Patient:22776 Reg.Dt: 22/06/202
Name: YOUSAF JAFAR
Gender: Male Nationality: INDIA
Age: 53Y Mar. Status: Marrie
Address:

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
784076636	2024	YOUSAF JAFAR	HD DRIVER
Nationality	**Age**	**Sex**	**Company** / **Location**
INDIAN	53	M	TRUCKONDAN NORTH / HAIMA

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 160/90 [ ] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [✓] Hypertension Stage 2 [ ] Hypertension Crisis

BMI Category: 26.4 [ ] Underweight [ ] Normal [✓] Overweight [ ] Obese [ ] Morbid Obesity

Remarks: INTERNAL MEDICINE/ CONSULTATION FOR HIGH BP. CARDIOLOGIST.

VISUAL TEST

Visual Acuity Test: RT 6/6 LT 6/6

Colour Vision Test [✓] Normal [ ] Abnormal [ ] Not Required

Visual Field Test [✓] Normal [ ] Abnormal

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

Physical Assessment [✓] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

ENT SYSTEM

Audiometry Test [✓] Normal [ ] Abnormal [ ] Not Required

Otoscopy [✓] Normal [ ] Abnormal [ ] Not Required

Physical Assessment [✓] Normal [ ] Abnormal (Whisper, Weber & Rinne Tests)

Pre-existing condition:

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

Pre-existing condition:

Blood Grouping: AB +VE

Remarks: INTERNAL MEDICINE/ CARDIOLOGIST CONSULTATION.

Glucose Level Category 113 mg/dl [ ] Normal 80 – 100 mg/dl [✓] Pre diabetic 100 – 125 mg/dl [ ] Diabetic > 126 mg/dl

Cholesterol Risk Category 220 [ ] 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 dependance [ ] 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 (1 to 8) [ ] 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
				04/07/2025

DR. HAMMAD MD ISMAIL
GENERAL PRACTITIONER
MOH License No: 20978

Peace Land Clinic Mukhaizna

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
784076396	2024	HD DRIVER

Patient: 22776 Reg.Dt: 22/06/202
Name: YOUSAF JAFAR
Gender: Male Nationality: INDIA
Age: 58Y Mar. Status: Marrie
Address:

Nationality	Age	Sex	Location
			HAIMA

EXAMINATION TYPE

- [ ] Pre-employment Examination (PRE)
- [x] 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 to work as per specialist requirements
- [ ] Fit with following restrictions
- [ ] Pending Fitness
- [ ] Not fit to work

FIT

Restrictions

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

Other, specify

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
22/06/2025	

Medical Review Date

Employee Signature

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

Peace Land Clinic Al Khaizaran

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
[illegible]	2024	HD DRIVER

Nationality	Age	Sex

Patient:22776 Reg.Dt: 22/05/202
Name: YOUSAF JAFAR
Gender: Male Nationality: INDIA
Age: 53Y Mar. Status: Marrie
Address:

Location
HALUL

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 any other glandular diseases		Yes	✓	No
Arteriosclerotic or other vascular disease		Yes	✓	No	Diabetes mellitus or Hypoglycaemia		Yes	✓	No
Anaemias, especially Sickle Cell Disease or Sickle Cell Trait or Thalassaemia		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
Immune 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

List any previous injuries or operations

Previous injuries or operations	Date
30 YEARS BACK APPENDICITIS	

Date: 22/05/2025

Candidate/Employee Signature

Peace Land Clinic Mukhaizna
P.O. Box 1663, P.C. 133, Sultanate of Oman
C.R.NO:1291780

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Patient:22776 Reg.Dt: 22/06/202	Position
[illegible]		Name: YOUSAF JAFAR	HD DRIVER
Nationality	Age / Sex	Gender: Male Nationality: INDIA	
		Age: 53Y Mar. Status: Marrie	Location
		Address:	HAIDA

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: 22/06/2025

Candidate/Employee Signature

Peace Land Clinic Mukhaizna P.O Box 1432 P.C. 133 Sultanate of Oman C.R.NO:2211785

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
784076836 2024		HD DRIVER.
Nationality	**Age** / **Sex**	**Location**
		HAIMA

Patient:22776 Reg.Dt: 22/06/202
Name: YOUSAF JAFAR
Gender: Male Nationality: INDIA
Age: 53Y Mar. Status: Marrie
Address:

VITAL SIGNS

Height: 174 cm | Weight: 80 Kg | BMI: 26.4 | Blood Pressure: 160/90

Pulse: 64 /min | Medical Practitioner Name: | Signature:

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

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: 22/06/25 Medical Practitioner Name: Signature:

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

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

Repeatability Criteria (select all what is applicable)
☐ >3 acceptable curves FEV1 values AND FVC values within 0.150 L/s
☐ 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:

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

[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:

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

Date of Examination: 22/06/25 Physician Name: Signature:

ENT 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
Cerumen	☑ None ☐ Some ☐ A lot ☐ Impacted ☐ Not Exam	☑ None ☐ Some ☐ A lot ☐ Impacted ☐ Not Exam

	Right	Left
Eardrum Position	☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam	☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam
Eardrum Vascularity	☑ Normal ☐ Considerable ☐ Mild ☐ Not Exam	☑ Normal ☐ Considerable ☐ Mild ☐ 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:

Peace Land Clinic Mukhaizna

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

PHYSICAL ASSESSMENT FORM

'atient:22776 Reg.Dt: 22/06/202
Name: YOUSAF JAFAR
Gender: Male Nationality: INDIA
Age: 53Y 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:

[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: 22/06/2025 Physician Name: Signature:

OG - Occupational Health Department

Form Name - 05-10/03/2021

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

Peace Land Clinic Mukhaizna
P.O. Box: 1133, P.C. 133, Sultanate of Oman

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	: 22776	Doc No	: 13932
Name	: YOUSAF JAFAR	Doc Date	: 2025-06-22T11:38:00
Age	: 53Y	Bill No	: 35845
Gender	: Male	Date	: 22/06/2025 11:38 AM
Nationality	: INDIAN	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 71814153	Ref.by	: DR.HAMMAD ISMAIL

TEST RESULT : OQ-001 OQ MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
OQ MEDICAL CHECKUP			
BLOOD GROUP & Rh TYPING	'AB' Positive		
COMPLETE BLOOD COUNT			
RBC	5.6 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	16.1 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	47 %	Male 42 -52 % Female 37 -47 %	
MCV	83 fl	76 - 96 fl	
MCH	28 pg	27 - 33 pg	
MCHC	34 %	32 36 %	
WBC COUNT	5800 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	53 %	40-75 %	
LYMPHOCYTE	35 %	20-45 %	
EOSINOPHIL	4 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	5	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	2 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	71 u/l	44-147 U/ L	
T. BILIRUBIN	0.9 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.6 mg / dl	up to 0.4 mg /dl	
IINDIRECT BILIRUBIN	0.3 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	68 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	38 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	5 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			

Reported By:
Lab Technician
Sr. Lab Technologist

Peace Land Clinic Mukhaizna

Verified By:
Lab Technician
Sr. Lab Technologist

Approved By:
Lab Technician
Sr. Lab Technologist

Printed at: 22/06/2025 11:42:16

Signed at: 22/06/2025 11:42:15

Test	Result	Normal Range	Detailed Description
UREA	35 mg / dl	10-50 mg /dl	
S.CREATININE	0.9 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	9 mg / dl	3.4 - 7.2 mg /dl	
LIPID PROFILE			
Total Cholesterol	287 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	162 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	51 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	220 mg/dl	< 130 mg/dl	
FASTING BLOOD SUGAR	113 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		
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:

Peace Land Clinic Mukhaizna

PLMS MUKHAIZNA

2022-01-13 07:20:14

Patient:22776 Reg.Dt: 22/06/202
Name: YOUSAF JAFAR
Gender: Male Nationality: INDIA
Age: 53Y Mar. Status: Marrie
Address:

Operator: PEACELAND MEDICAL SERQT/QTc
Custom1:
Custom2:
Custom3:

Data for reference only:

HR	bpm	:	61
PR Interval	ms	:	157
P Duration	ms	:	113
QRS Duration	ms	:	112
T Duration	ms	:	209
	ms	:	428/431
P/QRS/T Axis	deg	:	36.2/59.0/55.5
R(V5)/S(V1)	mV	:	1.53/0.81
R(V5)+S(V1)	mV	:	2.34

<< Conclusions >>

Normal Sinus Rhythm
Cardiac electric axis normal

Report need physician confirm

Peace Land Clinic Mukhaizna

Physician:

AUTO 5mm/mV

I
II
III
aVR
aVL
aVF

5mm/mV

V1
V2
V3
V4
V5
V6

II 5mm/mV

25mm/s AC50Hz+EMG30Hz+DFT0.5Hz

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

PATIENT ID: 22776

Estimated 10-year Global CVD Risk

Above 30%

Risk Category

High Risk

Estimated Vascular Age

80 Years

Treatment Guidelines

ATP-III (2004)
Treatment Targets

LDL <100 mg/dL (<2.59 mmol/L)
Non-HDL <130 mg/dL (<3.37 mmol/L)

CCS (2009)
Treatment Targets

LDL <2 mmol/L (<77 mg/dL) or ≥50 % decrease in LDL-C
apoB <0.8 g/L (80 mg/dL)

ESC (2007, see Info for more)
Treatment Targets

LDL <2-2.5 mmol/L (<80-100 mg/dL)
TChol <4-4.5 mmol/L (<155-175 mg/dL)

Peace Land Clinic Al Mukhaizna

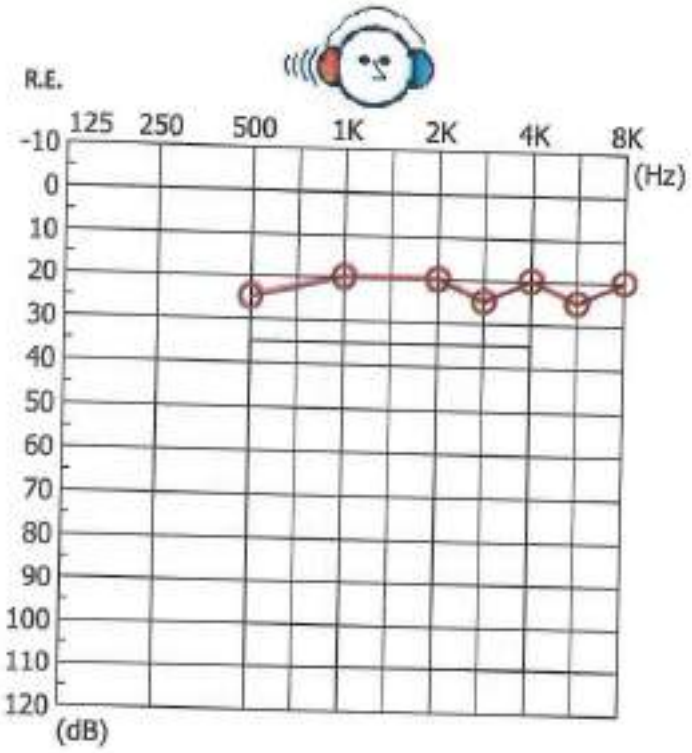
AUDIOMETRY REPORT

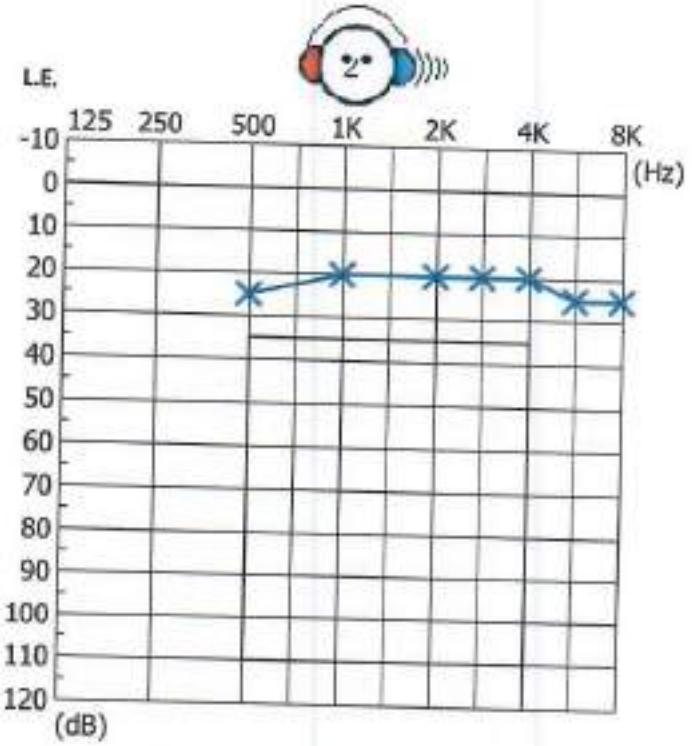
SIBELMED W50

Name:	JAFAR, YOUSAF
Age(y):	53
Sex:	Man
Height (cm):	0
Weight(Kg):	0
BMI:	

Test date:	22/06/2025
Reference:	78076636
Technician:	
Reason:	
Origin:	
Equipment:	Sibelsound DUO
Device serial numb.:	910
Flash Version:	1.0

Patient:22776 Reg.Dt: 22/06/202
Name: YOUSAF JAFAR
Gender: Male Nationality: INDIA
Age: 53Y Mar. Status: Marrie
Address:





MINISTRY OF LABOUR AND SOCIAL AFFAIRS

	R.E.	L.E.
Hearing Loss (%)	0.0	0.0
Average dBs	22.5	21.2
Bilateral Loss (%)	0.0	

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

Right ear Normal
Left ear Normal

COMMENTS:

Peace Land Clinic Mukhaizna

Sibelmed

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
22776	YOUSAF JAFAR	53Y/M	22-06-2025	

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**

Peace Land Clinic Mukhaizna

Dr. K. VIJAYAKUMAR
MBBS, DMRD
Radiologist
MOH Lic No.: 7560

Dr. Kumaresan Vijayakumar
MBBS, DMRD
Radiologist
MOH Lic No.: 7560

nmc specialty hospital, al ghoubra

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

Fitness Certificate

Empno:
Date of issue : *29/06/2025*

Ref No : *0000118/FIT/NMC/2025*

This is to certify that Mr. / Mrs. *YOUSAF JAFAR KEZHTHOTTATHIL* with file no *35067189* and Resident card no. *78076636* was *Examined* at *nmc specialty hospital, al ghoubra* on *29/06/2025* and will be *FIT TO WORK* from the medical point of view starting from *29/06/2025*

DIAGNOSIS
TMT is negative for ischemia

Remarks
FIT TO WORK

DR MUHAMMAD SIDDIQUI

Place: *nmc specialty hospital, al ghoubra*

(Hospital Seal)

Signature

NAME: YOUSAF JAFAR KEZHTHOTTATHIL REPO	AGE: 53 Years
DATE OF ISSUE: 26/07/2025	FILE NO: 35067189
GENDER: MALE	NATIONALITY: INDIAN

MEDICAL REPORT

Mr. Yousaf Jafar Kezhthottathil, a 53-year-old, was seen and examined by me on 26/07/2025. He was asymptomatic during this medical examination. He was detected to have high blood pressure, lipids and FBS during OQ Medical Health Check-up.

Past Medical History: Hyperlipidemia - 1 month - Rosuvas 10 HS.

Physical Examination:
Vital Signs: Pulse: 88/mt Regular. BP: 154/89 mmHg, Temperature: 37.0 degrees Celsius, Respiratory Rate: 18/mt, SpO2: 98% on room air, Weight: 82 Kg.
Clinical examination of Respiratory, Cardiovascular, Gastrointestinal and Central Nervous System is Normal.

Investigations: PPBS: 9.75 mmol/L.

Diagnosis:
1. I10 - Essential (Primary) Hypertension.
2. E78.2 - Mixed Hyperlipidemia
3. R73.01 - Impaired Fasting Glucose
4. R73.03 - Prediabetes.

Prescription:
1. LOSARTAN POTASSIUM 50 mg tablet (COVANCE 50MG TAB(LOSARTAN) 30'S) (Tablet) 0-0-1 (1 Tablet) (Oral) 60 Day 60 After Food.
2. ROSUVAS TAB 10 mg (Rosuvastatin)30's Pack (Tablet) 0-0-1 (1 Tablet) (Oral) 30 Day 30 After Food.

Advise: Diabetic Diet and Exercise.

FIT FOR WORK

Dr. Rajeev. C

Internal Medicine Specialist

Dr. RAJEEV C

C.R. No: 1240387
Sultanate of Oman

DR RAJEEV C
GENERAL MEDICINE

nmc specialty hospital, al ghoubra

P.O BOX : 613, Postal Code : 133AL-GHOUBRA
Phone : 24504000
Fax : 24501101
Email : nmc.ghoubra@nmcoman.com

Prescription

File No : **35067189**

Name: **YOUSAF JAFAR KEZHTHOTTATHIL** Age: **53 Y**

Date : **29/06/2025**

Gender: Male

Address : **SEEB**

Omani ID/L.Card No : **78076636**

Company :

Customer : **TRUCKOMAN NORTH (KHAZZAN) LLC (Credit)**

Policy No :

Certificate No :

Nationality : **INDIAN**

Phone : **71814153**

Sl No	Allergy
1	NKDA

Rx

Sl No	Name	Duration	RO Admin	Quantity	Remarks
1	ROSUVAS TAB 10mg(Rosuvastatin)30's Pack	60 Days	Oral	60	Take 1 tablet 1 times in a day for 60 days(0-0-1);After Food

29/06/2025 16:21:27

Name of Dr. & Signature

DR RAJEEV C
GENERAL MEDICINE

YOUSAF JAFAR, 35067189

Patient Information

6/29/2025 11:43:49 AM
Bruce

ID: 35067189 Second ID: 2517504 Admission ID: 35067189

Date of Birth:
Age: 53 Years

Height:
Weight:

Gender: Male
Race: Unknown

Indications
FOR PDO FITNESS

Medications
NIL

Referring Physician: DR.MUHAMMED SIDDIQUI

Location:

Procedure Type: TMT FOR PDO FITNESS

Attending Phy: DR.MUHAMMED SIDDIQUI
Technician: PRASAD KD

Target HR: 142 bpm (85%)
Max HR(%MPHR): 141 bpm (84%)

Reasons for end: ACHIEVED THR
Symptoms:

Diagnosis

Notes

Conclusions

The patient was tested using the Bruce protocol for a duration of 10:26 mm:ss and achieved 12.1 METs. A maximum heart rate of 139 bpm with a target predicted heart rate of 90% was obtained at 10:20. A maximum systolic blood pressure of 165/95 was obtained at 05:13. 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:

DR. MUHAMMED KAMRAN SIDDIQUI
Specialist - Interventional Cardiology
Reg No. 81479
Aster Hospital, Al Ghurair

DR RAJEEV C
GENERAL MEDICINE

nmc specialty hospital, al ghoubra

P.O BOX : 613, Postal Code : 133AL-GHOUBRA
Phone : 24504000
Fax : 24501101
Email : nmc.ghoubra@nmcoman.com

Prescription

File No : **35067189**

Name: **YOUSAF JAFAR KEZHTHOTTATHIL** Age: **53 Y**

Date : 29/06/2025

Gender : Male

Address : **SEEB**

Omani ID/L.Card No : **78076636**

Company :

Customer : **TRUCKOMAN NORTH (KHAZZAN) LLC** (Credit)

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Nationality : **INDIAN**

Phone : **71814153**

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1	NKDA

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29/06/2025 16:21:27

Name of Dr. & Signature

DR RAJEEV C
GENERAL MEDICINE