MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY T.O.

PARNJIT SINGH SANDHU
0048273 # 43 YMI BASRA BR 00548
88883 <Blank> 07/09/23 09:26

TIFICATION

Civil ID / Passport #	Company ID #
10536363	

Nationality	Age	Sex
Indian	15/3/80	M

Position	Location
H-DD	

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

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

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

Remarks:

VISUAL TEST

Visual Acuity Test: RT 6/6 LT 6/6 — Visual Field Test: [✓] Normal [ ] Abnormal

Colour Vision Test: [✓] Normal [ ] Abnormal [ ] Not Required — Stereoscopic Vision Test: [✓] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition:

Remarks:

RESPIRATORY SYSTEM

Spirometry Test: [✓] Normal [ ] Abnormal [ ] Not Required — Chest X-Ray: [✓] Normal [ ] Abnormal [ ] Not Required

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: O+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/Policlinic	Doctor Signature & Clinic Stamp	Issue Date
DR. SHAH PANGAL General Practitioner MOH Lic No. 22368				07.09.23

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE INFORMATION

PARMJIT SINGH SANDHU
0048273 # 43 Y(M) 845-% Bit 00548
80883 «Blank» 07/09/23 09:26

Civil ID / Passport #	Company ID #		Position
			H-DD-

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
7/9/23	

Medical Review Date	Employee Signature
07-09-23	P. Parmjit Singh

Doctor Name	Medical License	Hospital	Medical Doctor Signature
DR. SHAFI AISAL General Practitioner MOH Lic No. 22368			

AL MEDICAL CENTRE

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

Civil ID / Passport #	Company ID #	

PARMJIT SINGH SANCHU
0048373 # 43 YM BRA BB 00548
80883 07/09/23 08:28

Position
H-DD-

Nationality	Age	Sex

Location

PERSONAL HEALTH HISTORY

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

Congenital heart disease or Valvular heart disease or Coronary artery disease		Yes		No	Muscle problems e.g. weakness of your limbs or twitchy muscles		Yes		No
Myocardial insufficiency or infarction (heart attack)		Yes		No	Joint problems, e.g. planter 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
Anaemias, 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: 7/9/2023

Candidate/Employee Signature
Parmjit Singh

SCREENING QUESTIONNAIRE

OQ

CANDIDATE / EMPLOYEE IDENTIFICATION				
Civil ID / Passport #	Company ID #	PARMJIT SINGH SANDHU # 0046273 42 Y(M) 00548 00693 07/09/23 09:28		Position
				HDD
Nationality	Age	Sex		Location

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: 07/9/2023

Candidate/Employee Signature
Paramjit Singh

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
			H.DD
Nationality	**Age**	**Sex**	**Location**

PARMJIT SINGH SANDHU 00548 07.09.23 09:26

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 interfers with your use of a respirator

Date: 07/9/2023

Candidate/Employee Signature: Parmjit Singh

HEARING CONSERVATION QUESTIONNAIRE

IFICATION

PARMJIT SINGH SANDHU
0048273 # 43 YM MAPA Br 0054E
80683 <Blank> 07/09/23 08:26

Civil ID / Passport #	Company ID #		Position
			H.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 [ ] Arm [ ] Navy [ ] Air Force [ ] Marines [ ] National Guard Date: / /
Do you have medical disability through the Veterans Administration (VA) for hearing loss or tinnitus? [ ] YES [ ] NO
If yes, how much? _____% What is your TOTAL VA disability? _____%

9 - Are you currently using any medication [ ] YES [ ] NO Which one?

10 - What kind of transport do you regularly use? [ ] Car [ ] Bus [ ] Motocycle [ ] Walking

Date: 07/9/2023

Candidate/Employee Signature
Parmjit Singh

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

PARMJIT SINGH SANDHU
0048873 43 Y(M) 00546
00883 07/09/23 08:28

Civil ID / Passport #	Company ID #		Position
			H-DD.
Nationality	**Age**	**Sex**	**Location**

VITAL SIGNS

Height: 173 cm | Weight: 92 Kg | BMI: 30 | Blood Pressure: 139/86 mmHg

Pulse: 86 /min | Medical Practitioner Name: DR. SHAH FAISAL General Practitioner MOH Lic No. 22368 | 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: | Medical Practitioner Name: DR. SHAH FAISAL General Practitioner MOH Lic No. 22368 | 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)	Repeatability Criteria (select all what is applicable)
✓ Free from artifacts ✓ Satisfactory exhalation	☐ >2 acceptable curves FEV1 values AND FVC values within 0.15L (100 ml)
✓ Good start ☐ NOT satisfactory	☐ 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:

[2] Chest Shape and Movement		[3] Chest Percussion	
✓ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	☐ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below

[3] Air Entry in Both Lungs		[4] Breath sounds	
✓ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below	✓ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below

Date of Examination: | Physician Name: DR. SHAH FAISAL General Practitioner MOH Lic No. 22368 | Signature:

ENT SYSTEM

[1] Otoscopy | **[2] Hearing Test**

	Right	Left				
Ear Canal Collapse	☐ Yes ✓ No ☐ Not Exam	☐ Yes ✓ No ☐ Not Exam	Eardrum Position	Right: ✓ Normal ☐ Retracted ☐ Bulging ☐ Not Exam	Whisper Test	✓ Normal ☐ Abnormal ☐ Not Exam
Drainage	☐ Yes ✓ No ☐ Not Exam	☐ Yes ✓ No ☐ Unknown		Left: ✓ Normal ☐ Retracted ☐ Bulging ☐ Not Exam	Rinne Test	✓ Normal ☐ Abnormal ☐ Not Exam
Perforation	☐ Yes ✓ No ☐ Not Exam	☐ Yes ✓ No ☐ Not Exam	Eardrum Vascularity	Right: ✓ Normal ☐ Considerable ☐ Mild ☐ Not Exam	Weber Test	✓ Normal ☐ Abnormal ☐ Not Exam
Cerumen	Right: ✓ None ☐ Some ☐ A lot ☐ Impacted ☐ Not Exam			Left: ✓ Normal ☐ Considerable ☐ Mild ☐ Not Exam	Audiometry Done	✓ Yes ☐ No
	Left: ✓ None ☐ Some ☐ A lot ☐ Impacted ☐ Not Exam			Audiologist Name / Signature: DR. SHAH FAISAL General Practitioner MOH Lic No. 22368	Hearing Questionnaire verified	✓ Yes ☐ No

PHYSICAL ASSESSMENT FORM

ENT SYSTEM

[2] Nose Assessment		[3] Throat Assessment	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

CARDIOVASCULAR SYSTEM

[1] Heart Sounds		[2] Heart Murmurs	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☐ Present ☑ Absent ☐ Not Examined	If present, describe below:
[3] Peripheral Pulses		**[4] Peripheral Veins**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

NEUROLOGICAL SYSTEM

[1] Mental Status		[2] Cranial Nerves	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:
[3] Motor System		**[4] Reflexes**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:
[5] Sensory System		**[6] Coordination, Station, Gait**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

MUSCULOSKELETAL SYSTEM

[1] Hand and Wrist		[2] Elbow and Shoulder	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:
[3] Hip		**[4] Knees**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:
[5] Foot and Ankle		**[6] Spine and Back**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

OTHER

[1] Skin, Extremities		[2] Head & Neck	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:
[3] Mouth and Teeth		**[4] Hernial Orifices**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:
[5] Abdominal Organs		**[6] Lymph Nodes**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

Date of Examination: 07-09-23

Physician Name: DR. SHAH FAISAL
General Practitioner
MOH Lic No. 22368

Signature:

مركز بلاد السلام الطبي

Peace Land Medical Center

Peace Land
بلاد السلام

PATIENT DETAILS	COMPANY NAME:
	PARMJIT SINGH SANDHU [illegible] 43 Y/M [illegible] 00548 [illegible] [illegible] 07/09/23 08:28
	DATE:

ECG REPORT

ECG COMMENTS:

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

OTHER FINDINGS (IF ANY)

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

CLINIC SEAL

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:	PARMJIT SINGH SANDHU	**Doc No:**	0037443
Age:	43 Y **Nationality:** INDIAN	**File No:**	0045273
Gender:	M	**Bill No:**	0054653
Ref. By:	DR.SHAH FAISAL	**Date:**	07/09/2023
GSM No.:	72082713	**Time:**	15:35

Test	Result	Normal Range
OQ Medical Checkup Package		
COMPLITE BLOOD COUNT		
RBC	4.9 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	13.8 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	39.8 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	28.2 pg	27 - 33 pg
MCHC	34.1 g/dl	29.6 - 35.6 %
WBC COUNT	10.8 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	70 %	40-75 %
LYMPHOCYTE	26 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	03 %	2-8%
BASOPHIL	00 %	0-1%
ESR	08	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**220 x 10^9/L**	150 - 450 x 10^9/L
FASTING BLOOD SUGAR	97.0 mg/dl	74 - 100 mg/dl
Sickle cells (Screen)		
SICKLE CELL TEST	NEGATIVE	
Lipid profile(CH,TG,HDL,LDL)		
LIPID PROFILE		
Total Cholesterol	**210 mg/dl**	0.0 - 200 mg/dl

PEACE LAND MEDICAL CENTER

Medical Technologist

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:	PARMJIT SINGH SANDHU	**Doc No:**	0037443
Age:	43 Y **Nationality:** INDIAN	**File No:**	0045273
Gender:	M	**Bill No:**	0054653
Ref. By:	DR.SHAH FAISAL	**Date:**	07/09/2023
GSM No.:	72082713	**Time:**	15:35

Test	Result	Normal Range
Triglyceride	**140.6 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**55.6 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**126.3 mg/dl**	< 100 mg/dl
VLDL	**28.1 mg/dl**	2.0 - 30 mg/dl
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	111 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.66 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**25.6 U/L**	0 - 35.0 U/L
S.G.P.T.	**34.4 U/L**	10 - 45 U/L
ALBUMIN	**4.3 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**6.7 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.15 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**27.8 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.84 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**5.4 mg/dl**	3.5 - 7.2 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.020	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	

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LAB RESULT

Name:	PARMJIT SINGH SANDHU	**Doc No:**	0037443
Age:	43 Y **Nationality:** INDIAN	**File No:**	0045273
Gender:	M	**Bill No:**	0054653
Ref. By:	DR.SHAH FAISAL	**Date:**	07/09/2023
GSM No.:	72082713	**Time:**	15:35

Test	Result	Normal Range
Ketones	Negative	
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
BLOOD GROUP & Rh TYPING	'O' 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

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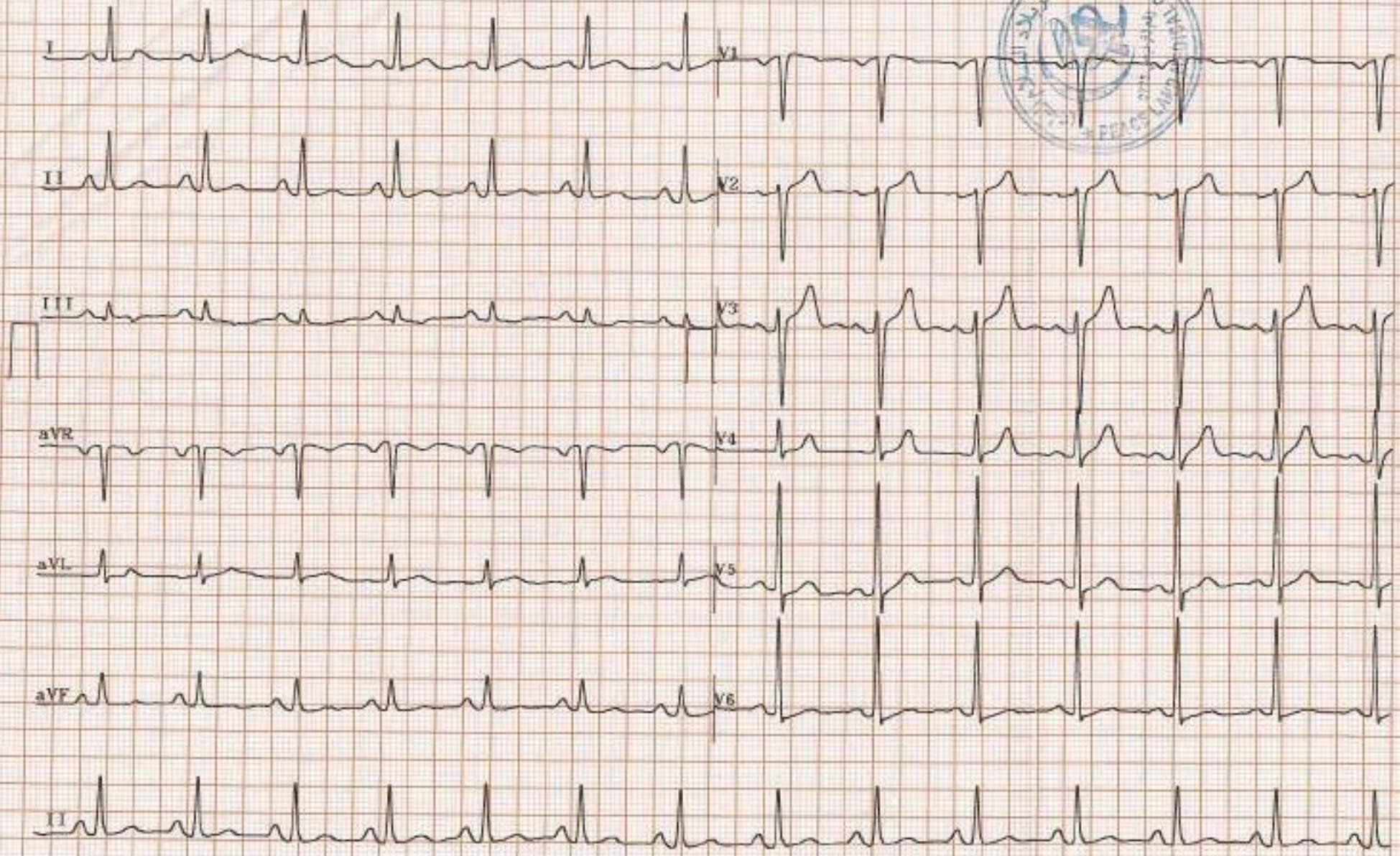
2023-09-07 08:43:25 6 Channel + 1 Rhythm Report Hospital:
Prescribed by:

PARMJIT SINGH SANDHU
0048273 6.43 Y(M) 0054
07/09/23-09:26
Ecg

Heart Rate: 83bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 160 ms Normal Sinus Rhythm
QRS Dur.: 82 ms Normal Axis
QT/QTc: 342/404 ms LAE(Left Atrial Enlargement)
P-R-T axes: [Moderately Abnormal ECG]
64 38 2



0.1Hz- 150Hz, AC50Hz. All Channels=10.0mm/mV, 25.0mm/sec. EXG2000 Ver5.05M.30 Bionet Co., Ltd.

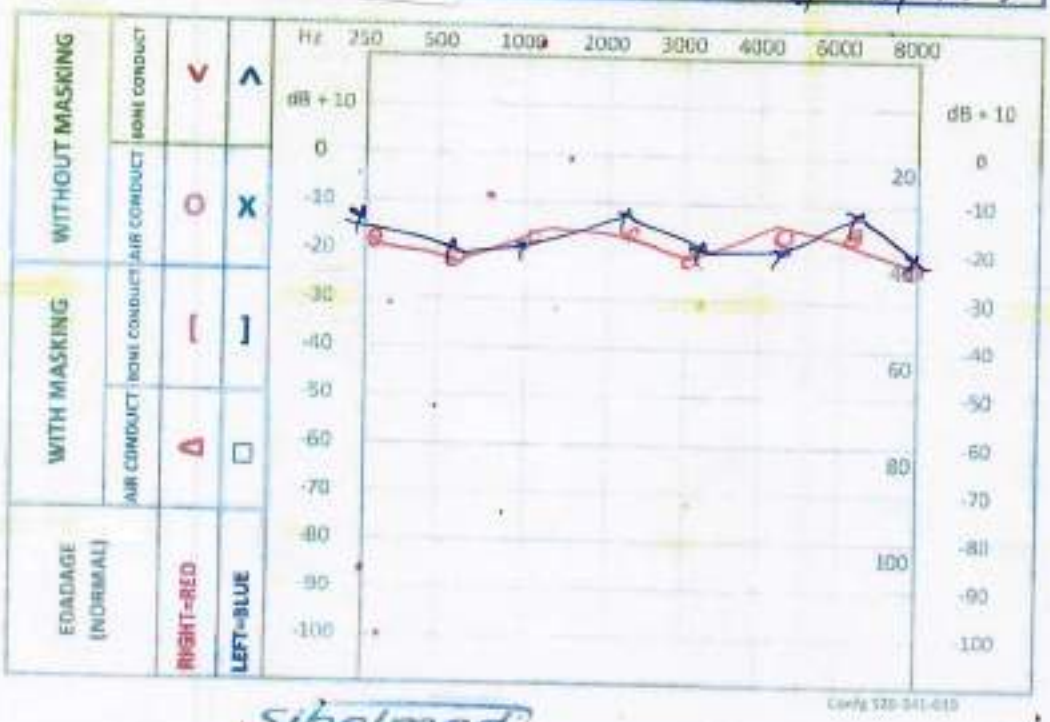
مركز بلاد السلام الطبي
Peace Land Medical Center

PARMJIT SINGH SANDHU
07/08/23 09:26

NAME	
AGE	
REF. BY	

ETRY TEST REPORT

COMPANY	MTDC
OCCUPATION	
DATE	7/9/23



Sibelmed

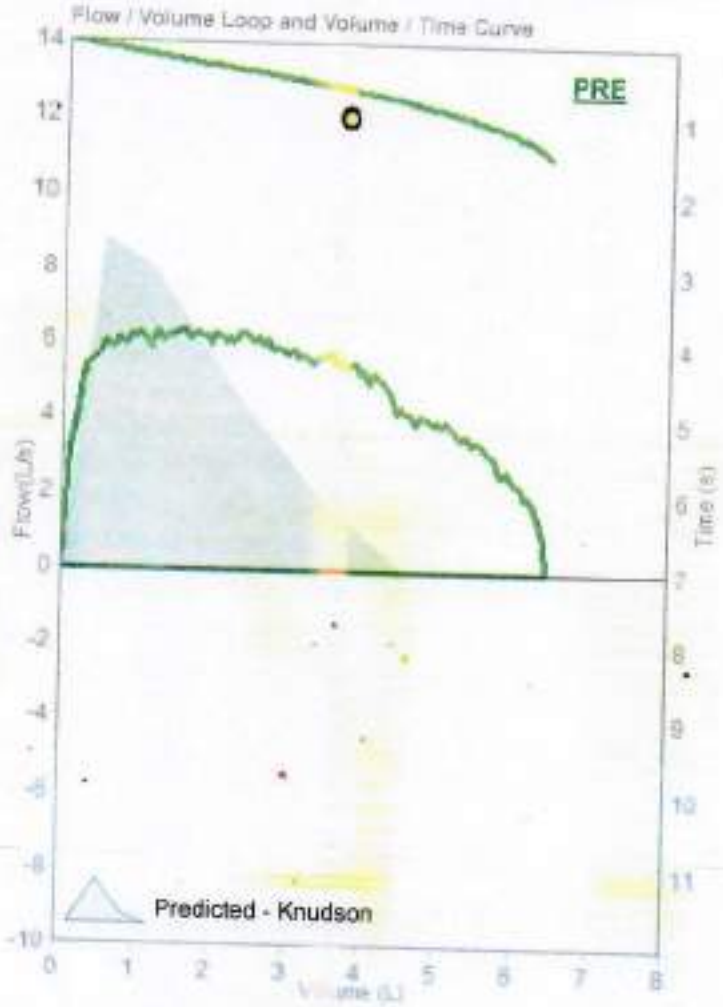
INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT	
☑	NORMAL
☐	HEARING LOSS
☐	RIGHT
☐	LEFT

PEACE LAND MEDICAL CENTER

ص.ب ١٤٠٣، الرمز البريدي ١٣٣، دوار العذيبة ممسى أبراج الصحوة مبنى 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 07/09/2023

Patient code	105369383		
Surname	SINGH	Age	43
Name	PARMJIT	Gender	Male
Date of birth	15/03/1980	Height, cm	173
Ethnic group	Not defined	Weight, kg	92
		BMI	30.74

Interpretation

FVC FEV1 FEV1%

Normal Spirometry

Best values from all loops

Parameters		Pred	PRE	%Pred	POST	%Chg
FVC	L	4.54	6.38	141		
FEV1	L	3.73	5.42	145		
FEV1%	%	82.6	85.00	103		
PEF	L/s	8.76	6.45	74		

PRE Trial date 07/09/2023 12:35:57

Parameters		Pred	PRE # 1	%Pred	PRE # 2	PRE # 3	POST #1	%Pred	%Chg
FEV6	L	4.54	**6.38**	141					
FVC	L	4.54	**6.38**	141					
FEV1	L	3.73	**5.42**	145					
FEV1%	%	82.6	**85.0**	103					
PEF	L/s	8.76	**6.45**	74					
FEF2575	L/s	3.94	**5.46**	139					
FIVC	L	4.54							
ELA	Years	43							

BTPS 1.001 23 °C 73.4 °F

Conclusion / Medical report

Quality Control F

===

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

Instrument used
Minispir LT POST S/N K05070

Signature SP

MIR

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
45273	PARMJIT SINGH SANDHU	043Y/M	07-09-2023	

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 LUMBO-SACRAL 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 are unremarkable.

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