

Patient: 26513 Reg. Dt: 24/07/202
 Name: ATHUL RAJ PALLER
 Gender: Male Nationality: INDIA
 Age: 27y Mar. Status: Marrie
 Address:



MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	Name		Position	
184205444	2128	ATHUL RAJ PALLER		HELPER	
Nationality	Age	Sex	Company	Location	
INDIAN	27	M	TRUCKMAN NORTH	HAIMA	
EXAMINATION TYPE					
Examination	☒ Pre-employment ☐ Periodic ☐ Exit				
VITAL SIGNS & BODY MEASURES					
Blood Pressure Category:	110/70 ☒ Normal ☐ Prehypertension ☐ Hypertension Stage 1 ☐ Hypertension Stage 2 ☐ Hypertension Crises				
BMI Category:	21.9 ☐ Underweight ☒ Normal ☐ Overweight ☐ Obese ☐ Morbid Obesity				
Remarks:					
VISUAL TEST					
Visual Acuity Test	RT	LT	Visual Field Test		
	6/6	6/6	☒ 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				
Pre-existing condition:	Chest X-Ray				
	☒ Normal ☐ Abnormal ☐ Not Required				
Physical Assessment					
	☒ Normal ☐ Abnormal				
Remarks:					
ENT SYSTEM					
Audiometry Test	☒ Normal ☐ Abnormal ☐ Not Required				
Pre-existing condition:	Otoscopy				
	☒ Normal ☐ Abnormal ☐ Not Required				
Physical Assessment					
	☒ Normal ☐ Abnormal (Weber, Weber & Rinne Tests)				
Remarks:					
CARDIOVASCULAR SYSTEM					
ECG Test	☒ Normal ☐ Abnormal ☐ Not Required				
Pre-existing condition:	Physical Assessment				
	☒ Normal ☐ Abnormal				
Remarks:					
NEUROLOGICAL SYSTEM					
Physical Assessment	☒ Normal ☐ Abnormal				
Pre-existing condition:					
Remarks:					
MUSCULOSKELETAL SYSTEM					
Physical Assess.	☒ Normal ☐ Abnormal				
Pre-existing condition:	Lumbar X-Ray				
	☐ Normal ☐ Abnormal ☒ Not Required				
Remarks:					
LABORATORY INVESTIGATIONS					
Lab Tests	☒ Normal ☐ Abnormal If abnormal, please specify below:				
Pre-existing condition:	Blood Grouping				
	B+ve				
Remarks:					
Glucose Level Category	90 mg/dl ☒ Normal 80 - 100 mg/dl ☐ Pre-diabetic 100 - 125 mg/dl ☐ Diabetic > 125 mg/dl				
Cholesterol Risk Category	108 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				
Remarks:					
QUESTIONNAIRES					
Medical & Surgical History Questionnaire	Remarks				
Respiratory Protection Questionnaire	Remarks				
Hearing Conservation Questionnaire	Remarks				
Screening Questionnaire	Remarks				
Registration 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				
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)				
				Doctor Signature & Clinic Stamp	
				Issue Date: 24/07/2025	

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	☐ Traveling Examination	☐ Medical Surveillance

Restrictions

Other, specify _____

Examination Date	Exams Performed
24/07/2025	

Employee Signature _____

Medical Doctor Signature _____

Горячая линия: +02 30065000

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #		Company ID #		Position	
134205444		2128		HELPER	
Nationality		Age		Sex	
Patient: 26513		Reg. Dt: 24/07/202		Location	
Name: ATHUL RAJ PALLER		Gender: Male		Nationality: (INDIA)	
Age: 27y		Mar. Status: Married		HAINA	
Address:		Barcode			

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 Disease or Sickle Cell Trait or Thalassemia	☐ Yes	☒ No	Experienced weight loss or gain > 5kg over the past year	☐ Yes	☒ No
Haemorrhage disorders i.e. bleeding disorders	☐ Yes	☒ No	Informed about being overweight or obese	☐ Yes	☒ No
Leukemia, polycythemia 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 diarrhoea, gastritis	☐ Yes	☒ No
Epilepsy and recurrent seizures	☐ Yes	☒ No	Haemorrhoids, fissures 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, tonsillitis)	☐ 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
Immune 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

Date: 24/07/2022



List any previous injuries or operations

Previous injuries or operations	Date

Candidate/Employee Signature

[Signature]

SCREENING QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION			
Civil ID / Passport #	Company ID #	Admit: 26513 Name: ATHUL RAJ PALLER Gender: Male Age: 27y Address:	Reg. Dt: 24/07/2022 Position: HELPER Location: HAINA
Nationality	Age	Sex	

FAGERSTROM TEST				
Do you smoke?	☐ Yes	☒ No	If YES, Please answer the following:	
How soon after waking up do you smoke your 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	☐ Anytime	☐ 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 feel 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		
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 hrs in some days last week?	☐ 1 hour	☐ 2 hours	☐ 3 hours	☐ > 3 hours
Did you feel as 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 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 in 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: **24/07/2022**



Candidate/Employee Signature: **[Signature]**

RESPIRATORY PROTECTION QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION				
Civil ID / Passport #	Company ID #	Ident: 26513	Reg. Dt: 24/07/2022	Position
13420644	2128	Name: ATHUL RAJ PALLER		HELPER
Nationality	Age	Sex	Nationality: INDIA/ Mar. Status: Married	Location
				HAIMA

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? ☐ YES ☒ NO What type: ☐ Disposable mask ☐ Canister Mask ☐ SCBA

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? ☐ YES ☒ NO

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

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

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

☐ YES ☒ NO a. Asthma ☐ YES ☒ NO i. Broken ribs
☐ YES ☒ NO b. Asthma ☐ YES ☒ NO j. Pneumothorax (collapsed lung)
☐ YES ☒ NO c. Chronic bronchitis ☐ YES ☒ NO k. Any chest injuries or surgeries
☐ YES ☒ NO d. Emphysema ☐ YES ☒ NO h. Lung cancer ☐ YES ☒ NO l. Any other lung problem that you have been told about

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

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

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

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

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

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

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

☐ YES ☒ NO a. Breathing or lung problems ☐ YES ☒ NO c. Blood pressure
☐ YES ☒ NO b. Heart trouble ☐ YES ☒ NO d. Seizures (fits)

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

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

Date: 24/07/2022



Candidate/Employee Signature

[Signature]

HEARING CONSERVATION QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	IDent: 26513 Reg. Dt: 24/07/202 Name: ATHUL RAJ PALLER Gender: Male Nationality: INDIA Age: 27y Mar. Status: Married Address:		Position	
Nationality	Age	Sex			Location
					HELPER 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	☐ Sport 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
☐ Hypertension	☐ Renal Failure	☐ Tuberculosis	☐ Previous surgery	☐ Thyroid Problems	☐ Trauma to head/ear canal/lympenic 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 ☐ Marine ☐ 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 ☐ Motorcycle ☐ Walking					

Date: 24/07/2025



Candidate/Employee Signature

[Signature]

PHYSICAL ASSESSMENT FORM



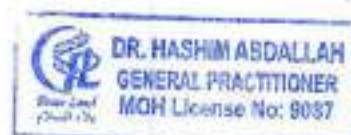
CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	Age	Sex	Position	
134205444	2128	27Y	Male	HELPER	
Nationality	Age	Sex	Address	Location	
INDIA	27Y	Male		HAIMA	

VITAL SIGNS					
Height	Weight	BMI	Blood Pressure	Medical Practitioner Name	Signature
171 cm	64 Kg	21.9	110/70 mmHg	DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087	
Pulse	Visual Acuity Test	Visual Field Test	Stereoscopic Vision Test		
66 /min	Right: 6/6, Left: 6/6	Right: Normal, Left: Normal	Normal		

RESPIRATORY SYSTEM					
Date of Examination	Medical Practitioner Name	Signature	Smoking Status	Patient's Posture During Test	Nose Clips Used
24/07/2022	DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087		Never	Standing	No
Acceptability Criteria (select all which apply)			Repeatability Criteria (select all which apply)		
☐ Free from artifacts ☐ Satisfactory exhalation ☐ Good start ☐ NOT satisfactory			☐ 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		

CHEST AND LUNGS					
Date of Examination	Medical Practitioner Name	Signature	Chest Shape and Movement	Air Entry in Both Lungs	Breath sounds
24/07/2022	DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087		Normal	Normal	Normal
The Patient Demonstrated:			If abnormal, describe below:		
Good Effort					

ENT SYSTEM					
Date of Examination	Physician Name	Signature	Otoscopy	Hearing Test	Adiometry Done
24/07/2022	DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087		Right: Normal, Left: Normal	Whisper Test: Normal	Yes
Ear Canal Collapse			Eardrum Position		
Normal			Normal		
Drainage			Eardrum Vascularity		
Normal			Normal		
Perforation			Hearing Questionnaire		
Normal			Verified		
Comments					
None					



PHYSICAL ASSESSMENT FORM

Patient: 26513 Reg. Dt: 24/07/202
 Name: ATHUL RAJ PALLER
 Gender: Male Nationality: INDIA
 Age: 27Y Mar. Status: Married
 Address:



ENT SYSTEM			
(2) Nose Assessment		(3) Throat Assessment	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
CARDIOVASCULAR SYSTEM			
(1) Heart Sounds		(2) Heart Murmurs	
☒ Normal	If abnormal, describe below:	☐ Present	If present, describe below:
☐ Abnormal		☒ Absent	
☐ Not Examined		☐ Not Examined	
(3) Peripheral Pulses		(4) Peripheral Veins	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
NEUROLOGICAL SYSTEM			
(1) Mental Status		(2) Cranial Nerves	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
(3) Motor System		(4) Reflexes	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
(5) Sensory System		(6) Coordination, Station, Gait	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
MUSCULOSKELETAL SYSTEM			
(1) Hand and Wrist		(2) Elbow and Shoulder	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
(3) Hip		(4) Knees	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
(5) Foot and Ankle		(6) Spine and Back	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
OTHER			
(1) Skin, Extremities		(2) Head & Neck	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
(3) Mouth and Teeth		(4) Genital Orifices	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
(5) Abdominal Organs		(6) Lymph Nodes	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	

Date of Examination: 24/07/2023 Physician Name:

UD - Goodhope Health Cluster


DR. HASHIM ABDALLAH
 GENERAL PRACTITIONER
 MOH License No: 9637

Signature:

Print Name: Hashim Abdallah





Peace Land Medical Service LLC, Mukhalzna
CR No.: 2/13627/3, P.O. Box: 1403,
Postal Code: 133,
Occidental Camp Mukhalzna, Sultanate of Oman

PATIENT DETAILS :

Patient ID : 26513	Doc No : 14564
Name : ATHUL RAJ PALLERI	Doc Date : 2025-07-24T16:45:00
Age : 27Y	Bill No : 36504
Gender : Male	Date : 24/07/2025 16:45 PM
Nationality : INDIAN	Customer : TRUCKOMAN OIL & GAS SERVICES
GSM No : 71016305	Ref by : DR.HASHIM ABDALLAH

TEST RESULT : OQ-001 OQ MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
OQ MEDICAL CHECKUP			
BLOOD GROUP & Rh TYPING	'B' Positive		
COMPLETE BLOOD COUNT			
RBC	6 Million/cu	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	17 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	49 %	Male 42 - 52 % Female 37 - 47 %	
MCV	83 fl	76 - 96 fl	
MCH	29 pg	27 - 33 pg	
MCHC	35 %	32 - 36 %	
WBC COUNT	8100 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	47 %	40-75 %	
LYMPHOCYTE	40 %	20-45 %	
EOSINOPHIL	5 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	8	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	1.6 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	112 u/l	44-147 U/L	
T. BILIRUBIN	0.9 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.3 mg / dl	up to 0.4 mg /dl	
IINDIRECT BILIRUBIN	0.6 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	22 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	27 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	8 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	5 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	55 mg / dl	10-50 mg /dl	
S.CREATININE	1 mg / dl	0.7 - 1.2 mg /dl	

Reported By:
Lab Technician



Verified By:
Lab Technician

Approved By:
Lab Technician

Sr. Lab Technologist

Sr. Lab Technologist

Sr. Lab Technologist

Printed at: 24/07/2025 16:50:13

Signed at: 24/07/2025 16:50:05

Test	Result	Normal Range	Detailed Description
S.URIC ACID	7 mg / dl	3.4 - 7.2 mg /dl	
LIPID PROFILE			
Total Cholesterol	192 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	133 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	50 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	108 mg/dl	< 130 mg/dl	
VLDL	26 mg/dl	2-30 mg/dl	
FASTING BLOOD SUGAR	90 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.010		
pH	Acidic		
Appearance	Clear		
CHEMICAL			
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		
COCAINE (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		

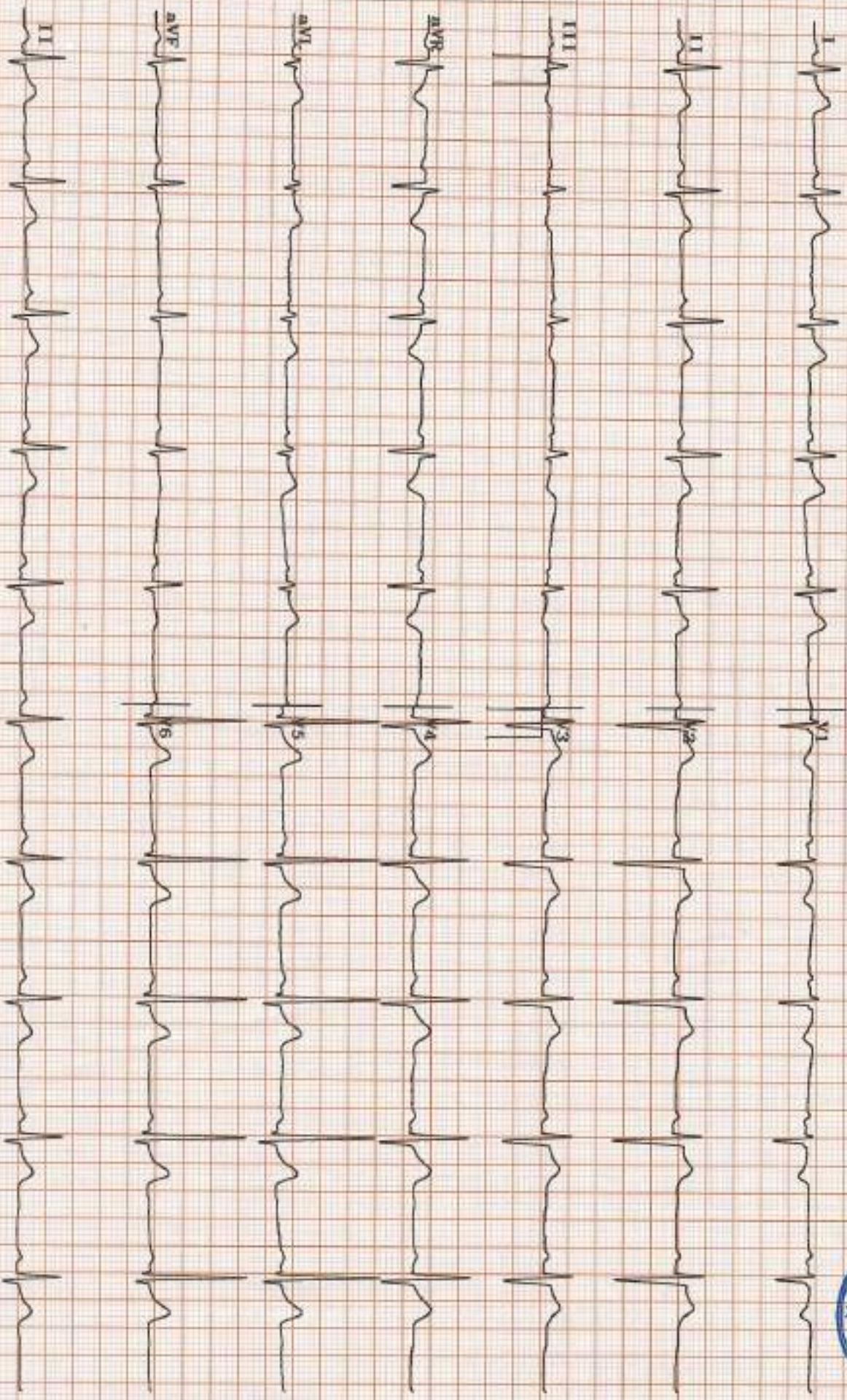
Remarks:



Patient: 26513 Reg. Dt: 24/07/202
 Name: ARHUL SAI PALLEN
 Gender: Male Nationality: INDIA
 Age: 27y Mar. Status: MARR
 Address:

Heart Rate: 62 bpm
 PR/RR Int.: 170/968 ms
 QRS Dur.: 106 ms
 QT/QTc: 402/403 ms
 P-R-T axes: 51 52 14
 SV1/RV5/R+S: 0.57/1.77/2.34mV

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

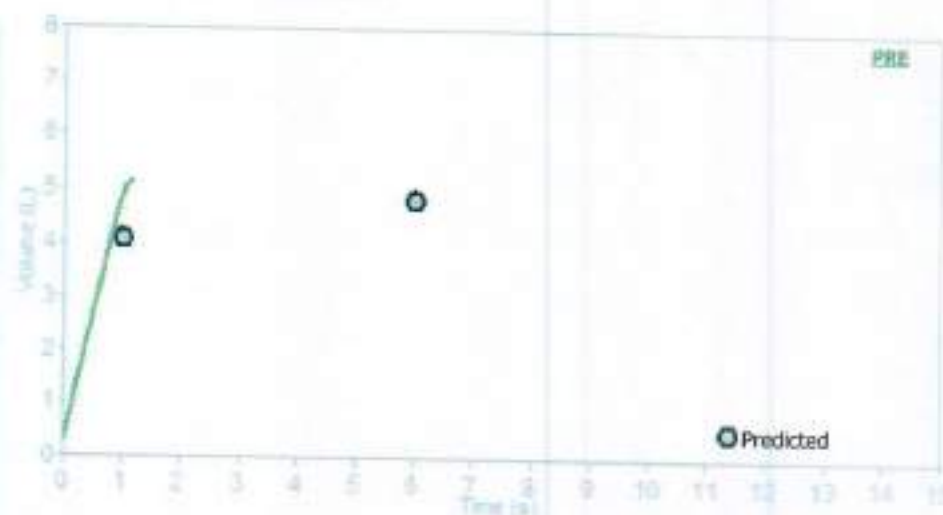
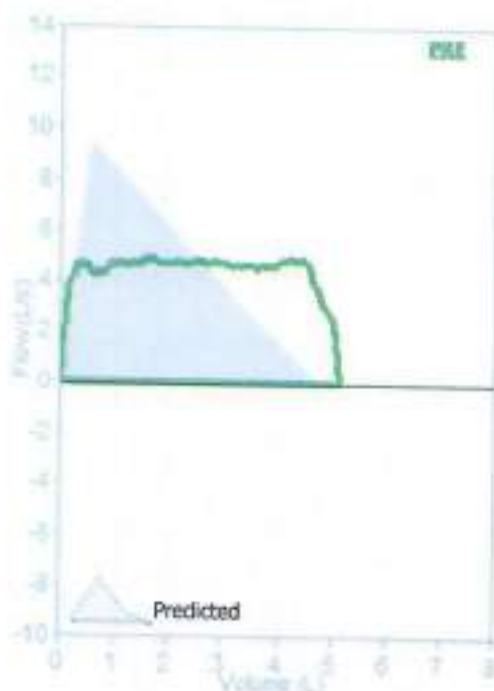


Pulmonary Function Test Results

Visit date 24/07/2025

Patient code 134205444
Surname RAJ PALLERI
Name ATHUL
Date of birth 18/12/1997
Ethnic group Caucasian
Smoke No smoker
Patient group

Age 27
Gender Male
Height, cm 171
Weight, kg 64
BMI 21.89
Pack-Year



Quality Control Grade: F
0 Acceptable trials

Interpretation
Normal Spirometry

PRE Trial date 24/07/2025 08:58:27

Parameters	LLN	Prod	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.80	4.81	5.15*	107	0.56	5.15			*	
FEV1	L	3.24	4.08	4.87*	119	1.55	4.87			*	
FEV1/FVC	%	70.6	82.4	94.6*	115	1.71	94.6			*	
PEF	L/s	7.50	9.49	4.99*	53	-3.72	4.99			*	
ELA	Years		27	27	100		27				
FEF2575	L/s	3.15	4.86	4.75	98	-0.10	4.75				
FET	s		6.00	1.17	19		1.17				
FIVC	L	3.80	4.81								
FEV1/VC	%	70.6	82.4								

*Best values from all loops - BTPS 1.082 27 °C (80.6 °F) - Predicted ERS (ECCS) / Zapletal

Conclusion / Medical report

Signature



Instrument used
Minispir S 5/N C16043

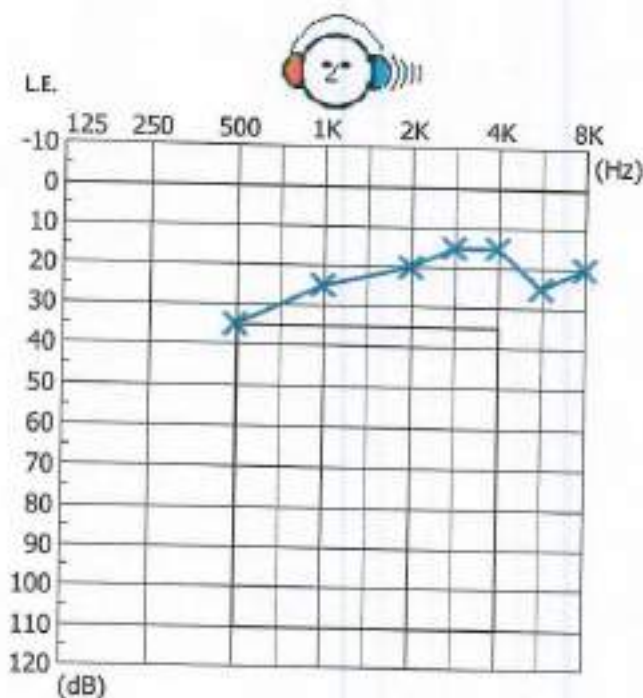
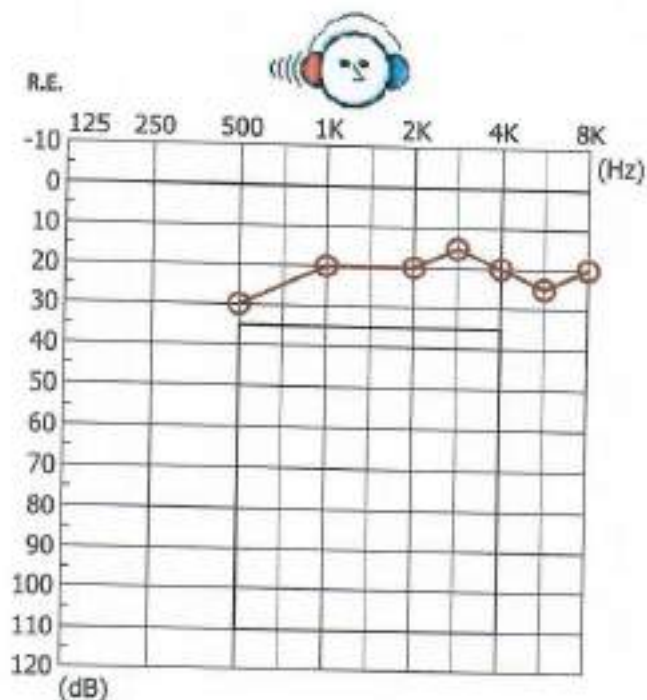
AUDIOMETRY REPORT

Patient: 26513 Reg. Dt: 24/07/2022
 Name: ATHUL RAJ PALLERU
 Gender: Male Nationality: (INDIA)
 Age: 27Y Mar. Status: Married
 Address:



SIBELMED W50

Test date: 24/07/2025
 Reference: 134205444
 Technician:
 Reason:
 Origin:
 Equipment:
 Device serial numb.:
 Flash Version:



MINISTRY OF LABOUR AND SOCIAL AFFAIRS

	R.E.	L.E.
Hearing Loss (%)	0.0	0.0
Average dBs	21.2	23.8
Bilateral Loss (%)	0.0	

Right ear Normal
 Left ear Normal

COMMENTS:

Normal

No Masking	R.E.	L.E.	With Masking	R.E.	L.E.
Air	○	×	Air	△	□
Bone	<	>	Bone	=	=
F. Field	⊗	⊗			
No response	⊕	⊕			



DR. HASHIM ABDALLAH
 GENERAL PRACTITIONER
 MOH License No: 9087

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
26513	ATHUL RAJ PALLERI	27Y/M	24-07-2025	

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

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