)		Yes	✓	No
Phobias such as fear of heights, fear of confined spaces, fear of flying		Yes	✓	No	Eye disease or visual defect (e.g. glaucoma, color blindness, monocular vision)		Yes	✓	No
Lung disease e.g. bronchitis, asthma, dyspnea, TB		Yes	✓	No	Treated for infectious diseases (e.g. malaria, COVID19)		Yes	✓	No
Phlegm production (excess mucus production) or tight chest		Yes	✓	No	Treated for depression, stress		Yes	✓	No
Immuno suppression due to cancer or human immunodeficiency virus		Yes	✓	No	Treated for substance or alcohol abuse		Yes	✓	No

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

Date: 23/12/24

List any previous injuries or operations

Previous injuries or operations	Date

Candidate/Employee Signature

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SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
7743 [illegible] 72-2		Mahesh Singh	Operator

Nationality	Age	Sex	Company	Location
Indian	38	M	Trafcon	Fahud

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	[ ] Anytime	[ ] 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		[ ]

N/A

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		

N/A

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: 23/12/24

Candidate/Employee Signature

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MOH LICENCE NO: 13476
ASTER HOSPITAL IBRI

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
774348[illegible]	2020	Manohar Singh	Operator

Nationality	Age	Sex	Company	Location
Indian	38	M	Trade oman	Fahud

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? [ ] YES [ ] NO ✓ What type: ☐ Disposible mask ☐ Cartidge Mask ☐ SCBA

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? [ ] YES [ ] NO ✓

2. Have you ever had any of the following conditions?

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

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

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

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

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

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

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

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

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

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

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

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

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

Date: 23/12/24

Candidate/Employee Signature

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HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
7H3446872.20		Mavoher Singh	Operator
Nationality	**Age**	**Sex**	**Company**	**Location**
Indian	38	M	Trade oman	Fahud - SOTS

HEARING CONSERVATION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

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

1 - Have you been out of noise for the past 14-16 hours? [ ] YES [✓] NO
If NO, did you use hearing protection while in the noise? [ ] YES [ ] NO

2 - Check ALL of the following activities that you have done or do:
[ ] Hunting [ ] Car races [ ] Skeet shooting [ ] Woodwork [ ] Target shooting
[ ] Power tools [ ] Mower [ ] Concerts / Band [ ] Welding [ ] Air compressor
[ ] Construction [ ] Scuba diving [ ] Tractor (open or closed cab)
Have you ALWAYS used hearing protection when participating in the above activities? [ ] YES [✓] NO

3 - Check ALL that you have experienced:
[ ] Ear Fullness [ ] Ear Infections [ ] Ear Surgery [ ] Head Injury [ ] Chemotherapy
[ ] Ringing in the ears [ ] Ear Pain [ ] Earwax buildup [ ] Intravenous Antibiotics [ ] Hole in the Eardrum
[ ] Ear Drainage [ ] Dizziness
N.A.

4 - Check ALL that you have had/suffered from:
[ ] Meningitis [ ] Diabetes [ ] Measles [ ] Syphilis [ ] Chickenpox [ ] Mumps [ ] Chronic ear infections
[ ] Hypertension [ ] Renal Failure [ ] Tuberculosis [ ] Previous surgery [ ] Thyroid Problems [ ] Trauma to head/ ear canal / tympanic membrane
N.A.

5 - Check ALL that you are currently suffering from:
[ ] Sinusitis [ ] Cold/Flu [ ] Ear Infection [ ] Allergic rhinitis
N.A.

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 aids? [ ] Licensed Audiologist [ ] Hearing Aid Dealer [ ] Don't Know
When did you receive your hearing aids?

8 - Have you ever served in the military? [ ] YES [✓] NO
If yes, check 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 [ ] Motocycle [ ] Walking

Date: 23/12/24

Candidate/Employee Signature

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MOH LICENCE NO: 13476
ASTER HOSPITAL (EB)

Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
نحن نعتني بك دائما

Laboratory Investigation Report

Patient Name	MANOHAR SINGH	**Requesting Date/Time**	23/12/2024 12:36PM
DOB/Gender	02/10/1986 **(38 Yrs/Male)**		
MRN / Nationality	700286282 / India	**Collection Date/Time**	23/12/2024 12:49PM
Requesting Physician	Dr. Jamal Thottungal Moideen	**Reception Date/Time**	23/12/2024 12:58PM
Lab Number	7069448	**Reporting Date/Time**	23/12/2024 1:16PM
Test Priority	Routine	**Reporting Stage**	Final
Passport No			

Test	Result	Flag	Units	Reference Range	Sample Type	Methodology
BIOCHEMISTRY						
Random Blood Sugar (RBS)	4.90		mmol/L	3.7 - 7.8		Hexokinase
LIPID PROFILE						
LIPID PROFILE						
Cholesterol - Total	5.92		mmol/L	Desirable : <5.17 Borderline High : 5.17 - 6.18 High : >6.21	Serum	Enz. Colorimetric
Triglyceride	1.85	H	mmol/L	0.73 - 1.8	Serum	Enz. Colorimetric
HDL Cholesterol	1.38		mmol/L	No Risk : >1.68 Moderate Risk : 1.15 - 1.68 High Risk : <1.15	Serum	
LDL Cholesterol	3.70		mmol/L	Desirable: < 3.34 Borderline High : 3.37 - 4.12 High : >4.14	Serum	CALCULATED
VLDL	0.84	H	mmol/L	0.128 - 0.645		
Cholesterol / HDL Ratio	4.29		mmol/L	3.5 - 5		Calculation
LIVER FUNCTION TEST						
LIVER FUNCTION TEST						

Ms. ASHWINI RATHEESAN PANIKAR
Panikar
Technologist

ASHWINI RATHEESAN
MOH REG. No. - 1 8 0 2 4

Dr. Shayfa Palliyalil
Specialist Pathologist

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Bilirubin-Total	0.448		mg/dl	0.1 - 1.2		
Direct Bilirubin	0.137		mg/dl	< 0.2	Serum	Diazo
SGOT (AST)	40.00		IU/L	0 - 40	Serum	
SGPT (ALT)	60.00		IU/L	10 - 60	Serum	IFCC ;Tris buffer without P5P ; Kinsearch
Alkaline Phosphatase	137.00		IU/L	Adult: 37-116 1- 5 days : <245 6 days - 1 yr : 104-462 1 - 12 yrs : 42-300 13 - 17 yrs female : 47-187 13 -17 yrs male : 52-390	Serum	Colorimetric assay ; AMP buffer IFCC ; kinetic
Gamma GT	55.00	H	U/L	5 - 40	Serum	Enzymatic colorimetric assay : IFCC; Kinetic
Total Protein	7.34		g/dl	6.6 - 8.7		Colorimetric assay (Biuret reaction, endpoint)
Albumin	4.45		g/dl	3.2 - 5.4	Serum	Homogeneous enzymatic colorimetric assay:End point
Globulin	2.89		g/dl	2.3 - 3.2	Serum	Calculation
A/G Ratio	1.5		Ratio			

RENAL FUNCTION TEST

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RENAL FUNCTION TEST

Urea	2.80	mmol/L	2 - 9	Serum	Kinetic test, urease and glutamate dehydrogenase
Creatinine	78.00	umol/L	Male: 62 - 106 Female: 44 - 80 Neonates: 21 - 91 Children (2 To 12 Month) : 15 - 37 Children (1 To 9 Years) : 21 - 53 Children (9 To 15 Years) : 34 -77	Serum	Kinetic colorimetric assay based on Jaffe method

End Of Report

BLOOD BANK

ABO Blood Group & Rh Typing	"B" Negative				Glass fibre matrix capture

End Of Report

HAEMATOLOGY

ESR / ERYTHROCYTE SEDIMENTATION RATE

Erythrocyte Sedimentation Rate	05	mm/hr	1 - 15	W. B. EDTA	Modified Westergren
Sickle Cell Screening	Negative		Negative		

CBC (COMPLETE BLOOD COUNT)

Ms. ASHWINI RATHEESAN PANIKAR
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Dr. Shayfa Palliyalil
Specialist Pathologist
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COMPLETE BLOOD COUNT

WBC Count	7.24	10^3/uL	4 - 11	EDTA WB	Impedance
DIFFERENTIAL COUNT (%)					
Neutrophils	57.3	%	45 - 75	EDTA WB	Impedance and Absorbance
Lymphocytes	33.9	%	20 - 45	EDTA WB	Optical
Eosinophils	3.9	%	1 - 6	EDTA WB	
Monocytes	4.6	%	2 - 10	EDTA WB	Impedance and Absorbance
Basophils	0.3	%	0 - 1	EDTA WB	Impedance and Absorbance
Hb/Hemoglobin	15.2	g/dl	13 - 17	EDTA WB	Photometry
RBC Count	4.83	10^6 / uL		EDTA WB	Impedance
Platelet Count	185	10^3/uL		EDTA WB	
HCT (Hematocrit)	45.7	%	37 - 51	EDTA WB	Calculation
MCV	94.7	fl	83 - 101	EDTA WB	Measurement
MCH	31.4	pg	27 - 32	W. B. EDTA	Calculation
MCHC	33.3	g/dl	31 - 37	W. B. EDTA	Calculation

End Of Report

CLINICAL PATHOLOGY

URINE ROUTINE

URINE ANALYSIS

Ms. ASHWINI RATHEESAN PANIKAR
Panikar
Technologist

ASHWINI RATHEESAN
MEDICAL LAB TECHNOLOGIST
MOH REG. No. : L 8004

Dr. Shayfa Palliyalil
Specialist Pathologist

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CHEMICAL EXAMINATION

Glucose	Negative		Negative		GOD-POD
Protein	Negative		Negative		Protein error of pH indicator
Ketone	Negative		Negative		legal's test
Bilirubin	Negative		Negative		
pH	5.0				Litmus paper
Urobilinogen	Negative		Trace		Diazo

MICROSCOPIC EXAMINATION

RBCs	1-2	/hpf	0 - 2	Urine	
Pus Cells	1-2	/hpf	0 - 3	Urine	Microscopy
Epithelial Cells	NIL				
Bacteria	Present		Absent		Microscopy
Calcium -oxalate	NIL				
Triple-phosphate	NIL				
Uric acid crystal	NIL				
Amorphous urate	NIL				
Amorphous Phosphate	NIL				

Ms. ASHWINI RATHEESAN PANIKAR
Panikar
Technologist

ASHWINI RATHEESAN
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MOH REG. No. : 130644

Dr. Shayfa Palliyalil
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Hyaline casts	NIL
Granular Casts	NIL
Yeast cells	NIL

URINE DRUG SCREEN 12 PANEL

URINE DRUG SCREEN 12 PANEL

AMPHETAMINE (AMP)	Negative	Negative
MORPHINE (MOP)	Negative	Negative
COCAINE (COC)	Negative	Negative
PHENCYCLIPDINE (PCP)	Negative	Negative
METHAMPHETAMINE (MET)	Negative	Negative
TRAMADOL (TML)	Negative	Negative
BARBITURATES (BAR)	Negative	Negative
BENZODIAZIPINES (BZO)	Negative	Negative
METHADIONE (MTD)	Negative	Negative
TRICYCLIC ANTIDEPRESSANTS (TCA)	Negative	Negative
TETRA HYDRO CANNABINOL (THC)	Negative	Negative
OPIATES (OPI)	Negative	Negative

End Of Report

Ms. ASHWINI RATHEESAN PANIKAR
Panikar
Technologist

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Dr. Shayfa Palliyalil
Specialist Pathologist

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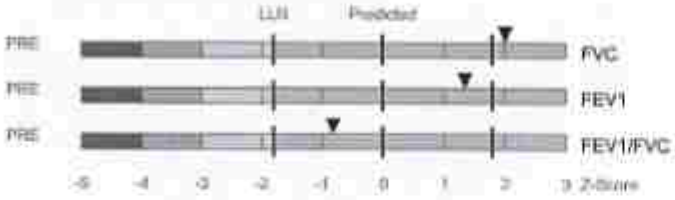
Pulmonary Function Test Results

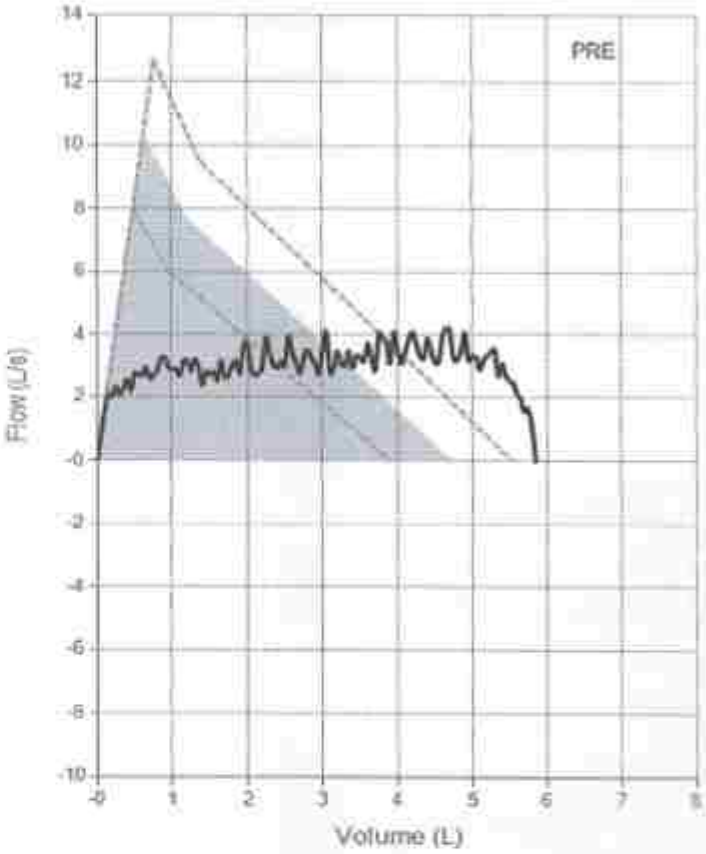
Patient ID	700286282		
Surname	SING	Gender	M
Name	MANOHAR	Height	178 cm
Date of birth	11/01/1986 (38 year)	Weight	106 kg
Ethnic group	Asian	BMI	33.46
Smoke	Non-smoker	Pack-Year	00
Worklist			

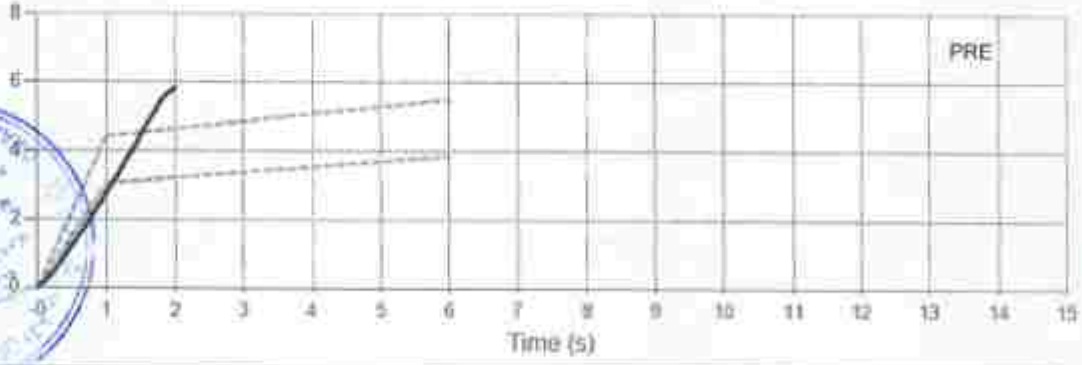
Trial date 23/12/2024 11:59 AM



Parameters	PRE	LLN	Z-Score	%Pred
FVC(L)	5.85	3.89	2.01	124.26
FEV1(L)	4.40	3.06	1.35	117.25
FEV1/FVC	0.75	0.70	-0.82	
FET(s)	1.55	-	-	25.83
FEV1/VC	-	-	-	

BTPS 1.082 27 °C (80 °F) - Predicted Nhanes - Position: Not specified
Quality Control Grade PRE: F





Interpretation

Normal spirometry

Conclusion / Medical report

Dr. JAMAL T.M
SPECIALIST INTERNAL MEDICINE
MOH LICENCE NO: 13476
ASTER HOSPITAL IBRI

Doctor Signature

Technician Signature

Instrument used
Minispir s/n C12653
Last calibration check: NA

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Patient Name	MANOHAR SINGH	Patient ID	700286282
Gender	Male	Age	38Y 2M
Study Date	2024-12-23 11:32:28	Referring Physician	OP SELF

X - RAY CHEST PA VIEW

Trachea central.
Both lung fields are well aerated and applied well against chest walls.
Both hila appear normal.
Both CP angles are clear.
Cardiac shadow appears normal.
Both domes of diaphragm are normal.
Bony thoracic cage is normal.

IMPRESSION:

No abnormality seen.

Dr. Kalesha Shaik
Radiologist
MBBS,DNB(Radio Diagnosis)
MOH License No: 17925

Dr. Kalesha Shaik
Radiologist,
MBBS,DNB(Radio Diagnosis)
MOH License No: 17925

Please intimate us for any typing mistake and send the report for correction within 7 days. The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinically correlation is required to enable the clinician to reach the final diagnosis.

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700286282
38 Years

MANOHAR SINGH
Male

23-Dec-24 10:17:53 AM
ASTER HOSPITAL IBRI (Emergency)

Rate	89
RR	674
PR	159
QRSD	91
QT	349
QTc	425

--AXIS--

P	44
QRS	52
T	30

12 Lead; Standard Placement

Normal ECG

Dr. JAMAL T.M
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DR. NANDANA PAMIDI
LICENSE NO: 12972
GENERAL PRACTITIONER

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

II

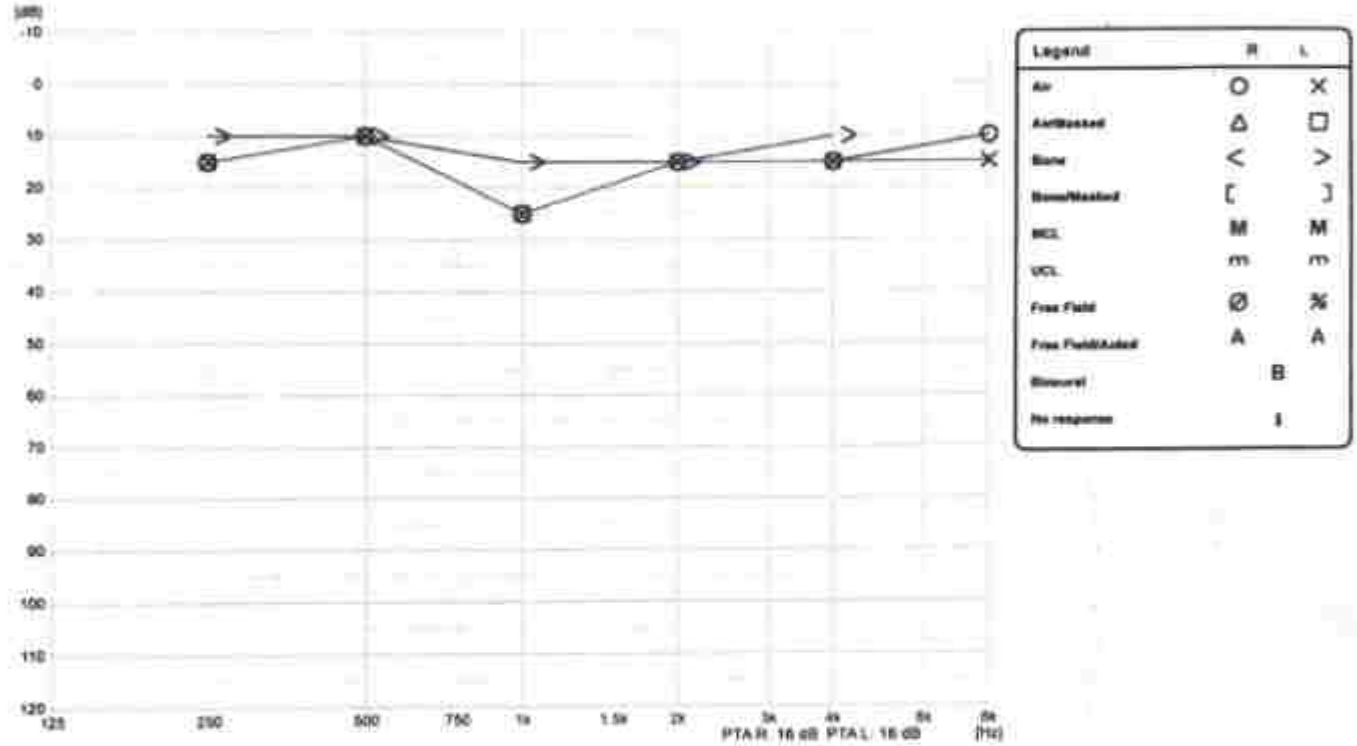
Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.50~ 40 Hz W PR10 CL P?

SUPER QUALITY HEARING AID

& SPEECH THERAPY CENTER

-

Code	Last name , First name	Born
700286282/77434457	MANOHAR , SINGH	23.12.2024
Test type	**Test date**	
Tonal audiometry	23.12.2024	



Comments
BILATERAL NORMAL HEARING SENSITIVITY

Signature:

Date: 23/12/2024

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