MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

T.O.

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
116800678		MALARAVAN RAMALINGAN 00807 78055 01-06-23 10:20	Workshop manager
Nationality / **Age** / **Sex**			**Location**
Indian / 22/2/72			

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:

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

Physical Assessment: [ ] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

ENT SYSTEM

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

Otoscopy: [ ] Normal [ ] Abnormal [ ] Not Required

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

Pre-existing condition:

Remarks:

CARDIOVASCULAR SYSTEM

ECG Test: [✓] Normal [ ] Abnormal [ ] Not Required

Physical Assessment: [ ] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

NEUROLOGICAL SYSTEM

Physical Assessment: [✓] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

MUSCULOSKELETAL SYSTEM

Physical Assess.: [✓] Normal [ ] Abnormal

Lumbar X-Ray: [ ] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition:

Remarks:

LABORATORY INVESTIGATIONS

Lab Tests: [✓] Normal [ ] Abnormal If abnormal, please specify below:

Blood Grouping: O+

Pre-existing condition:

Remarks:

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

Cholesterol Risk Category: ______ [✓] Low Risk: LDL is less 130 mg/dl [ ] Moderate Risk: LDL 130-159 mg/dl [ ] High Risk: LDL >160 mg/dl

Routine Urine Analysis [✓] Normal [ ] Abnormal [ ] Not Required

Stool Analysis [ ] Normal [ ] Abnormal [ ] Not Required

QUESTIONNAIRES

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

Fagerstrom Test - Smoking [ ] Non-smoker [ ] Low dependence [ ] Low to 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
				3/8/23

PEACE LAND MEDICAL CENTER C.R. 1218619

Dr. ... Jafar Cardiologist Specialist MOH Lic. No. 21982

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

OQ

EMPLOYEE IDENTIFICATION				
Civil ID / Passport #	Company ID #	Name		Position
		MALARAYAN RAMALINGAM [illegible] 00507 [illegible] 01-06-23 10:26		Workshop manager
Nationality	Age	Sex		Location

EXAMINATION TYPE

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

Medical Suitability for Work

Medical Suitability for Work	[✓] Fit to work [ ] Fit with following restrictions [ ] Pending Fitness [ ] Not fit to work	Cardiologist consultation → Echo: LVEF: 60%, no RWMA ↓ LSM & (fat, exercise & diet)

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 Perfomed
1/6/23	

Medical Review Date	Employee Signature
1, 6, 23	[signature]

Doctor Name	Medical License	Hospital	Medical Doctor Signature
3, 8, 23			[signature]

PEACE LAND MEDICAL [illegible]

Dr. [illegible] Seyedabdollah Jafar
Cardiologist Specialist
MOH Lic. No. 2195[illegible]

Dr. [illegible] Jafar
Cardiologist Specialist
MOH Lic. No. 21982

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	

MALARAVAN RAMALINGAM
0048781 # 01 1991 0907
78055 01-06-23 10:26

Nationality	Age	Sex

Position: Workshop Manager

Location:

PERSONAL HEALTH HISTORY

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

Congenital heart disease or Valvular heart disease or Coronary artery disease		Yes		No	Muscle problems e.g. weakness of your limbs or twitchy muscles		Yes		No
Myocardial insufficiency or infarction (heart attack)		Yes		No	Joint problems, e.g. plantar warts, joint pain or swelling		Yes		No
Coronary bypass surgery (CABS) and angioplasty		Yes		No	Problems with limb, neck or spine mobility		Yes		No
Heart arrhythmias (heart beats too fast, too slow or irregularly)		Yes		No	Extremities (feet or hands) deformities or problems		Yes		No
High blood pressure (hypertension)		Yes		No	Experienced back problem, arthritis, slipped disc		Yes		No
Shortness of breath after exertion		Yes		No	Pain in neck or back or hands or legs		Yes		No
Varicose veins associated with varicose eczema, ulcers or other complications		Yes		No	Thyroid disease any other glandular diseases		Yes		No
Arteriosclerotic or other vascular disease		Yes		No	Diabetes mellitus or Hypoglycaemia		Yes		No
Anemias, especially Sickle Cel Disease or Sickle Cell Trait or Thalassemia		Yes		No	Experienced weight loss or gain > 5kg over the past year		Yes		No
Haemorrage disorders i.e. bleeding disorders		Yes		No	Informed about being overweight or obese		Yes		No
Leukaemia, polycythaemia and disorders of the reticulo-endothelial system		Yes		No	Skin disorders e.g. severe acne, dermatitis, eczema or allergy		Yes		No
G6PD (Glucose 6-Phosphate Dehydrogenase) Deficiency		Yes		No	Allergies e.g. dust, medication, insect bites		Yes		No
Recurrent headaches or migraine		Yes		No	Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gastritis		Yes		No
Epilepsy and recurrent seizures		Yes		No	Haemorrhoids, fistulae and fissures causing pain, or recurrent bleeding		Yes		No
Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope)		Yes		No	Liver and pancreas diseases (e.g. pancreatitis, Hepatitis B)		Yes		No
Sleep disorders, such as insomnia, hypersomnia, sleep apnea, narcolepsy		Yes		No	Kidney or bladder diseases e.g. recurrent infection, renal stones		Yes		No
Chronic anxiety states and/or recurrent depression		Yes		No	Ear, nose or throat problems (e.g. otitis, hearing loss, sinusitis, tonsilitis)		Yes		No
Phobias such as fear of heights, fear of confined spaces, fear of flying		Yes		No	Eye disease or visual defect (e.g. glaucoma, color blindness, monocular vision)		Yes		No
Lung disease e.g. bronchitis, asthma, dyspnea, TB		Yes		No	Treated for infectious diseases (e.g. malaria, COVID19)		Yes		No
Phlegm production (excess mucus production) or tight chest		Yes		No	Treated for depression, stress		Yes		No
Immuno suppression due to cancer or human immunodeficiency virus		Yes		No	Treated for substance or alcohol abuse		Yes		No

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

List any previous injuries or operations

Previous injuries or operations	Date

Date: 1/6/23

Candidate/Employee Signature:

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		MALARAVAN RAMALINGAM 00507	Workshop manager
Nationality	**Age**	**Sex**	**Location**
		01-06-23 10:26	

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	☐ 31-60mn	☐ 6-30min	☐ < 5 minutes	☐
Do you find it difficult to avoid smoking where is forbidden, such as work places, cinemas, shopping etc.?			☐ Yes	☐ No	☐
What's the most difficult cigarette to quit or not to smoke	☐ Anyone	☐ The first in the morning			☐
How many cigarettes do you smoke per day	☐ <10	☐ 11-20	☐ 21-30	☐ >31	☐
Do you smoke more frequently the first hours of the day than the rest of the day		☐ Yes	☑ No		☐
Do you smoke even when you're sick and have to stay in the bed most part of the day		☐ Yes	☑ No		☐

CAGE QUESTIONNAIRE

Do you drink alcohol? ☐ Yes ☑ No *If YES, Please answer the following:*

Did you ever felt that you should decrease the amount of drinks or cut down (stop) drinking?	☐ Yes	☐ No	☐
Do people bother you because they criticize the way you drink?	☐ Yes	☐ No	☐
Do you feel guilty or upset with yourself with the way you use to drink	☐ Yes	☐ No	☐
Do you drink in the morning to feel less nervous or decrease the hang over	☐ Yes	☐ No	☐
Have you had any problems related to alcohol	☐ Yes	☐ No	
Did you drink in the last 24 hours	☐ Yes	☐ No	

FATIGUE QUESTIONNAIRE

Have you noticed that you are feeling tired recently ☐ Yes ☑ No

Have you been feeling a lack of energy ☐ Yes ☑ No *If YES, Please answer the following:*

For how many days did you feel tired or with lack of energy in the last week	☐ 1 day	☐ 2 days	☐ 3 days	☐ > 3 days
Did you feel tired or with lack of energy for more than 3 hs in some days last week?	☐ 1 hour	☐ 2 hours	☐ 3 hours	☐ > 3 hours
Did you feel so tired that you had to make some effort to do things last week	☐ Yes	☑ No		
Did you feel tired or with lack of energy doing things you like last week	☐ Yes	☑ No		

SELF REPORTING QUESTIONNAIRE (SRQ-20)

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

Date: 1/6/23

Candidate/Employee Signature

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
		Workshop manager

MALARAVAN RAMALINGAM 00507 01-06-23 10:25

Nationality	Age	Sex	Location

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 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 skipping 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: 1/6/23

Candidate/Employee Signature

HEARING CONSERVATION QUESTIONNAIRE

MALARVAN RAMALINGAM

Civil ID / Passport #	Company ID #		TION
			Position: workshop manager
Nationality	Age	Sex	Location

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 [ ] Motocycle [ ] Walking

Date: 1/6/23

Candidate/Employee Signature

PHYSICAL ASSESSMENT FORM

OQ

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		MALARAVAN RAMALINGAM # 0040791 #41 YEAR SR No 89 00507 71065 Male 01-06-23 10:36	Workshop manager
Nationality	**Age**	**Sex**	**Location**

VITAL SIGNS

Height: 174 cm | Weight: 82 Kg | BMI: 27 | Blood Pressure: 130/80 mmHg

Pulse: 70 /min | Medical Practitioner Name: Dr. Shams Seyedabdollah Jafari, Cardiologist Specialist, MOH Lic. No. 21982 | Signature:

VISUAL SYSTEM

	Right Uncorrected	Left Uncorrected	Right Corrected	Left Corrected	Both Uncorrected	Both Corrected
Visual Acuity Test					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: 1/6/23 | Medical Practitioner Name: Dr. Shams Seyedabdollah Jafari, Cardiologist Specialist, MOH Lic. No. 21982 | Signature:

RESPIRATORY SYSTEM

[1] Spirometry Test

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

Diagnosis: ☐ Asthma ☐ COPD ☐ Other ______

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

Repeatability Criteria (select all what 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: 1/6/23 | Medical Practitioner Name: Dr. Shams Seyedabdollah Jafari, Cardiologist Specialist, MOH Lic. No. 21982 | 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: 1/6/23 | Physician Name: Dr. Shams Seyedabdollah Jafari, Cardiologist Specialist, MOH Lic. No. 21982 | 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:
- Right: ☑ None ☐ Some ☐ A lot ☐ Impacted ☐ Not Exam
- Left: ☑ None ☐ Some ☐ A lot ☐ Impacted ☐ Not Exam

Eardrum Position:
- Right: ☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam
- Left: ☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam

Eardrum Vascularity:
- Right: ☑ Normal ☐ Considerable ☐ Mild ☐ Not Exam
- Left: ☑ Normal ☐ Considerable ☐ Mild ☐ Not Exam

Audiologist Name:
Signature:

[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

Dr. Shams Seyedabdollah Jafari
Cardiologist Specialist
MOH Lic. No. 21982

MEDICAL CENTER

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

If abnormal, describe below:

Date of Examination: 1/6/23

Physician Name:

Signature:

Dr. Shiraz Seyedabdollah Jafari
Cardiologist Specialist
MOH Lic. No. 21962

VALARAVAN RANALINGAM
03507
01-06-23 10:26

COMPANY NAME:

RESIDENT/CIVIL ID:

DATE:

ECG REPORT

ECG COMMENTS:

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

OTHER FINDINGS (IF ANY)

CLINIC SEAL

Dr. Shima Sayedabdollah Jafar
Cardiologist Specialist
MOH Lic. No. 21962

Peace Land Medical Center
P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout Al Sahwa Tower
Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name:	MALARAVAN RAMALINGAM	**Doc No:**	0033953
Age:	51 Y **Nationality:** INDIAN	**File No:**	0042781
Gender:	M	**Bill No:**	0050726
Ref. By:	DR.SHIMA	**Date:**	01/06/2023
GSM No.:	79744687	**Time:**	14:37

Test	Result	Normal Range
OQ Medical Checkup Package		
COMPLITE BLOOD COUNT		
RBC	4.9 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	14.4 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	42.1 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	86 fl	84-94 fl
MCH	28.4 pg	27 - 33 pg
MCHC	33.2 g/dl	29.6 - 35.6 %
WBC COUNT	7.1 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	62 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	06 %	2-8%
BASOPHIL	00 %	0-1%
ESR	08	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**263 x 10^9/L**	150 - 450 x 10^9/L
Sickle cells (Screen)		
SICKLE CELL TEST	NEGATIVE	
Lipid profile(CH,TG,HDL,LDL)		
LIPID PROFILE		
Total Cholesterol	**184 mg/dl**	0.0 - 200 mg/dl
Triglyceride	**100.1 mg/dl**	0.0 - 150 mg/dl

Medical Technologist

Peace Land Medical Center
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Test	Result	Normal Range
HDL - CHOL	**69.5 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**94.5 mg/dl**	< 100 mg/dl
VLDL	**20.0 mg/dl**	2.0 - 30 mg/dl
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	69 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.36 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**18.5 U/L**	0 - 35.0 U/L
S.G.P.T.	**22.4 U/L**	10 - 45 U/L
ALBUMIN	**4.3 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.3 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.17 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**26.0 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.70 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**4.2 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	

PEACE LAND MEDICAL

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Medical Technologist

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Gender:	M	**Bill No:**	0050726
Ref. By:	DR.SHIMA	**Date:**	01/06/2023
GSM No.:	79744687	**Time:**	14:37

Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	1-2	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
BLOOD GROUP & Rh TYPING	'O' Positive	
BLOOD GROUPING AND RH TYPING		
RANDOM BLOOD SUGAR	**113.0 mg/dl**	80 - 120 mg/dl

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Medical Technologist

مركز بلاد السلام الطبي

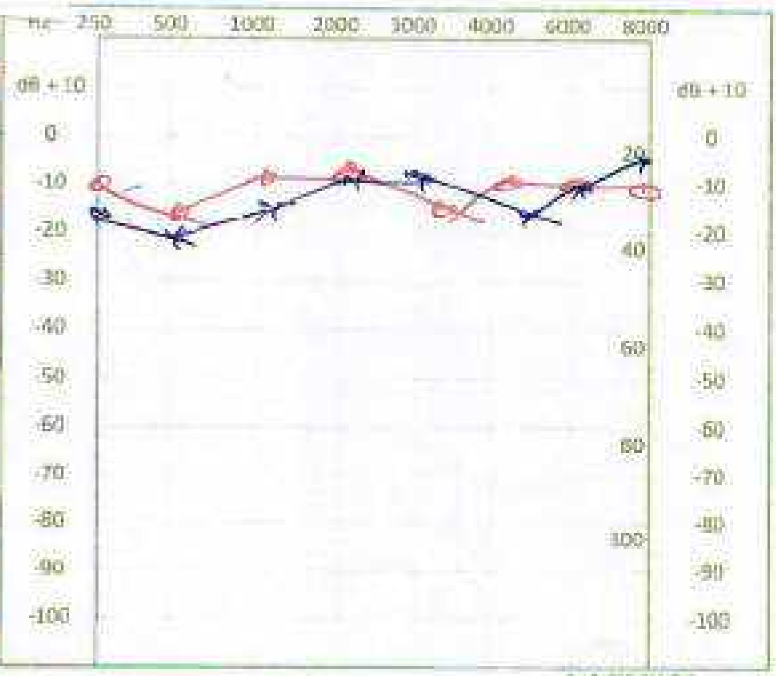
Peace Land Medical Center

MALARAVAN RAMALINGAM
00[illegible] 51 Y [illegible]
78055
01-06-23 10:26

AUDIOMETRY TEST REPORT

		COMPANY	
NDER		OCCUPATION	Works ... manager
		DATE	1/6/23

		RIGHT=RED	LEFT=BLUE
WITHOUT MASKING	BONE CONDUCT	V	^
	AIR CONDUCT	O	X
WITH MASKING	BONE CONDUCT	[	]
	AIR CONDUCT	Δ	□
ETADAGE (NORMAL)			



Sibelmed

INTERPRETATION

X LEFT EAR

O RIGHT EAR

RESULT

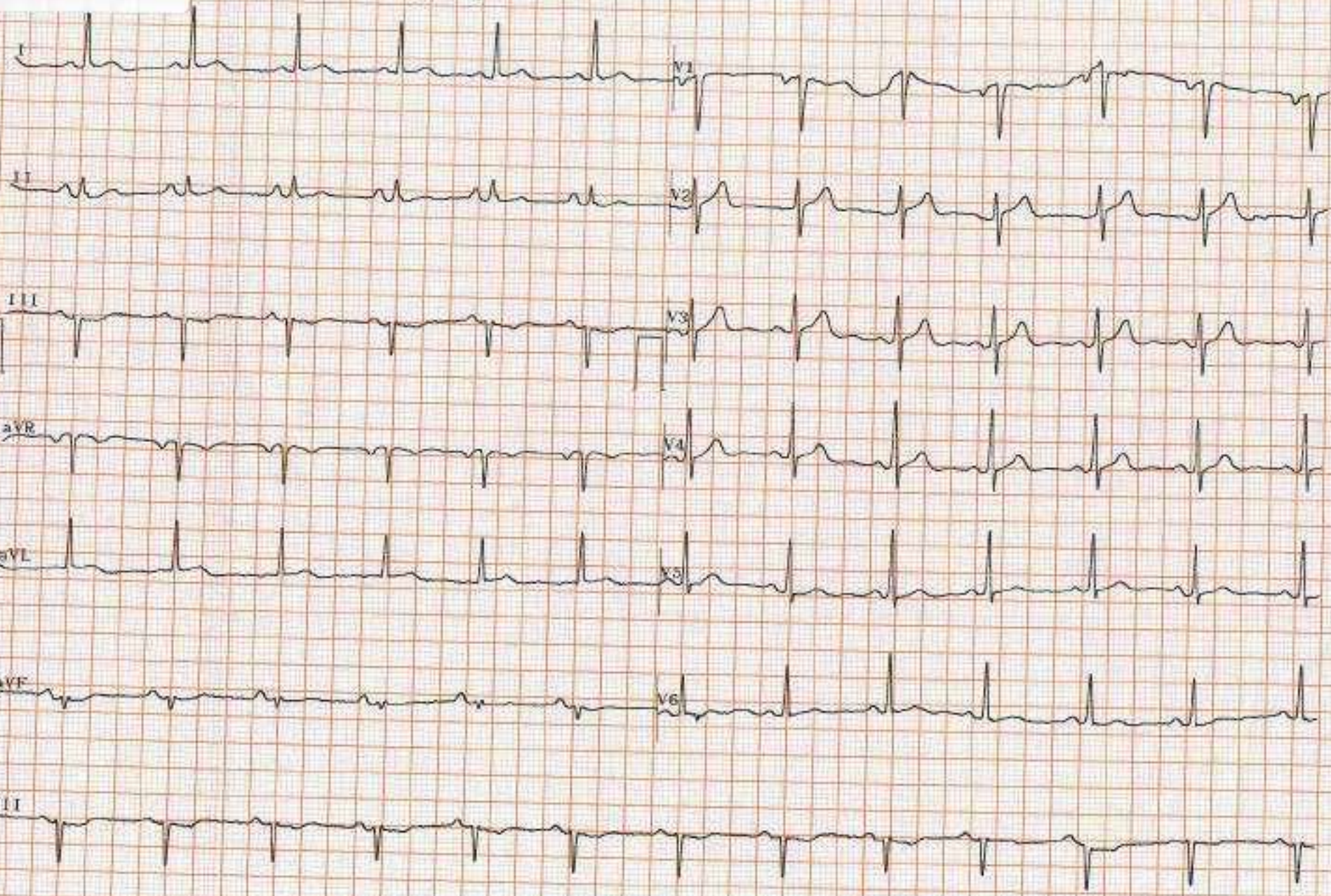
- [x] NORMAL
- [ ] HEARING LOSS
- [ ] RIGHT
- [ ] LEFT

6 Channel + 1 Rhythm Report

Hospital:
Prescribed by:

ID :
KALARAVAN RAMALINGAM
0043781 # 51 YM 00607
78055 <Blank> 01-06-23 10:26

Heart Rate: 77bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 148 ms Normal Sinus Rhythm
QRS Dur.: 74 ms Normal Axis
QT/QTc: 340/384 ms [Normal ECG]
P-R-T axes:
58 -10 -4



0.1Hz- 150Hz,AC50Hz.

All Channels:10.0mm/mV,25.0mm/sec.

EKG2000 Ver5.05M.30 Bionet Co., Ltd.

Pulmonary Function Test Results

Visit date 01/06/2023

Patient code	116806678	Age	51
Surname	RAMALINGAM	Gender	Male
Name	MALARAVAN	Height, cm	174
Date of birth	22/02/1972	Weight, kg	82
Ethnic group	Not defined	BMI	27.08

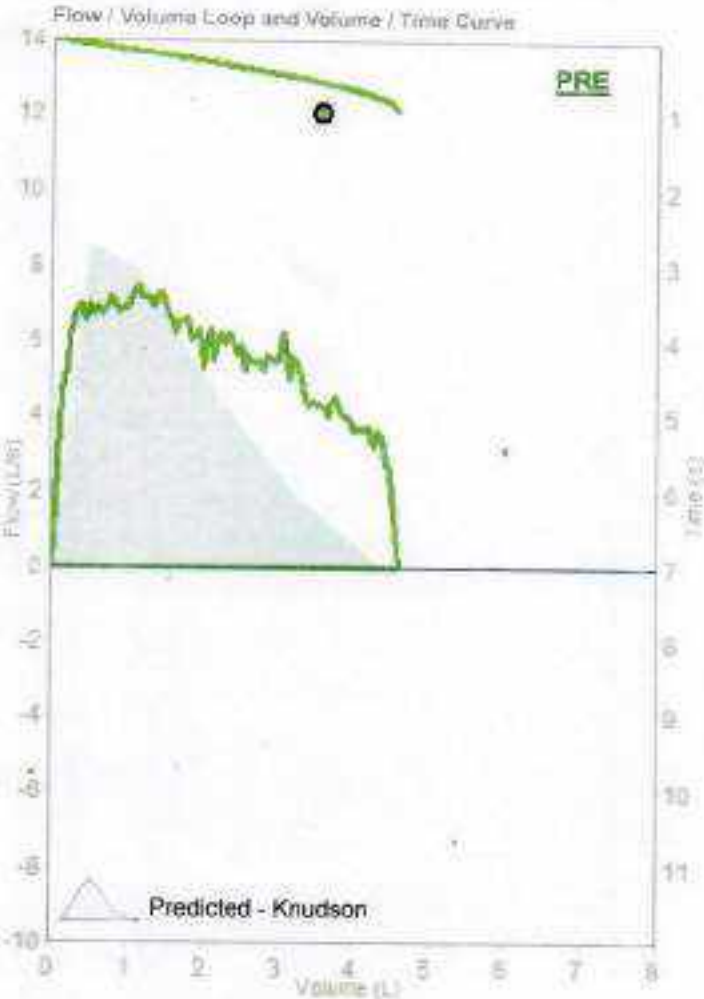
Interpretation

FVC FEV1 FEV1%

Normal Spirometry

Best values from all loops

Parameters		Pred	PRE	%Pred	POST	%Chg
FVC	L	4.38	4.58	104		
FEV1	L	3.57	4.58	128		
FEV1%	%	81.5	100.00	123		
PEF	L/s	8.58	7.55	88		



PRE Trial date 01/06/2023 14:36:52

Parameters		Pred	PRE # 1	%Pred	PRE # 2	PRE # 3	POST#1	%Pred	%Chg
FEV6	L	4.38	**4.56**	104					
FVC	L	4.38	**4.56**	104					
FEV1	L	3.57	**4.58**	128					
FEV1%	%	81.5	**100.0**	123					
PEF	L/s	8.58	**7.55**	88					
FEF2575	L/s	3.71	**5.91**	159					
FIVC	L	4.38							
ELA	Years	51	**51**	100					

BTPS 1.092 28 °C 77 %

Conclusion / Medical report

Quality Control F

Repeat test and start faster ,
Breathe out for a longer time.

Signature

Instrument used
Minispir LT POST S/N K05070

MIR

مركز فرح للخدمات الطبية
FARAH MEDICAL SERVICE CENTER
عضو مجموعة سلطان ميديكا
Member of Sultan Medica™ Group

RADIOLOGY REPORT

PATIENT NAME:	MALARAVAN RAMALINGAM		
PATIENT ID:	PAT011366(PEACE LAND)	**PROCEDURE DATE:**	01-06-2023
AGE/SEX:	51Y/M	**SITE NAME:**	FARAH MEDICAL CENTER

CHEST X-RAY PA VIEW

Clear lungs and costophrenic angles

Heart of normal size and shape

Normal mediastinum and hilar shadows and bony thorax

Impression:

Normal study

Dr Hussam Al Kindi Senior Specialist Radiologist, MOH License No- 15665, Safa Medical Diagnostic Center

01-06-2023

* This Report is Digitally Signed

Cardiac report: Short

GE Healthcare Hospital
Ultrasound Laboratory

Name **RAMALINGAM, MALARAVAN**
Patient Id **50101304**
Age **51 years**
Birthdate **22/02/1972**
Height
Weight
Gender **Male**
Date **04/06/2023**
Diagn.Phys.
Counter
Tape
BSA
BP
Site Name **NMC HOSPITAL AL HAIL**

Image 1

Image 2

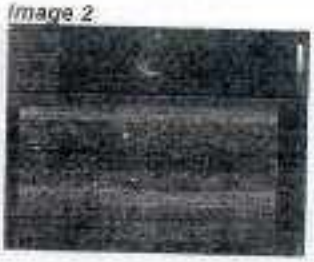


Image 3

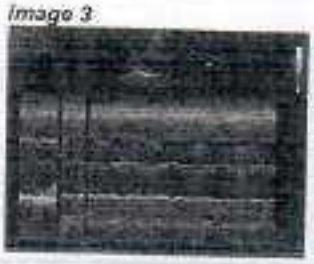


Image 4

2-D

HR_4Ch_Q	78 bpm
LVVED_4Ch_Q	62 ml
LVVES_4Ch_Q	30 ml
LVEF_4Ch_Q	52 %
LVSV_4Ch_Q	32 ml
LVCO_4Ch_Q	2.5 l/min
LVLs_4Ch_Q	6.5 cm
LVLd_4Ch_Q	7.9 cm

M-Mode

IVSd	0.8 cm
LVIDd	4.6 cm
LVPWd	0.4 cm
IVSs	1.0 cm
LVIDs	3.1 cm
LVPWs	1.5 cm
EDV(Teich)	99 ml
ESV(Teich)	37 ml
EF(Teich)	62 %
%FS	34 %
SV(Teich)	62 ml
Ao Diam	2.4 cm
LA Diam	3.2 cm
LA/Ao	1.37

Doppler

Referral Reason

Diagnosis

Print Date: 04/06/2023

Findings

ECG rhythm: Sinus rhythm.

Study quality: This was a technically good study.

Left Ventricle: The left ventricular size is normal. There is borderline concentric left ventricular hypertrophy. Overall left ventricular systolic function is normal with, an EF between 55 - 60 %. The diastolic filling pattern indicates impaired relaxation. No regional wall motion abnormalities were noted.

Right Ventricle: The right ventricle is normal in size and function.

Left Atrium: The left atrium is normal in size.

Right Atrium: The right atrium is normal in size and function.

Aortic Valve: The aortic valve is trileaflet, and appears structurally normal. No aortic stenosis or regurgitation.

Mitral Valve: There is trace mitral regurgitation.

Tricuspid Valve: Trace tricuspid regurgitation present. The right ventricular systolic pressure, as measured by Doppler, is 25MMHG.

Pulmonic Valve: The pulmonic valve is normal. There is no pulmonic regurgitation present.

Aorta: The aortic root size is normal.

Pericardium: There is no pericardial effusion.

Conclusions

Comments

Date

04/06/2023

Print Date: 04/06/2023

nmc specialty hospital,al-hail

P.O BOX : 613, Postal Code : 133
al-hail
24269222

Fitness Certificate

Empno:
Date of issue : *04/06/2023*

Ref No : *0001392/FIT/NMC/2023*

This is to certify that Mr. / Mrs. *MALARAVAN RAMALINGAM* with file no *50101304* and Resident card no. *116806678* was *Examined* at *nmc specialty hospital,al-hail* on *04/06/2023* and will be *FIT TO WORK* from the medical point of view starting from *04/06/2023*

DIAGNOSIS

Remarks
TMT: NEGATIVE FOR ISCHEMIA ECHOCARDIOGRAPHY: LVEF: 60% , NORMAL LV AND RV SIZE AND FUNCTION , NO VHD

DR ERFAN GHOODJANI

Place: *nmc specialty hospital,al-hail*

(Hospital Seal)

Signature