MEDICAL EVALUATION REPORT - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
89879177		Manjit Singh	Heavy Driver

Nationality	Age	Sex	Company	Location
Indian	41	M	Truck man	

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 140/95 [-] Normal | [✓] Prehypertension | [ ] Hypertension Stage 1 | [ ] Hypertension Stage 2 | [ ] Hypertension Crises

BMI Category: 25 [ ] Underweight | [✓] Normal | [ ] Overweight | [ ] Obese | [ ] Morbid Obesity

Remarks:

VISUAL TEST

Visual Acuity Test: RT 6/9 LT 6/9 — 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: 4.98 [ ] Normal: 80 – 100 mg/dl | [ ] Pre diabetic: 100 – 125 mg/dl | [ ] Diabetic = 126 mg/dl

Cholesterol Risk Category: 6.66 [ ] 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

DR. MOHAMMAD [illegible] FEROZ
General Practitioner
MOH Lic. No. [illegible]
mmc specialty hospital, Al Ghubra

17/07/25

C.R. No: 1240387
Sultanate of Oman
RECEPTION
mmc specialty hospital, Al Ghubra

FITNESS TO WORK CERTIFICATE

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
89879177		Manjit Singh	

Nationality	Age	Sex	Company	Location
Indian	41	M	Trulee oman	

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 Suitability for Work

Medical Suitability for Work	[✓] Fit to work [ ] Fit with following restrictions [ ] Pending Fitness [ ] Not fit to work

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 in extreme heat	[ ] Repetitive movements
[ ] Working near rotating machinery	[ ] Operating cargo machinery
[ ] Use of respirator	[ ] Emergency response duty
[ ] Driving vehicle	[ ] Handling chemical products
[ ] Flying	Other, specify

Temporary Unfit Until

New Position	New Function	New Department
NA	NA	NA

Examanation Date	Exams Performed
17/07/2025	

Medical Review Date	Employee Signature
17/07/2025	

Doctor Name	Medical License	Hospital	Medical Coordinator Signature

mmc specialty hospital, Al Ghoubra
C.R. No: 1246387
Sultanate of Oman
RECEPTION

DR. MOHAMMAD RIZWAN FEROZ
General Practitioner
MOH Lic. No. 2851
mmc specialty hospital, Al Ghoubra
17/07/25

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
898749177		Manjit Singh	

Nationality	Age	Sex	Company	Location
Indian	41	M	Towell Oman	

PERSONAL HEALTH HISTORY

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

Disorders of the heart or circulation i.e. chest pain, heart murmurs,		Yes	✓	No	Skin disorders e.g. severe acne, dermatitis, eczema or allergy		Yes	✓	No
High blood pressure		Yes	✓	No	Ear, nose or throat problems		Yes	✓	No
Palpitations i.e. being aware of the heart beats		Yes	✓	No	Allergies e.g. dust, medication, bee stings		Yes	✓	No
Lung disease e.g. bronchitis, asthma, dyspnea, T. B		Yes	✓	No	Kidney or bladder diseases e.g. recurrent infection, renal stones		Yes	✓	No
Phlegm productions or tight chest		Yes	✓	No	Sexually transmitted disease		Yes	✓	No
Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope)		Yes	✓	No	Is your eyesight satisfactory	✓	Yes		No
Nervous disorder, or emotional breakdown, depression, anxiety		Yes	✓	No	Is your hearing satisfactory	✓	Yes		No
Epilepsy / Seizures		Yes	✓	No	Do you wear glasses or contact lenses		Yes	✓	No
Recurrent headaches or migraine		Yes	✓	No	Do you have color blindness		Yes	✓	No
Any sleep problems		Yes	✓	No	Do you have any phobia from working at heights		Yes	✓	No
Foot deformities or problems		Yes	✓	No	Do you have any phobia from working at confined spaces		Yes	✓	No
Muscle problems e.g. weakness of your limbs or twitchy muscles		Yes	✓	No	Experienced weight loss or gain > 5kg over the past year		Yes	✓	No
Joint problems, e.g. plantar warts, joint pain or swelling		Yes	✓	No	Informed about being overweight or obese		Yes	✓	No
Problems with limb, neck or spine mobility		Yes	✓	No	Treated for malaria		Yes	✓	No
Experienced back problem, arthritis, slipped disc		Yes	✓	No	Treated for depression, stress		Yes	✓	No
Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gall stones		Yes	✓	No	Treated for substance abuse		Yes	✓	No
Rectal bleeding, jaundice		Yes	✓	No	Received counseling or treatment for HIV/AIDS		Yes	✓	No
Diabetes or any other glandular diseases		Yes	✓	No	Received counseling or treatment for Hepatitis		Yes	✓	No
Cancer, growth or tumor of any kind		Yes	✓	No	Anemia, especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia		Yes	✓	No
Frequent headache		Yes	✓	No	G6PD (Glucose		Yes	✓	No
Pain in neck or back or hands or legs		Yes	✓	No	Any other diseases not mentioned in the above list?		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: 17/1/25

Candidate/Employee Signature

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
89879177		manjit singh	

Nationality	Age	Sex	Company	Location
Indian	41	m	Truck oman	

FAGERSTROM TEST

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

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

CAGE QUESTIONNAIRE

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

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

FATIGUE QUESTIONNAIRE

Have you noticed that you are feeling tired recently [ ] Yes [✓] No

Have you been feeling a lack of energy [ ] Yes [✓] No *If YES, Please answer the following:*

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

SELF-REPORTING QUESTIONNAIRE (SRQ-20)

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: 17/11/25

Candidate/Employee Signature

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Pasaport #	Company ID #	Name	Position
99879177		Manjit Singh	

Nationality	Age	Sex	Company	Location
Indian	41	M	Truck man	

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? [ ] YES [✓] NO What type: ☐ Disposible mask ☐ Cartidge Mask ☐ SCBA

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? [ ] YES [✓] NO

2. Have you ever had any of the following conditions?

[ ] YES [✓] NO a. Seizures
[ ] YES [✓] NO b. Diabetes (sugar disease)
[ ] YES [✓] NO c. Trouble smelling odors
[ ] YES [✓] NO d. Allergic reactions that interfere with your breathing
[ ] YES [✓] NO e. Claustrophobia (fear of closed in places)

3. Have you ever had any of the following pulmonary or lung problems?

[ ] YES [✓] NO a. Asbestosis
[ ] YES [✓] NO b. Asthma
[ ] YES [✓] NO c. Chronic bronchitis
[ ] YES [✓] NO d. Emphysema
[ ] YES [✓] NO e. Pneumonia
[ ] YES [✓] NO f. Tuberculosis
[ ] YES [✓] NO g. Silicosis
[ ] YES [✓] NO h. Lung cancer
[ ] YES [✓] NO i. Broken ribs
[ ] YES [✓] NO j. Pneumothorax (collapsed lung)
[ ] YES [✓] NO k. Any chest injuries or surgeries
[ ] YES [✓] NO l. Any other lung problem that you have been told about

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

[ ] YES [✓] NO a. Shortness of breath
[ ] YES [✓] NO b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline
[ ] YES [✓] NO c. Shortness of breath when walking with other people at an ordinary pace on level ground
[ ] YES [✓] NO d. Have to stop for breath when walking at your own pace on level ground
[ ] YES [✓] NO e. Shortness of breath when washing or dressing yourself
[ ] YES [✓] NO f. Shortness of breath that interferes with your job
[ ] YES [✓] NO g. Coughing that produces phlegm (thick sputum)
[ ] YES [✓] NO h. Coughing that wakes you early in the morning
[ ] YES [✓] NO i. Coughing that occurs mostly when you are lying down
[ ] YES [✓] NO j. Coughing up blood in the last month
[ ] YES [✓] NO k. Wheezing
[ ] YES [✓] NO l. Wheezing that interferes with your job
[ ] YES [✓] NO m. Chest pain when you breathe deeply
[ ] YES [✓] NO n. Any other symptoms that you think may be related to lung problems

5. Have you ever had any of the following cardiovascular or heart problems?

[ ] YES [✓] NO a. Heart attack
[ ] YES [✓] NO b. Stroke
[ ] YES [✓] NO c. Angina
[ ] YES [✓] NO d. Heart failure
[ ] YES [✓] NO e. Swelling in your legs or feet (not caused by walking)
[ ] YES [✓] NO f. Heart arrhythmia
[ ] YES [✓] NO g. High blood pressure
[ ] YES [✓] NO h. Any other heart problems that you've been told about

6. Have you ever had any of the following cardiovascular or heart symptoms?

[ ] YES [✓] NO a. Frequent pain or tightness in your chest
[ ] YES [✓] NO b. Pain or tightness in your chest during physical activity
[ ] YES [✓] NO c. Pain or tightness in your chest that interferes with your job
[ ] YES [✓] NO d. In the past two years, have you noticed your heart skipping or missing a beat
[ ] YES [✓] NO e. Heartburn or indigestion that is not related to eating
[ ] YES [✓] NO f. Any other symptoms that you think might be related to heart

7. Do you currently take medication for any of the following problems?

[ ] YES [✓] NO a. Breathing or lung problems
[ ] YES [✓] NO b. Heart trouble
[ ] YES [✓] NO c. Blood pressure
[ ] YES [✓] NO d. Seizures (fits)

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

[ ] YES [✓] NO a. Eye irritation
[ ] YES [✓] NO b. Skin allergies or rashes
[ ] YES [✓] NO c. Anxiety
[ ] YES [✓] NO d. General weakness or fatigue
[ ] YES [✓] NO e. Any other problem that interfere with your use of a respirator

Date:

Candidate/Employee Signature

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
89879177		Manjit Singh	

Nationality	Age	Sex	Company	Location
Indian	41	m	Taule man	

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: NO

[ ] 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: NO

[ ] 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: NO

[ ] 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: NO

[ ] 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: _____

Candidate/Employee Signature

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
89879177		manjit singh	

Nationality	Age	Sex	Company	Location
Indian	41	m	Truck oman	

VITAL SIGNS

Height: 184 cm Weight: 87 Kg BMI: 25 Blood Pressure: 140/95 mmHg

Pulse: 68 /min Medical Practitioner Name: ______ Signature: ______

DR. MOHAMMED FEROZ QURAISHI
General Practitioner
MOH Lic. No: 8201
NMC speciality hospital, Al Ghoubra

VISUAL SYSTEM

	Right Uncorrected	Left Uncorrected	Right Corrected	Left Corrected	Both Uncorrected	Both Corrected
Visual Acuity Test	6/9	6/9	6/6	6/6	6/6	6/6

Colour Vision Test Ishihara: # of Plates passed: 24 Inform the Plates # failed: — ☑ Normal ☐ Abnormal

Visual Field Test: ☑ Normal ☐ Abnormal

Stereoscopic Vision Test: ☑ Normal ☐ Abnormal

Date of Examination: 17/07/2025 Medical Practitioner Name: Dr. Samer Awad 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 which is applicable)
☐ Free from artifacts ☐ Satisfactory exhalation
☐ Good start ☐ NOT satisfactory

Repeatability Criteria (select all which 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: ______ 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: ______ Physician Name: ______ Signature: ______ 17/07/25

DR. MOHAMMED RIZWAN FEROZ
General Practitioner
MOH Lic. No: 8201
NMC speciality hospital, Al Ghoubra

NMC speciality hospital, Al Ghoubra — C.R. No: 1248387 — Sultanate of Oman — RECEPTION

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

Caruman:
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

NMC speciality hospital, Al Ghoubra — C.R. No: 1248387 — Sultanate of Oman — RECEPTION

PHYSICAL ASSESSMENT FORM

ENT SYSTEM

[2] Nose Assessment

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

[3] Throat Assessment

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

CARDIOVASCULAR SYSTEM

[1] Heart Sounds

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

[2] Heart Murmurs

☐ Present ☑ Absent ☐ Not Examined	If present, describe below:

[3] Peripheral Pulses

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

[4] Peripheral Veins

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

NEUROLOGICAL SYSTEM

[1] Mental Status

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

[2] Cranial Nerves

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

[3] Motor System

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

[4] Reflexes

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

[5] Sensory System

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

[6] Coordination, Station, Gait

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

MUSCULOSKELETAL SYSTEM

[1] Hand and Wrist

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

[2] Elbow and Shoulder

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

[3] Hip

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

[4] Knees

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

[5] Foot and Ankle

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

[6] Spine and Back

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

OTHER

[1] Skin, Extremities

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

[2] Head & Neck

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

[3] Mouth and Teeth

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

[4] Hernial Orifices

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

[5] Abdominal Organs

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

[6] Lymph Nodes

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

DR. MOHAMMED FEROZ QURAISHI
General Practitioner
MOH Lic. No: 0261
Nimr Specialty Hospital, Al Ghoubra

Date of Examination:

Physician Name:

Signature:

Nimr Specialty hospital, Al Ghoubra
C.R. No: 1248387
Sultanate of Oman
RECEPTION

nmc specialty hospital, al ghoubra

P.O BOX : 613, Postal Code : 133
AL-GHOUBRA
24504000

Fitness Certificate

Empno:
Date of issue : *17/07/2025*

Ref No : *0000105/FIT/NMC/2025*

This is to certify that Mr. / Mrs. *MANJIT SINGH* with file no *14487563* and Resident card no. *89879177* was *Examined* at *nmc specialty hospital, al ghoubra* on *17/07/2025* and will be *Fit* from the medical point of view starting from *17/07/2025*

DIAGNOSIS
Z02.1-Encounter For Pre-Employment Examination, E78.5-Hyperlipidemia, Unspecified

Remarks
Lifestyle / Diet changes to reduce lipids. Follow with repeat test.

DR SUMANT PAJANKAR

Place: *nmc specialty hospital, al ghoubra*

(Hospital Seal)

Signature

DR. SUMANT PAJANKAR
Specialist in General Medicine
MBBS, MD (General Medicine)
nmc specialty hospital, al ghoubra

مستشفى ان ام سي التخصصي - الغبرة
س.ت رقم : ١٢٤٨٣٨٧
C.R. No: 1248387
Sultanate of Oman
RECEPTION
nmc specialty hospital, Al Ghoubra

DEPARTMENT OF LABORATORY MEDICINE

File No:	14487563	**Report No:**	1056570		
Name:	MANJIT SINGH	**Sample Date:**	17/07/2025	**Time:**	9:51
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 41 Y **Nationality:** INDIAN	**Report Date:**	17/07/2025	**Time:**	11:10
GSM No.:	72078022 **ID Card No.:** 89879177	**Bill No:**	2676907	**Bill Date:**	17/07/2025
Ref. By:	DR SUMANT PAJANKAR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
OQ FTW PACKAGE-1 (Below 49 yrs)		
COMPLETE BLOOD COUNT		
TOTAL WBC COUNT	7040 cells/cumm	4000-11000cells/cumm
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	51 %	40-75%
LYMPHOCYTE (%)	34 %	20-45%
MONOCYTE (%)	8 %	2-8%
EOSINOPHIL (%)	7 %	1-6%
BASOPHIL (%)	%	0-1%
HAEMOGLOBIN	16.7 gm/dl	Male : 13-18 gm/dl Female:11-15 gm /dlchildren upto 1year-11.0-13.0 upto12years-11.5-14.5 Infant full term cord blood:13-19.5
RBC COUNT	6.28 million/cu	Male :4.5-6.5 million/cu Female:3.9-5.5 million/cu
PLATELET COUNT	3.68 lakh/cumm	1.5 - 4 lakhs / cumm
HEMATOCRIT	50.6 %	Male :42 - 52% Female:37- 47%
MCV	80.6 fl	76 - 96 fl
MCH	26.5 pg	27 - 33 pg
MCHC	32.9 %	32 - 36 %
URINE ROUTINE		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE

Verified By:

10050
Lab Technologist
MOH License No: 4598
Electronically signed at: 7/17/2025 12:03:00

Approved By:

DR ASMA OSMANI
Specialist Pathologist
MOH License No: 5866
Electronically signed at: 17/07/2025 12:03:00

Printed at: 17/07/2025 12:09:43 PM

DEPARTMENT OF LABORATORY MEDICINE

File No:	14487563	**Report No:**	1056570		
Name:	MANJIT SINGH	**Sample Date:**	17/07/2025	**Time:**	9:51
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 41 Y **Nationality:** INDIAN	**Report Date:**	17/07/2025	**Time:**	11:10
GSM No.:	72078022 **ID Card No.:** 89879177	**Bill No:**	2676907	**Bill Date:**	17/07/2025
Ref. By:	DR SUMANT PAJANKAR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE PH	6.0	<6
SPECIFIC GRAVITY	1.015	1.010-1.030
BLOOD	NEGATIVE	
UROBILINOGEN	NORMAL	NORMAL
LEUCOCYTE	NEGATIVE	
URINE MACROSCOPY		
COLOUR	PALE YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	0-3
PUSCELLS	1-2	
EPITHELIAL CELLS	0-2 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	
MUCOUS THREAD	NIL	
FASTING BLOOD SUGAR	4.98 mmol/L	3.8-<5.6 mmol/L
BLOOD GROUP & RH TYPING	A POSITIVE	
Confirmation of the Newborn's blood group is indicated when the "A" and "B"antigen expression and the isoagglutinins are fully developed (2–4 years).		
LIPID PROFILE		
TOTAL CHOLESTEROL	6.66 mmol/L	< 5.2 mmol/L
HDL	1.43 mmol/L	MALE: > 1.0 mmol/L FEMALE: > 1.3 mmol/L
TRIGLYCERIDES	2.07 mmol/L	< 1.7 mmol/L
LDL	4.52 mmol/L	< 3.4 mmol/L
VLDL	0.94 mmol/L	< 0.77 mmol/L

Verified By:

10050
Lab Technologist
MOH License No: 4598
Electronically signed at: 7/17/2025 12:03:00

Approved By:

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Specialist Pathologist
MOH License No: 5866
Electronically signed at: 17/07/2025 12:03:00

Printed at: 17/07/2025 12:09:43 PM

DEPARTMENT OF LABORATORY MEDICINE

File No:	14487563	**Report No:**	1056570		
Name:	MANJIT SINGH	**Sample Date:**	17/07/2025	**Time:**	9:51
Address:		**Received By:**			
Gender:	M **Age:** 41 Y **Nationality:** INDIAN	**Received Date:**		**Time:**	
GSM No.:	72078022 **ID Card No.:** 89879177	**Report Date:**	17/07/2025	**Time:**	11:10
Ref. By:	DR SUMANT PAJANKAR	**Bill No:**	2676907	**Bill Date:**	17/07/2025
		Report Status:	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
NON HDL	5.23 mmol/L	<3.4mmol/L
LIVER FUNCTION TEST		
TOTAL BILIRUBIN	8.70 µ mol/L	5.0 - 21.0 µ mol/L
DIRECT BILIRUBIN	2.90 µ mol/L	Upto 5.1 µ mol/L
TOTAL PROTIEN	79.70 g/L	66 - 87 g/L
ALBUMIN	50.50 g/L	35 - 50 g/L
Globulin	29.2 g/L	23-35g/L
SGOT (AST)	48.20 U/L	10-40 U/L
SGPT (ALT)	71.40 U/L	10-40 U/L
ALKPO4 (ALP)	106.00 U/L	3 - 10 Yrs: 130 - 260 U/L 10 - 14 Yrs: 130 - 340 U/L 14 - 18 Yrs: 30 - 180 U/L Adult: 30 - 120 U/L
Gamma GT (GGT)	54.30 U/L	2-30 U/L
RENAL FUNCTION TEST		
URIC ACID	310.11 µ mol/L	MALE: 200 - 430 µ mol/L FEMALE: 140 - 360 µ mol/L
CREATININE	91.0 µ mol/L	MALE: 60 – 110 µ mol/L FEMALE: 50 - 100 µ mol/L
UREA	3.74 mmol/L	2.9-8.2 mmol/L
ESTIMATED GLOMERULAR FILTRATION RATE	84.802608	
SICKLE CELL Method : Solubility test (If Positive , Hb Electrophoresis / HPLC to be done to confirm Sickle cell anaemia / Trait).	NEGATIVE	

Verified By:

10050
Lab Technologist
MOH License No: 4598
Electronically signed at: 7/17/2025 12:03:00

Approved By:

DR ASMA OSMANI
Specialist Pathologist
MOH License No: 5866
Electronically signed at: 17/07/2025 12:03:00

Printed at: 17/07/2025 12:09:43 PM

nmc

nmc specialty hospital, al ghoubra

P.O BOX : 613, Postal Code : 133 AL-GHOUBRA Sultanate of Oman

REPORT

Sl No: 188476		**Bill Date:** 17/07/2025	**Report Date :**17/07/2025 12:12:25
Patient Name: MANJIT SINGH		**Reg No:** 14487563	
Age: 41Y	**Gender:** Male	**Nationality:** INDIA	**Phone:**
Address:			
Company: CASH PATIENT		**Policy No:**	
Certificate No:			
Region: CHEST X RAY PA			
Referred Doctor:		**Consultant Name:** DR SUMANT PAJANKAR	

CHEST RADIOGRAPH -PA VIEW

Observations :

Both lung fields are clear.

Bilateral CP angles are clear

No hilar abnormality seen.

Cardiac shadow is normal .

Both domes of diaphragm are normal.

Bony thorax appears normal

Impression:

- **Normal chest radiograph**

17/07/2025 12:12:04

DR HEMANTKUMAR MAHARAJA

Radiology

MOH License No: 6489

Disclaimer : This is an electronically generated report and does not require a doctor's signature

nmc specialty hospital

مستشفى ان ام سي التخصصي

AUDIOGRAM

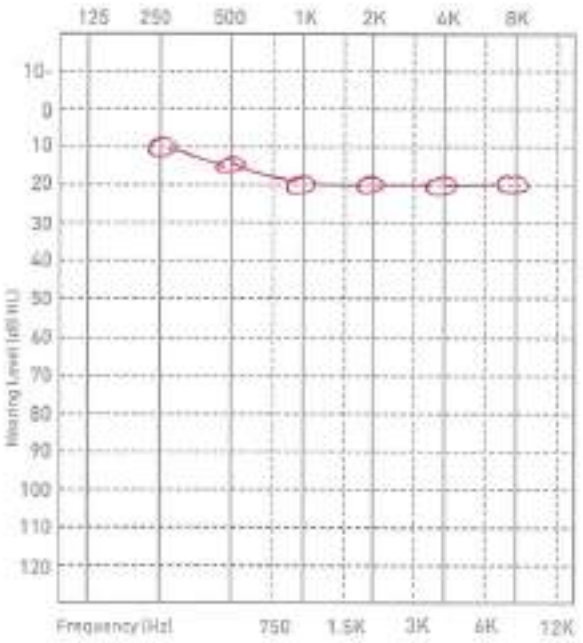
File No. 144875563 رقم الملف

Name of Patient MANJIT SINGH اسم المريض Nationality INDIAN الجنسية

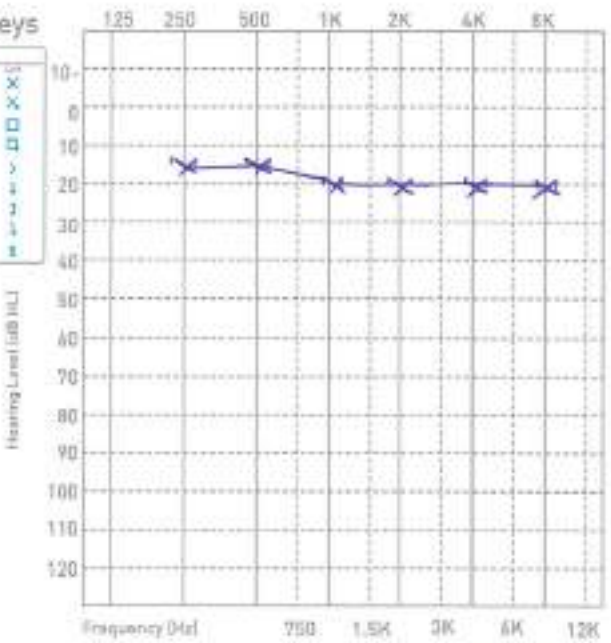
Age 41 Y السن Sex M الجنس Date 17-07-2025 التاريخ

Referring Physician طبيب الإحالة

Presenting Complaints تقديم الشكاوى



Audiogram Keys



Ear	PTA	Weber	SRT	SDS	MCL	UCL
Right						
Left						

IMPRESSION: Bilateral Minimal Hearing Loss.

Recommendations:

Name & Signature of Audiologist

Date 17-7-25 Time

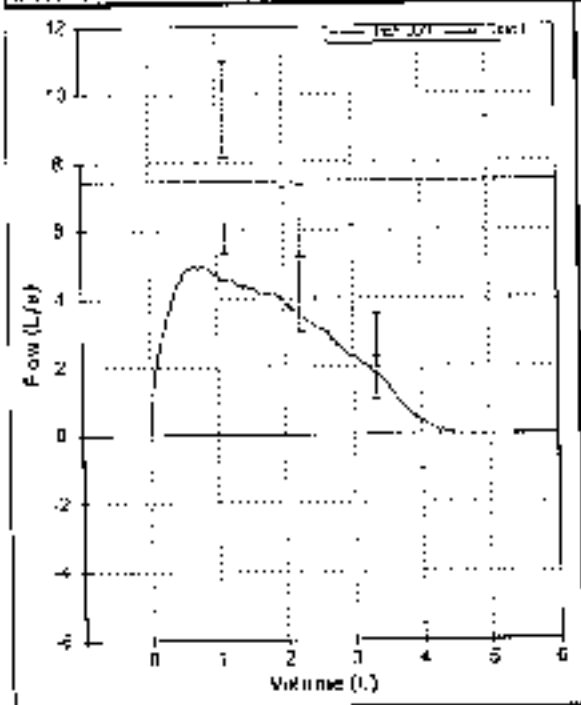
Name & Signature of Physician

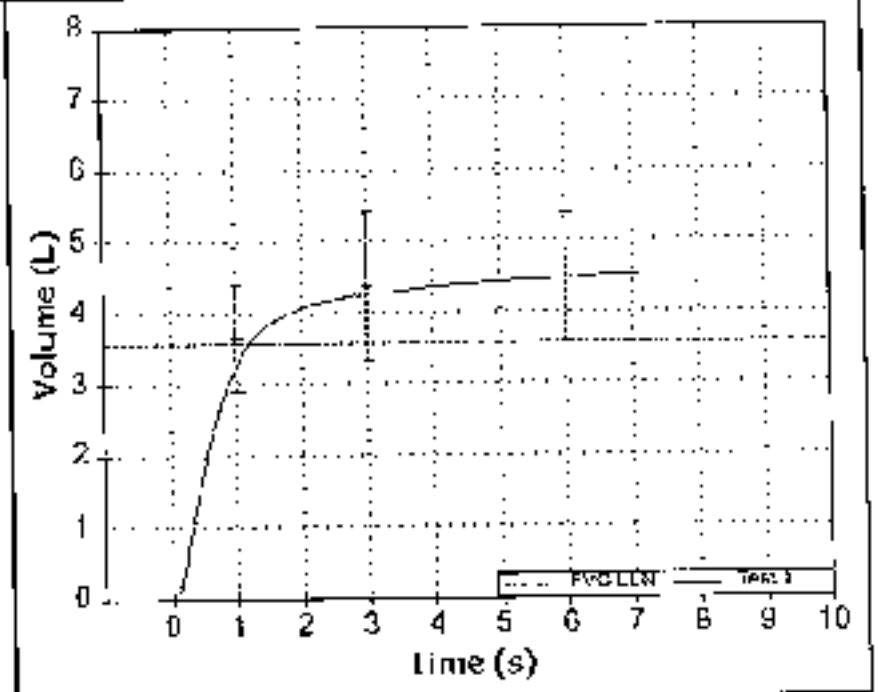
Date Time

Pulmonary Function Report

ID:	14487563	Alternate ID:			
Last Name:	Singh	First Name:	Manjit	Middle Name:	
Population:	Asian	Gender:	Male	Date of Birth:	3/15/1984
Age:	41	Height:	180 cm	Weight	87.5 kg
BMI:	27	Smoking:	Non Smoker		

Test Date:	7/17/2025 11:18	Device:	ALPHA Touch	Serial Number:	31980
No. of Tests:	12	Accuracy Chk:	1/2/2024 13:36	User:	Administrator
Pred. Values:	GLI 93	Pred. Factor:	90%	Posture:	Sitting





Parameter	Pred	LLN	ATS/ERS Best	% Pred.	Z-Score
VC (L)	4.66	3.82	3.86	83	-1.58
FVC (L)	4.46	3.56	4.51	101	0.09
FEV1 (L)	3.65	2.90	3.48	95	-0.37
FEV1 Ratio	0.80	0.68	0.77	96	-0.41
FEV6 (L)	4.46	3.56	4.47	100	0.02
PEF (L/min)	566	449	364*	64	-2.61
FEF25-75 (L/s)	4.43	2.72	3.08	70	-1.29

Values at 37°C, *Below lower limit of normality (LLN)

Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
B	0.21 L (5.5%)	0.02 L (0.6%)	0 blow(s)	0 blow(s)	1 blow(s)

Computer interpretations cannot be relied upon for diagnosis. Normal ventilatory function.

[redacted]

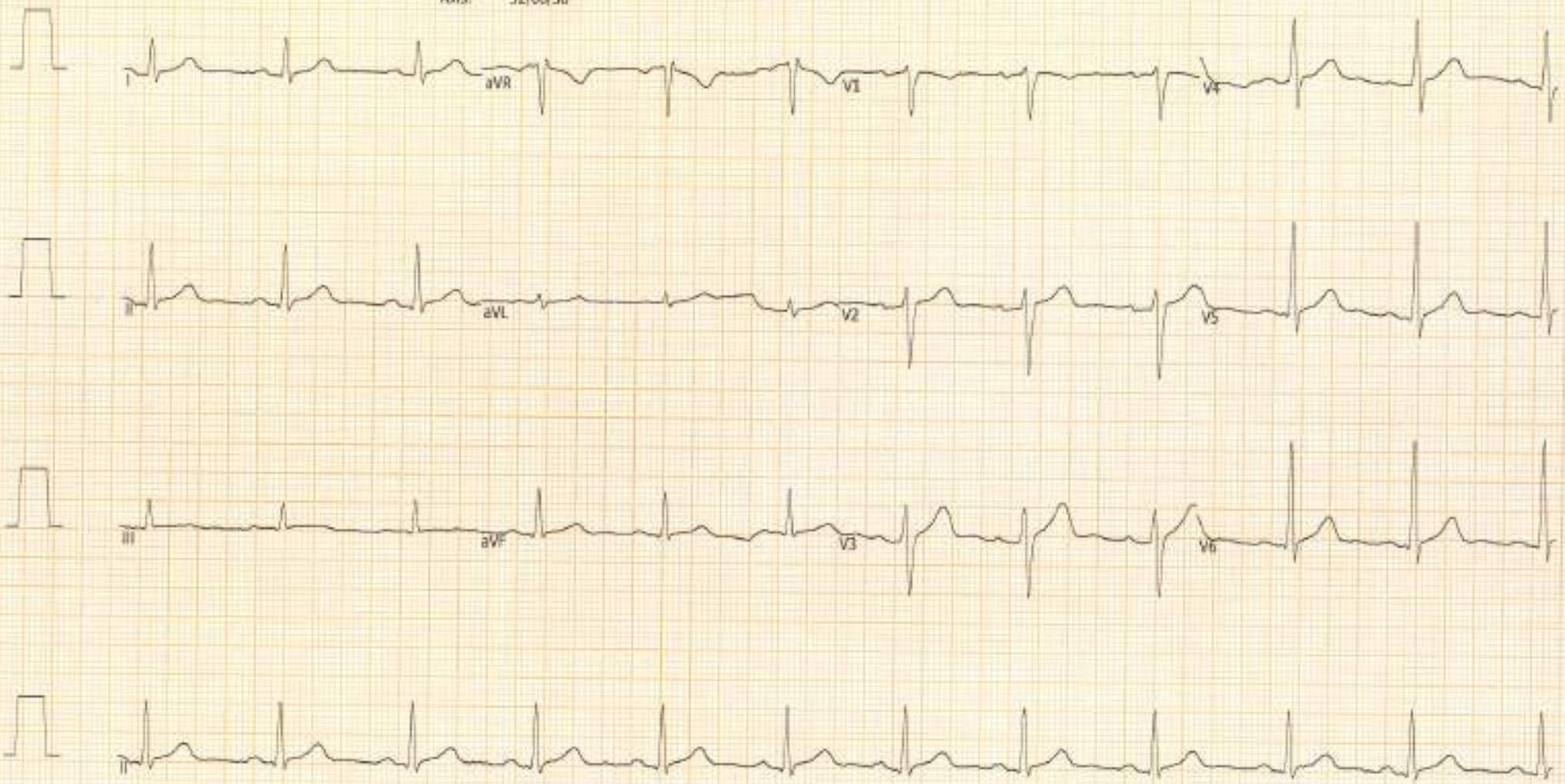
Id: 14487563
, Manjit Sing
Male --- [---] Unknown
Height: 0 cm Weight: 0 kg BP: 0/0 mmHg

Med.:
Tech:
Note:

17/07/2025 11:01:15

HR:	67 bpm
PR:	190 ms
QRS:	96 ms
QT/QTcH:	408/420 ms
QTcB:	431 ms
QTcF:	423 ms
R_{V5}/S_{V1}:	1.79/0.78 mV
Sok-Lyon:	2.57 mV
Axis:	52/60/38 °

UNCONFIRMED REPORT



Dep:_____ 25mm/s 10mm/mV 0.05-25Hz/50Hz Cardioline ECG200S v. 2.0.3919

CARDIOLINE

Framingham Risk Score for Hard Coronary Heart Disease

Estimates 10-year risk of heart attack in patients 30-79 years with no history of CHD or diabetes.

INSTRUCTIONS

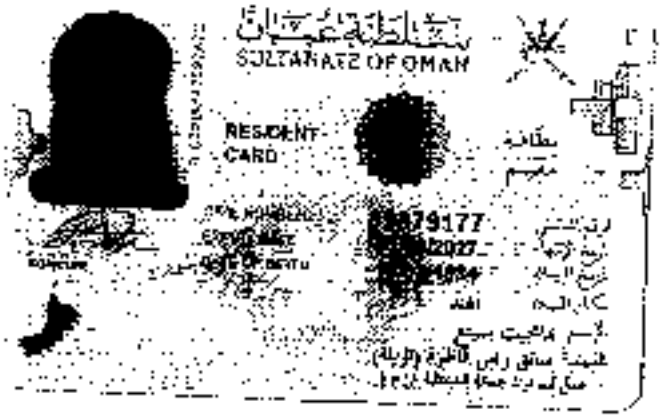
There are several distinct Framingham risk models. MDCalc uses the 'Hard' coronary Framingham outcomes model, which is intended for use in **non-diabetic** patients age 30-79 years with no prior history of coronary heart disease or intermittent claudication, as it is the most widely applicable to patients without previous cardiac events. See the official Framingham website for additional Framingham risk models.

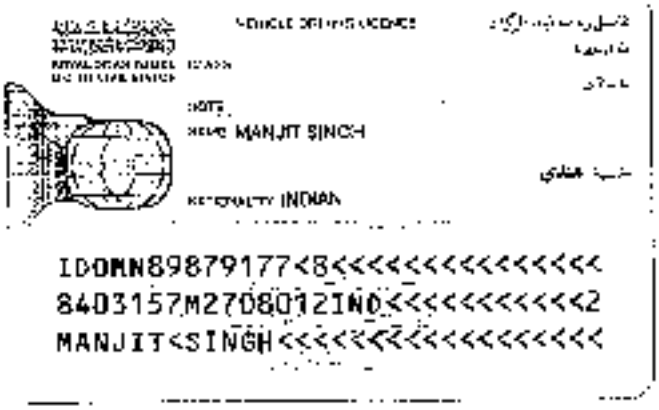
When to Use | Pearls/Pitfalls

Age	41	years
Sex	Female / **Male**	
Smoker	**No** / Yes	
Total cholesterol	6.66	mmol/L ⇆
HDL cholesterol	1.43	mmol/L ⇆
Systolic BP	140	mm Hg
Blood pressure being treated with medicines	**No** / Yes	

3.2 %
10-year risk of MI or death for this patient

4 %
Average 10-year risk of MI or death


SULTANATE OF OMAN
RESIDENT CARD
79177


NAME MANJIT SINGH
NATIONALITY INDIAN
IDOMN89879177<8<<<<<<<<<<<<<<<
8403157M2708012IND<<<<<<<<<<<2
MANJIT<SINGH<<<<<<<<<<<<<<<

nmc

DEPARTMENT OF LABORATORY MEDICINE

File No: 14487563		**Report No:**	0159069		
Name: MANJIT SINGH		**Sample Date:**	22/07/2025	**Time:**	16:06
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender: M **Age:** 41 Y	**Nationality:** INDIAN	**Report Date:**	22/07/2025	**Time:**	16:10
GSM No.: 72076022	**ID Card No.:** 89879177	**Bill No:**	0352601	**Bill Date:**	22/07/2025
Ref. By: OUT PATIENT					

INVESTIGATION	RESULT	REFERENCE RANGE
ALCHOHOL CHECK		
ETHANOL	NOT DETECTED (0.002) g/L	< 0.1 g/L

Verified By:

Approved By:

10593
Lab Technologist
MOH License No:
Electronically signed at: 7/22/2025 4:11:00

Specialist Pathologist

مستشفى ان ام سي التخصصي
nmc specialty hospital

NMC Healthcare LLC
[illegible]
www.nmc.ae[illegible]

Printed at: 22/07/2025 4:11:19 PM

Name	**: MANJIT SINGH**	**Registered On**	**: 22/07/2025 16:42**
Lab. No.	: 3525017238	Report Date	: 22/07/2025 16:14
Contract.	: NMC Specialty Hospital, Ghoubra		
Patient No.	: 8630-14487563		
File No.	:8630-14487563		

Branch : Muscat Age : 41 Year Sex : Male

S O Unit

Urine Drug Screening

Test	Result	Ref. Range
Amphetamine	Negative	
Methamphetamine	Negative	
Barbiturates	Negative	
Benzodiazepines	Negative	
Cocaine	Negative	
Marijauna	Negative	
Morphine	Negative	
Methadone	Negative	
Tricyclic Antidepressants	Negative	
Phencyclidine	Negative	
Tramadol	Negative	
pH	5	4 - 9
Specific Gravity	1.020	1.003 - 1.03

Reviewed By,

Dr. Hanan Mechlouf
Lab Director
MOH License No 10973

Verified By : OSAMA SIDDIG
Printed By: System

Printed Date: 16:16 22/07/2025