OQEP Occupational Health
MEDICAL EVALUATION REPORT – SUMMARY

OQEP-OHSE-HLT-FRM-0021
Classification: External Use
Review: 03 21/09/2024

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
111428317		AVTAR SINGH PID: 42559 Age 41 Male S.No: 77035 Specimen: 97895 SERUM 19/05/25 08:58	HDD
Nationality	**Age**	**Sex**	**Location**
INDIAN	3/4/1984		TRUCK DRIVER

EXAMINATION TYPE

Examination: | Pre-employment | Periodic | Exit

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: | Normal | Prehypertension | Hypertension Stage 1 | Hypertension Stage 2 | Hypertensive Crisis

BMI Category: | 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 — Risk Level: | Low | Moderate | High

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 (Abnormal values specify below) — Blood Group: B+ve

Pre-existing condition:

Remarks:

Glucose Level Category: Normal (< 100 mg/dl) | Pre-diabetic (100 - 125 mg/dl) | Diabetic (> 125 mg/dl)

Cholesterol Risk Category: Low Risk (LDL < less 130 mg/dl) | Moderate Risk (LDL 130-159 mg/dl) | High Risk (LDL >160 mg/dl)

Routine Urine Analysis: Normal | Abnormal | Not Required — Stool Analysis: | Normal | Abnormal | Not Required

QUESTIONNAIRES

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

Fagerstrom Test - Smoking: | Non-smoker | Low dependence | Low to Mid dependence | Moderate dependence | High dependence

CAGE Questionnaire Alcohol Use: | No problem alcohol | Screening negative | Clinically significant

SRQ 20 Self Response Questionnaire: | No positive answers | Positive Answers Factor I (1 to 6) | Positive answers Factor II (7 to 12) | Positive answers Factor III (13 to 18) | Positive answers Factor IV (19 to 20)

Clinic Doctor Name	License #	Hospital	Doctor Signature & Clinic Stamp	Issue Date
DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9007				19/05/2025

OQEP	OQEP Occupational Health FITNESS TO WORK CERTIFICATE [CONTRACTOR]	OQEP-COR-HSE-HEL-FRM-00021 Classification: External Use Review: 03-01/09/2024

EMPLOYEE IDENTIFICATION

Company		Name
	Ay [AJ] SINGH PID : 42559 Age 41Y Male B.No : 77035 SpecID 9789 SEPJM 10/05/25 08:58	

Nationality	Age	Sex	Entry		Job Title
INDIAN	41	M		TRUCK OMAN	HDD

MEDICAL SUITABILITY FOR WORK

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

Medical Suitability for Work: [ ] Fit for Work [ ] Unfit [ ] Fit with Restrictions

FIT

Restrictions

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

Other, specify:

Restriction Type: [ ] Temporary until _____/_____/_____ [ ] Permanent

Annotations:

LSM

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

Doctor Name	Medical License	Hospital	Doctor Signature

OQEP Occupational Health
PHYSICAL ASSESSMENT FORM

OQEP-CUP-HSC-HFI-FRM-0021	
Classification: External Use	
Review: 03-31/05/2024	

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
11142837		AVTAR SINGH PID : 42919 Age 41Y Male D.No : 27025 SpecID : 97519 SERUM 19/05/25 08:58	HDD

Nationality	Age	Sex	Location
INDIAN	41	M	TRUCK DRIVER

VITAL SIGNS

Height: 172 cm | Weight: 84 Kg | BMI: 28.3 | Blood Pressure: 130/80 mmHg

Pulse: 52 B/min | Medical Practitioner Name: DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087 | 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 Patient if failed | ☑ Normal ☐ Abnormal

Visual Field Test: ☑ Normal ☐ Abnormal | Stereoscopic Vision Test: ☐ Normal ☐ Abnormal

Date of Examination: 19/05/2025 | Medical Practitioner Name: DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087 | 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 that applicable):
- ☑ Free from artifacts
- ☑ Satisfactory exhalation
- ☑ Good start
- ☐ NOT satisfactory

Repeatability Criteria (select all that applicable):
- ☑ 3 acceptable curves FEV1 values AND FVC values within 0.15L (150 ml)
- ☐ Total of 8 TRIES (3 RIGHT tests performed
- ☐ The patient CAN NOT or SHOULD NOT continue

The Patient Demonstrated: ☑ Good Effort ☐ Difficulty following instructions ☐ Ability to obtain adequate effort ☑ Cooperation

Date of Examination: | Medical Practitioner Name: DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087 | Signature:

[2] Chest Shape and Movment

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

[3] Chest Percussion

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

[3] Air Entry in Both Lungs

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

[4] Breath sounds

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

Date of Examination: 19/05/2025 | Physician Name: DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087 | 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 ☐ Bulging ☐ Retracted ☐ Not Exam	☑ Normal ☐ Bulging ☐ Retracted ☐ Not Exam
Eardrum Vascularity	☑ Normal ☐ Mild ☐ Considerable ☐ Not Exam	☐ Normal ☐ Mild ☐ Considerable ☐ 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: DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087

AVTAR SINGH
PID : 42559 Age 41Y Male B.No : 77035

SpecID : 97876 SeqNM 19/05/25 08:58

OQEP Occupational Health
PHYSICAL ASSESSMENT FORM

ENT SYSTEM

[2] Nose Assessment

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below

[3] Throat Assessment

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below

CARDIOVASCULAR SYSTEM

[1] Heart Sounds

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below

[2] Heart Murmurs

- [ ] Present
- [x] Absent
- [ ] Not Examined

If present, describe below:

[3] Peripheral Pulses

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below

[4] Peripheral Veins

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below

NEUROLOGICAL SYSTEM

[1] Mental Status

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below

[2] Cranial Nerves

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below

[3] Motor System

- [ ] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below

[4] Reflexes

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below

[5] Sensory System

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below

[6] Coordination, Station, Gait

- [x] 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

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below

[3] Hip

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below

[4] Knees

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below

[5] Foot and Ankle

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below

[6] Spine and Back

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below

OTHER

[1] Skin, Extremities

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below

[2] Head & Neck

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below

[3] Mouth and Teeth

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below

[4] Hernial Orifices

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below

[5] Abdominal Organs

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below

[6] Lymph Nodes

- [ ] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below

Date of Examination: 19/05/2025

Physician Name:

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

Signature:

OQEP	OQEP Occupational Health MEDICAL & SURGICAL HISTORY QUESTIONNAIRE	OQEP-OCC-HSE-HF-FRM-[illegible] Classification: Internal Use Review: [illegible]

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
11828317		AVTAR SINGH PID : 42559 Age 41Y Male B/No : 77035 Spec ID : 37819 SERUM 19/05/25 08:58	HDD
Nationality	**Age**	**Sex**	**Location**
INDIAN	41	M	TRUCK OMAN

PERSONAL HEALTH HISTORY

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

Condition	Yes	No
Cardiovascular disease e.g. Myocardial infarction or coronary artery disease		✓
[illegible]		✓
[illegible]		✓
[illegible]		✓
High blood pressure or hypertension		✓
Shortness of breath [illegible]		✓
Varicose veins associated with varicose eczema, ulcers or other complications		✓
Any bleeding or [illegible] disease		✓
Anemias, especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia, G6PD		✓
Haemorrhage disorders (e.g. bleeding disorders)		✓
Lymphoma, polycythemia and disorders of the blood-forming system		✓
Frequent headaches or migraine		✓
Epilepsy [illegible]		✓
Blackouts, dizziness, fainting, memory loss [illegible]		✓
Sleep disorders such as insomnia, hypersomnia, sleep apnea, narcolepsy		✓
Chronic anxiety, stress and/or treatment for depression		✓
Phobias such as fear of heights, fear of confined spaces, fear of flying		✓
Lung disease e.g. bronchitis, asthma, emphysema, Tuberculosis (TB)		✓
[illegible] productivity or tight chest		✓
Immune suppression due to cancer or human immunodeficiency virus		✓
Cancer [illegible]		✓
Muscle problems e.g. [illegible]		✓
Joint problems e.g. [illegible]		✓
Problems [illegible] mobility		✓
[illegible] deformities or conditions		✓
[illegible] ulcer		✓
Pain [illegible] hands or legs		✓
Thyroid disease or any other glandular diseases		✓
Diabetes mellitus or hypoglycemia		✓
Experienced unintentional weight loss or gain > 5kg over the past year		✓
Alcohol abuse [illegible]		✓
Skin disorders e.g. severe acne, dermatitis, eczema or allergy		✓
Allergies e.g. dust, medication, insect bites, chemicals		✓
Disorders of the digestive tract e.g. ulcers, [illegible]		✓
Haemorrhoids, fistulas and fissures [illegible] pain or rectal bleeding		✓
Liver and pancreas diseases e.g. pancreatitis, hepatitis, cirrhosis		✓
Kidney or bladder diseases e.g. recurrent infection, renal stones		✓
Ear, nose & throat problems e.g. [illegible] hearing loss, tinnitus, sinusitis, tonsillitis		✓
Eye disease or visual defect e.g. glaucoma, colour blindness, monocular vision		✓
Infectious or tropical diseases e.g. malaria, [illegible] dengue		✓
Treated for mental health problems such as depression or anxiety		✓
Treated for substance or alcohol abuse		✓

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

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

List any previous injuries or operations

Previous injuries or operations	Date

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

Date: 19/5/2025

Candidate/Employee Signature: Avtar Singh

OQEP Occupational Health
HEALTH SCREENING QUESTIONNAIRE

OQEP-COR-HSE-HEL-FRM-0002	
Classification: External Use	
Revision: 03-31/08/2024	

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
1114 2837			HDO

AVTAR SINGH
PID : 42559 Age 41Y Visit # /No : 77019
Spec ID : 97619 SERUM 19/05/25 08:58

Nationality	Age	Sex		Location
INDIAN	41	M	TRUCK DRIVER	

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 [ ] 5-30min [ ] < 5 minutes

Do you find it difficult to avoid smoking where is forbidden, such as work places, cinemas, shopping etc ? [ ] Yes [ ] No

Which 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 Have 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 19/5/2025

Candidate/Employee Signature

Avtar Singh

OQEP	OQEP Occupational Health RESPIRATORY PROTECTION QUESTIONNAIRE	OQEP-[illegible]-FRM-[illegible] Classification: [illegible] Review: 03-31-[illegible]2024

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
111422317		AVTAR SINGH PID: 42392 Age 41Y Male B.No: 77025 Spec ID: 97819 SERUM 19/05/25 08:59	HDD
Nationality	**Age**	**Sex**	**Location**
INDIAN	41	M	TRUCK OMAN

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 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've 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 problem 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 interferes with your use of a respirator

Date: 19/5/2025

Candidate/Employee Signature

Avtar Singh

OQEP Occupational Health
HEARING CONSERVATION QUESTIONNAIRE

OQEP-COR-HSE-HEL-FRM-0021	
Classification: External Use	
Review Date: 10/2024	

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
111428317		AVTAR SINGH PID : 42559 Age 41Y Male B.No : 77035 SpecID : 97810 SERUM 19/05/25 08:58	HOD
Nationality	**Age**	**Sex**	**Location**
INDIAN	41	M	TRUCK CHAN

HEARING CONSERVATION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use hearing protection? [ ] YES [✓] NO When 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 [ ] Carpentry [ ] Power sawing [ ] Woodwork [ ] Forge pressing
[ ] Demolition [ ] Mines [ ] Concrete / sand [ ] 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 build up [ ] Intravenous Antibiotics [ ] Holes 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 do you receive your hearing aids?

8 - Have you ever served in the military? [ ] YES [✓] NO
If yes, check division: [ ] Army [ ] Navy [ ] Air Force [ ] Marines [ ] National Guard Date: / /
Do you have medical ability 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 19/5/2025

Avtar Singh
Candidate/Employee Signature

Peace Land Medical Center
AL SAHWA TOWER 2, AZAIBA PO BOX 1403 , POSTAL CODE 133 SULTANATE OF OMAN
medicalcenter@peacelandenergy.com
CLINIC-24617116, VISA MEDICAL- 24617117
TRN :

DEPARTMENT OF LABORATORY

Patient ID	: 42559	**Doc No**	: 59890
Name	: AVTAR SINGH	**Doc Date**	: 19/05/2025 15:05
Age, Gender	: 41Y, Male	**Bill No**	: 77035
Nationality	: INDIAN	**Bill Date**	: 19/05/2025 08:44
GSM No	: 72026317	**Approved Date**	:
Doctor's Name	: DR.SHIMA	**Collected Time**	: 19/05/2025 08:58
Customer	: TRUCK OMAN EQUIPMENT RENTEL LLC	**Recieved Time**	: 19/05/2025 08:58

Test	Result	Unit	Normal Range
OQ Medical Checkup Package			
COMPLITE BLOOD COUNT			
RBC	5.3	x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	15.2	gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	46.1	%	Male 39.30 -50.00 % Female 37 -47 %
MCV	86	fl	84-94 fl
MCH	27.4	pg	27 - 33 pg
MCHC	33.0	g/dl	29.6 - 35.6 %
WBC COUNT	6.8	x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT			
NEUTROPHIL	67	%	40-70 %
LYMPHOCYTE	30	%	20-45 %
EOSINOPHIL	01	%	1-6 %
MONOCYTE	02	%	2-8%
BASOPHIL	00	%	0-1%
ESR	09		Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	256	x 10^9/L	150 - 450 x 10^9/L
BLOOD GROUP & Rh TYPING	'B' Positive		
BLOOD GROUPING AND RH TYPING			
SICKLE CELL TEST	NEGATIVE		
FASTING BLOOD SUGAR	93.9	mg/dl	74 - 100 mg/dl
LIPID PROFILE.			
Total Cholesterol	205	mg/dl	0.0 - 200 mg/dl
Triglyceride	184.5	mg/dl	0.0 - 150 mg/dl
HDL - CHOL	48.0	mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	120	mg/dl	< 100 mg/dl
VLDL	37	mg/dl	2.0 - 30 mg/dl
LIVER FUCTION TEST			
ALKALINE PHOSPHATASE	95	U/L	53 - 128 U/L

Remarks:

Reported By:
Lab Tech

Sr Lab Technologist

Verified By:
Lab Tech

Sr Lab Technologist

PEACE LAND MEDICAL CENTER

Approved By:
Lab Tech

Printed at: 19/05/2025 15:05:49

Peace Land Medical Center
AL SAHWA TOWER 2, AZAIBA PO BOX 1401 , POSTAL CODE 133 SULTANATE OF OMAN
medicalcenter@peacelandenergy.com
CLINIC-24617116, VISA MEDICAL- 24617117
TRN :

DEPARTMENT OF LABORATORY

Patient ID	: 42559	**Doc No**	: 59890
Name	: AVTAR SINGH	**Doc Date**	: 19/05/2025 15:05
Age, Gender	: 41Y, Male	**Bill No**	: 77035
Nationality	: INDIAN	**Bill Date**	: 19/05/2025 08:44
GSM No	: 72026317	**Approved Date**	:
Doctor's Name	: DR.SHIMA	**Collected Time**	: 19/05/2025 08:58
Customer	: TRUCK OMAN EQUIPMENT RENTEL LLC	**Recieved Time**	: 19/05/2025 08:58

Test	Result	Unit	Normal Range
S. BILIRUBIN TOTAL	1.05	mg/dl	0 - 2.0 mg/dl
S.G.O.T.	31.2	U/L	0 - 35.0 U/L
S.G.P.T	43.5	U/L	20 - 45 U/L
ALBUMIN.	4.94	g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN.	7.26	g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.17	mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST			
UREA	39.2	mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	1.2	mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	7.0	mg/dl	3.5 - 7.2 mg/dl
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5	ml	
Colour	Yellow		
Sp. Gravity	1.015		
pH	Acidic		
Appearance	Clear		
CHEMICAL			
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC			
PUS CELLS	1-2		
EPITHELIAL CELLS	0-1		
RBC	0-1		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NIL		
OTHERS	NIL		

Remarks:

Reported By:
Lab Tech

Sr. Lab Technologist

Verified By:
Lab Tech

Sr. Lab Technologist

Approved By:
Lab Tech

Printed at 19/05/2025 15:05:49

Peace Land Medical Center
AL SAHWA TOWER 2, AZAIBA PO BOX 1483 , POSTAL CODE 133 SULTANATE OF OMAN
medicalcenter@peacelandenergy.com
CLINIC-24617116, VISA MEDICAL- 24617117
TRN :

DEPARTMENT OF LABORATORY

Patient ID	: 42559	Doc No	: 59890
Name	: AVTAR SINGH	Doc Date	: 19/05/2025 15:05
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Doctor's Name	: DR.SHIMA	Collected Time	: 19/05/2025 08:58
Customer	: TRUCK OMAN EQUIPMENT RENTEL LLC	Recieved Time	: 19/05/2025 08:58

Test	Result	Unit	Normal Range
DRUG TESTING			
AMPHETAMINES(AMP)	NEGATIVE		
MORPHINE(MOP)	NEGATIVE		
COCAINE(COC)	NEGATIVE		
PHENCYCLIDINE(PCP)	NEGATIVE		
METHAMPHETAMINE(MET)	NEGATIVE		
TRAMADOL(TRA)	NEGATIVE		
BARBITURATES(BAR)	NEGATIVE		
BENZODIAZEPINES(BZO)	NEGATIVE		
METHODONE(MED)	NEGATIVE		
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE		
MARIJUANA(THC)	NEGATIVE		
ALCHOHOL TESTING.	NEGATIVE		

Remarks:

Reported By:
Lab Tech

Sr. Lab Technologist

Printed at: 19/05/2025 15:05:49

Verified By:
Lab Tech

Sr. Lab Technologist

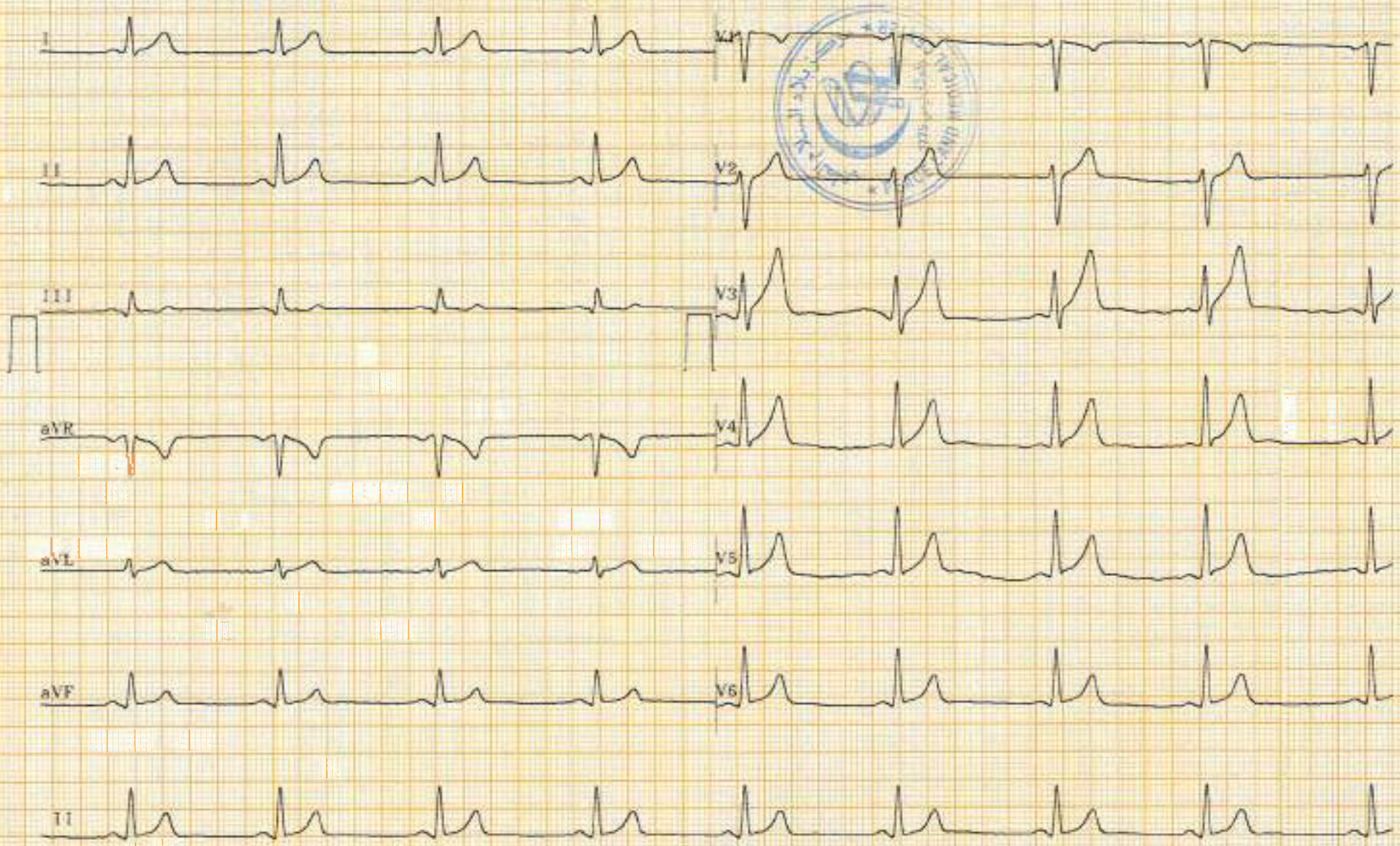
PEACE LAND MEDICAL CENTER

2775:(رقم الترخيص)

Approved By:
Lab Tech

Prescribed by:

Heart Rate: 52bpm
PR Int.: 122 ms
QRS Dur.: 106 ms
QT/QTc: 412/386 ms
P-R-T axes:
57 48 38



0.1Hz- 100Hz,AC50Hz,EMG. All Channels:10.0mm/mV,25.0mm/sec. CARDIO-M Ver5.10M.30 Medical Econet GmbH

Name :
Resident / Civil ID NO :
Company Name :
Date :

ECG REPORT

ECG COMMENTS:

- **NORMAL SINUS RHYTHM**
- **NORMAL QRS COMPLEX**
- **NO SIGNIFICANT ST/T CHANGES**

OTHER FINDINGS (IF ANY)

Copy Results

Results

Estimated 10-year Global CVD Risk

6.7%

Risk Category

Low Risk

Estimated Vascular Age

48 Years

Treatment Guidelines

ATP-III (2004)
Treatment Targets
LDL <160 mg/dL (<4.14 mmol/L)
Non-HDL <190 mg/dL (<4.93 mmol/L)

CCS (2009)
Initiate Pharmacotherapy if
LDL >5 mmol/L (>193 mg/dL)
TChol/HDL-C >6 mmol/L (>231 mg/dL)

Treatment Targets
≥50 % decrease in LDL-C

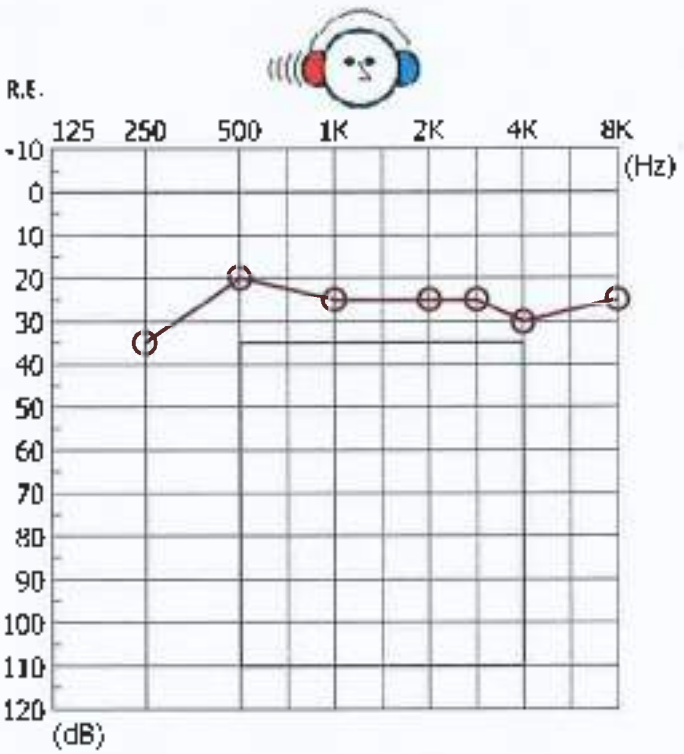
ESC (2007, see Info for more)
Treatment Targets
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

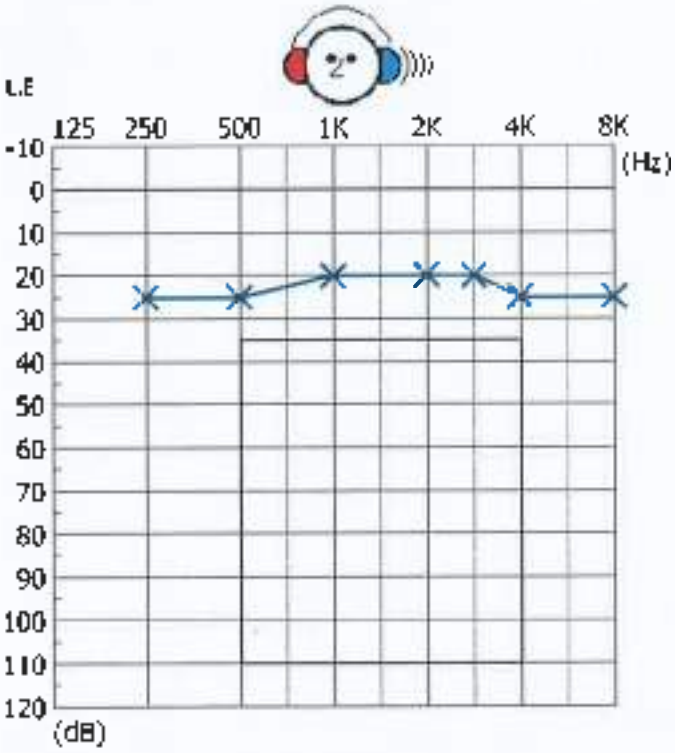
AUDIOMETRY REPORT

Name:
Age(y):
Sex:
Height (cm):
Weight(Kg):
BMI:

SIBELMED W50

Test date: 15/05/2025
Reference: 42559
Technician:
Reason:
Origin:
Equipment:
Device serial numb.:
Flash Version:





No Masking	R.E.	L.E.	With Masking	R.E.	L.E.
Air	O	X	Air	△	□
Bone	<	>	Bone	⊏	⊐
F.Field	⌀	※			
No response	↙	↘			

MINISTRY OF LABOUR AND SOCIAL AFFAIRS

	R.E.	L.E.
Hearing Loss (%)	0.0	0.0
Average dBs	23.8	21.2
Bilateral Loss (%)	0.0	

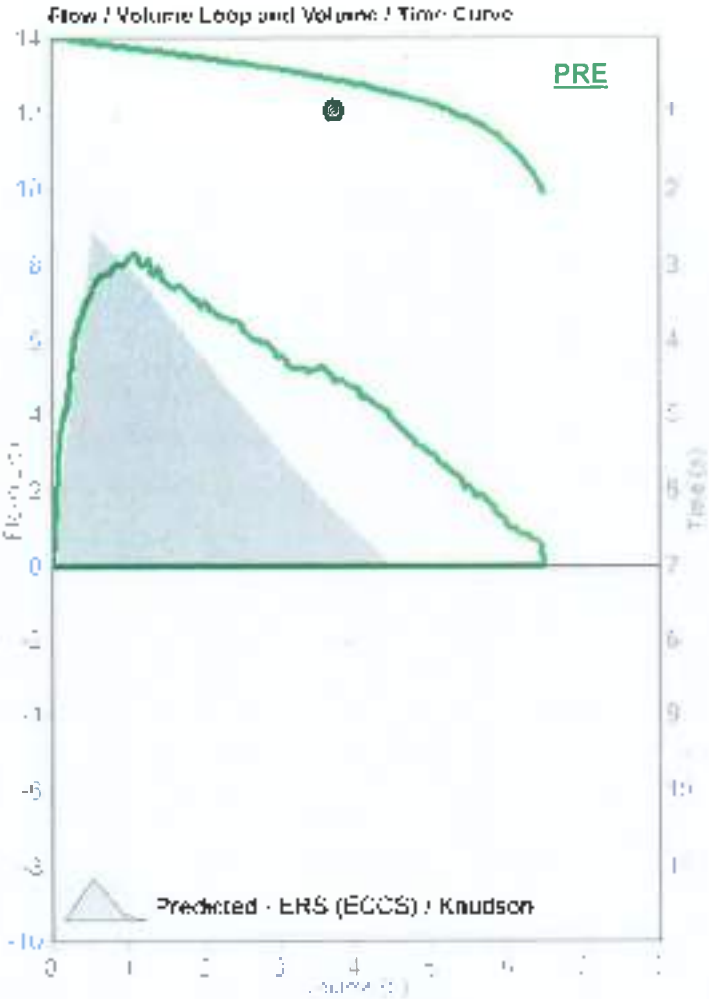
Right ear Normal
Left ear Normal

COMMENTS:

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9987

PEACE LAND MEDICAL CENTER

Pulmonary Function Test Results



Visit date 19-May-25

Patient code	11428317	Age	41
Surname	SINGH	Gender	Male
Name	AVTAR	Height, cm	172
Date of birth	03-Apr-84	Weight, kg	84
Ethnic group	Not defined	BMI	28.38

Interpretation

FVC FEV1 FEV1%

Normal Spirometry

Best values from all loops

Parameters		LLN	ULN	PRE	%Pred	Z-score	POST	%Chg
FVC	L	3.50	5.50	6.48	144	3.24		
FEV1	L	2.88	4.56	5.33	143	3.16		
FEV1%	%	68.0	91.6	82.30	103	0.34		
PEF	L/s	6.96	10.94	8.32	93			

PRE Trial date 19-May-25 9:26:36 AM

Parameters		LLN	ULN	Pred	PRE # 1	%Pred	Z-score	PRE # 2	PRE # 3	POST#1	%Pred	%Chg
FEV6	L	3.50	5.50	4.50	6.48	144	3.24					
FVC	L	3.50	5.50	4.50	6.48	144	3.24					
FEV1	L	2.88	4.56	3.72	5.33	143	3.16					
FEV1%	%	68.0	91.6	79.8	82.3	103	0.34					
PEF	L/s	6.96	10.94	8.95	8.32	93	-0.52					
FEF2575	L/s	2.56	5.99	4.27	5.16	121	0.84					
FIVC	L	3.50	5.50	4.50								
ELA	Years			41								

BTPS 1.105 22 °C 71.6 °F

Conclusion / Medical report

Signature

Instrument used
Minispir_LT POST S/N K05073
Calibration 27-Apr-25 10:24:31 AM

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
42559	AVTAR SINGH	04 Y/M	19-05-2025	

DIGITAL X-RAY CHEST PA VIEW

FINDINGS:

Trachea and mediastinum in midline.

Both lung fields show normal bronchovascular markings.

Cardiothoracic ratio is within normal limits

Both cardiophrenic and costophrenic angles are free.

Both domes of diaphragm are normally placed.

Bony ribcage and soft tissue structures appear normal.

IMPRESSION:

- **NO ABNORMALITIES DETECTED**

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

Dr. Wajdy Jarbou
MD ABR
Specialist Radiologist
MOH Lic # 19061