-7.0

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

OQ

EMPLOYEE IDENTIFICATION

PRATHEESH PRATHAPAN
0048252 # 26 Y/M 00597
84384 24/01/24 08:43

Civil ID / Passport #	Company ID #		Position
134251266			Helper
Nationality	**Age**	**Sex**	**Location**
Indian	13/3/97		

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
Colour Vision Test [✓] Normal [ ] Abnormal [ ] Not Required
Visual Field Test [✓] Normal [ ] Abnormal
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
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: [illegible handwritten remarks]

LABORATORY INVESTIGATIONS

Lab Tests [✓] Normal [ ] Abnormal If abnormal, please specify below:
Pre-existing condition:
Remarks:
Blood Grouping O+ve

Glucose Level Category ______ [✓] Normal 80 – 100 mg/dl [ ] Pre diabetic 100 – 126 mg/dl [ ] Diabetic > 126 mg/dl
Cholesterol Risk Category ______ [✓] Low Risk LDL is less 130 mg/dl [ ] Moderate Risk LDL 130-160 mg/dl [ ] High Risk LDL >160 mg/dl
Routine Urine Analysis [✓] Normal [ ] Abnormal [ ] Not Required
Stool Analysis [ ] Normal [ ] Abnormal [ ] Not Required

QUESTIONNAIRES

	Questionnaire	Remarks
	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
			[signature]	24-1-24

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

PRATHEESH PRATHAPAN
0048252 # 26 Y (M) Bill 00597
84384 24/01/24 09:43

Civil ID / Passport #	Company ID #		Position
			Helper

Nationality	Age	Sex		Location

EXAMINATION TYPE

- [ ] Pre-employment Examination (PRE)
- [ ] Change of Position Examination
- [ ] Emergency Response Team
- [ ] Periodic Medical Examination (PME)
- [ ] Exit Examination
- [ ] Travelling Examination
- [ ] Post-absence Examination
- [ ] Critical Activities 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
- [ ] Working in confined space
- [ ] Working with electricity
- [ ] Working near rotating machinery
- [ ] Working in noise area
- [ ] Working in extreme heat
- [ ] Handling chemical products
- [ ] Use of respirator
- [ ] Pulling, pushing or carrying weight
- [ ] Ascend/descend ladders and stairs
- [ ] Walking or standing for long distance/period
- [ ] Repetitive movements
- [ ] Mobile machinery operation
- [ ] Heavy lifting operation
- [ ] Driving vehicle
- [ ] Emergency response duty

Other, specify

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Perfomed
24/1/24	

Medical Review Date	Employee Signature
24-01-24	[signature]

Doctor Name	Medical License	Hospital	Medical Doctor Signature
DR. SHAH FAISAL General Practitioner MOH Lic No. 22368			[signature]

Form Review 01-2021

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
		Helper

Nationality	Age	Sex	Location

PRATHEESH PRATHAPAN
0048262 # 26 Y/M BT 00597
84384 2401/24 09:43

PERSONAL HEALTH HISTORY

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

Congenital heart disease or Valvular heart disease or Coronary artery disease		Yes		No	Muscle problems e.g. weakness of your limbs or twitchy muscles		Yes		No
Myocardial insufficiency or infarction (heart attack)		Yes		No	Joint problems, e.g. plantar warts, joint pain or swelling		Yes		No
Coronary bypass surgery (CABS) and angioplasty		Yes		No	Problems with limb, neck or spine mobility		Yes		No
Heart arrhythmias (heart beats too fast, too slow or irregularly)		Yes		No	Extremities (feet or hands) deformities or problems		Yes		No
High blood pressure (hypertension)		Yes		No	Experienced back problem, arthritis, slipped disc		Yes		No
Shortness of breath after exertion		Yes		No	Pain in neck or back or hands or legs		Yes		No
Varicose veins associated with varicose eczema, ulcers or other complications		Yes		No	Thyroid disease any other glandular diseases		Yes		No
Arteriosclerotic or other vascular disease		Yes		No	Diabetes mellitus or Hypoglycemia		Yes		No
Anemias, especially Sickle Cell Diseases 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: 2nd/1/24

Candidate/Employee Signature

SCREENING QUESTIONNAIRE

CANDIDATE IDENTIFICATION

Civil ID / Passport #	Company ID #	

PRATHEESH PRATHAPAN 005RT 24/01/24 08:43 84334 client

Nationality	Age	Sex

Position: Helper

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: 24/1/24

Candidate/Employee Signature

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
		Helper

Nationality	Age	Sex	Location

PRATHEESH PRATHAPAN
#0048282 #2EYM 00597
84384 <dump> 24/01/24 09:43

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: 24/1/24

Candidate/Employee Signature

HEARING CONSERVATION QUESTIONNAIRE

OQ

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		PRATHEESH PRATHAPAN # [illegible] # 25 YRS [illegible] 00897 84344 [illegible] 24/01/24 09:43	Helper
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: 24/1/24

Candidate/Employee Signature

PHYSICAL ASSESSMENT FORM

PRATHEESH PRATHAPAN
0046252 # 25 Y/M 00597
84384 24/01/24 09:43

Civil ID / Passport #	Company ID #	Position
		Helper

Nationality	Age	Sex	Location

VITAL SIGNS

Height: 167 cm | Weight: 80 Kg | BMI: 28.8 | Blood Pressure: 130/80 mmHg

Pulse: 78 /mn | 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: 24-1-24 | 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)
☐ Free from artifacts ☐ Satisfactory exhalation
☐ Good start ☐ 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 Movment
☑ Normal ☐ Abnormal ☐ Not Examined | If abnormal, describe below:

[3] Chest Percussion
☑ Normal ☐ Abnormal ☐ Not Examined | If abnormal, describe below:

[3] Air Entry in Both Lungs
☑ Normal ☐ Abnormal ☐ Not Examined | If abnormal, describe below:

[4] Breath sounds
☑ Normal ☐ Abnormal ☐ Not Examined | If abnormal, describe below:

Date of Examination: 24-1-24 | Physician Name: DR. SHAH FAISAL General Practitioner MOH Lic No. 22368 | Signature:

ENT SYSTEM

[1] Otoscopy

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

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

[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

Audiologist Name: DR. SHAH FAISAL General Practitioner MOH Lic No. 22368 | Signature:

Hearing Questionnaire verified: ☑ Yes ☐ No

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:

Date of Examination: 24-12-24

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

Signature:

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

PATIENT DETAILS

COMPANY NAME:

PRATHEESH PRATHAPAN

00597

2401/24 09:43

DATE:

ECG REPORT

ECG COMMENTS:

- **NORMAL SINUS RHYTHM**
- **NORMAL ORS COMPLEX**
- **NO SIGNIFICANT ST/T CHANGES**

OTHER FINDINGS (IF ANY)

CLINIC SEAL

ص.ب ٣٠٠٣، الرمز البريدي ١٣٣، دوار العذيبة، شارع السلوة، سلطنة عمان
P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout al Salwa Tower, Sultanate of Oman
Tel: 24617117 / 24617148 / 24617149

Peace Land Medical Center
P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout Al Sahwa Tower
Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name:	PRATHEESH PRATHAPAN	**Doc No:**	0042585
Age:	26 Y **Nationality:** INDIAN	**File No:**	0048252
Gender:	M	**Bill No:**	0059773
Ref. By:	DR.SHAH FAISAL	**Date:**	24/01/2024
GSM No.:	95805816	**Time:**	15:24

Test	Result	Normal Range
OQ Medical Checkup Package		
COMPLITE BLOOD COUNT		
RBC	5.2 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	15.6 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	43.9 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	85 fl	84-94 fl
MCH	28.5 pg	27 - 33 pg
MCHC	33.4 g/dl	29.6 - 35.6 %
WBC COUNT	8.9 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	67 %	40-75 %
LYMPHOCYTE	26 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	05 %	2-8%
BASOPHIL	00 %	0-1%
ESR	07	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	**283 x 10^9/L**	150 - 450 x 10^9/L
FASTING BLOOD SUGAR	87.1 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

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Medical Technologist

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Test	Result	Normal Range
Triglyceride	105.9 mg/dl	0.0 - 150 mg/dl
HDL - CHOL	70.2 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	118.7 mg/dl	< 100 mg/dl
VLDL	21.1 mg/dl	2.0 - 30 mg/dl
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	64 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.82 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	29.2 U/L	0 - 35.0 U/L
S.G.P.T.	43.8 U/L	10 - 45 U/L
ALBUMIN	4.9 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	7.3 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.15 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	35.4 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.81 mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	7.4 mg/dl	3.5 - 7.2 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	5 ml	
Colour	Yellow	
Sp. Gravity	1.015	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Albumin	Negative	

Medical Technologist

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Test	Result	Normal Range
Glucose	Negative	
Ketones	Negative	
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-3	
EPITHELIAL CELLS	1-2	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
BLOOD GROUP & Rh TYPING	'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	
ALCOHOL TESTING	NEGATIVE	

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER

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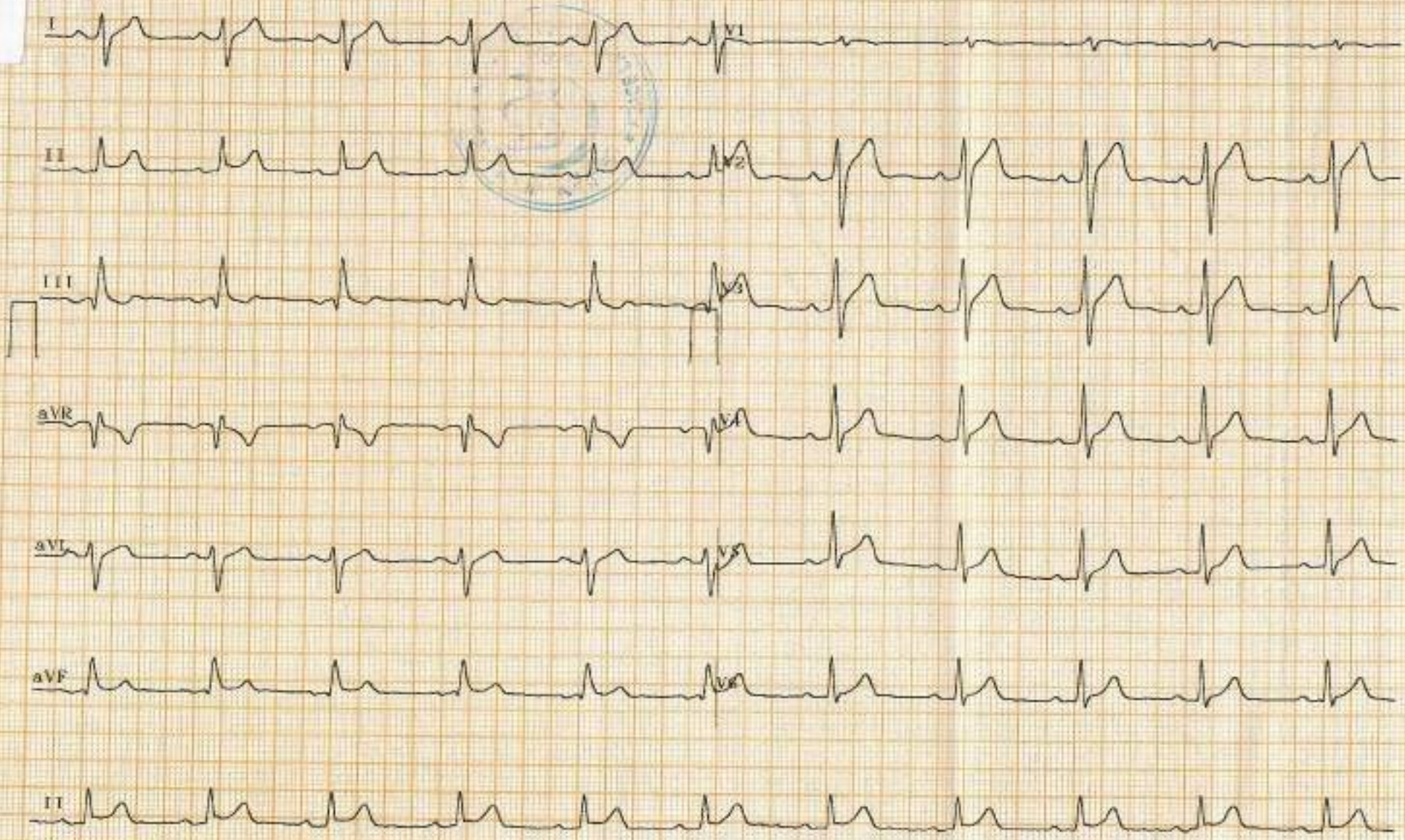
Medical Technologist

024-01-24 14:59:13 6 Channel + 1 Rhythm Report

Hospital:
Prescribed by:

D :
ame:
yrs. /
cm / kg

Heart Rate: 66bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 174 ms Normal Sinus Rhythm
QRS Dur.: 118 ms Normal AXIS
QT/QTc: 384/402 ms [Normal ECG]
P-R-T axes:
3 91 21



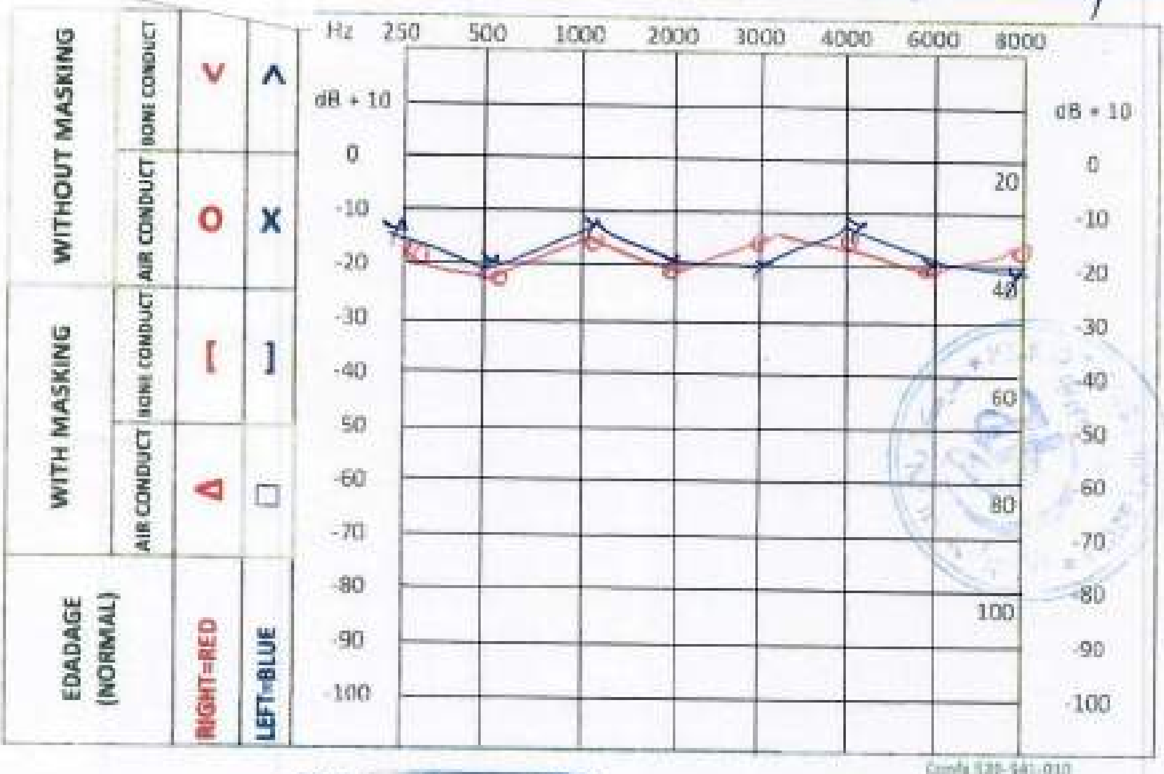
0.1Hz-100Hz,AC50Hz,EMG. All Channels:10.0mm/mV,25.0mm/sec. CARDIO-M Ver5.10M.30 Medical Econet GmbH.

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

PRATHEESH PRATHAPAN
24/01/24 09:43

AUDIOMETRY TEST REPORT

	Aced.	COMPANY	T. O
GENDER		OCCUPATION	Helper
		DATE	24/1/24



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT

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

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