OQEP Occupational Health
MEDICAL EVALUATION REPORT - SUMMARY

OQEP-COR-HSE-HEL-FRM-00021
Classification: External Use
Review: 03-31/08/2024

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
6113304	10477	NASSER MOHAMED KHOLAF AL AISRI	HSE ADVISOR

Nationality	Age	Sex	Company	Location
OMANI	38	M	TRUCKONAN NORTH	HAIMA

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 120/80 [✓] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crises

BMI Category: 29.26 [ ] 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

Framingham [ ] Low [ ] Moderate [ ] Hig

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 +VE

Pre-existing condition:

Remarks:

Glucose Level Category 95.6mg/dl [✓] Normal 80 – 100 mg/dl [ ] Pre diabetic 100 – 125 mg/dl [ ] Diabetic > 126 mg/dl

Cholesterol Risk Category 121.7mg/dl [✓] 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 [ ] 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	Doctor Signature & Clinic Stamp	Issue Date
DR. HAMAD MOHAMED ISMAIL GENERAL PRACTITIONER MOH License No: 29078				27.9.2025

OQEP Occupational Health
FITNESS TO WORK CERTIFICATE [CONTRACTOR]

OQEP-COR-HSE-HEL-FRM-00021
Classification: External Use
Review: 03-31/08/2024

EMPLOYEE IDENTI

'etient:19957 Reg.Dt: 25/09/202
Name: NASSER MOHAMED KHALAF AL AL
Gender: Male Nationality: OMAN
Age: 38Y Mar. Status: Sing
Address:

Company	Identification Number	
TON		

Nationality	Age	Sex	Entry Date	Location	Job Title
			25/09/25	HAIMA	HSE ADVISOR.

MEDICAL SUITABILITY FOR WORK

Medical Evaluation Type	[ ] Pre-employment	[ ] Periodic	[ ] Exit	[ ] Job Transfer	[ ] Post-absence	[ ] Cause Triggered
Medical Suitability for Work	[✓] Fit to Work	[ ] Unfit	[ ] Fit with Restrictions		

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:	

Doctor Name	Medical License	Hospital	Doctor Signature
	DR. HAMMAD MUTSMAIL GENERAL PRACTITIONER MOH License No: 20078	Peace Land Clinic Mukhaizna	

OQEP Occupational Health
PHYSICAL ASSESSMENT FORM

OQEP-COR-HSE-HEL-FRM-00021	
Classification: External Use	
Review: 03-31/08/2024	

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
643804	10477	Patient:19957 Reg.Dt: 25/09/202 Name: NASSER MOHAMED KHALAF AL AI Gender: Male Nationality: OMA Age: 38Y Mar. Status: Sing Address:	HSE ADVISOR

Nationality	Age	Sex	Location

VITAL SIGNS

Height: 168 cm | Weight: 79 Kg | BMI: 29.3 | Blood Pressure: 130/80 mmHg

Pulse: 68 /min | Medical Practitioner Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 | 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 — DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078

Stereoscopic Vision Test: ☐ Normal ☐ Abnormal

Date of Examination: 25/09/25 | Medical Practitioner Name: | Signature:

RESPIRATORY SYSTEM

[1] Spirometry Test

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

Diagnosis: ☐ Asthma ☐ COPD ☐ Other _____

Acceptability Criteria (select all what is applicable)
- ☐ Free from artifacts
- ✓ 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: 25/09/25 | Medical Practitioner Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 | 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: 25/09/25 | Physichian Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 | 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 ☐ Occluding ☐ Impacted ☐ Not Exam	✓ None ☐ Some ☐ Occluding ☐ 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

Audiologist Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 | Signature:

[2] Hearing Test

Whisper Test	✓ Normal ☐ Abnormal ☐ Not Exam
Rinne Test	☐ Normal ☐ Abnormal ☐ Not Exam
Weber Test	✓ Normal ☐ Abnormal ☐ Not Exam

Adiometry Done: ✓ Yes ☐ No

Hearing Questionnaire verified: ✓ Yes ☐ No

Page 1 of 2

OQEP Occupational Health PHYSICAL ASSESSMENT FORM

Patient:19957 Reg.Dt: 25/09/202 M-00021
Name: NASSER MOHAMED KHALAF AL AI
Gender: Male Nationality: OMAN
Age: 38Y Mar. Status: Sing
Address:

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:

Peace Land Clinic Mukhaizna

Date of Examination: 25/09/2025 Physician Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20178 Signature:

OQEP Occupational Health
MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

OQEP-COR-HSE-HEL-FRM-00021
Classification: External Use
Review: 03-31/08/2024

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
611330[illegible]	L0477	Patient:19957 Reg.Dt: 25/09/202 Name: NASSER MOHAMED KHALAF AL AI Gender: Male Nationality: OMAN Age: 38Y Mar. Status: Sing Address:	HSE ADVISOR
Nationality	**Age**	**Sex**	**Location**
			HAIMA

PERSONAL HEALTH HISTORY

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

Congenital heart disease or Valvular heart disease or Coronary artery disease		Yes	✓	No	Muscle problems e.g. weakness of your limbs or twitchy muscles		Yes	✓	No
Myocardial insufficiency or infarction (heart attack)		Yes	✓	No	Joint problems, e.g. plantar warts, joint pain or swelling		Yes	✓	No
Coronary bypass surgery (CABS) and angioplasty		Yes	✓	No	Problems with limb, neck or spine mobility		Yes	✓	No
Heart arrhythmias (heart beats too fast, too slow or irregularly)		Yes	✓	No	Extremities (feet or hands) deformities or problems		Yes	✓	No
High blood pressure (hypertension)		Yes	✓	No	Experienced back problem, arthritis, slipped disc		Yes	✓	No
Shortness of breath after exertion		Yes	✓	No	Pain in neck or back or hands or legs		Yes	✓	No
Varicose veins associated with varicose eczema, ulcers or other complications		Yes	✓	No	Thyroid disease or 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, G6PD		Yes	✓	No	Experienced unintentional 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
Recurrent headaches or migraine		Yes	✓	No	Allergies e.g. dust, medication, insect bites, chemicals		Yes	✓	No
Epilepsy and recurrent seizures		Yes	✓	No	Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gastritis		Yes	✓	No
Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope)		Yes	✓	No	Haemorrhoids, fistulae and fissures causing pain, or recurrent bleeding		Yes	✓	No
Sleep disorders, such as insomnia, hypersomnia, sleep apnea, narcolepsy		Yes	✓	No	Liver and pancreas diseases (e.g. pancreatitis, Hepatitis, Jaudice)		Yes	✓	No
Chronic anxiety states and/or recurrent depression		Yes	✓	No	Kidney or bladder diseases e.g. recurrent infection, renal stones		Yes	✓	No
Phobias such as fear of heights, fear of confined spaces, fear of flying		Yes	✓	No	Ear, nose or throat problems (e.g. otitis, hearing loss, tinnitus, sinusitis, tonsilitis)		Yes	✓	No
Lung disease e.g. bronchitis, asthma, dyspnea, Tuberculosis (TB)		Yes	✓	No	Eye disease or visual defect (e.g. glaucoma, color blindness, monocular vision)		Yes	✓	No
Phlegm production (excess mucus production) or tight chest		Yes	✓	No	Treated for infectious diseases (e.g. malaria, COVID19, dengue)		Yes		No
Immune suppression due to cancer or human immunodeficiency virus		Yes	✓	No	Treated for mental health problems, such as depression, stress, anxiety		Yes		No
Lump in breast or armpit		Yes	✓	No	Treated for substance or alcohol abuse		Yes		No

Any other diseases 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
Rt hand Carpel fracture (METAL PLATE)	2023

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

Date: 25/05/202[illegible]

Peace Land Clinic Muscat C.R.NO.1211788

Candidate/Employee Signature

OQEP Occupational Health
HEALTH SCREENING QUESTIONNAIRE

OQEP-COR-HSE-HEL-FRM-00021
Classification: External Use
Review: 03-31/08/2024

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
893304	10477	atient:19957 Reg.Dt: 25/09/202 lame: NASSER MOHAMED KHALAF AL AI ender: Male Nationality: OMA ge: 38Y Mar. Status: Sing ddress:	HSE ADVISOR

Nationality	Age	Sex	Location
			HAIMA

FAGERSTROM TEST

Do you smoke? [ ] Yes [ ] No ***If YES, Please answer the following:***

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

CAGE QUESTIONNAIRE

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

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

FATIGUE QUESTIONNAIRE

Have you noticed that you are feeling tired recently	[ ] Yes	[ ] No						
Have you been feeling a lack of energy	[ ] Yes	[ ] No	***If YES, Please answer the following:***					
For how many days did you feel tired or with lack of energy in the last week	[ ] 1 day	[ ] 2 days	[ ] 3 days	[ ] > 3 days				
Did you feel tired or with lack of energy for more than 3 ha 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: 25/05/2025

Peace Land Clinic Mukhaizna

Candidate/Employee Signature

OQEP Occupational Health
RESPIRATORY PROTECTION QUESTIONNAIRE

OQEP-COR-HSE-HEL-FRM-00021	
Classification: External Use	
Review: 03-31/08/2024	

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643304	10477	Patient:19957 Reg.Dt: 25/09/202 Name: NASSER MOHAMED KHALAF AL A Gender: Male Nationality: OMA Age: 38Y Mar. Status: Sing Address:	HSE ADVISOR.

Nationality	Age	Sex	Location
			HAIMA

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: 25/09/2025

Peace Land Clinic W.L.L.

Candidate/Employee Signature

OQEP Occupational Health
HEARING CONSERVATION QUESTIONNAIRE

OQEP-COR-HSE-HEL-FRM-00021
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G11330+	10477	Patient:19957 Reg.Dt: 25/09/202 Name: NASSER MOHAMED KHALAF AL AL Gender: Male Nationality: OMA Age: 38Y Mar. Status: Sing Address:	HSE ADVISOR
Nationality	**Age** / **Sex**		**Location**
			HALUL

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

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Date: 25/09/2025

Candidate/Employee Signature

ID :

Heart Rate: 61 bpm
PR/RR Int.:144/984 ms
QRS Dur: 90 ms
QT/QTc: 402/405 ms
P-R-T axes: 50 37 35
SV1/RV5/R+S:0.82/1.96/2.78mV

Prescribed by:

** Analysis Result ** (To be finally confirmed by physician)
Normal Sinus Rhythm
[Normal ECG]

Patient:19957 Reg.Dt: 25/09/202
Name: NASSER MOHAMED KHALAF AL AI
Gender: Male Nationality: OMAN
Age: 38Y Mar. Status: Sing
Address:

Peace Land Clinic Mukhaizna

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

Base:0Hz LPF:100Hz AC:60Hz EMG:On 10.0/5.0mm/mV 25.0mm/sec EKG2000 6.00/3.24 Bionet Co., Ltd.

Peaceland Medical Service LLC, Mukhaizna
CR No.:2/136277/8, P.O.Box: 1403,
Postal Code: 133,
Occidental Camp Mukhaizna, Sultanate of Oman

PATIENT DETAILS :

Patient ID	: 19957	Doc No	: 15252
Name	: NASSER MOHAMED KHALAF AL AISRI	Doc Date	: 2025-09-25T17:12:00
Age	: 38Y	Bill No	: 37423
Gender	: Male	Date	: 25/09/2025 17:12 PM
Nationality	: OMANI	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 79275567	Ref.by	: DR.HAMMAD ISMAIL

TEST RESULT : OQ-001 OQ MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
OQ MEDICAL CHECKUP			
BLOOD GROUP & Rh TYPING	'O' Positive		
COMPLETE BLOOD COUNT			
RBC	5.5 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	14.7 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	45.1 %	Male 42 -52 % Female 37 -47 %	
MCV	84.7 fl	75 - 96 fl	
MCH	27.2 pg	27 - 33 pg	
MCHC	32.5 %	32 36 %	
WBC COUNT	6.5 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	54 %	40-75 %	
LYMPHOCYTE	38 %	20-45 %	
EOSINOPHIL	2 %	1-6 %	
MONOCYTE	6 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	11	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	2.6 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	NEGATIVE		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	56 u/l	44-147 U/ L	
T. BILIRUBIN	1 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.2 mg / dl	up to 0.4 mg /dl	
S.G.O.T.	10.8 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	11.6 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	7.1 g /dl	New born 5.2 - 9.1 g /dl Children 5.4 - 8.7 g /dl Adult 6.7 - 8.7 g /dl	
ALBUMIN	4.48 g / dl	3.6 - 5.5 g/dl	

Reported By:
Lab Technician

Sr. Lab Technologist

Printed at: 25/09/2025 17:15:37

Verified By:
Lab Technician

Sr. Lab Technologist

Signed at: 25/09/2025 17:15:37

Approved By
Lab Technician

Sr. Lab Technologist

Test	Result	Normal Range	Detailed Description
RENAL FUNCTION TEST			
UREA	26.7 mg / dl	10-50 mg /dl	
S.CREATININE	0.7 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	8 mg / dl	3.4 - 7.2 mg /dl	
LIPID PROFILE			
Total Cholesterol	183 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	77.4 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	45.9 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	121.7 mg/dl	< 130 mg/dl	
VLDL	15.4 mg/dl	2-30 mg/dl	
FASTING BLOOD SUGAR	95.6 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Yellow		
Sp. Gravity	1.015		
pH	Acidic		
Appearance	Clear		
CHEMICAL	0		
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC			
PUS_CELLS	1-3		
EPITHELIAL CELLS	1-2		
RBCS	0-1		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NIL		
OTHERS	NIL		
URINE DRUG SCREEN			
OPIATE (URINE)	NEGATIVE		
MORPHINE (URINE)	NEGATIVE		
COCCAINE (URINE)	NEGATIVE		
AMPHETAMINE (URINE)	NEGATIVE		
BENZODIAZEPINES (URINE)	NEGATIVE		
PHENCYCLIDINE (URINE)	NEGATIVE		
METHAMPHETAMINE (URINE)	NEGATIVE		
TRAMADOL (URINE)	NEGATIVE		
BARBITURATES (URINE)	NEGATIVE		
TRICYCLIC ANTIDEPRESSANTS (URINE)	NEGATIVE		
METHADONE (URINE)	NEGATIVE		
ALCOHOL TEST	NEGATIVE		

Patient:19957 Reg.Dt: 25/09/202
Name: NASSER MOHAMED KHALAF AL AI
Gender: Male Nationality: OMAN
Age: 38Y Mar. Status: Sing
Address:

Remarks:

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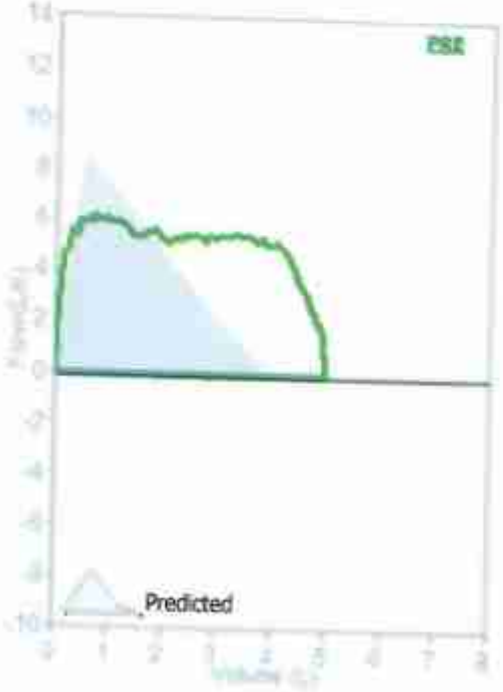
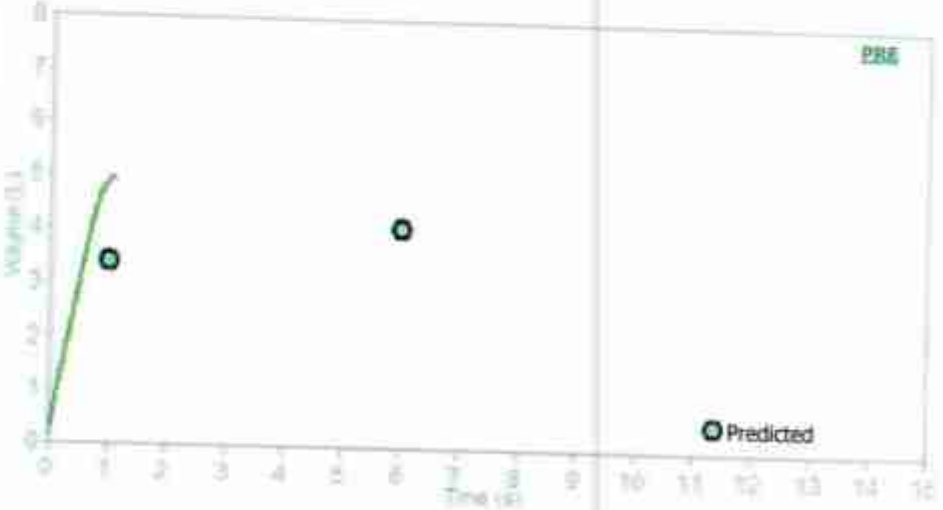
Pulmonary Function Test Results

Visit date 22/08/2023

Patient code	6113304	Age	38
Surname	AISRI	Gender	Male
Name	NASSER MOHAMED	Height, cm	163
Date of birth	28/06/1987	Weight, kg	78
Ethnic group	Caucasian	BMI	29.36
Smoke	Smoker	Pack-Year	0.05
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 25/09/2025 09:37:25

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.06	4.06	4.98*	123	1.50	4.98			*		
FEV1	L	2.58	3.42	4.91*	144	2.93	4.91			*		
FEV1/FVC	%	68.6	80.4	98.6*	123	2.54	98.6			*		
PEF	L/s	6.53	8.52	6.16*	72	-1.95	6.16			*		
ELA	Years		38	38	100		38					
FEF2575	L/s	2.52	4.23	5.37	127	1.10	5.37					
FET	s		6.00	1.09	18		1.09					
FIVC	L	3.06	4.06									
FEV1/VC	%	68.6	80.4									

*Best values from all loops - BTPS 1.048 34 °C (93.2 °F) - Predicted ERS (ECCS) / Zapletal

Conclusion / Medical report

Signature

Peace Land Clinic Mukhaizna

Instrument used
Minispir S S/N C16043

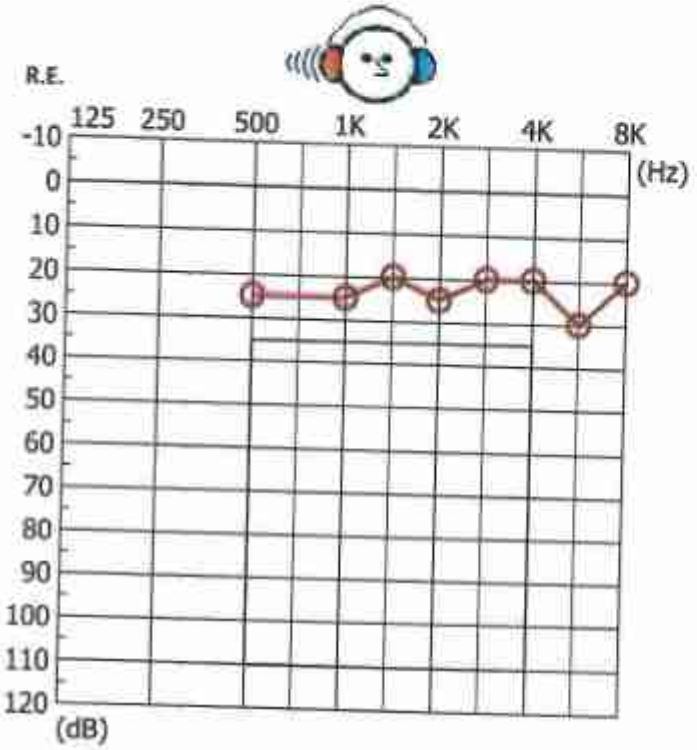
AUDIOMETRY REPORT

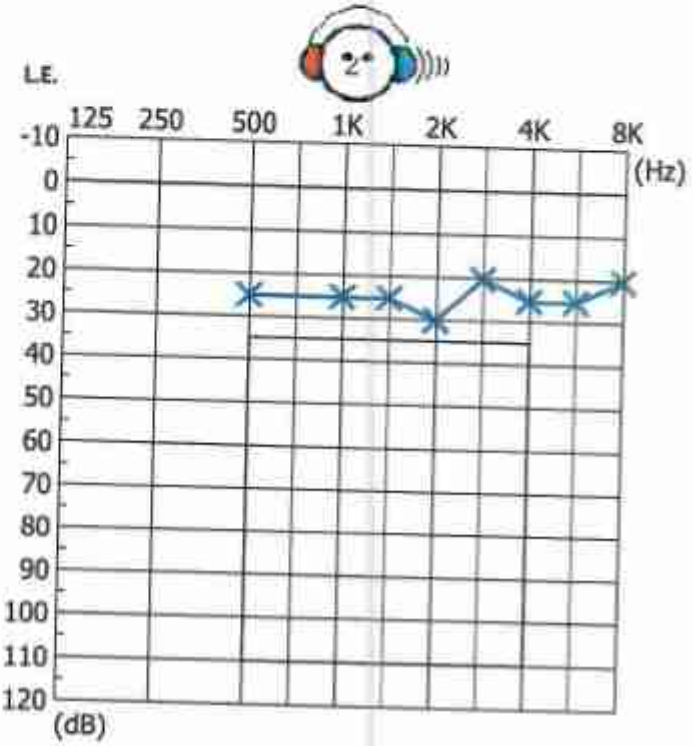
SIBELMED W50

Name:	AL AISRI, NASSER MOHAMED
Age(y):	38
Sex:	Man
Height (cm):	0
Weight(Kg):	0
BMI:	

Patient:19957 Reg.Dt: 25/09/202
Name: NASSER MOHAMED KHALAF AL AI
Gender: Male Nationality: OMAN
Age: 38Y Mar. Status: Sing
Address:

Equipment:
Device serial numb.:
Flash Version:





MINISTRY OF LABOUR AND SOCIAL AFFAIRS

	R.E.	L.E.
Hearing Loss (%)	0.0	0.0
Average dBs	23.8	25.0
Bilateral Loss (%)	0.0	

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

Right ear	Normal
Left ear	Normal

COMMENTS: Normal

DR. HAMMAD MD ISMAIL
GENERAL PRACTITIONER
MOH License No: 20078

Peace Land Clinic Mukhaizna

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
19957	NASSER MOHAMED KHALAF AL AISRI.	38Y/M	25-09-2025	

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**

Peace Land Clinic Mukhaizna

Dr. K. VIJAYAKUMAR
MBBS, DMRD
Radiologist
MOH Lic No.: 7560

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