

Ref: 25598 Reg. No: 15/08/2023
Name: SUKHVINDER SINGH
Gender: Male Nationality: INDIA
Age: 49Y Mar. Status: Married
Address:



ATTENDANCE REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
12209 3263	2064	SUKHVINDER SINGH	HEAVY DRIVER
Nationality	Age	Sex	Company
INDIAN	49	M	TRUCK MAN
			Location
			HAIMA

EXAMINATION TYPE

Examination ☒ Pre-employment ☐ Periodic ☐ Exit

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 180/120 ☐ Normal ☐ Prehypertension ☐ Hypertension Stage 1 ☒ Hypertension Stage 2 ☐ Hypertension Crises
BMI Category: 28.47 ☐ 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: B - VE

Pre-existing condition:

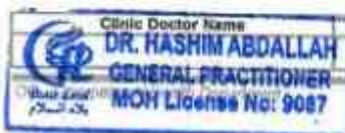
Remarks:

Glucose Level Category 92 mg/dl ☒ Normal 80 - 100 mg/dl ☐ Pre-diabetic 100 - 125 mg/dl ☐ Diabetic > 125 mg/dl
Cholesterol Risk Category 96 mg/dl ☐ Low Risk LDL in less 130 mg/dl ☐ Moderate Risk LDL 130-160 mg/dl ☐ High Risk LDL > 160 mg/dl
Routine Urine Analysis ☒ Normal ☐ Abnormal ☐ Not Required Stool Analysis ☐ Normal ☐ Abnormal ☒ Not Required

QUESTIONNAIRES

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

Fagerstrom Test - Smoking ☐ Non-smoker ☐ Low dependence ☐ Low to Mod dependence ☐ Moderate dependence ☐ High dependence
CAGE Questionnaire Alcohol Use ☐ No use of alcohol ☐ Screening negative ☐ Clinically significant
SRQ-20 Self-reported Questionnaire ☐ No positive answers ☐ Positive answers Factor I (1 to 5) ☐ Positive answers Factor II (7 to 12)
☐ Positive answers Factor III (13 to 16) ☐ Positive answers Factor IV (17 to 20)



Doctor Signature & Clinic Stamp

Issue Date

19/08/23

Form PB/MS - OQ-50025/2022

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION			
Civil ID / Passport #	Company ID #	atest: 25398 name: SURINDER SINGH gender: Male go: 091 dob: 15/09/2025	Reg Dt: 15/09/2025 Nationality: INDIAN Mar. Status: Married
122093263	2064		
Nationality	Age	Sex	Position
			HEAVY DRIVER
			Location
			HAIMA

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	
☒ Fit to work ☐ Fit with following restrictions ☐ Pending Fitness ☐ Not fit to work	

Restrictions

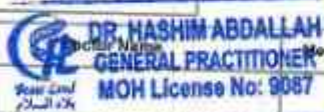
☐ Working at height	☐ Pulling, pushing or carrying weight
☐ Working in confined space	☐ Ascend/descend ladders and stairs
☐ Working with electricity	☐ Walking or standing for long distance/period
☐ Working near rotating machinery	☐ Repetitive movements
☐ Working in noise area	☐ Mobile machinery operation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

Other, specify

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
15/03/2025	

Medical Review Date	Employee Signature	Medical Doctor Signature



MEDICAL & SURGICAL HISTORY QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Ident: 25398	Reg. On: 16/03/2025	Position
122093263	2064	Name: SUREVINDER SINGH	Nationality: INDIA	HEAVY DRIVER
Nationality	Age	Sex	Mar. Status: Married	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 any other glandular diseases	☐ Yes	☒ No
Arteriosclerosis 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
Haemorrhage 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, tonsillitis)	☐ 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

Date: 15/03/2025



List any previous injuries or operations

Previous injuries or operations	Date

Candidate/Employee Signature

[Signature]

SCREENING QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION			
Civil ID / Passport #	Company ID #	Ident: 25398 Name: SURENDER SINGH Gender: Male Age: 43y Address:	Reg. Dt: 15/03/2025 Nationality: INDIAN Mar. Status: Married
12093263	2064		
Nationality	Age	Sex	Position HEAVY DRIVER
			Location HAIMA

FAGERSTROM TEST				
Do you smoke?	☐ Yes	☒ No	If YES, Please answer the following:	
How soon after waking up do you smoke your 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 feel 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	If YES, Please answer the following:	
Have you been feeling a lack of energy	☐ Yes	☒ No		
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 hrs 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 me thought or ending your are 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: 15/03/2025



Candidate/Employee Signature:

RESPIRATORY PROTECTION QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Ident: 25398	Reg. On: 15/01/2021	Position
12093263	2064	Name: SUDHINDER SINGH	Nationality: INDIA	HEAVY DRIVER
Nationality	Age	Sex	Mar. Status: Married	Location
				HAINA

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? ☐ YES ☒ NO What type: ☐ Disposable mask ☐ Cartridge 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 c. Trouble smelling odors	☐ YES ☐ NO e. Claustrophobia (fear of closed in places)
☐ YES ☐ NO b. Diabetes (sugar disease)	☐ YES ☐ NO d. Allergic reactions that interfere with your breathing	

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

☐ YES ☐ NO a. Asbestosis	☐ YES ☐ NO e. Pneumonia	☐ YES ☐ NO i. Broken ribs
☐ YES ☐ NO b. Asthma	☐ YES ☐ NO f. Tuberculosis	☐ YES ☐ NO j. Pneumothorax (collapsed lung)
☐ YES ☐ NO c. Chronic bronchitis	☐ YES ☐ NO g. Silicosis	☐ YES ☐ NO k. Any chest injuries or surgeries
☐ YES ☐ NO d. Emphysema	☐ YES ☐ NO h. Lung cancer	☐ 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 h. Coughing that wakes you early in the morning
☐ YES ☐ NO b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline	☐ YES ☐ NO i. Coughing that occurs mostly when you are lying down
☐ YES ☐ NO c. Shortness of breath when walking with other people at an ordinary pace on level ground	☐ YES ☐ NO j. Coughing up blood in the last month
☐ YES ☐ NO d. Have to stop for breath when walking at your own pace on level ground	☐ YES ☐ NO k. Wheezing
☐ YES ☐ NO e. Shortness of breath when washing or dressing yourself	☐ YES ☐ NO l. Wheezing that interferes with your job
☐ YES ☐ NO f. Shortness of breath that interferes with your job	☐ YES ☐ NO m. Chest pain when you breathe deeply
☐ YES ☐ NO g. Coughing that produces phlegm (thick sputum)	☐ 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 e. Swelling in your legs or feet (not caused by walking)
☐ YES ☐ NO b. Stroke	☐ YES ☐ NO f. Heart arrhythmia
☐ YES ☐ NO c. Angina	☐ YES ☐ NO g. High blood pressure
☐ YES ☐ NO d. Heart failure	☐ 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 e. Heartburn or indigestion that is not related to eating
☐ YES ☐ NO b. Pain or tightness in your chest during physical activity	☐ YES ☐ NO f. Any other symptoms that you think might be related to heart
☐ 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 flapping or missing a beat	

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

☐ YES ☐ NO a. Breathing or lung problems	☐ YES ☐ NO c. Blood pressure
☐ YES ☐ NO b. Heart trouble	☐ 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 d. General weakness or fatigue
☐ YES ☐ NO b. Skin allergies or rashes	☐ YES ☐ NO e. Any other problem that interfere with your use of a respirator
☐ YES ☐ NO c. Anxiety	

Date: 15/03/2025



Candidate/Employee Signature

[Signature]

HEARING CONSERVATION QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	Ident: 23398 Reg. On: 18/01/2023 Name: SUKHINDER SINGH Gender: Male Age: 48y Address:		Position: HEAVY DRIVER	
Nationality	Age	Sex	Location: HAIMA		

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			

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	

5 - Check ALL that you are currently suffering from:

☐ Sinusitis	☐ Cold/Flu	☐ Ear Infection	☐ Allergic rhinitis
------------------------------------	-----------------------------------	--	--

6 - Do you have documented Hearing Loss? ☐ YES ☒ NO
If Yes: Which Ear(s)? ☐ Right Ear ☐ Left Ear ☐ Both Ear Who performed your hearing test?

7 - Have you EVER worn Hearing Aids? ☐ YES ☒ NO
If Yes: Which Ear(s)? ☐ Right Ear ☐ Left Ear ☐ Both Ear
What Size? ☐ Behind-the-ear ☐ In-the-ear ☐ In-the-canal ☐ Completely-in-the-canal
What Type? ☐ Analog ☐ Digital
Who fit your hearing 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 ☐ Arm ☐ Navy ☐ Air Force ☐ Marines ☐ National Guard Date / /
Do you have medical disability through the Veterans Administration (VA) for hearing loss or tinnitus? ☐ YES ☐ NO
If yes, how much? % What is your TOTAL VA disability? %

9 - Are you currently using any medication? ☐ YES ☒ NO Which one?

10 - What kind of transport do you regularly use? ☒ Car ☒ Bus ☐ Motorcycle ☐ Walking

Date: 15/03/2025



Candidate/Employee Signature

[Signature]

PHYSICAL ASSESSMENT FORM

Patient: 25398 Reg. No: 15/03/2025
 Name: SADIY NCEP SINGH
 Gender: Male Nationality: INDIAN
 Age: 43Y Mar. Status: Married
 Address:



ENT SYSTEM	
[1] 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] Knee ☒ 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] Genital 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: 15/03/2025 Physician Name:

OD - Occupational Health Department

DR. HASHIM ABDALLAH
 GENERAL PRACTITIONER
 MOH License No: 9087

Signature:
 Date: 15/03/2025



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

PATIENT DETAILS :

Patient ID : 25398	Doc No : 12628
Name : SUKHVINDER SINGH	Doc Date : 2025-03-15T11:39:00
Age : 49Y	Bill No : 34316
Gender : Male	Date : 15/03/2025 11:39 AM
Nationality : INDIAN	Customer : TRUCKOMAN OIL & GAS SERVICES
GBM No : 71243671	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	'B' Negative		
COMPLETE BLOOD COUNT			
RBC	5.4 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	15.5 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	47 %	Male 42 - 52 % Female 37 - 47 %	
MCV	85 fl	76 - 96 fl	
MCH	29 pg	27 - 33 pg	
MCHC	34 %	32 - 36 %	
WBC COUNT	7700 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	51 %	40-75 %	
LYMPHOCYTE	39 %	20-45 %	
EOSINOPHIL	2 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	10	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	1.7 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	120 u/l	44-147 U/ L	
T. BILIRUBIN	1.6 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.4 mg / dl	up to 0.4 mg /dl	
INDIRECT BILIRUBIN	1.2 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	30 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	40 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	8 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	4.5 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	26 mg / dl	10-50 mg /dl	
S.CREATININE	0.8 mg / dl	0.7 - 1.2 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: 15/03/2025 11:43:44

Signed at: 15/03/2025 11:43:44



Test	Result	Normal Range	Detailed Description
S.URIC ACID	7 mg / dl	3.4 - 7.2 mg /dl	
LIPID PROFILE			
Total Cholesterol	156 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	130 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	62 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	96 mg/dl	< 130 mg/dl	
VLDL	26 mg/dl	2-30 mg/dl	
NON HDL CHOLESTEROL	94 mg/dl	Less than 130mg/dl	
FASTING BLOOD SUGAR	92 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.010		
pH	Acidic		
Appearance	Clear		
CHEMICAL			
Nitrite	0		
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		
COCAINE (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:

[Handwritten signature]



NAME	: SUKNIYINDSING
Sex	: Male
Age	

Sex : Male Age : 49
Section: 12

at: 23398 Reg. on: 15/09/2028
 name: KUNDE NCH 19404
 order: N/A Medication: NO DR
 Dr: 575 Med. Status: Unread
 address:

HR	bpm	71
PR Interval	ms	146
P Duration	ms	104
QRS Duration	ms	96
T Duration	ms	203
AL SERQT/QTc	ms	402

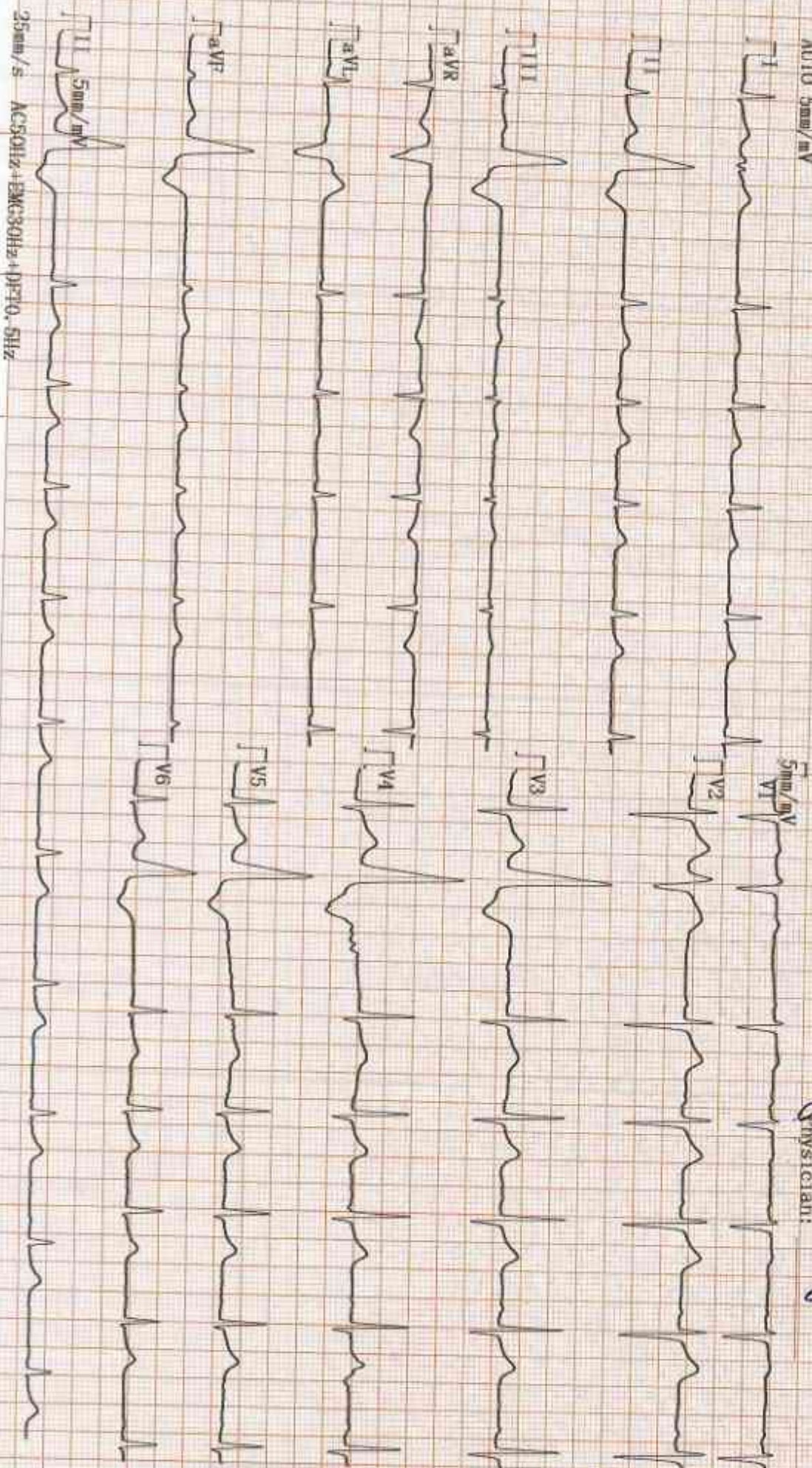
AL SERGT/OTC

P/QRST Axis	deg :	5.1/22.9/43.8
R(V5)/S(V1)	mV :	1.58/1.40
R(V5)+S(V1)	mV :	2.98

Cardiac electric axis normal

##Report need physician confirm##

4. Alleviating
Exacerbation of
infectious
physician:
Pills remain
promising
various
pills-





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

PATIENT ID: 25398

Estimated 10-year Global CVD Risk

5.60%

Risk Category

Low Risk

Estimated Vascular Age

45 Years

Treatment Guidelines

Treatment Targets

LDL <160 mg/dL (<4.14 mmol/L)

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

CCS (2009)

Intensify 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)



Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
25398	SUKHVINDER SINGH	49Y/M	15-03-2025	

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

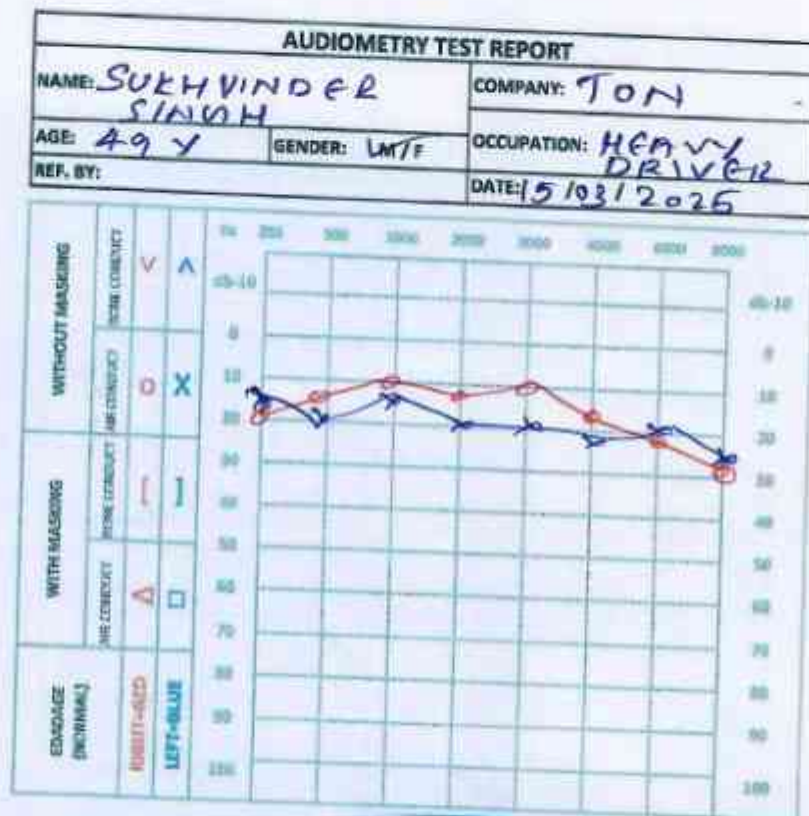



Dr. K. VIJAYAKUMAR
 MBBS, DMRD
 Radiologist
 MOH Lic No.: 7550

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



مركز بلاد السلام الطبي Peace Land Medical Center



INTERPRETATION
O RIGHT EAR
X LEFT EAR

RESULT
☒ NORMAL
☐ HEARING LOSS
RIGHT
LEFT



مركز بلاد السلام الطبي - 124 شارع القديس يوسف في أبراج السيف، حي السيف، دoha
P.O. Box 1403, Postal Code: 124 Al Arabiya Roundabout at Saeed Tower, Suburban of Doha
تلف: 24617157, 24617148, 24617159 | 24617157 | 24617158 | 24617159

SUKHVINDER SINGH,
14475987

Patient Information

3/18/2025 7:32:25 PM
Bruce

ID: 14475987	Second ID: 7629444	Admission ID:
Date of Birth:	Height:	Gender: Male
Age: 49 Years	Weight:	Race: Unknown
Indications: FITNES	Medications: NIL	

Referring Physician: DR. SHAJU PADMAN	Location:	Procedure Type: TMT
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Attending Phy: DR. SHAJU PADMAN	Target HR: 145 bpm (85%)	Reasons for end: ACHIEVED THR
Technician: ANANDU	Max HR(%MPHR): 148 bpm (86%)	Symptoms: NIL

Diagnosis	Notes
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Conclusions

The patient was tested using the Bruce protocol for a duration of 09:52 minutes and achieved 12.1 METs. A maximum heart rate of 148 bpm with a predicted heart rate of 87% was obtained at 09:40. A maximum blood pressure of 170/94 was obtained. The patient reached target heart rate with appropriate heart rate and blood pressure response to exercise. No significant ST changes during exercise or recovery. No evidence of ischemia. Normal exercise stress test.

Reviewed by:

(UNCONFIRMED) REPORT



Date:



nmc specialty hospital, al ghoubra

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

Fitness Certificate

Empno:

Date of Issue : 18/03/2025

Ref No : 0000052/FIT/NMC/2025

This is to certify that Mr. / Mrs. *SUKHVINDER SINGH* with file no *14475987* and Resident card no. *122093263* was Treated at *nmc specialty hospital, al ghoubra* on *18/03/2025* and will be *Fit for work* from the medical point of view starting from *18/03/2025*

DIAGNOSIS

I10-Essential (Primary) Hypertension

Remarks

DR SHAJU PADMAN

Place: *nmc specialty hospital, al ghoubra*

Signature

(Hospital Seal)

