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
111774903	2107	TALVINDER SINGH	HD DRIVER

Nationality	Age	Sex	Company	Location
INDIAN	37	M	TRUCKOMAN NORTH	HAINA

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 130/80 [✓] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crises

BMI Category: 26.7 [ ] 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: HYPER LIPIDEMIA

Remarks: INTERNAL MEDICINE CONSULTATION FOR HYPER LIPIDEMIA

Glucose Level Category 93 mg/dl [✓] Normal 80 – 100 mg/dl [ ] Pre diabetic 100 – 125 mg/dl [ ] Diabetic > 126 mg/dl

Cholesterol Risk Category 129 mg/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 [ ] 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 Name	Doctor Name	License #	Specialty	Doctor Signature & Clinic Stamp	Issue Date
					12-1-2025

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

Peace Land Clinic Mukhaizna
C.R.NO.2217769

OQEP Occupational Health
FITNESS TO WORK CERTIFICATE [CONTRACTOR]

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

EMPLOYEE IDENTIFICATION

Company	Identification Number
TRUCKMAN NORTH	111774903

Patient: 27532 Reg.Dt: 09/11/202
Name: TAL VINDER S/MGH SURJEET SINGH
Gender: Male Nationality: INDIA
Age: 37 Mar. Status: Marrie
Address:

Nationality	Age	Sex	Entry Data	Location
			9/11/2025	HAIMA

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

FIT

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:

Fit to work as per specialist reports

Doctor Name	Medical License	Hospital	Doctor Signature

DR. HAMMAD MUSHTAQ ALI
GENERAL PRACTITIONER
MOH License No: 28078

Peace Land Clinic Mukhaizna

OQEP	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 #		Position
111774903	2107	Patient: 27532 Reg.Dt: 09/11/202 Name: TALVINDER SINGH SURJEET SINGH Gender: Male Nationality: INDIAN Age: 37 Mar. Status: Married Address:	HD DRIVER
Nationality	**Age**	**Sex**	**Location**
			HAIMA

VITAL SIGNS

Height: 171 cm Weight: 78 Kg BMI: 26.7 Blood Pressure: 130/80 mmHg

Pulse: 62 /min Medical Practitioner Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 Signature: [signature]

VISUAL SYSTEM

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

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

Visual Field Test: ☑ Normal ☐ Abnormal

Stereoscopic Vision Test: ☐ Normal ☐ Abnormal

Date of Examination: 9/11/2025 Medical Practitioner Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 Signature: [signature]

RESPIRATORY SYSTEM

[1] Spirometry Test

Smoking Status: ☐ Never ☐ Ever Used ☐ Current

Patient's Posture During Test: ☐ Standing ☐ Sitting

Nose Clips Used: ☐ Yes ☐ No

Diagnosis: ☐ Asthma ☐ COPD ☐ Other ____________

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

Repeatability Criteria (select all what is applicable)
- ☐ >3 acceptable curves FEV1 values AND FVC values within 0.15L (150 ml)
- ☐ Total of THREE to EIGHT tests performed
- ☐ The patient CAN NOT or SHOULD NOT continue

The Patient Demonstrated: ☐ Good Effort ☐ Difficulty following instructions ☐ Ability to obtain only one good effort ☐ Poor Effort ☐ Cooperation

Date of Examination: ____________ Medical Practitioner Name: ____________ 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: 9/11/2025 Physician Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 Signature: [signature]

ENT SYSTEM

[1] Otoscopy

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

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

[2] Hearing Test

Whisper Test	☑ Normal ☐ Abnormal ☐ Not Exam
Rinne Test	☐ Normal ☐ Abnormal ☑ Not Exam
Weber Test	☑ Normal ☐ Abnormal ☐ Not Exam
Audiometry Done	☑ Yes ☐ No
Hearing Questionnaire verified	☑ Yes ☐ No

Audiometry Interpretation: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 [signature]

Pearl Land Clinic Mukhaizna

OQEP Occupational Health PHYSICAL ASSESSMENT FORM

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

ENT SYSTEM

[2] Nose Assessment

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

If abnormal, describe below:

[3] Throat Assessment

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

If abnormal, describe below:

CARDIOVASCULAR SYSTEM

[1] Heart Sounds

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

If abnormal, describe below:

[2] Heart Murmurs

- [ ] Present
- [x] Absent
- [ ] Not Examined

If present, describe below:

[3] Peripheral Pulses

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

If abnormal, describe below:

[4] Peripheral Veins

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

If abnormal, describe below:

NEUROLOGICAL SYSTEM

[1] Mental Status

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

If abnormal, describe below:

[2] Cranial Nerves

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

If abnormal, describe below:

[3] Motor System

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

If abnormal, describe below:

[4] Reflexes

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

If abnormal, describe below:

[5] Sensory System

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

If abnormal, describe below:

[6] Coordination, Station, Gait

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

If abnormal, describe below:

MUSCULOSKELETAL SYSTEM

[1] Hand and Wrist

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

If abnormal, describe below:

[2] Elbow and Shoulder

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

If abnormal, describe below:

[3] Hip

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

If abnormal, describe below:

[4] Knees

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

If abnormal, describe below:

[5] Foot and Ankle

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

If abnormal, describe below:

[6] Spine and Back

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

If abnormal, describe below:

OTHER

[1] Skin, Extremities

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

If abnormal, describe below:

[2] Head & Neck

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

If abnormal, describe below:

[3] Mouth and Teeth

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

If abnormal, describe below:

[4] Hernial Orifices

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

If abnormal, describe below:

[5] Abdominal Organs

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

If abnormal, describe below:

[6] Lymph Nodes

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

If abnormal, describe below:

Date of Examination: 9/11/2025

Peace Land Clinic Mukhaizna

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

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 #
111774903	2107

Nationality	Age	Sex

Patient: 27532 Reg.Dt: 09/11/202
Name: TAL VINDER SINGH SURJEET SINGH
Gender: Male Nationality: INDIA
Age: 37 Mar. Status: Marrie
Address:

Position
HD DRIVER

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
Arteriosclerobc 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
Immuno 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 compesations received? [✓] No [ ] Yes, please specify:

List any previous injuries or operations

Previous injuries or operations	Date
Cheilo Plasty done on	33 YEAR BACK

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: 9/11/2025

Peace Land Clinic Mukhaizna

Candidate/Employee Signature
Talvinder Singh

OQEP Occupational Health
HEALTH SCREENING QUESTIONNAIRE

OQEP-COR-HSE-HEL-FRM-00021
Classification: External Use
Review: 03-31/05/2024

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #
111974905	2107

Patient:27532 Reg.Dt: 09/11/202
Name: TAL WINDER SINGH SURJEET SINGH
Gender: Male Nationality: INDIA
Age: 37Y Mar. Status: Marrie
Address:

Nationality	Age	Sex

Position: HD DRIVER

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 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		20.Do you feel you're worthless?	☐ Yes	☑ No

Date: 9/11/2025

Peace Land Clinic Al Khaiza

Candidate/Employee Signature

Talvinder Singh

OQEP Occupational Health
RESPIRATORY PROTECTION QUESTIONNAIRE

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

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
1117 99403	2107	HD DRIVER

Nationality	Age	Sex	Location
			HBIMA

Patient: 27532 Reg.Dt: 09/11/202
Name: TAL VINDER SINGH SURJEET SINGH
Gender: Male Nationality: INDIA
Age: 37 Mar. Status: Marrie
Address:

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. Troublesome 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

Peace Land Clinic Mukhaizna

Date: 9/11/2023

Candidate/Employee Signature

Talvinder Singh

OQEP Occupational Health
HEARING CONSERVATION QUESTIONNAIRE

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

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #
111774903	2107

Patient: 27532 Reg.Dt: 09/11/202
Name: TAL VIVDER SIMGH SURJEET SINGH
Gender: Male Nationality: INDIA
Age: 37 Mar. Status: Marrie
Address:

Nationality	Age	Sex

Position
HD DRIVER

Location
HAIMA

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

Peace Land Clinic Mukhaizna
Public Health P.C. 132, Sultanate of Oman

Date: 9/11/2025

Candidate/Employee Signature
Tejvinder Singh

Peaceland Medical Service LLC, Mukhaizna
CR No.:2/136279, P.O.Box: 1403.
Postal Code: 133,
Occidential Camp Mukhaizna, Sultanate of Oman

PATIENTDETAILS :

Patient ID	: 27532	Doc No	: 16006
Name	: TALVINDER SIMGH SURJEET SINGH	Doc Date	: 2025-11-09T18:33:00
Age	: 37Y	Bill No	: 38512
Gender	: Male	Date	: 09/11/2025 18:33 PM
Nationality	: INDIAN	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 90217223	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	5.3 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	15.7 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	48 %	Male 42 -52 % Female 37 -47 %	
MCV	86 fl	76 - 96 fl	
MCH	30 pg	27 - 33 pg	
MCHC	34 %	32 36 %	
WBC COUNT	5800 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	55 %	40-75 %	
LYMPHOCYTE	35 %	20-45 %	
EOSINOPHIL	3 %	1-6 %	
MONOCYTE	7 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	6	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	2 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	61 u/l	44-147 U/ L	
T. BILIRUBIN	0.8 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.2 mg / dl	up to 0.4 mg /dl	
INDIRECT BILIRUBIN	0.6 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	42 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	44 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	7 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	4.5 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	16 mg / dl	10-50 mg /dl	

Peace Land Clinic Mukhaizna

Reported By:
Lab Technician
Sr. Lab Technologist
Printed at: 09/11/2025 18:40:23

Verified By:
Lab Technician
Sr. Lab Technologist

Approved By:
Lab Technician
Sr. Lab Technologist
Signed at: 09/11/2025 18:40:22

Test	Result	Normal Range	Detailed Description
S.CREATININE	0.7 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	7.8 mg / dl	3.4 - 7.2 mg /dl	
LIPID PROFILE			
Total Cholesterol	210 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	355 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	74 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	129 mg/dl	< 130 mg/dl	
FASTING BLOOD SUGAR	93 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale 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	1-2		
EPITHELIAL CELLS.	1-2		
RBCS	1-2		
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		

Remarks:

Peace Land Clinic Mukhaizna

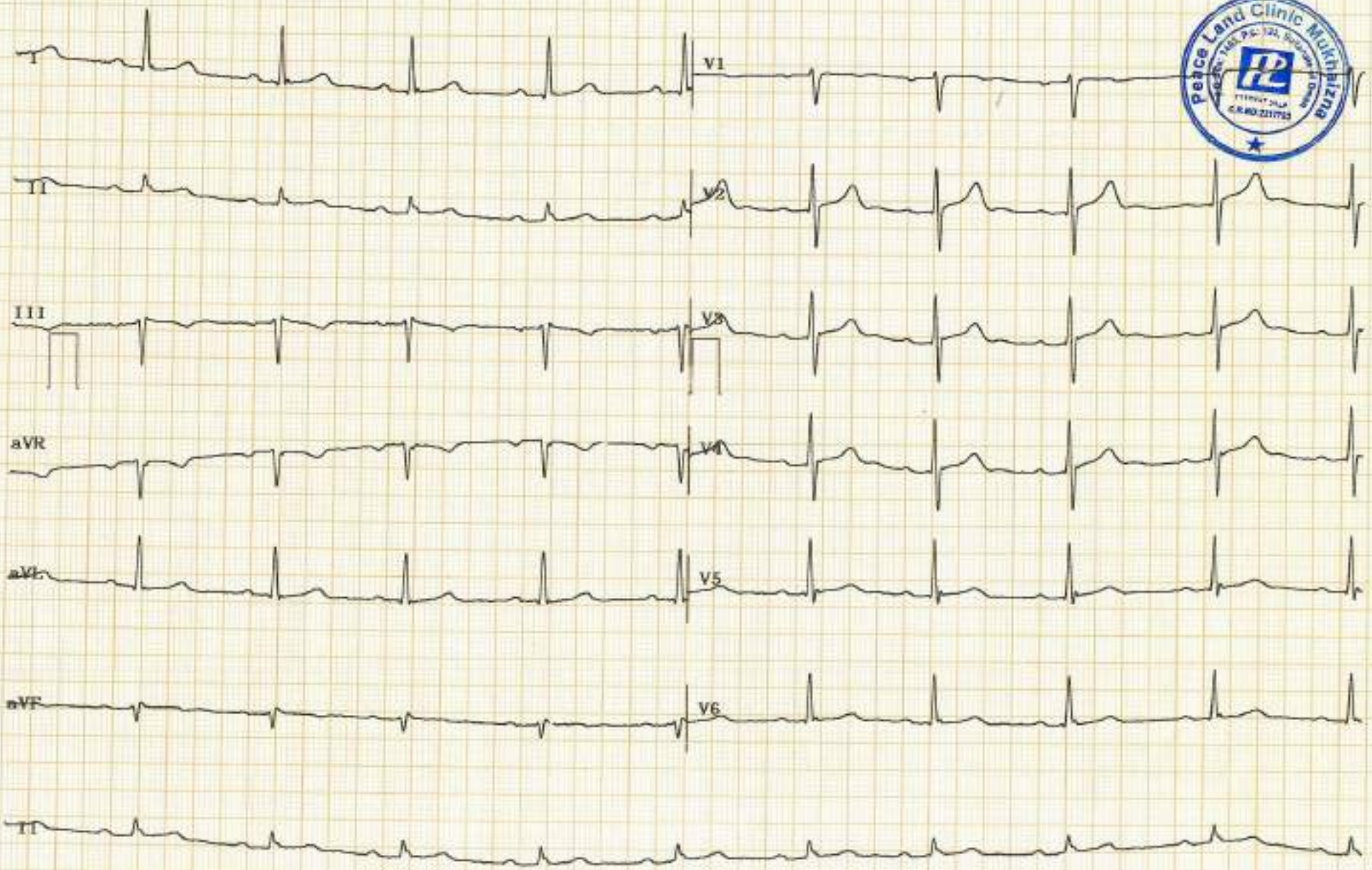
Hosp:

Prescribed by:

atient:27532 Reg.Dt: 09/11/202
ame: TAI VINDER SINGH SURJEET SINGH
ender: Male Nationality: INDIA
ge: 37- Mar. Status: Marrie
ddress:

Heart Rate: 60 bpm
PR/RR Int.:216/1000 ms
QRS Dur: 110 ms
QT/QTc: 444/442 ms
P-R-T axes: 3 -8 4
SV1/RV5/R+S:0.61/1.03/1.64mV

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



Peace Land Clinic Mukhtiarana

Base:0Hz LPF:100Hz AC:50Hz EMG:On 10.0mm/mV 25.0mm/sec EKG2000 6.00/3.24 Bionet Co., Ltd.

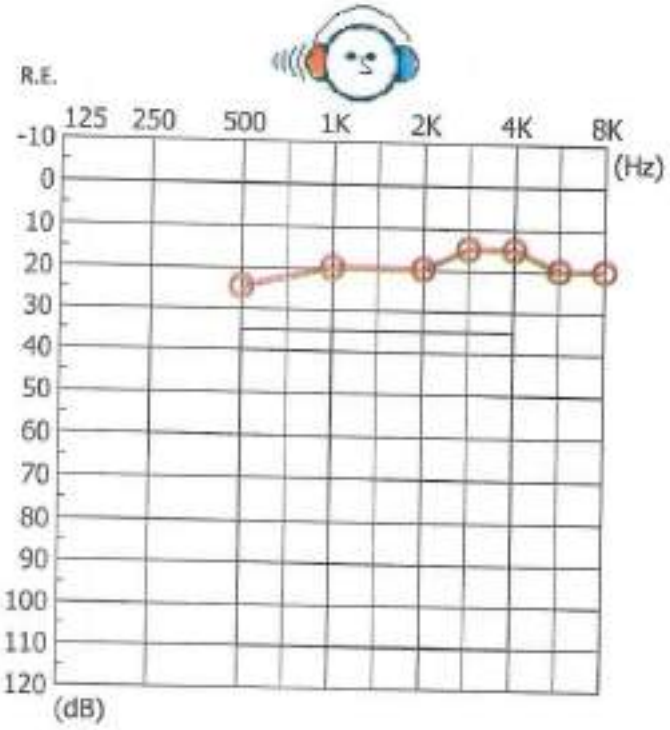
UU
UU
UU

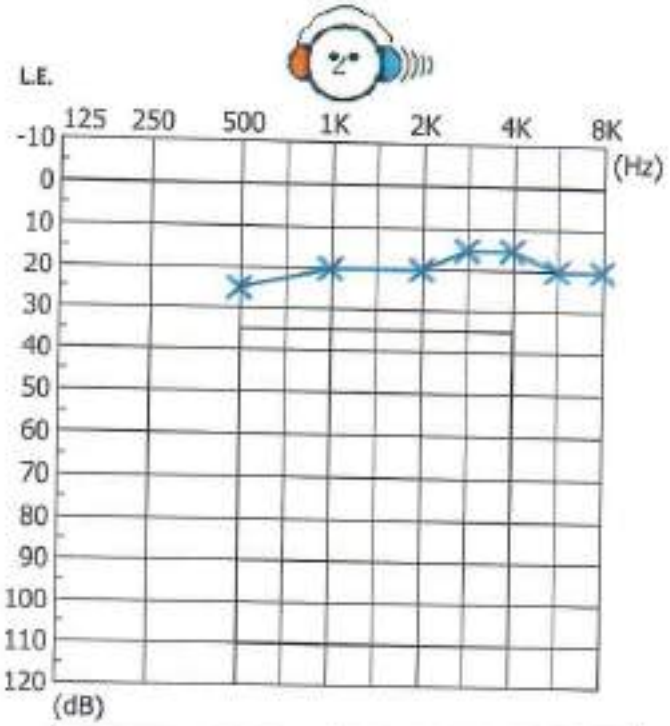
AUDIOMETRY REPORT

Name: TALVINDER, SINGH
Age(y): 37
Sex: Man
Height (cm): 0
Weight(Kg): 0
BMI:

SIBELMED W50

Test date: 09/11/2025
Reference: 111774903
Technician:
Reason:
Origin:
Equipment:
Device serial numb.:
Flash Version:





No Masking	R.E.	L.E.	With Masking	R.E.	L.E.
Air	O	X	Air	△	□
Bone	<	>	Bone	⊂	⊃
F.Field	⊘	⊠			
No response	↙	↘			

MINISTRY OF LABOUR AND SOCIAL AFFAIRS

	R.E.	L.E.
Hearing Loss (%)	0.0	0.0
Average dBs	20.0	20.0
Bilateral Loss (%)	0.0	

Right ear Normal
Left ear Normal

COMMENTS: Normal

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

Peace Land Clinic Medical Centre

Sibelmed

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
27532	TALVINDER SINGH SURJEET SINGH	37Y/M	09-11-2025	

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**

Dr Maher Mohammed Alhayek
MBBS , MD
Specialist Radiologist
MOH LIC No. 13495

nmc specialty hospital, al ghoubra

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

Fitness Certificate

Empno:

Ref No : *1/FIT/NMC/2025*

Date of issue : *11/11/2025*

This is to certify that Mr. / Mrs. *TALVINDER SINGH* with file no *14499277* and Resident card no. *111774903* was *Treated* at *nmc specialty hospital, al ghoubra* on *11/11/2025* and will be *FIT FOR WORK* from the medical point of view starting from *11/11/2025*

DIAGNOSIS
E78.5-Hyperlipidemia, Unspecified

Remarks
DIET AND LIFESTYLE MODIFICATIONS EXPLAINED. TO REVIEW AFTER 3 MONTH IN FASTING FOR RECHECK.

DR ANIL DEVARAJ

Place: *nmc specialty hospital, al ghoubra*

(Hospital Seal)

Signature

DR. ANIL DEVARAJ
Specialist - Internal Medicine
MOH Lic. No. 18119
nmc specialty hospital, Al Ghoubra

nmc specialty hospital, Al Ghoubra
CR No. 1068267
RECEPTION

DEPARTMENT OF LABORATORY MEDICINE

File No:	14499277	**Report No:**	1082588		
Name:	TALVINDER SINGH	**Sample Date:**	11/11/2025	**Time:**	11:18
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 36 Y **Nationality:** INDIAN	**Report Date:**	11/11/2025	**Time:**	13:21
GSM No.:	90217223 **ID Card No.:** 111774903	**Bill No:**	2728769	**Bill Date:**	11/11/2025
Ref. By:	DR ANIL DEVARAJ	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
LIPID PROFILE		
TOTAL CHOLESTEROL	4.78 mmol/L	< 5.2 mmol/L
HDL	1.19 mmol/L	MALE: > 1.0 mmol/L FEMALE: > 1.3 mmol/L
TRIGLYCERIDES	2.25 mmol/L	< 1.7 mmol/L
LDL	3.05 mmol/L	< 3.4 mmol/L
VLDL	1.02 mmol/L	< 0.77 mmol/L
NON HDL	3.59 mmol/L	<3.4mmol/L

Verified By:

10050
Lab Technologist
MOH License No: 4596
Electronically signed at: 11/11/2025 1:21:00

Approved By:

DR ASMA OSMANI
Specialist Pathologist
MOH License No: 5866
Electronically signed at: 11/11/2025 13:21:00

Printed at: 11/11/2025 13:22:03