Instructions for Medical Examination

Contractors

Refer to the OHI-0001 Occupational Medical Examination for the tests/investigations/assessments required as per position, contract period, critical activities.

The tests/investigations/assessments shall be conducted in hospital and/or polyclinic specialized in medical checkups.

MEDICAL EVALUATION REPORT - SUMMARY
Shall be filled out by clinic doctor and summarize all tests, investigations and assessment performed

FITNESS TO WORK CERTIFICATE
Shall be filled out by clinic doctor responsible for the assessment and conclusion of the fitness

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE
Shall be filled out by the employee and reviewed by clinic doctor during the physical assessment

SCREENING QUESTIONNAIRE
Shall be filled out by the employee and reviewed by clinic doctor during the physical assessment

RESPIRATORY PROTECTION QUESTIONNAIRE
Shall be filled out by the workers will be exposed to chemical hazards and reviewed by the clinic doctor during the physical assessment

HEARING CONSERVATION QUESTIONNAIRE
Shall be filled out by the workers will be exposed to noise and reviewed by the clinic doctor during the physical assessment

PHYSICAL ASSESSMENT FORM
Shall be filled out during the performance of tests/investigations and physical assessment

The reports indicated below shall be uploaded in the online shared folder indicated by OQ:
_ Medical Evaluation Report - Summary
_ Fitness to Work Certificate
_ Lab Reports
_ ECG Report (if indicated)
_ X-ray Report (if indicated)
_ Audiometry Report (if indicated)
_ Spirometry Report (if indicated)

<u>The electronic file shall comply with the requirements:</u>
File name -- Company Name - Employee ID# - Employee Name
File size -- maximum 1GB
File type -- pdf
File limit --- 1 file per employee with all reports indicated above

MEDICAL EVALUATION REPORT - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
T2052092?		AMJAD ALI	Forklift operator

Nationality	Age	Sex	Company	Location
PAKISTANI	47	M		

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

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

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

Remarks: Adv. wt reduction

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: 'A' positive

Pre-existing condition:

Remarks: DLP - Started on medication

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

	Questionnaire	Remarks
	Medical & Surgical History Questionnaire	Remarks
	Respiratory Protection Questionnaire	Remarks
	Hearing Conservation Questionnaire	Remarks: Fit for Reinforcement
	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 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/Policlinic	Doctor Signature & Clinic Stamp	Issue Date

Dr. [illegible] CARDIOLOGIST

28/3/26

FITNESS TO WORK CERTIFICATE

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
T205BD729		AMJAD ALI	FORKLIFT OPERATOR.

Nationality	Age	Sex	Company	Location
PAKISTANI	47	M		

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 Suitability for Work

Medical Suitability for Work	[✓] Fit to work [ ] Fit with following restrictions [ ] Pending Fitness [ ] Not fit to work	To Rpt lipid profile after 3 months

FIT

Restrictions

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

Other, specify:

Temporary Unfit Until:

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Perfomed
28/3/26	

Medical Review Date

Employee Signature
[signature]

Doctor Name	Medical License	Hospital	Medical Coordinator Signature

Dr. [illegible] CARDIOLOGIST [illegible]

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
120520929		AMJAD ALI	FORKLIFT OPERATOR

Nationality	Age	Sex	Company	Location
PAKISTANI	47	M		

PERSONAL HEALTH HISTORY

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

Condition	Yes	No
Disorders of the heart or circulation i.e. chest pain, heart murmurs,		✓
High blood pressure		✓
Palpitations i.e. being aware of the heart beats		✓
Lung disease e.g. bronchitis, asthma, dyspnea, T. B		✓
Phlegm productions or tight chest		✓
Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope)		✓
Nervous disorder, or emotional breakdown, depression, anxiety		✓
Epilepsy / Seizures		✓
Recurrent headaches or migraine		✓
Any sleep problems		✓
Foot deformities or problems		✓
Muscle problems e.g. weakness of your limbs or twitchy muscles		✓
Joint problems, e.g. plantar warts, joint pain or swelling		✓
Problems with limb, neck or spine mobility		✓
Experienced back problem, arthritis, slipped disc		✓
Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gall stones		✓
Rectal bleeding, jaundice		✓
Diabetes or any other glandular diseases		✓
Cancer, growth or tumor of any kind		✓
Frequent headache		✓
Pain in neck or back or hands or legs		✓
Skin disorders e.g. severe acne, dermatitis, eczema or allergy		✓
Ear, nose or throat problems		✓
Allergies e.g. dust, medication, bee stings		✓
Kidney or bladder diseases e.g. recurrent infection, renal stones		✓
Sexually transmitted disease		✓
Is your eyesight satisfactory	✓	
Is your hearing satisfactory	✓	
Do you wear glasses or contact lenses		✓
Do you have color blindness		✓
Do you have any phobia from working at heights		✓
Do you have any phobia from working at confined spaces		✓
Experienced weight loss or gain > 5kg over the past year		✓
Informed about being overweight or obese		✓
Treated for malaria		✓
Treated for depression, stress		✓
Treated for substance abuse		✓
Received counseling or treatment for HIV/AIDS		✓
Received counseling or treatment for Hepatitis		✓
Anemia, especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia		✓
G6PD (Glucose		✓
Any other diseases not mentioned in the above list?		✓

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

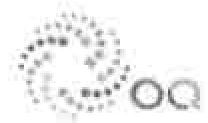
Date: 28/03/26

List any previous injuries or operations

Previous injuries or operations	Date

Candidate/Employee Signature

SCREENING QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION			
Civil ID / Passport #	Company ID #	Name	Position
780580 999		AMJAD ALI	FORTLIFT OPERATOR

Nationality	Age	Sex	Company	Location
PAKISTANI	47	M		

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		

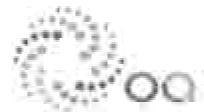
SELF-REPORTING QUESTIONNAIRE (SRQ-20)

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

Date: 08/03/26

Candidate/Employee Signature

RESPIRATORY PROTECTION QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
780520929		AMJAD ALI	FORTLIFT OPERATOR.

Nationality	Age	Sex	Company	Location
PAKISTANI	47	M		

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)

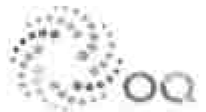
8. If you've used a respirator, have you ever had any of the following problems?

[ ] 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: 28/03/26

Candidate/Employee Signature

HEARING CONSERVATION QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
720520929		AMJAD ALI	FORKLIFT OPERATOR

Nationality	Age	Sex	Company	Location
PAKISTANI	47	M		

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? _______%

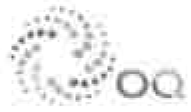
9 - Are you currently using any medication [ ] YES [✓] NO Which one?

10 - What kind of transport do you regularly use? [ ] Car [ ] Bus [ ] Molocycle [✓] Walking

Date: 08/03/2026.

Candidate/Employee Signature

PHYSICAL ASSESSMENT FORM



CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
1652092		AMJAD ALI	FORKLIFT OPERATOR

Nationality	Age	Sex	Company	Location
PAKISTANI	47	M		

VITAL SIGNS

Height: 170 cm Weight: 74 Kg BMI: 25.6 Blood Pressure: 136/88

Pulse: 76 /min Medical Practitioner Name: Dr. VENKATESAN KUMAR CARDIOLOGIST 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: 28/03/26 Medical Practitioner Name: Signature:

RESPIRATORY SYSTEM

[1] Spirometry Test

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

Diagnosis: ☐ Asthma ☐ COPD ☐ Other

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

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: 28/03/26 Medical Practitioner Name: Dr. VENKATESAN KUMAR CARDIOLOGIST 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: 28/03/26 Physician Name: Dr. VENKATESAN KUMAR CARDIOLOGIST 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

	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

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

[2] Hearing Test

Whisper Test: ☐ Normal ☐ Abnormal ☐ Not Exam

Rinne Test: ☐ Normal ☐ Abnormal ☐ Not Exam

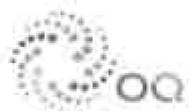
Weber Test: ☐ Normal ☐ Abnormal ☐ Not Exam

Audiometry Done: ☐ Yes ☐ No

Hearing Questionnaire verified: ☐ Yes ☐ No

Audiologyst Name:
Signature:

PHYSICAL ASSESSMENT FORM



ENT SYSTEM

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

CARDIOVASCULAR SYSTEM

[1] Heart Sounds	If abnormal, describe below:	[2] Heart Murmurs	If present, describe below:
☑ Normal ☐ Abnormal ☐ Not Examined		☐ Present ☑ Absent ☐ Not Examined	

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

NEUROLOGICAL SYSTEM

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

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

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

MUSCULOSKELETAL SYSTEM

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

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

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

OTHER

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

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

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

Date of Examination: 28/03/26 Physichian Name: VENKATESH KUMAR CARDIOLOGIST Signature:

Appendix 20: (Form SQ5): Epworth Screening Quest. For Sleep Apnoea

Employee Data		Date: 28/03/26
Name: AMJAD ALI		Department/Company:
I. D No. 7250929	Tel #	Occupation : Forklift operator

This questionnaire will help identify if you have any health condition which may need a more detailed medical assessment as part of your fitness to work determination. If you have any queries please contact your local Health Services staff. All information provided on this form and during consultations remains strictly confidential. When further clinical evaluation is required following completion of a screening questionnaire, the details should be recorded on Q1 and E1 forms.

How likely are you to fall asleep in the following situations? (use 0 to 3 score as shown below)

0 Would never doze

1 Slight chance of dozing

2 Moderate chance of dozing

3 High chance of dozing

FIT

0 sitting and reading

0 watching TV

0 sitting inactive in a public place (e.g. theatre or meeting)

1 as a passenger in the car for an hour without a break

1 Lying down to rest in the afternoon when circumstances permit

0 Sitting a talking with someone

1 Sitting quietly after lunch without alcohol

0 In a car, while stopped for a few minutes in traffic

Total 3

If you score a total of 15 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

Declaration: I,________________(Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature:________________ Date: 28/03/26

RDIOLOGIST

مجموعة مستشفيات
بدر السماء
BADR AL SAMAA
GROUP OF HOSPITALS

File No:	3546638	**Doc No:**	3929414
Name:	AMJAD ALI	**Date:**	28/03/2026 **Time:** 10:28
Age:	47 Y **Sex:** M	**Bill No:**	4969772
Nationality:	PAKISTANI	**Chs No:**	
GSM No.:	95409191	**ID No:**	72520929
Ref. By:	DR. VENKATESH KUMAR		

Test	Result	Normal Range	
BLOOD GROUP	A		
Rh	POSITIVE		
HAEMOGRAM			
TOTAL COUNT(W B C)	7.1 K/uL	4.0 - 11.0 K/uL	
DIFFERENTIAL COUNT			
NEUTROPHILS	54 %	40- 75 %	
LYMPHOCYTES	39 %	20 -45 %	
EOSINOPHILS	01 %	01 - 06 %	
MONOCYTS	06 %	02 - 10 %	
BASOPHILS	00 %		
HAEMOGLOBIN	17.8 gm/dl	Male : 14 - 18 gm/dl Female - 12-16 gm/dl	
R B C COUNT	**6.5 mil/ul**	3.8 - 5. 8 mil/ul	
PCV	**53.0 %**	37 - 47 %	
M C V	81.8 fL	78 - 93 fL	
M C H	27.5 pg	27 - 32 pg	
M C H C	33.6 gm/dL	31 - 35 gm/dL	
PLATELET COUNT	253 k/Ul	150 - 400 k/Ul	
SICKLING TEST	NEGATIVE		
BLOOD SUGAR[FASTING]	**5.33 mmol/L (96 mg/dl)**	Normal: upto 5.55 mmol/l, Impared fasting glucose:5.55-6.99 mmol/l Diabetic : > 6.99 mmol/l	Normal : up to 100 mg/dl Impared fasting glucose:100-126 mg/d Diabetic: > 126 mg/dl

Medical Technologist *Clinical Pathologist*

■ *Out of Normal Range* ■ *Out of Critical Range*

Page : 1 of 1

Collected Date And Time: 28/03/2026 9:06:00 AM
Reported Date And Time: 28/03/2026 10:28:00

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Ruwi, Sultanate of Oman, Tel: +968 24799760, Fax: 24799765
Ruwi: 22717171 | Al Khuwair: 24488322 | Sohar (Polyclinic): 26846660
Al Khoud: 24546099 | Salalah: 23299800 | Barka: 26884910 | Sur: 25546812
Nizwa: 25447777 | Falaj: 26754031 | Suwaiq: 26060602 | Duqm: 22826435
Mabella: 22826381 | Sohar (Hospital): 22026853 | Al Ghubra: 22387777

المقر الرئيسي :
ص.ب ٤٤٣، الرمز البريدي ١١٢
روي سلطنة عمان، هاتف ٢٤٧٩٩٧٦٠ فاكس ٢٤٧٩٩٧٦٥

مجموعة مستشفيات
بدر السماء
BADR AL SAMAA
GROUP OF HOSPITALS

File No:	3546638	**Doc No:**	3929415
Name:	AMJAD ALI	**Date:**	28/03/2026 **Time:** 10:29
Age:	47 Y **Sex:** M	**Bill No:**	4969772
Nationality:	PAKISTANI	**Chs No:**	
GSM No.:	95409191	**ID No:**	72520929
Ref. By:	DR. VENKATESH KUMAR		

Test	Result	Normal Range	
LIPID PROFILE			
CHOLESTEROL [TOTAL]	**5.4 mmol/l (209 mg/dl)**	Upto 5.17 mmol/l	Up to 200 mg/dl
CHOLESTEROL [HDL]	**0.8 mmol/l (31 mg/dl)**	>1.03 mmol/l	> 40 mg/dl
CHOLESTEROL [LDL]	**4.18 mmol/l (161.6 mg/dl)**	Upto 3.36 mmol/l	Up to 130 mg/dl
CHOLESTEROL (VLDL)	**0.42 mmol/l (16.4 mg/dl)**	Upto 1.29 mmol/l	Up to 50 mg/dl
TRIGLYCERIDES	**0.93 mmol/l (82 mg/dl)**	Up to 2.26 mmol/l	Up to 200 mg/dl
RENAL FUNCTION TEST			
UREA	4.65 mmol/L (28 mg/dl)	1.66 - 7.47 mmol/L	10 - 45 mg/dl
CREATININE	90.17 umol/L (1.02 mg/dl)	61.88-123.76 umol/L	0.7 - 1.4 mg/dl
URIC ACID	380.67 umol/L (6.4 mg/dl)	Male:202-416 umol/L , Female:149-357 umol/L	Male:3.4-7.0 mg/dl, Female:2.5-6.0mg/dl
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	110 U/L	Male :40 - 129 U/L Female:-35 -104 U/L Children:1y-9 y:145-420 U/L 10y-11y:30 -560 U/L	
SGOT (AST)	27 IU/L	Up to 40 IU / L	
SGPT (ALT)	35 IU/L	Up to 41 IU / L	
TOTAL BILIRUBIN	**17.1 umol/L (1.00 mg/dl)**	Up to 17 umol/l	Up to 1.0 mg/dl
DIRECT BILIRUBIN	**5.13 umol/L (0.30 mg/dl)**	Up to 5 umol/l	Up to 0.3 mg/dl
INDIRECT BILIRUBIN	**11.97 umol/L (0.7 mg/dl)**	Upto 12 umol/L	Up to 0.7 mg/dl
PROTEIN TOTAL	70 gm/L (7.0 gm/dl)	60 - 83 gm/L	6.0 - 8.3 gm/d l
ALBUMIN	48 gm/L (4.8 gm/dl)	32 - 50 gm/L	3.2 - 5.0 gm/dl
GLOBULIN	**22 gm/L (2.2 gm/dl)**	23 - 35 gm /L	2.3 - 3.5 gm/dl

Medical Technologist *Clinical Pathologist*

Out of Normal Range *Out of Critical Range*

Collected Date And Time: 28/03/2026 9:06:00 AM
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Al Khoud: 24546099 | Salalah: 23279830 | Barka: 26819910 | Sur: 25546112
Nizwa: 25447777 | Falaj: 26754031 | Suwaiq: 26060601 | Duqm: 22826435
Mabella: 22836381 | Sohar (Hospital): 22026453 | Al Ghubra: 22387777

المقر الرئيسي

مجموعة مستشفيات
بدر السماء
BADR AL SAMAA
GROUP OF HOSPITALS

File No: 3546638		**Doc No:** 3929416	
Name: AMJAD ALI		**Date:** 28/03/2026	**Time:** 10:29
Age: 47 Y	**Sex:** M	**Bill No:** 4969772	
Nationality: PAKISTANI		**Chs No:**	
GSM No.: 95409191		**ID No:** 72520929	
Ref. By: DR. VENKATESH KUMAR			

Test	Result	Normal Range
ETHYL ALCOHOL IN BLOOD	0.0 mg/dl	0 - 40 mg/dl
DRUG SCREENING IN URINE		
COCAINE	NEGATIVE	
AMPHETAMINE	NEGATIVE	
METHAMPHETAMINE	NEGATIVE	
MARIJUANA	NEGATIVE	
METHADONE	NEGATIVE	
MORPHINE	NEGATIVE	
PHENCYCLIDINE	NEGATIVE	
BARBITURATES	NEGATIVE	
BENZODIAZEPINES	NEGATIVE	
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE	

Medical Technologist

Clinical Pathologist

Out of Normal Range *Out of Critical Range*

Collected Date And Time: 28/03/2026 9:06:00 AM
Reported Date And Time: 28/03/2026 10:29:00

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Nizwa : 25447777 | Falaj : 26754031 | Suwaiq: 26060602 | Duqm: 22826435
Mabella: 22826381 | Sohar (Hospital) : 22826853 | Al Ghubra : 22307777

المقر الرئيسي :

Sultanate of Oman | UAE | Kingdom of Bahrain | KSA | Kuwait

File No:	3546638	**Doc No:**	3929417
Name:	AMJAD ALI	**Date:**	28/03/2026 **Time:** 10:29
Age:	47 Y **Sex:** M	**Bill No:**	4969772
Nationality:	PAKISTANI	**Chs No:**	
GSM No.:	95409191	**ID No:**	72520929
Ref. By:	DR. VENKATESH KUMAR		

Test	Result
URINE ROUTINE EXAMINATION	
PHYSICAL & CHEMICAL EXAMINATION	
COLOUR	Pale Yellow
SP. GRAVITY	1.015
REACTION	Acidic(6.0)
PROTEIN	Nil
SUGAR	Nil
KETONE	Nil
UROBILINOGEN	Negative
BILIRUBIN	Nil
NITRATE	NEGATIVE
MICROSCOPIC EXAMINATION	
R.B.Cs	Nil / HPF
PUS CELLS	1-2 / HPF
EPITHELIAL CELLS	1-2 / HPF
CASTS	Nil / HPF
CRYSTALS	Nil/HPF
PARASITES	Nil/HPF
OTHER FINDINGS	Nil/ HPF

Medical Technologist

Clinical Pathologist

■ *Out of Normal Range* ■ *Out of Critical Range*

Collected Date And Time: 28/03/2026 9:06:00 AM
Reported Date And Time: 28/03/2026 10:29:00

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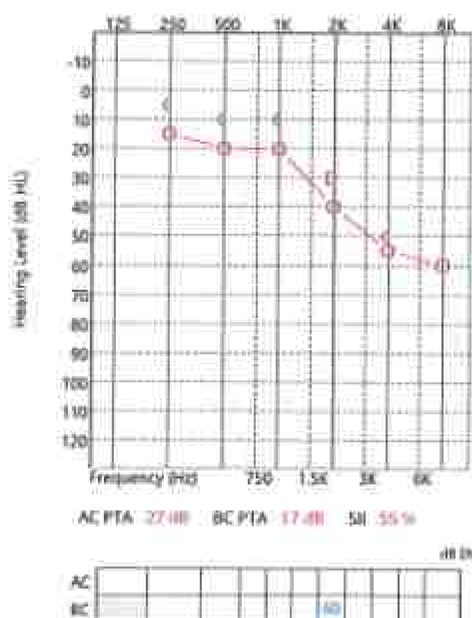
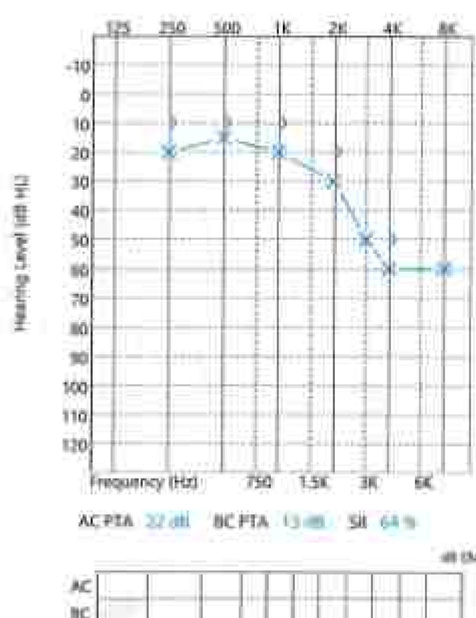
BADR مجموعة مستشفيات بدر السماء
BADR AL SAMAA
GROUP OF HOSPITALS

First Name	**AMJAD ALI**
Last Name	
Patient ID	**3546638**
Age	
Sex	**Male**

DD45



DD45



PROVISIONAL DIAGNOSIS

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS AT LOW FREQUENCIES WITH MILD TO MOERATELY SEVERE SLOPING SENSORINEURAL COMPONENT AT HIGH FREQUENCIES.

Examiner

License Number

Signed By: ____________________

Signed On Date: 25/3/26

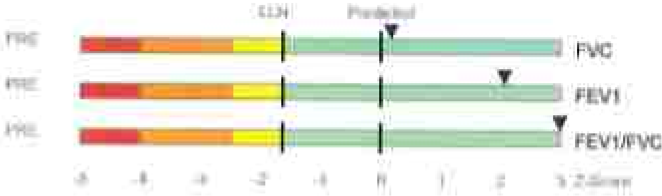
Pulmonary Function Test Results

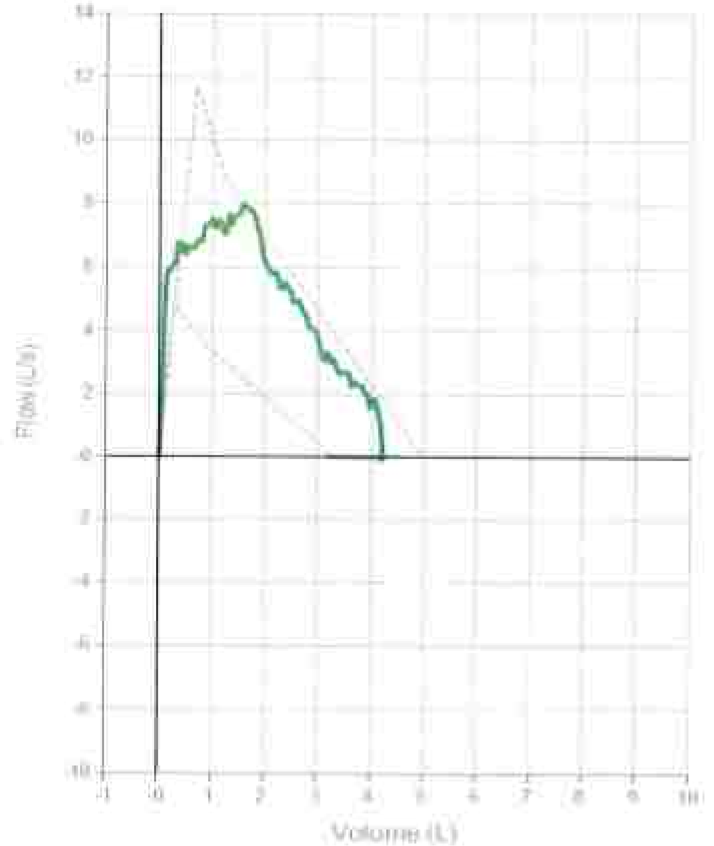
Patient ID	3546638
Surname	ALI
Name	AMJAD

Male | 169 cm | 74 kg | BMI: 25.91 | Others
10/02/1979 (47 year) | Non-smoker | Pack-Year: 00

PRE 1

Trial date 28/03/2026 09:29



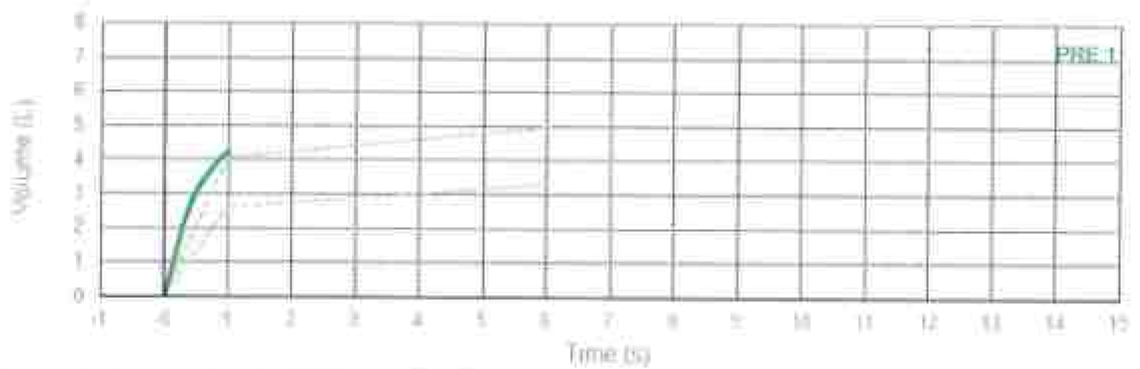


Parameters	PRE	LLN	Z-Score	%Pred
FVC(L)	4.22	3.29	0.17	102.13
FEV1(L)	4.21	2.62	2.07	125.90
FEV1/FVC	1.00	0.71	3.87	123.15
FET(s)	1.00	-	-	16.67
FEV1/VC	-	-	-	0.00
FEF2575(L/s)	5.58	1.80	1.98	171.46
FEV1/FEV6	1.00	0.71	3.87	123.15
FIVC(L)	1.02	3.29	-6.24	24.68
FEV3/FVC	1.00	0.95	-	105.26

BTPS 1.083 25 °C (77 °F)
Predicted GLI - Knudson - Position: Not specified
Quality Control Grade PRE: FVC F; FEV1 F

Interpretation

Normal spirometry



Annotations

Reported by :

Performed by :

Printed by MIR Spiro 2.1

Instrument used
Minispir s/n C26055
Last calibration applied: 08/09/2025 15:11

BADR AL SAMAA HOSPITAL

DATE	NAME	AGE/SEX	FILE NO:
28.02.2026	AMJAD ALI	47Y/M	3546638

Lumbo - sacral Spine AP and Lateral Radiographs

- Normal density and alignment.
- Normal appearance of the rest of the vertebral bodies and their appendages.
- Both sacroiliac joints appears normal
- Normal paravertebral soft tissue.
- No lytic or sclerotic bony lesion.
- Visualized hip joints appears normal.

- **IMPRESSION: Anterior bridge (T12-L1) without significant decrease in disc space (Early stages of diffuse idiopathic skeletal hyperostosis?)**

Dr MAHER MOHAMMED AL HAYEK
M B B S, M D
Specialist Radiologist
MOH LIC No. # 13485

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مجموعة مستشفيات
بدر السماء
BADR AL SAMAA
GROUP OF HOSPITALS

X-RAY REPORT

Doc No:	0088459
Name:	AMJAD ALI
Age/DOB:	47 Y
Omani ID/ L.Card No::	72520929
Sex:	Male
Referred By:	DR. VENKATESH KUMAR
Clinical Diagnosis:	NORMAL
X-Ray/UltraSound	CHEST X-RAY
Date:	28/03/2026
X-Ray Filim No:	290
Bill No:	
Charge Sheet No:	

Both lung fields are normal

Both cp angles are clear

Mediastinal shadow and bony thorax are normal

Cardiac configuration is within normal limits

Conclusion: A normal X-ray appearance

Signature: ....

Dr MAHER MOHAMMED AL HAYEK
M B B S, M D
Specialist Radiologist
MOH LIC No. # 13495

Seal

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ID: 3542382

28-03-2026 09:40:05

Male Years

HR	: 62	bpm
P	: 103	ms
PR	: 141	ms
QRS	: 91	ms
QT/QTc	: 396/405	ms
P/QRS/T	: 51/55/26	°
RV5/SV1	: 1.304/0.720	mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:

AMJAD ALI
47Y/M
3546638
DR. VENKATESH

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

0.67~35Hz AC50 25mm/s 10mm/mV 2*5.0s+1r ♥62 V2.2 SEMIP V1.81 BADR AL SAMAA-NIZWA

SULTANATE OF OMAN

RESIDENT CARD

بطاقة مقيم

CIVIL NUMBER 72520929

EXPIRY DATE 14/05/2027

DATE OF BIRTH 10/02/1979

SIGNATURE

VEHICLE DRIVING LICENCE

ROYAL OMAN POLICE

D.G. OF CIVIL STATUS

CLASS

NOTE

NAME AMJAD ALI

NATIONALITY PAKISTANI

```
IDOMN72520929<4<<<<<<<<<<<<<<<
7902103M2705147PAK<<<<<<<<<<<0
AMJAD<ALI<<<<<<<<<<<<<<<<<<<<<
```

Dr. VENKATESAN KUMAR
CARDIOLOGIST
MOH LIC # 14581

BADR AL SAMAA HOSPITAL

BADR AL SAMAA HOSPITAL NIZWA LLC

P.O Box:1116, Postal Code:611 , NIZWASultanate of Oman
Phone : +968 25447776
Fax : +968 25447772
Email : wecare@badralsamaahospitals.com

PRESCRIPTION

File No : **3546638**		Date : **28/03/2026**
Name: **AMJAD ALI**	Age: **47 Y**	Gender: **Male**
Address :		
Omani ID/L.Card No :		
Company :	Customer : **CASH PATIENTS (Cash)**	
Policy No :	Certificate No :	
Nationality : **PAKISTANI**	Phone : **95409191**	

Sl No	Allergy

Sl No	ICD Code	Diagnosis
1	Z02.1	Encounter for pre-employment examination
2	E78.5	Hyperlipidemia, unspecified

Rx

Sl No.	Medicine	Dosage	Duration	Quantity	Instruction
1	IVARIN 10MG F/C TABLETS(Tablet)	0-0-1 (1) (Tablet) (Oral)	90 D	90	At bedtime 28/03/2026

Name of Dr. & Signature

DR. VENKATESH KUMAR

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

28/03/2026 19:10:20