Send on 9/7/2023

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

T.O.

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
77247544		H.D.D

KARTAR SINGH # 0043696 # 42 YM SIGN BE 00517 78811 <Back> 06/07/23 08:24

Nationality	Age	Sex	Location
Indian	10/10/80		

Examination | | Pre-employment | | Periodic | | Exit

VITAL SIGNS & BODY MEASURES

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

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+VE

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/Polyclinic	Doctor Signature & Clinic Stamp	Issue Date
DR. SHAH FAISAL General Practitioner MOH Lic No. 22368		PEACE LAND MEDICAL CENTER	SR	09/07/2023

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
			H.D.D

KARTAR SINGH
0053494 # 42 YRS Male Sikh 0057
78911 <Blank> 06/07/23 08:24

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

FIT

Restrictions

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

Other, specify

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
6/7/23	

Medical Review Date	Employee Signature
09/07/2023	

Doctor Name	Medical License	Hospital	Medical Doctor Signature
DR. SHAH FAISAL General Practitioner MOH Lic No. 22368		FACE LAND MEDICAL CENTER	

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #			Position	
				H.D.D	
Nationality	Age	Sex		Location	

KARTAR SINGH 005/7 06/07/23 08:24

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 Hypoglycemia		Yes		No
Anemias, especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia		Yes		No	Experienced weight loss or gain > 5kg over the past year		Yes		No
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: 6/7/23

Candidate/Employee Signature

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
			H-D-D

Nationality	Age	Sex	Location

Do you smoke? ☐ Yes ☑ No *If YES, P... the following:*

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

CAGE QUESTIONNAIRE

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

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

FATIGUE QUESTIONNAIRE

Have you noticed that you are feeling tired recently	☐ Yes	☑ No					
Have you been feeling a lack of energy	☐ Yes	☑ No	*If YES, Please answer the following:*				
For how many days did you feel tired or with lack of energy in the last week	☐ 1 day	☐ 2 days	☐ 3 days	☐ > 3 days			
Did you feel tired or with lack of energy for more than 3 hs in some days last week?	☐ 1 hour	☐ 2 hours	☐ 3 hours	☐ > 3 hours			
Did you feel so tired that you had to make some effort to do things last week	☐ Yes	☑ No					
Did you feel tired or with lack of energy doing things you like last week	☐ Yes	☑ No					

SELF-REPORTING QUESTIONNAIRE (SRQ-20)

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

Date: 6/7/23

Candidate/Employee Signature

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		KARTAR SINGH 0517 78811 06/07/23 08:24	H-SD

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 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	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: 6/7/23

Candidate/Employee Signature

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		KARTAR SINGH 00617 78811 08/07/23 09:24	H.D.D

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: [ ] Army [ ] 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: 6/7/23

Candidate/Employee Signature

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		KARTAR SINGH # 0043... 42Y/M 00517	H.D.D
Nationality	**Age**	**Sex**	**Location**
		78811 08/07/23 09:24	

VITAL SIGNS

Height: 168 cm — Weight: 78 kg — BMI: 27.6 — Blood Pressure: 114/60 mmHg

Pulse: 76 /min — Medical Practitioner Name: DR. SHAH FAISAL General Practitioner MOH Lic No. 22368 — Signature: [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: 06/07/2023 — Medical Practitioner Name: DR. SHAH FAISAL General Practitioner MOH Lic No. 22368 — Signature: [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 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: — Medical Practitioner Name: DR. SHAH FAISAL General Practitioner MOH Lic No. 22368 — Signature: [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: 06/07/2023 — Physician Name: DR. SHAH FAISAL General Practitioner MOH Lic No. 22368 — Signature: [signature]

ENT SYSTEM

[1] Otoscopy

	Right	Left
Ear Canal Collapse	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☐ No ☐ Not Exam
Drainage	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☐ No ☐ Unknown
Perforation	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☐ No ☐ Not Exam
Cerumen	☑ None ☐ Some ☐ A lot ☐ Impacted ☐ Not Exam	☑ None ☐ Some ☐ A lot ☐ Impacted ☐ Not Exam

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

[2] Hearing Test

Whisper Test: ☑ Normal ☐ Abnormal ☐ Not Exam

Rinne Test: ☑ Normal ☐ Abnormal ☐ Not Exam

Weber Test: ☑ Normal ☐ Abnormal ☐ Not Exam

Audiometry Done: ☑ Yes ☐ No

Hearing Questionnaire verified: ☑ Yes ☐ No

Audiologist Name / Signature: DR. SHAH FAISAL General Practitioner MOH Lic No. 22368 [signature]

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: 06/07/2023 Physician Name: DR. SHAH FAISAL
General Practitioner
MOH Lic No. 22368
Signature: 06/07/2023

مركز بلاد السلام الطبي

Peace Land Medical Center

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

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
2775

P.O. Box 1462, Postal Code : 133, Al Azaiba Roundabout 2, Sahwa Tower, Sultanate of Oman
Tel: 24617117 / 24611148 / 24617149

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:	KARTAR SINGH	**Doc No:**	0034907
Age:	42 Y **Nationality:** INDIAN	**File No:**	0043494
Gender:	M	**Bill No:**	0051754
Ref. By:	SHAH FAISAL	**Date:**	08/07/2023
GSM No.:	72040128	**Time:**	16:59

Test	Result	Normal Range
OQ Medical Checkup Package		
COMPLITE BLOOD COUNT		
RBC	5.6 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	16.5 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	48.1 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	28.7 pg	27 - 33 pg
MCHC	33.4 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	32 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	08	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**232 x 10^9/L**	150 - 450 x 10^9/L
FASTING BLOOD SUGAR	96.2 mg/dl	74 - 100 mg/dl
Sickle cells (Screen)		
SICKLE CELL TEST	NEGATIVE	
Lipid profile(CH,TG,HDL,LDL)		
LIPID PROFILE		
Total Cholesterol	**172 mg/dl**	0.0 - 200 mg/dl

PEACE LAND MEDICAL CENTER

Medical Technologist

Peace Land Medical Center
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Test	Result	Normal Range
Triglyceride	**135.2 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**49.3 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**95.7 mg/dl**	< 100 mg/dl
VLDL	**27.0 mg/dl**	2.0 - 30 mg/dl
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	70 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.76 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**30.2 U/L**	0 - 35.0 U/L
S.G.P.T.	**43.6 U/L**	10 - 45 U/L
ALBUMIN	**4.7 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.3 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.19 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**30.9 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.83 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**7.2 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	

Medical Technologist

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Ref. By:	SHAH FAISAL	**Date:**	08/07/2023
GSM No.:	72040128	**Time:**	16:59

Test	Result	Normal Range
Ketones	Negative	
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-3	
EPITHELIAL CELLS	1-2	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
BLOOD GROUP & Rh TYPING	'A' Positive	
BLOOD GROUPING AND RH TYPING		
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	
MEDTHODONE(MED)	NEGATIVE	
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE	
MARIJUANA(THC)	NEGATIVE	

.....
Medical Technologist

KARTAR SINGH

78811 09/07/23 09:24

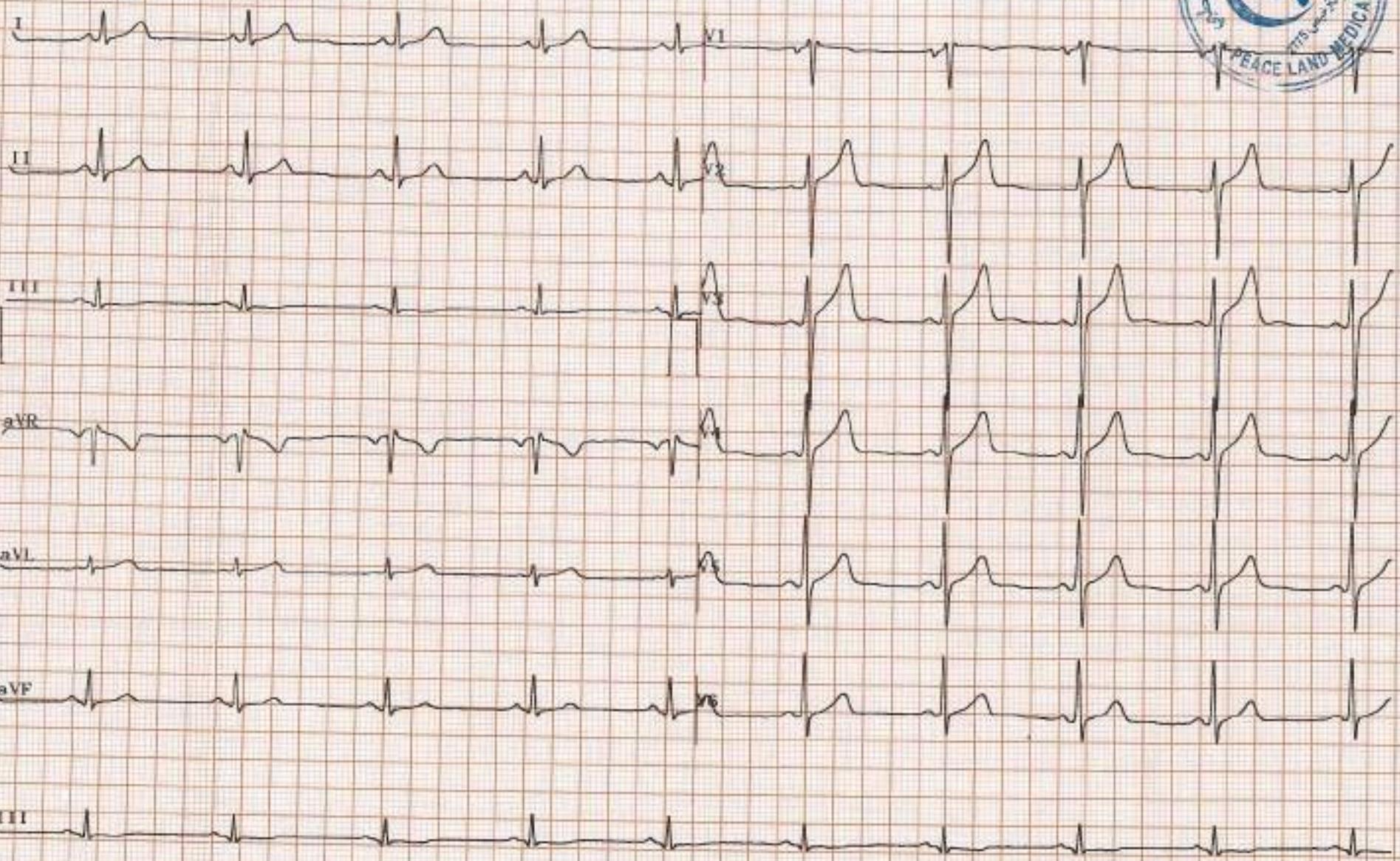
12-Channel + 1 rhythm Report

Hospital:

Prescribed by:

Heart Rate: 59bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 122 ms Sinus Bradycardia(HR:50-59)
QRS Dur.: 98 ms Normal Axis
QT/QTc: 418/411 ms ICRBBB(Incomplete Right Bundle Branch Block)
P-R-T axes: [Minimally Abnormal or Normal Variation ECG]
48 49 22

PEACE LAND MEDICAL CENTRE



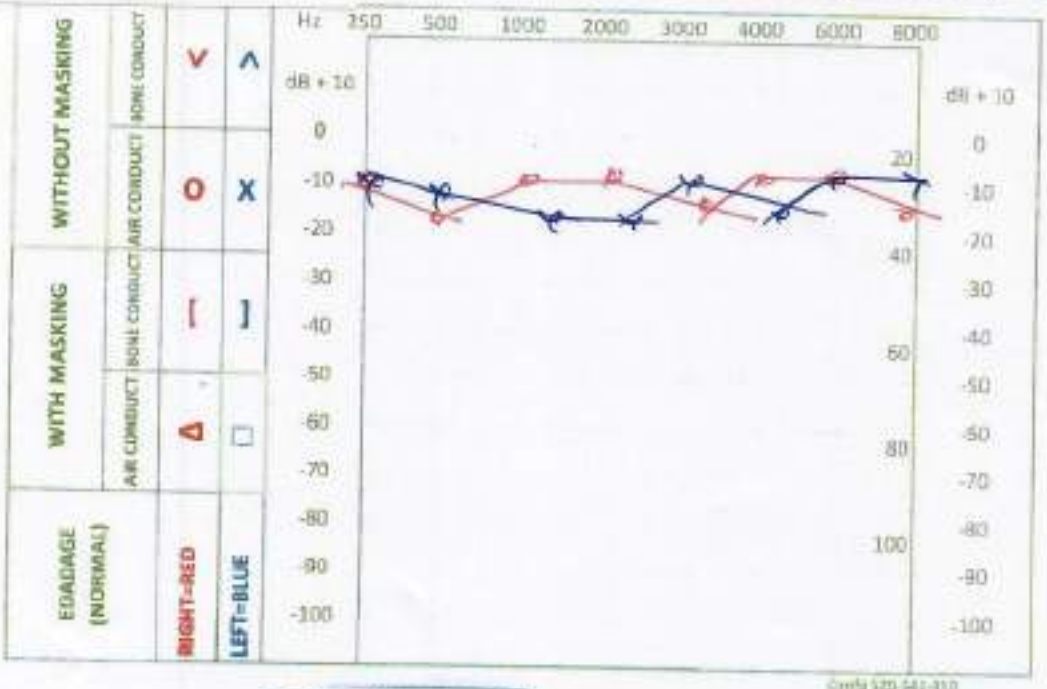
0.1Hz- 150Hz, AC50Hz. All Channels: 10.0mm/mV, 25.0mm/sec. EKG2000 Ver5.05M.30 Bionet Co., Ltd.

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land
بلاد السلام

KARTAR SINGH
00517
78911
05/07/23 08:24

AUDIOMETRY TEST REPORT

ORDER	
COMPANY	T.O
OCCUPATION	H.O.D
DATE	6/7/23



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

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

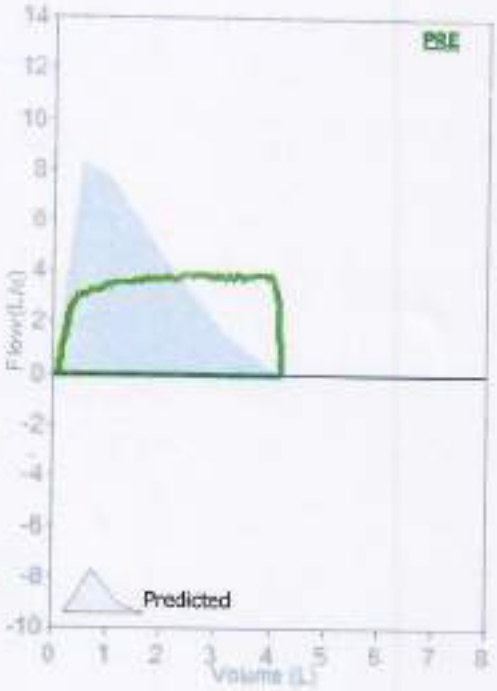
ص.ب ١٤٠٣، الرمز البريدي ١٣٣، بوار العذيبة شمالي ابراج الصحوة شمالي ٢، سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف: ٢٤٦١٧١١٧/٢٤٦١٧١٤٨/٢٤٦١٧١٤٩

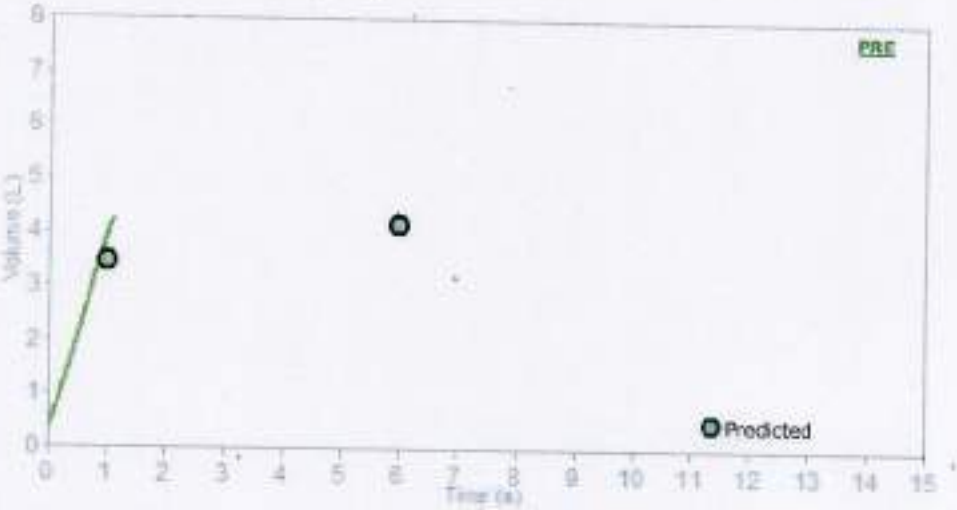
Pulmonary Function Test Results

Visit date 06/07/2023

Patient code	77247544	Age	42
Surname	SINGH	Gender	Male
Name	KARTAR	Height, cm	168
Date of birth	10/10/1980	Weight, kg	78
Ethnic group	Not defined	BMI	27.64
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 06/07/2023 15:39:24

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.09	4.15	4.21*	102	0.10	4.21			*		
FEV1	L	2.57	3.43	3.98*	116	1.05	3.98			*		
FEV1/FVC	%	73.2	83.4	94.5*	113	1.80	94.5			*		
PEF	L/s	4.91	8.33	3.99*	48	-2.09	3.99			*		
ELA	Years		42	42	100		42					
FEF2575	L/s	1.90	3.69	3.72	101	0.03	3.72					
FET	s		6.00	1.08	18		1.08					
FIVC	L	3.09	4.15									
FEV1/VC	%	73.2	83.4									

*Best values from all loops - BTPS 1.101 23 °C (73.4 °F) - Predicted Knudson

Conclusion / Medical report

Signature

Instrument used
Minispir S S/N C11507
Last calibration check 01/11/2021 09:35:10

MIR

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
77247544	KARTAR SINGH	042Y/M	06-07-2023	

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**

DIGITAL X-RAY LUMBAR SPINE AP / LAT VIEWS

Lumbar lordotic curvature and alignment maintained.

Vertebral bodies, pedicles, and posterior elements appear normal.

Inter-vertebral disc spaces are not narrowed.

Sacro-iliac joints appear intact.

Pre- and para-vertebral soft tissues appear normal.

IMPRESSION: **NO X-RAY ABNORMALITIES DETECTED**

DR. ROMEL M.HUERTO
MD, DPBR
RADIOLOGIST
MOH LICENSE # 8568

Dr. Romel Masangkay Huerto
MD, DPBR
Radiologist
MOH License # 8568