7142 -TO-

OQEP

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 #		Position
18997337	7142	IMAD HASSAN SAID AL BALUSHI PID : 58205 Age 32Y Male B.No : 79611 SpecID : 99516 SERUM 28/07/25 10:54	HDD.
Nationality	**Age**	**Sex**	**Location**
Omani	13/01/1993		

EXAMINATION TYRE

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 — 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: A –

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 18) [ ] Positive answers Factor IV (19 to 20)

Clinic Doctor Name	License #	Hospital	Doctor Signature & Clinic Stamp	Issue Date
				29/7/25

Dr. Shiva Sagaradatta Cardiology Specialist MOH Lic. No. 21562

OQEP

OQEP Occupational Health
FITNESS TO WORK CERTIFICATE [CONTRACTOR]

OQEP-COR-HSE-HEL-FRM-00021

IMAD HASSAN SAID AL BALUSHI
PID : 58205 Age 32Y Male B.No : 79611
Spec.ID : 99516 SERUM 28/07/25 10:54

EMPLOYEE IDENTIFICATION

Company	Identification Number
TO	18997337

Nationality	Age	Sex	Entry Date	Location	Job Title
Omani	32	M	28/07/2025		HDD.

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

Restrictions

FIT

	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:

Dr. Saima Seyedabolfathjafar

PEACE LAND MEDICAL CENTER

Doctor Name	Medical License	Hospital	Doctor Signature

OQEP Occupational Health PHYSICAL ASSESSMENT FORM

OQEP-COR-HSE-HEL-FRM-00021
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Nationality	**Age**	**Sex**	**Location**
Omani	32	M	

VITAL SIGNS

Height: 178 cm | Weight: 89 Kg | BMI: 28 | Blood Pressure: 135/85 mmHg

Pulse: 70 /min | Medical Practitioner Name: | 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: 28/7/25 | Medical Practitioner Name: | 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: 28/7/25 | 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: 28/7/25 | Physician Name: | Signature:

ENT SYSTEM

[1] Otoscopy

	Right	Left		Right	Left
Ear Canal Collapse	☐ Yes ☐ No ☐ Not Exam	☐ Yes ☐ No ☐ Not Exam	Eardrum Position	☐ Normal ☐ Retracted ☐ Bulging ☐ Not Exam	☐ Normal ☐ Retracted ☐ Bulging ☐ Not Exam
Drainage	☐ Yes ☐ No ☐ Not Exam	☐ Yes ☐ No ☐ Unknown			
Perforation	☐ Yes ☐ No ☐ Not Exam	☐ Yes ☐ No ☐ Not Exam	Eardrum Vascularity	☐ Normal ☐ Considerable ☐ Mild ☐ Not Exam	☐ Normal ☐ Considerable ☐ Mild ☐ Not Exam
Cerumen	☐ None ☐ Some ☐ A lot ☐ Impacted ☐ Not Exam	☐ None ☐ Some ☐ A lot ☐ Impacted ☐ 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

Audiologist Name / Signature:

Dr. Shima Sayed Abdulla Cardiology Specialist MOH Lic. No. 21982

IMAD HASSAN SAID AL BALUSHI
P.ID : 59205 Age 32Y Male B.No : 79611
Spec.ID : 99516 SERUM 28/07/25 10:54

OQEP Occupational Health 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: 28/7/25

Physician Name: Dr. Stima Seyoum Teklehaimanot, Occupational Specialist, MOH Lic. No. [illegible]

Signature:

OQEP	OQEP Occupational Health MEDICAL & SURGICAL HISTORY QUESTIONNAIRE	OQEP-COR-HSE-HEL-FRM-00021 Classification: External Use Review: 03-31/08/2024

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Nationality	**Age**	**Sex**	**Location**
Omani	32	M	

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
Arteriosclerotic 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 compensations received? [✓ No] [ ] Yes, please specify

List any previous injuries or operations

Previous injuries or operations	Date

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: 28/07/2025

Candidate/Employee Signature

OQEP	OQEP Occupational Health HEALTH SCREENING QUESTIONNAIRE	OQEP-COR-HSE-HEL-FRM-00021 Classification: External Use Review: 03-31/08/2024

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Nationality	**Age**	**Sex**	**Location**
Omani	32	M	

RAGERSTROM 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 workplaces, 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 sinoke per day	4-5/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: 28/07/2025

Candidate/Employee Signature

OQEP Occupational Health
RESPIRATORY PROTECTION QUESTIONNAIRE

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

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Omani	32	m	

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

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

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

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

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

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

[ ] YES [X] NO a. Asbestosis
[ ] YES [X] NO b. Asthma
[ ] YES [X] NO c. Chronic bronchitis
[ ] YES [X] NO d. Emphysema
[ ] YES [X] NO e. Pneumonia
[ ] YES [X] NO f. Tuberculosis
[ ] YES [X] NO g. Silicosis
[ ] YES [X] NO h. Lung cancer
[ ] YES [X] NO i. Broken ribs
[ ] YES [X] NO j. Pneumothorax (collapsed lung)
[ ] YES [X] NO k. Any chest injuries or surgeries
[ ] YES [X] 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 [X] NO a. Shortness of breath
[ ] YES [X] NO b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline
[ ] YES [X] NO c. Shortness of breath when walking with other people at an ordinary pace on level ground
[ ] YES [X] NO d. Have to stop for breath when walking at your own pace on level ground
[ ] YES [X] NO e. Shortness of breath when washing or dressing yourself
[ ] YES [X] NO f. Shortness of breath that interferes with your job
[ ] YES [X] NO g. Coughing that produces phlegm (thick sputum)
[ ] YES [X] NO h. Coughing that wakes you early in the morning
[ ] YES [X] NO i. Coughing that occurs mostly when you are lying down
[ ] YES [X] NO j. Coughing up blood in the last month
[ ] YES [X] NO k. Wheezing
[ ] YES [X] NO l. Wheezing that interferes with your job
[ ] YES [X] NO m. Chest pain when you breathe deeply
[ ] YES [X] 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 [X] NO a. Heart attack
[ ] YES [X] NO b. Stroke
[ ] YES [X] NO c. Angina
[ ] YES [X] NO d. Heart failure
[ ] YES [X] NO e. Swelling in your legs or feet (not caused by walking)
[ ] YES [X] NO f. Heart arrhythmia
[ ] YES [X] NO g. High blood pressure
[ ] YES [X] 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 [X] NO a. Frequent pain or tightness in your chest
[ ] YES [X] NO b. Pain or tightness in your chest during physical activity
[ ] YES [X] NO c. Pain or tightness in your chest that interferes with your job
[ ] YES [X] NO d. In the past two years, have you noticed your heart skipping or missing a beat
[ ] YES [X] NO e. Heartburn or indigestion that is not related to eating
[ ] YES [X] 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 [X] NO a. Breathing or lung problems
[ ] YES [X] NO b. Heart trouble
[ ] YES [X] NO c. Blood pressure
[ ] YES [X] NO d. Seizures (fits)

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

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

Date: 28/07/2025

Candidate/Employee Signature

OQEP	OQEP Occupational Health HEARING CONSERVATION QUESTIONNAIRE	OQEP-COR-HSE-HEL-FRM-00021 Classification: External Use Review: 03-31/08/2024

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Nationality	**Age**	**Sex**	**Location**
Omani	32	M	

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 28/07/2025

Candidate/Employee Signature

Peace Land Medical Center
AL SAHWA TOWER 2, AZAIBA PO BOX 1403 , POSTAL CODE 133 SULTANATE OF OMAN
medicalcenter@peacelandenergy.com
CLINIC-24617116, VISA MEDICAL- 24617117
TRN :

DEPARTMENT OF LABORATORY

Patient ID	: 58205	**Doc No**	: 62408
Name	: IMAD HASSAN SAID AL BALUSHI	**Doc Date**	: 29/07/2025 13:42
Age, Gender	: 32Y, Male	**Bill No**	: 79611
Nationality	: OMANI	**Bill Date**	: 28/07/2025 10:09
GSM No	: 77278268	**Approved Date**	:
Doctor's Name	: DR.SHIMA	**Collected Time**	: 28/07/2025 10:54
Customer	: TRUCKOMAN LLC-SAFA PROJECT	**Recieved Time**	: 28/07/2025 10:54

Test	Result	Unit	Normal Range
OQ Medical Checkup Package			
COMPLITE BLOOD COUNT			
RBC	5.6	x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	14.5	gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	46.1	%	Male 39.30 -50.00 % Female 37 -47 %
MCV	84	fl	84-94 fl
MCH	27.7	pg	27 - 33 pg
MCHC	31.6	g/dl	29.6 - 35.6 %
WBC COUNT	5.2	x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT			
NEUTROPHIL	63	%	40-70 %
LYMPHOCYTE	31	%	20-45 %
EOSINOPHIL	02	%	1-6 %
MONOCYTE	04	%	2-8%
BASOPHIL	00	%	0-1%
ESR	08		Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	184	x 10^9/L	150 - 450 x 10^9/L
BLOOD GROUP & Rh TYPING	' A ' Negative		
BLOOD GROUPING AND RH TYPING			
SICKLE CELL TEST	NEGATIVE		
FASTING BLOOD SUGAR	84.1	mg/dl	74 - 100 mg/dl
LIPID PROFILE.			
Total Cholesterol	171	mg/dl	0.0 - 200 mg/dl
Triglyceride	102.3	mg/dl	0.0 - 150 mg/dl
HDL - CHOL	54.2	mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	97	mg/dl	< 100 mg/dl
VLDL	20	mg/dl	2.0 - 30 mg/dl
LIVER FUCTION TEST			
ALKALINE PHOSPHATASE	56	U/L	53 - 128 U/L

Remarks:

Reported By:
Lab Tech

Sr. Lab Technologist

Verified By:
Lab Tech

Sr. Lab Technologist

Approved By:
Lab Tech

PEACE LAND MEDICAL CENTER

Printed at: 29/07/202513:42:27

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DEPARTMENT OF LABORATORY

Patient ID	: 58205	**Doc No**	: 62408
Name	: IMAD HASSAN SAID AL BALUSHI	**Doc Date**	: 29/07/2025 13:42
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Customer	: TRUCKOMAN LLC-SAFA PROJECT	**Recieved Time**	: 28/07/2025 10:54

Test	Result	Unit	Normal Range
S. BILIRUBIN TOTAL	0.42	mg/dl	0 - 2.0 mg/dl
S.G.O.T.	31.1	U/L	0 - 35.0 U/L
S.G.P.T.	43.5	U/L	10 - 45 U/L
ALBUMIN.	4.15	g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN.	6.29	g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.16	mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST			
UREA	34	mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.98		0.70 -1.30 mg/dl
S.URIC ACID	7.2	mg/dl	3.5 - 7.2 mg/dl
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5	ml	
Colour	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	1-3		
EPITHELIAL CELLS	1-2		
RBC	0-1		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NIL		
OTHERS	NIL		

Remarks:

Reported By:
Lab Tech

Sr. Lab Technologist

Verified By:
Lab Tech

Sr. Lab Technologist

Approved By:
Lab Tech

PEACE LAND MEDICAL CENTER

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Customer	: TRUCKOMAN LLC-SAFA PROJECT	**Recieved Time**	: 28/07/2025 10:54

Test	Result	Unit	Normal Range
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		
ALCHOHOL TESTING.	NEGATIVE		

Remarks:

Reported By:
Lab Tech

Sr. Lab Technologist

Verified By:
Lab Tech

Sr. Lab Technologist

Approved By:
Lab Tech

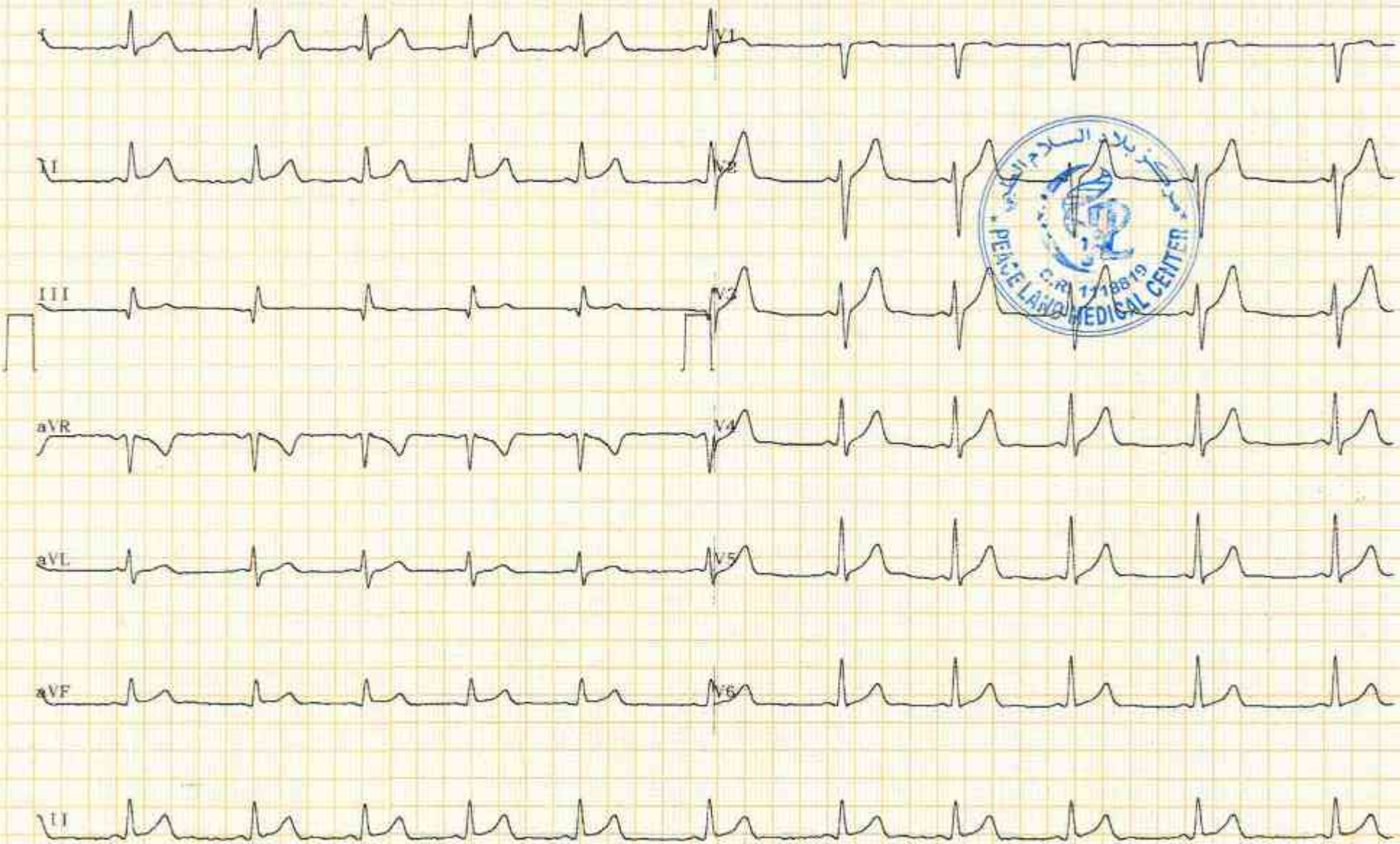
PEACE LAND MEDICAL CENTER

Printed at: 29/07/202513:42:27

IMAD HASSAN SAID AL BALUSHI
PID : 58205 Age 32Y Male B.No : 79611
SpecID : 99516 SERUM 28/07/25 10:54

Prescribed by:

Heart Rate: 67bpm
PR Int.: 108 ms
QRS Dur.: 100 ms
QT/QTc: 396/415 ms
P-R-T axes:
14 53 38



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

Name:
Resident / Civil ID NO:
Company Name:
Date :

IMAD HASSAN SAID AL BALUSHI
PID : 58205 Age 32Y Male B.No : 79611
SpecID : 99516 SERUM 28/07/25 10:54

ECG REPORT

ECG COMMENTS:

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

OTHER FINDINGS (IF ANY)

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
2775

ص.ب : ١٤٠٣، الرمز البريدي : ١٣٣، دوار العدسية مبنى ابراج 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

PEACELAND MEDICAL CENTER
AZAIBA

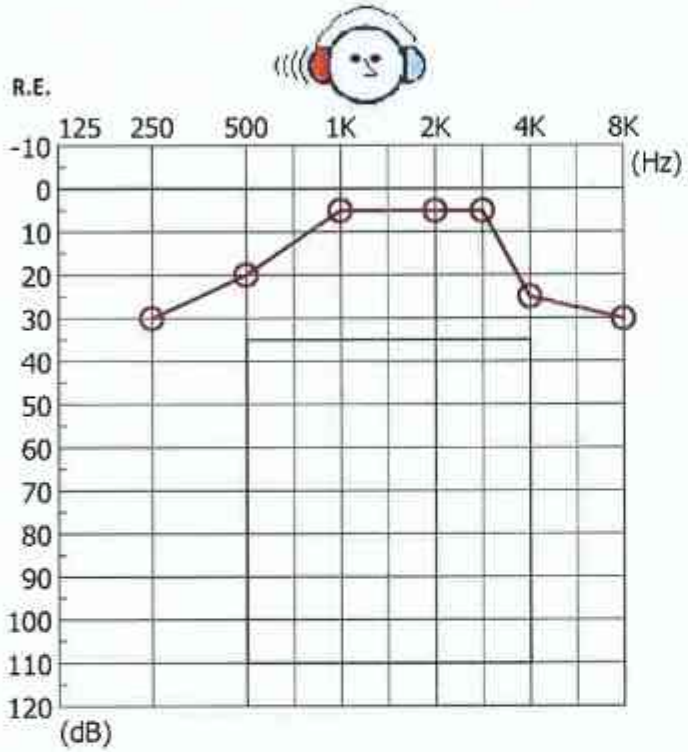
AUDIOMETRY REPORT

SIBELMED W50

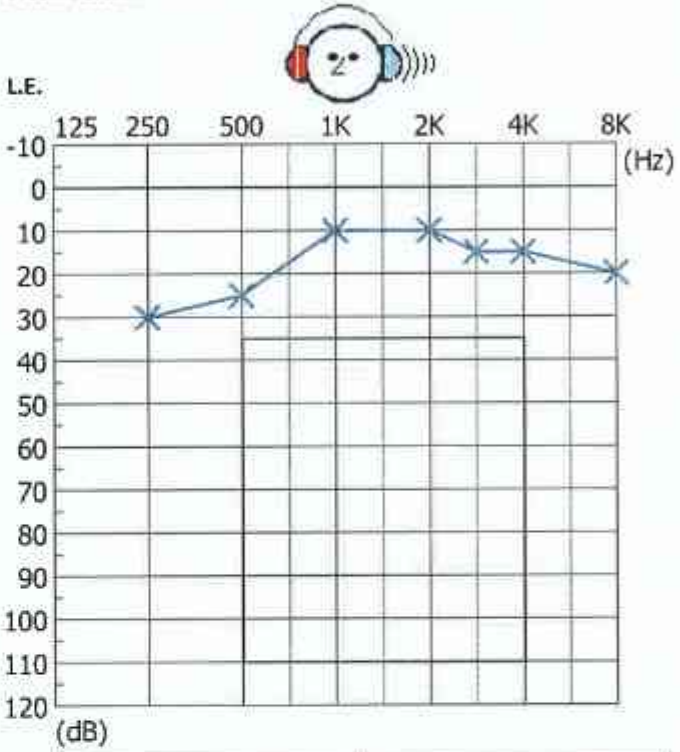
Name: IMAD HASSAN SAID AL BALUSHI
PID : 58205 Age 32Y Male B.No : 79611
Age(y):
Sex:
Height (cm):
Weight(Kg):
BMI:
SpecID : 99516 SERUM 28/07/25 10:54

Test date: 28/07/2025
Reference: 58205
Technician:
Reason:
Origin:
Equipment:
Device serial numb.:
Flash Version:

R.E.



L.E.



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	8.8	15.0
Bilateral Loss (%)	0.0	

Right ear Normal
Left ear Normal

COMMENTS:

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
2775 رقم الترخيص

Dr. Shima Sayed Abdullah Jaffar
Cardiologist Specialist
MOH Lic. No. 21962

Pulmonary Function Test Results

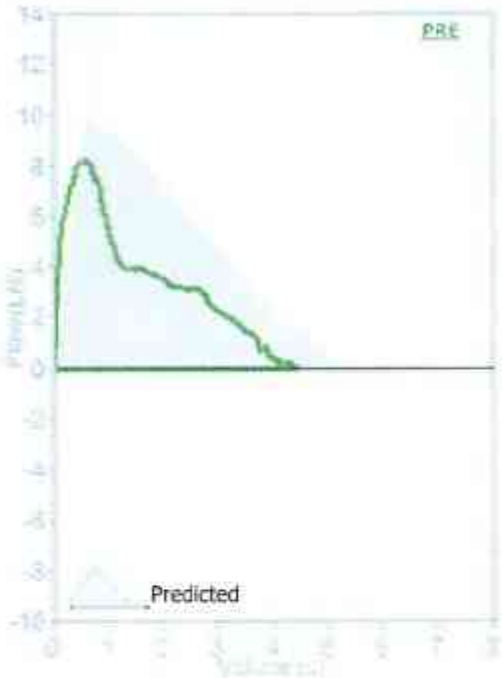
PEACELAND MEDICAL CENTER

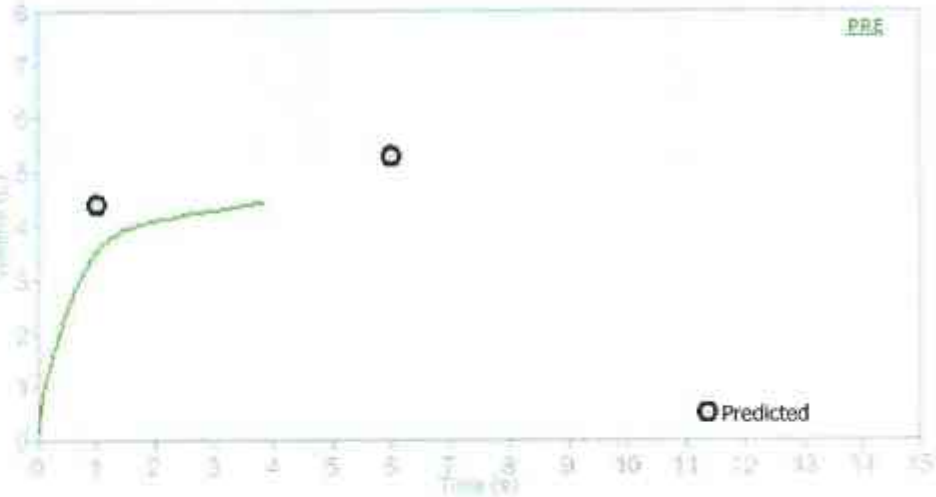
AZAIBA

Visit date 28-Jul-25

Patient code	18997337	Age	32
Surname	AL BALUSHI	Gender	Male
Name	IMAD HASSAN SAII	Height, cm	178
Date of birth	13-Jan-93	Weight, kg	89
Ethnic group	Not defined	BMI	28.09
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1% PRE





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 28-Jul-25 11:30:21 AM

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	4.24	5.29	4.46*	84	-1.30	4.46			*		
FEV1	L	3.52	4.39	3.55*	81	-1.60	3.55			*		
FEV1/FVC	%	73.2	83.4	79.6*	95	-0.62	79.6			*		
PEF	L/s	6.20	9.62	8.23*	86	-0.67	8.23			*		
ELA	Years		32	61	191		61					
FEF2575	L/s	2.85	4.63	3.10	67	-1.41	3.10					
FET	s		6.00	3.84	64		3.84					
FIVC	L	4.24	5.29									
FEV1/VC	%	73.2	83.4									

*Best values from all loops - BTPS 1.106 22 °C (71.6 °F) - Predicted Knudson

Conclusion / Medical report

Signature

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
رقم الترخيص 2176

Instrument used
Minispir S S/N C17138

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
58205	IMAD HASSAN SAID AL BALUSHI	032Y/M	28-07-2025	

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. WAJDY JARBOU
MD, ABR
SPECIALIST RADIOLOGIST
MOH LIC # 19061

Dr. Wajdy Jarbou
MD ABR
Specialist Radiologist
MOH Lic # 19061