

MEDICAL EVALUATION REPORT - SUMMARY

MUHAMMAD ZIAMUSTAFA ABDUL HA
PID : 62484 Age 43Y Male B.No: 88022



SpecID : 105109 SERUM 03/03/25 08:47

CANDIDATE / EMPLOYEE ID#		Name		Position
Civil ID / Passport #	Company ID #	MUHAMMAD ZIAMUSTAFA ABDUL HAMEED		FORKLIFT OPERATOR
Nationality	Age	Sex	Company	Location
PAKISTANI	43Y	M	TRUCK OMAN	

DOB: 14/05/1982 EXAMINATION TYPE: **03/03/2026**

Examination: Pre-employment Periodic Exit

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 120/80 Normal Prehypertension Hypertension Stage 1 Hypertension Stage 2 Hypertension Crisis

BMI Category: 23.75 Underweight Normal Overweight Obese Morbid Obesity

Remarks:

VISUAL TEST

Visual Acuity Test: RT 6/6 LT 6/6 Normal Abnormal

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

Auditory 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 Low Moderate High

Pre-existing condition:

Remarks: 0/0309

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+ve

Pre-existing condition:

Remarks:

Glucose Level Category: Normal 80 - 100 mg/dl Pre-diabetic 100 - 125 mg/dl Diabetic > 125 mg/dl

Cholesterol Risk Category: Low Risk Low Risk LDL is less 130 mg/dl Moderate Risk LDL 130-159 mg/dl High Risk LDE > 150 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 Depression: No positive answers Positive answers Factor I (1 to 6) Positive answers Factor II (7 to 12)

Positive answers Factor III (13 to 19) Positive answers Factor IV (17 to 20)

License # Hospital/Clinic Doctor Signature & Clinic Stamp Issue Date

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 908



[Handwritten Signature]

03/03/2026

FITNESS TO WORK CERTIFICATE

Contractors Fitness Assessment

MUHAMMAD ZIAMUSTafa ABDUL HA
PID : 62494 Age 43Y Male B.No : 88022



SpecID : 105109 SERUM 03/03/26 08:47



EMPLOYEE IDENTIFICATION

Company		Identification Number		Name	
TRUCK OMAN		92744837		MUHAMMAD ZIAMUSTafa ABDUL HAMEED	
Nationality	Age	Sex	Entry Date	Location	Job Title
PAKISTANI	43Y	M	03/03/2026		FORKLIFT OPERATOR

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

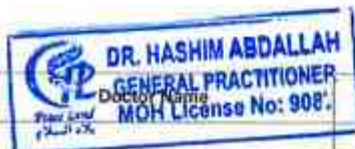
Restrictions

<input type="checkbox"/> Working at height	<input type="checkbox"/> Heavy lifting operation	<input type="checkbox"/> Pulling, pushing or carrying weight
<input type="checkbox"/> Working in confined space	<input type="checkbox"/> Emergency response duty	<input type="checkbox"/> Ascend/descend ladders and stairs
<input type="checkbox"/> Working with electricity	<input type="checkbox"/> Manual cargo handling	<input type="checkbox"/> Walking or standing for long distance/period
<input type="checkbox"/> Working near rotating machinery	<input type="checkbox"/> Deep excavation	<input type="checkbox"/> Repetitive movements
<input type="checkbox"/> Driving vehicles	<input type="checkbox"/> Food handling	<input type="checkbox"/> Handling chemical products
<input type="checkbox"/> Mobile machinery operation	<input type="checkbox"/> Working in noise area	<input type="checkbox"/> Working in extreme heat

Other, specify

Restriction Type Temporary until _____ Permanent

Annotations:



Medical License



Hospital

Doctor Signature



PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	Name		Position	
92744837		MUHAMMAD ZIAMUSTafa ABDUL HAMEED		FORKLIFT OPERATOR	
Nationality	Age	Sex	Company	Location	
PAKISTANI	43Y	M	TRUCK OMAN		

VITAL SIGNS

Height: 174 cm Weight: 72.4 Kg BMI: 23.78 Blood Pressure: 120/80 mmHg
Pulse: 58 /min Medical Practitioner Name: DR. HASHIM ABDALLAH Signature:

VISUAL SYSTEM

Right Uncorrected	Left Uncorrected	Right Corrected	Left Corrected	Both Uncorrected	Both Corrected
<u>6/6</u>	<u>6/6</u>			<u>6/6</u>	

Colour Vision Test Ishihara: # of Plates passed: 12 Inform the Plates # failed: 0 Normal Abnormal Visual Field Test: Normal Abnormal Stereoscopic Vision Test: Normal Abnormal

Date of Examination: 03/03/2026 Medical Practitioner Name: DR. HASHIM ABDALLAH 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 that is applicable):
 Free from artifacts Satisfactory exhalation
 Good start NOT satisfactory

The Patient Demonstrated: Good Effort Difficulty following instructions Ability to sustain good effort Poor Effort Cooperation
Date of Examination: 03/03/2026 Medical Practitioner Name: DR. HASHIM ABDALLAH Signature:

[2] Chest Shape and Movement: Normal Abnormal Not Examined [3] Chest Percussion: Normal Abnormal Not Examined

[3] Air Entry in Both Lungs: Normal Abnormal Not Examined [4] Breath sounds: Normal Abnormal Not Examined

Date of Examination: 03/03/2026 Physician Name: DR. HASHIM ABDALLAH Signature:

ENT SYSTEM

[1] Otoscopy: Right Ear Canal Collapse: No Yes Not Examined Left Ear Canal Collapse: No Yes Not Examined
Right Drainage: No Yes Unknown Left Drainage: No Yes Unknown
Right Perforation: No Yes Not Examined Left Perforation: No Yes Not Examined
Right Cerumen: None A lot Not Examined Left Cerumen: None A lot Not Examined

[2] Hearing Test: Whisper Test: Normal Abnormal Not Examined Rinne Test: Normal Abnormal Not Examined
Weber Test: Normal Abnormal Not Examined Audiometry Done: Yes No
Hearing Questionnaire: Yes No



PHYSICAL ASSESSMENT FORM

MUHAMMAD ZIAMUSTAFA

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] Knee

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: **03/03/2026**

Physician Name:



Signature:

[Handwritten Signature]



MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #		Company ID #		Name	
92744837				MUHAMMAD ZIAMUSTafa ABDUL HAMEED	
Nationality		Age	Sex	Company	
PAKISTANI		43Y	M	TRUCK OMAN	
				Position	
				FORKLIFT OPERATOR	
				Location	
				TRUCK OMAN	

PERSONAL HEALTH HISTORY

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

<p>Congenital heart disease or Valvular heart disease or Coronary artery disease <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Myocardial insufficiency or infarction (heart attack) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Coronary bypass surgery (CABS) and angioplasty <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Heart arrhythmias (heart beats too fast, too slow or irregularly) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>High blood pressure (hypertension) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Shortness of breath after exertion <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Varicose veins associated with varicose eczema, ulcers or other complications <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Arteriosclerotic or other vascular disease <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Anemias, especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia, G6PD <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Haemorrhage disorders i.e. bleeding disorders <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Leukemia, polycythaemia and disorders of the reticulo-endothelial system <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Recurrent headaches or migraine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Epilepsy and recurrent seizures <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Sleep disorders, such as insomnia, hypersomnia, sleep apnea, narcolepsy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Chronic anxiety states and/or recurrent depression <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Phobias such as fear of heights, fear of confined spaces, fear of flying <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Lung disease e.g. bronchitis, asthma, dyspnea, Tuberculosis (TB) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Phlegm production (excess mucus production) or tight chest <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Immuno suppression due to cancer or human immunodeficiency virus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Lump in breast or armpit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Muscle problems e.g. weakness of your limbs or twitchy muscles <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Joint problems, e.g. plantar warts, joint pain or swelling <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Problems with limb, neck or spine mobility <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Extremities (feet or hands) deformities or problems <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Experienced back problem, arthritis, slipped disc <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Pain in neck or back or hands or legs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Thyroid disease or any other glandular diseases <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Diabetes mellitus or Hypoglycemia <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Experienced unintentional weight loss or gain > 5kg over the past year <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Informed about being overweight or obese <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Skin disorders e.g. severe acne, dermatitis, eczema or allergy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Allergies e.g. dust, medication, insect bites, chemicals <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gastritis <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Hemorrhoids, fissures and fistulas causing pain, or recurrent bleeding <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Liver and pancreas diseases (e.g. pancreatitis, Hepatitis, Jaundice) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Kidney or bladder diseases e.g. recurrent infection, renal stones <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Ear, nose or throat problems (e.g. otitis, hearing loss, tinnitus, sinusitis, tonsillitis) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Eye disease or visual defect (e.g. glaucoma, color blindness, monocular vision) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Treated for infectious diseases (e.g. malaria, COVID19, dengue) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Treated for mental health problems, such as depression, stress, anxiety <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Treated for substance or alcohol abuse <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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Any other diseases not mentioned in the above list? No | Yes, please specify: _____

Any disabilities and compensations received? No | Yes, please specify: _____

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: 03/03/2026

List any previous injuries or operations

Previous injuries or operations	Date

Candidate/Employee Signature

Y. 4. 3/2026



HEALTH SCREENING QUESTIONNAIRE

MUHAMMAD ZIAMUSTafa ABDUL HA
 RID: 62494 Age 43Y Male B.No: 98022



Spec.ID: 105109 SERUM 03/03/25 06:47



CANDIDATE / EMPLOYEE IDENTIFICATION							
Civil ID / Passport #		Company ID #		Name		Position	
92744837				MUHAMMAD ZIAMUSTafa ABDUL HAMEED		FORKLIFT OPERATOR	
Nationality		Age	Sex	Company		Location	
PAKISTANI		43Y	M	TRUCK OMAN			

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 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 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 *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 hrs 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	11. Is your digestion not good?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Do you find it hard to like your daily work?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	12. Do you have unpleasant sensations in your stomach?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3. Do you find difficult taking decisions?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	13. Do you get scared easily?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4. Is your daily work a suffering?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	14. Do you feel nervous, tense or worried?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. Do you feel tired all the time?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	15. Do you feel unhappy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6. Are you easily tired?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	16. Do you cry more than usual?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7. Do you have frequent headaches?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	17. Has the thought of ending your life been on your mind?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8. Do you feel lack of hunger?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	18. Do you find it difficult to perform your work?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
9. Do you sleep badly?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	19. Have you lost interest in things?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10. Do your hands tremble?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	20. Do you feel you're worthless?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Date: **03/03/2026**

Candidate/Employee Signature

(Handwritten Signature)





RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION							
Civil ID / Passport #		Company ID #		Name		Position	
92744837				MUHAMMAD ZIAMUSTAFA ABDUL HAMEED		FORKLIFT OPERATOR	
Nationality	Age	Sex	Company			Location	
PAKISTANI	43Y	M	TRUCK OMAN				

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? YES NO What type: Disposable mask Cartridge 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. Asbestosis YES NO e. Pneumonia YES NO i. Broken ribs
 YES NO b. Asthma YES NO f. Tuberculosis YES NO j. Pneumothorax (collapsed lung)
 YES NO c. Chronic bronchitis YES NO g. Silicosis 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 n. 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 o. 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 p. 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 q. Wheezing
 YES NO e. Shortness of breath when washing or dressing yourself YES NO r. Wheezing that interferes with your job
 YES NO f. Shortness of breath that interferes with your job YES NO s. Chest pain when you breathe deeply
 YES NO g. Coughing that produces phlegm (thick sputum) YES NO t. 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 interferes with your use of a respirator
 YES NO c. Anxiety

Date: 03/03/2026

Candidate/Employee Signature



HEARING CONSERVATION QUESTIONNAIRE

MUHAMMAD ZIAMUSTAFA ABDUL HA
PID : 62494 Age 43Y Male B.No : 88022



SpecID : 105109 SERUM 03/03/26 08:47



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PAKISTANI	43Y	M	TRUCK OMAN				

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:

<input type="checkbox"/> Hunting	<input type="checkbox"/> Car races	<input type="checkbox"/> Skeet shooting	<input type="checkbox"/> Woodwork	<input type="checkbox"/> Target shooting
<input type="checkbox"/> Power tools	<input type="checkbox"/> Mower	<input type="checkbox"/> Concerts / Band	<input type="checkbox"/> Welding	<input type="checkbox"/> Air compressor
<input type="checkbox"/> Construction	<input type="checkbox"/> Scuba diving	<input type="checkbox"/> 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:

<input type="checkbox"/> Ear Fullness	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Ear Surgery	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Chemotherapy
<input type="checkbox"/> Ringing in the ears	<input type="checkbox"/> Ear Pain	<input type="checkbox"/> Earwax buildup	<input type="checkbox"/> Intravenous Antibiotics	<input type="checkbox"/> Hole in the Eardrum
<input type="checkbox"/> Ear Drainage	<input type="checkbox"/> Dizziness			

4 - Check ALL that you have had/suffered from:

<input type="checkbox"/> Meningitis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Measles	<input type="checkbox"/> Syphilis	<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Mumps	<input type="checkbox"/> Chronic ear infections
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Renal Failure	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Previous surgery	<input type="checkbox"/> Thyroid Problems	<input type="checkbox"/> Trauma to head/ ear canal / tympanic membrane	

5 - Check ALL that you are currently suffering from:

<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Cold/Flu	<input type="checkbox"/> Ear infection	<input type="checkbox"/> 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 Army 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 Motorcycle Walking

Date: **03/03/2026**



Candidate/Employee Signature: *Muhammad Ziamustafa Abdul Ha*



DEPARTMENT OF LABORATORY

Patient ID : 62494	Doc No : 70877
Name : MUHAMMAD ZIAMUSTAFA ABDUL HAMEED	Doc Date : 03/03/2026 11:05
Age, Gender : 43Y, Male	Bill No : 88022
Nationality : PAKISTANI	Bill Date : 03/03/2026 08:42
GSM No : 97800726	Approved Date :
Doctor's Name : DR.HASHIM ABDALLAH	Collected Time : 03/03/2026 08:47
Customer : TRUCK OMAN EQUIPMENT RENTEL LLC	Recieved Time : 03/03/2026 08:47

Test	Result	Unit	Normal Range
OQ Medical Checkup Package			
COMPLITE BLOOD COUNT			
RBC	5.6		Male 4.38 -6.0 x 10 ¹² /L Female 4.0- 5.2x10 ¹² /L
HAEMOGLOBIN	14.8	x10 ¹² /L	
HCT	45.2	gm %	Male 13 - 17 gm % Female 11 - 14 gm %
MCV	84	%	Male 39.30 -50.00 % Female 37 -47 %
MCH	27.0	fl	84-94 fl
MCHC	32.7	pg	27 - 33 pg
WBC COUNT	5.9	g/dl	29.6 - 35.6 %
DIFFERENTIAL COUNT		x 10 ⁹ /L	4.0 - 11.0 x 10 ⁹ /L
NEUTROPHIL	68	%	40-70 %
LYMPHOCYTE	30	%	20-45 %
EOSINOPHIL	01	%	1-6 %
MONOCYTE	01	%	2-8%
BASOPHIL	00	%	0-1%
ESR	07		Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	169	x 10 ⁹ /L	150 - 450 x 10 ⁹ /L
BLOOD GROUP & Rh TYPING	'A' Positive		
BLOOD GROUPING AND RH TYPING			
SICKLE CELL TEST	NEGATIVE		
FASTING BLOOD SUGAR	96.1	mg/dl	74 - 100 mg/dl
LIPID PROFILE			
Total Cholesterol	198	mg/dl	0.0 - 200 mg/dl
Triglyceride	145.4	mg/dl	0.0 - 150 mg/dl
HDL - CHOL	55.1	mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	114	mg/dl	< 100 mg/dl
VLDL	29	mg/dl	2.0 - 30 mg/dl
LIVER FUCTION TEST			
ALKALINE PHOSPHATASE	99	U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.62	mg/dl	0 - 2.0 mg/dl
S.G.O.T.	18.1	U/L	0 - 35.0 U/L

Remarks:

Reported By:
Lab Tech

Verified By:
Lab Tech

Sr. Lab Technologist



Sr. Lab Technologist



DEPARTMENT OF LABORATORY

Patient ID : 62494	Doc No : 70877
Name : MUHAMMAD ZIAMUSTafa ABDUL HAMEED	Doc Date : 03/03/2026 11:05
Age, Gender : 43Y, Male	Bill No : 88022
Nationality : PAKISTANI	Bill Date : 03/03/2026 08:42
GSM No : 97800726	Approved Date :
Doctor's Name : DR.HASHIM ABDALLAH	Collected Time : 03/03/2026 08:47
Customer : TRUCK OMAN EQUIPMENT RENTEL LLC	Recieved Time : 03/03/2026 08:47

Test	Result	Unit	Normal Range
S.G.P.T.	12.5	U/L	10 - 45 U/L
ALBUMIN.	4.78	g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN.	7.57	g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.17	mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST			
UREA	35.1	mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	1.17	mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	6.1	mg/dl	3.5 - 7.2 mg/dl
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5	ml	
Colour	Pale yellow		
Sp. Gravity	1.015		
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		
DRUG TESTING			
AMPHETAMINES(AMP)	NEGATIVE		
MORPHINE(MOP)	NEGATIVE		
COCAINE(COC)	NEGATIVE		
PHENCYCLIDINE(PCP)	NEGATIVE		
METHAMPHETAMINE(MET)	NEGATIVE		

Remarks:

Reported By:
Lab Tech

Sr. Lab Technologist

Verified By:
Lab Tech



Sr. Lab Technologist





DEPARTMENT OF LABORATORY

Patient ID : 62494	Doc No : 70877
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Test	Result	Unit	Normal Range
TRAMADOL(TRA)	NEGATIVE		
BARBITURATES(BAR)	NEGATIVE		
BENZODIAZEPINES(BZO)	NEGATIVE		
MEDTHODONE(MED)	NEGATIVE		
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE		
MARJUANA(THC)	NEGATIVE		
ALCOHOL TESTING.	NEGATIVE		

Remarks:

Reported By:
 Lab Tech

Sr. Lab Technologist

Verified By:
 Lab Tech



Sr. Lab Technologist

Approved By:
 Lab Tech





MUHAMMAD ZAMUSTAFA ABDUL HA
PID : 62484 Age 43Y Male B.No : 88022



SpecID : 105109 SERUM 03/03/26 08:47

FBS

Framingham Risk Score Form

Estimated 10-year Global CVD Risk

3.90%

Risk Category

Low Risk

Estimated Vascular Age

40 Years

Treatment Guidelines

ATP-III (2004)

Treatment Targets

LDL <160 mg/dL (<4.14 mmol/L)

Non-HDL <190 mg/dL (<4.93 mmol/L)

CCS (2009)

Initiate Pharmacotherapy if

LDL >5 mmol/L (>193 mg/dL)

TChol/HDL-C >6 mmol/L (>231 mg/dL)

Treatment Targets

≥50 % decrease in LDL-C

ESC (2007, see Info for more)

Treatment Targets

LDL <3 mmol/L (<120 mg/dL)

TChol <5 mmol/L (<194 mg/dL)





مركز بلاد السلام الطبي Peace Land Medical Center

Name : MUHAMMAD ZIAMUSTAFA

Resident / Civil ID NO : 92744837

Company Name : TRUCK OMAN

Date : 03/03/2026

MUHAMMAD ZIAMUSTAFA ABDUL HA
PID : 62494 Age 43Y Ht/ale B No : 68022



SpecID : 105109 SERUM 03/03/26 08:47

ECG REPORT

ECG COMMENTS:

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

OTHER FINDINGS (IF ANY)



2026-03-03 09:03:40

ID:62494

Name:

MUHAMMAD ZIAMUSTASA ABDUL HA
NIC: 52494 Age: 43Y Male B.NG: 88022



SpecID: MS109 SERUM 03/03/25 08:47
E11

3 Channel + 3 Rhythm Report

Hosp: PEACELAND MEDICAL CENTE...

Prescribed by:

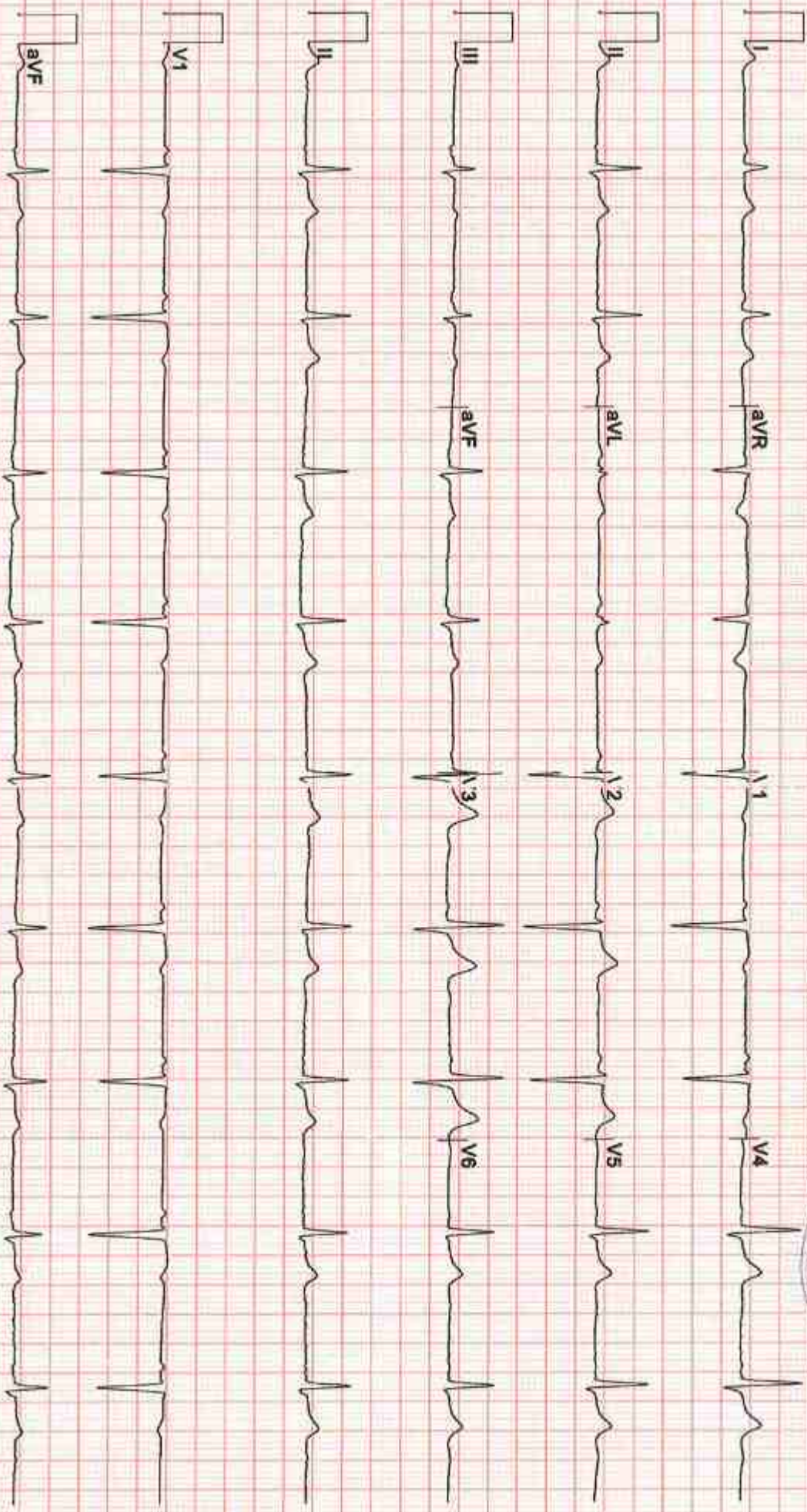
Heart Rate: 58 bpm
PR/RR Int.: 128/1034 ms
QRS Dur.: 106 ms
QT/QTc: 416/407 ms
P-R-T axes: -42 45 42
SV1/RV5/R+S: 1.25/0.88/2.13 mV

** Analysis Result ** (To be finally confirmed by cardiologist)
S nus Bradycardia (HR:50-59)
[Minimally Abnormal or Normal Variation ECG]

Normal ECG



Dr. Shina Seyedullah Ghaffar
Cardiologist
MOH Lic. No. 21962



Base:0.1 Hz LFP:Off AC:50 Hz EMG:Off

25 mm/sec 10 mm/mV

CardioQ70 ver.1.16 (3.26) Biomet Co., Ltd

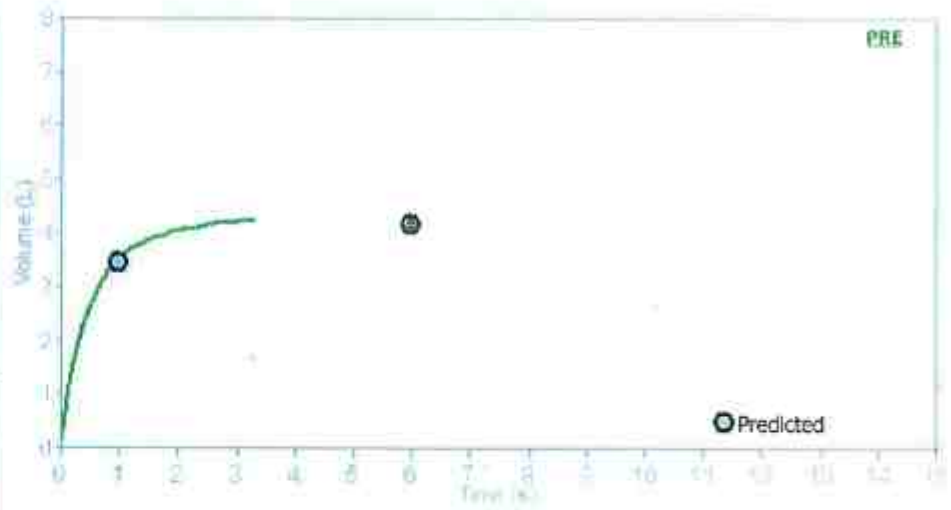
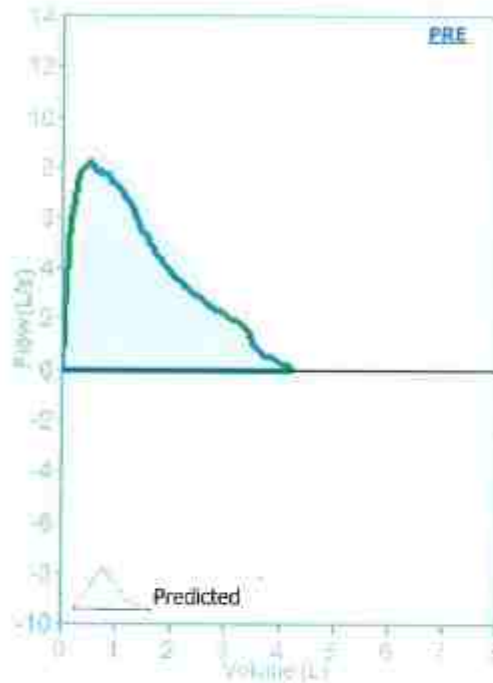
Pulmonary Function Test Results

PEACELAND MEDICAL CENTER

Visit date 03-Mar-26

AZAIBA

Patient code 92744837
 Surname ABDUL HAMEED
 Name MUHAMMAD ZIAMI
 Date of birth 14-May-82
 Ethnic group Pakistan
 Smoke
 Patient group
 Age 43
 Gender Male
 Height, cm 174
 Weight, kg 72
 BMI 23.78
 Pack-Year



Quality Control Grade: D
 1 Acceptable trials

Interpretation
 Normal Spirometry

PRE Trial date 03-Mar-26 9:19:23 AM

Parameters	LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC L	3.11	4.16	4.25*	102	0.14	4.25			*		
FEV1 L	2.56	3.42	3.57*	104	0.29	3.57			*		
FEV1/FVC %	72.3	82.5	84.0*	102	0.24	84.0			*		
PEF L/s	5.44	8.86	8.24*	93	-0.30	8.24			*		
ELA Years		43	43	100		43					
FEF2575 L/s	2.22	4.00	3.46	87	-0.50	3.46					
FET s		6.00	3.30	55		3.30					
FVC L	3.11	4.16									
FEV1/VC %	72.3	82.5									

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

Conclusion / Medical report

Signature



Instrument used
 Minispir S S/N C17138

**PEACELAND MEDICAL CENTER
AZAIBA**

AUDIOMETRY REPORT

Name:
Age(y):
Sex:
Height (cm):
Weight(Kg):
BMI:

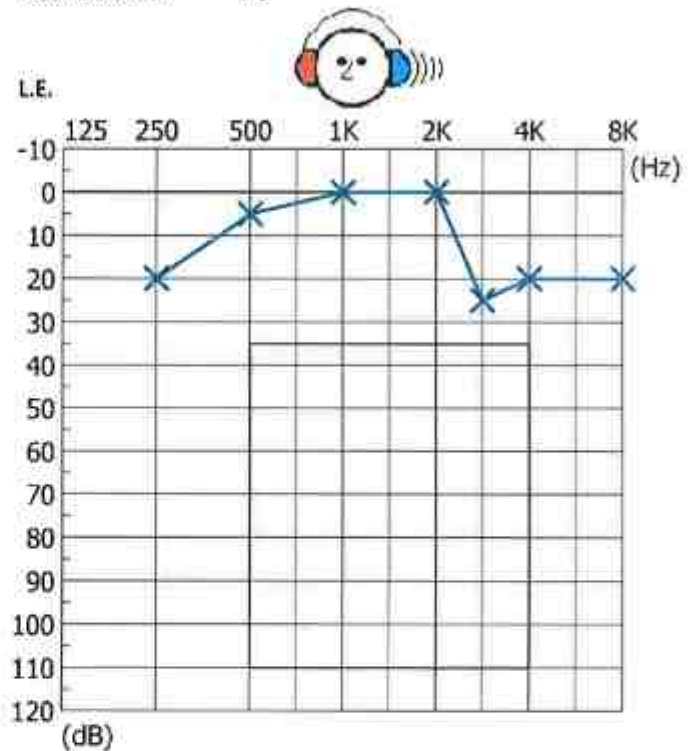
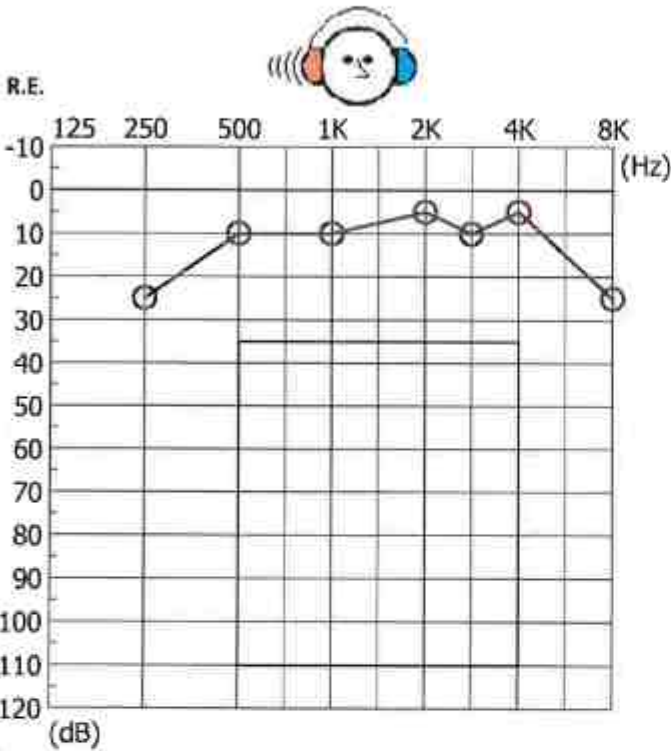
MUHAMMAD ZIAMUSTAFA ABDUL HA
PID : 62494 Age 43Y Male B No : 88022



SpecID : 105109 SERUM 03/03/26 08:47
Audio

SIBELMED W50

Test date: 03/03/2026
Reference: 62494
Technician:
Reason:
Origin:
Equipment: SibelSound DUO
Device serial numb.: 534
Flash Version: 1.0



MINISTRY OF LABOUR AND SOCIAL AFFAIRS

	R.E.	L.E.
Hearing Loss (%)	0.0	0.0
Average dBs	8.8	7.5
Bilateral Loss (%)	0.0	

Right ear: Normal
Left ear: Normal

COMMENTS: *N*

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: 908



Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
62494	MUHAMMAD ZIAMUSTAFA ABDUL HAMEED	043Y/M	03-03-2026	DR.HASHIM ABDALLAH

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**

X-RAY LUMBO-SACRAL SPINE (AP AND LATERAL)

Lumbar curvature appears normal.

Visualized spine shows normal density.

Vertebral bodies appear normal in size and height. No focal lytic sclerotic lesion noted.

All the intervertebral disc spaces are preserved.

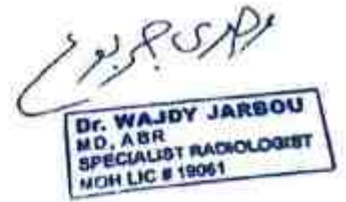
Vertebral posterior appendages appear normal in outline. Bony canal is normal.

Pre and paravertebral soft tissue shadows are normal.

IMPRESSION:



- **No significant abnormality detected.**



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