Patient:25399 Reg.Dt: 15/09/2025
Name: VIJAYAKUMAR MALICKAL
Gender: Male Nationality: INDIAN
Age: 56Y Mar. Status: Married
Address:

...ATION REPORT FOR OQ CONTRACTORS - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
134407859	2118	VIJAYAKUMAR	CRANE OPERATOR

Nationality	Age	Sex	Company	Location
INDIAN	56	M	TRUCKMAN NORTH	HAIMA

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

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

BMI Category: 31.1 [ ] Underweight [ ] Normal [ ] Overweight [✓] Obese [ ] Morbid Obesity

Remarks:

VISUAL TEST

CORRECTED COLLECTED

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

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: B +ve

Pre-existing condition:

Remarks:

Glucose Level Category 98 mg/dl [✓] Normal 80 – 100 mg/dl [ ] Pre diabetic 100 – 125 mg/dl [ ] Diabetic > 125 mg/dl

Cholesterol Risk Category 93 mg/dl [✓] Low Risk LDL is less 130 mg/dl [ ] Moderate Risk LDL 130-159 mg/dl [ ] High Risk LDL >160 mg/dl

Routine Urine Analysis [✓] Normal [ ] Abnormal [ ] Not Required Stool Analysis [ ] Normal [ ] Abnormal [ ] Not Required

QUESTIONNAIRES

	Medical & Surgical History Questionnaire	Remarks DM ON MEDICATION
	Respiratory Protection Questionnaire	Remarks
	Hearing Conservation Questionnaire	Remarks
	Screening Questionnaire	Remarks

Fagerstrom Test - Smoking [ ] Non-smoker [ ] Low dependence [ ] Low to Mod dependence [ ] Moderate dependence [ ] High dependence

CAGE Questionnaire Alcohol Use [ ] No use of alcohol [ ] Screening negative [ ] Clinically significant

SRQ-20 Self-reported Questionnaire [ ] No positive answers [ ] Positive answers Factor I (1 to 6) [ ] Positive answers Factor II (7 to 12)

[ ] Positive answers Factor III (13 to 16) [ ] Positive answers Factor IV (17 to 20)

Clinic Doctor Name	License #	Hospital Roll No.	Doctor Signature & Clinic Stamp	Issue Date
Dr. MOHAMMOD ULLAH General Practitioner MOH License No. : 7790				12/04/2025

Peace Clinic C.R.NO:2217753

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
134467859	2118		CRANE OPERATOR
Nationality	**Age**	**Sex**	**Location**
			HAIMA

effan:25399 Reg.Dt: 19/03/2025
ame: VIJAYAKUMAR MALICKAL
ender: Male Nationality: INDIAN
ge: 33Y Mar. Status: Married
ddress:

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	[ ] Travelling Examination	[ ] Medical Surveillance

Medical Suitability for Work

Medical Suitability for Work

[✓] Fit to work
[ ] Fit with following restrictions
[ ] Pending Fitness
[ ] Not fit to work

FIT

Restrictions

[ ] Working at height	[ ] Pulling, pushing or carrying weight
[ ] Working in confined space	[ ] Ascend/descend ladders and stairs
[ ] Working with electricity	[ ] Walking or standing for long distance/period
[ ] Working near rotating machinery	[ ] Repetitive movements
[ ] Working in noise area	[ ] Mobile machinery operation
[ ] Working in extreme heat	[ ] Heavy lifting operation
[ ] Handling chemical products	[ ] Driving vehicle
[ ] Use of respirator	[ ] Emergency response duty

Other, specify

New Position	New Function	New Department
NA	NA	NA

Examenation Date	Exams Performed
15/03/2025	

Medical Review Data		Employee Signature
Doctor Name: Dr. MOHAMMOD ULLAH General Practitioner MOH License No. : 7790	Medical License	Hospital: Peace Land Clinic Muhaisnah 2	Medical Doctor Signature: for

Dr. MOHAMMOD ULLAH General Practitioner MOH License No. : 7790

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	
134407859	2118	

Nationality	Age	Sex

eNum: 25599 Reg.Dt: 15/03/2025
ame: VIJAYAKUMAR MALOKAL
ender: Male Nationality: INDIAN
ge: 33Y Mar. Status: Married
ddress:

Position
CRANE OPERATOR

Location
HAIMA

PERSONAL HEALTH HISTORY

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

Congenital heart disease or Valvular heart disease or Coronary artery disease		Yes	✓	No	Muscle problems e.g. weakness of your limbs or twitchy muscles		Yes	✓	No
Myocardial insufficiency or infarction (heart attack)		Yes	✓	No	Joint problems, e.g. plantar warts, joint pain or swelling		Yes	✓	No
Coronary bypass surgery (CABS) and angioplasty		Yes	✓	No	Problems with limb, neck or spine mobility		Yes	✓	No
Heart arrhythmias (heart beats too fast, too slow or irregularly)		Yes	✓	No	Extremities (feet or hands) deformities or problems		Yes	✓	No
High blood pressure (hypertension)		Yes	✓	No	Experienced back problem, arthritis, slipped disc		Yes	✓	No
Shortness of breath after exertion		Yes	✓	No	Pain in neck or back or hands or legs		Yes	✓	No
Varicose veins associated with varicose eczema, ulcers or other complications		Yes	✓	No	Thyroid disease 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
Haemorrage disorders i.e. bleeding disorders		Yes	✓	No	Informed about being overweight or obese	✓	Yes		No
Leukaemia, polycythaemia and disorders of the reticulo-endothelial system		Yes	✓	No	Skin disorders e.g. severe acne, dermatitis, eczema or allergy		Yes	✓	No
G6PD (Glucose 6-Phosphate Dehydrogenase) Deficiency		Yes	✓	No	Allergies e.g. dust, medication, insect bites		Yes	✓	No
Recurrent headaches or migraine		Yes	✓	No	Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gastritis		Yes	✓	No
Epilepsy and recurrent seizures		Yes	✓	No	Haemorrhoids, fistulae and fissures causing pain, or recurrent bleeding		Yes	✓	No
Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope)		Yes	✓	No	Liver and pancreas diseases (e.g. pancreatitis, Hepatitis B)		Yes	✓	No
Sleep disorders, such as insomnia, hypersomnia, sleep apnea, narcolepsy		Yes	✓	No	Kidney or bladder diseases e.g. recurrent infection, renal stones		Yes	✓	No
Chronic anxiety states and/or recurrent depression		Yes	✓	No	Ear, nose or throat problems (e.g. otitis, hearing loss, sinusitis, tonsilitis)		Yes	✓	No
Phobias such as fear of heights, fear of confined spaces, fear of flying		Yes	✓	No	Eye disease or visual defect (e.g. glaucoma, color blindness, monocular vision)		Yes	✓	No
Lung disease e.g. bronchitis, asthma, dyspnea, TB		Yes	✓	No	Treated for infectious diseases (e.g. malaria, COVID19)	✓	Yes		No
Phlegm production (excess mucus production) or tight chest		Yes	✓	No	Treated for depression, stress		Yes	✓	No
Immuno suppression due to cancer or human immunodeficiency virus		Yes	✓	No	Treated for substance or alcohol abuse		Yes	✓	No

Have you visited a doctor in the last year?	✓	Yes		No
Are you taking any medication at present?	✓	Yes		No
Are you pregnant?		Yes		No

List any previous injuries or operations

Previous injuries or operations	Date

Date: 15/03/2025

Peace Land Clinic Mukhaini

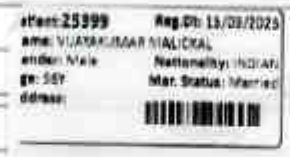
Candidate/Employee Signature

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
3440559	2118	CRANE OPERATOR

Nationality	Age	Sex	Location
			HAIMA



FAGERSTROM TEST

Do you smoke? [ ] Yes [✓] No *If YES, Please answer the following:*

How soon after waking up do you smoke you first cigarette?	[ ] >60min	[ ] 31-60min	[ ] 6-30min	[ ] < 5 minutes				
Do you find it difficult to avoid smoking where is forbidden, such as work places, cinemas, shopping etc.?	[ ] Yes	[ ] No						
What's the most difficult cigarette to quit or not to smoke	[ ] Anyone	[ ] The first in the morning						
How many cigarettes do you smoke per day	[ ] <10	[ ] 11-20	[ ] 21-30	[ ] >31				
Do you smoke more frequently the first hours of the day than the rest of the day	[ ] Yes	[ ] No						
Do you smoke even when you're sick and have to stay in the bed most part of the day	[ ] Yes	[ ] No						

CAGE QUESTIONNAIRE

Do you drink alcohol? [ ] Yes [✓] No *If YES, Please answer the following:*

Did you ever felt that you should decrease the amount of drinks or cut down (stop) drinking?	[ ] Yes	[ ] No
Do people bother you because they criticize the way you drink?	[ ] Yes	[ ] No
Do you feel guilty or upset with yourself with the way you use to drink	[ ] Yes	[ ] No
Do you drink in the morning to feel less nervous or decrease the hang over	[ ] Yes	[ ] No
Have you had any problems related to alcohol	[ ] Yes	[ ] No
Did you drink in the last 24 hours	[ ] Yes	[ ] No

FATIGUE QUESTIONNAIRE

Have you noticed that you are feeling tired recently [ ] Yes [✓] No

Have you been feeling a lack of energy [ ] Yes [✓] No *If YES, Please answer the following:*

For how many days did you feel tired or with lack of energy in the last week	[ ] 1 day	[ ] 2 days	[ ] 3 days	[ ] > 3 days
Did you feel tired or with lack of energy for more than 3 hs in some days last week?	[ ] 1 hour	[ ] 2 hours	[ ] 3 hours	[ ] > 3 hours
Did you feel so tired that you had to make some effort to do things last week	[ ] Yes	[ ] No		
Did you feel tired or with lack of energy doing things you like last week	[ ] Yes	[ ] No		

SELF-REPORTING QUESTIONNAIRE (SRQ-20)

1.Do you have trouble thinking clearly?	[ ] Yes	[✓] No	11.Is your digestion not good?	[ ] Yes	[✓] No
2.Do you find it hard to like your daily work?	[ ] Yes	[✓] No	12.Do you have unpleasant sensations in your stomach	[ ] Yes	[✓] No
3.Do you find difficult taking decisions?	[ ] Yes	[✓] No	13.Do you get scared easily?	[ ] Yes	[✓] No
4.Is your daily work a suffering?	[ ] Yes	[✓] No	14.Do you feel nervous, tense or worried?	[ ] Yes	[✓] No
5.Do you feel tired all the time?	[ ] Yes	[✓] No	15.Do you feel unhappy?	[ ] Yes	[✓] No
6.Are you easily tired?	[ ] Yes	[✓] No	16.Do you cry more than usual?	[ ] Yes	[✓] No
7.Do you have frequent headaches?	[ ] Yes	[✓] No	17.Has the thought or 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: 15/03/2025

Candidate/Employee Signature

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
134407859	2118	CRANE OPERATOR

Nationality	Age	Sex	Location
			HAIMA

Patient:25399 Reg.Dt: 13/03/2023
Name: VIJAYAKUMAR MALICKAL
Gender: Male Nationality: INDIAN
Age: 55Y Mar. Status: Married
Address:

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

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

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

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

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

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

[ ] YES [ ] NO a. Asbestosis
[ ] YES [ ] NO b. Asthma
[ ] YES [ ] NO c. Chronic bronchitis
[ ] YES [ ] NO d. Emphysema
[ ] YES [ ] NO e. Pneumonia
[ ] YES [ ] NO f. Tuberculosis
[ ] YES [ ] NO g. Silicosis
[ ] YES [ ] NO h. Lung cancer
[ ] YES [ ] NO i. Broken ribs
[ ] YES [ ] NO j. Pneumothorax (collapsed lung)
[ ] YES [ ] NO k. Any chest injuries or surgeries
[ ] YES [ ] NO l. Any other lung problem that you have been told about

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

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

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

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

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

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

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

[ ] YES [ ] NO a. Breathing or lung problems
[ ] YES [ ] NO b. Heart trouble
[ ] YES [✓] NO c. Blood pressure
[ ] YES [ ] NO d. Seizures (fits)

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

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

Date: 15/03/2025

Candidate/Employee Signature

Peace Land Clinic

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
134407859	2118		CRANE OPERATOR
Nationality	**Age**	**Sex**	**Location**
			HAIMA

HEARING CONSERVATION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use hearing protection? [ ] YES [✓] NO What type: ☐ Earplugs ☐ Ear Muffs ☐ Double HP

1 - Have you been out of noise for the past 14-16 hours? [ ] YES [✓] NO
If NO, did you use hearing protection while in the noise? [ ] YES [✓] NO

2 - Check ALL of the following activities that you have done or do:

[ ] Hunting	[ ] Car races	[ ] Skeet shooting	[ ] Woodwork	[ ] Target shooting
[ ] Power tools	[ ] Mower	[ ] Concerts / Band	[ ] Welding	[ ] Air compressor
[ ] Construction	[ ] Scuba diving	[ ] Tractor (open or closed cab)		

Have you ALWAYS used hearing protection when participating in the above activities? [ ] YES [ ] NO

3 - Check ALL that you have experienced:

[ ] Ear Fullness	[ ] Ear Infections	[ ] Ear Surgery	[ ] Head Injury	[ ] Chemotherapy
[ ] Ringing in the ears	[ ] Ear Pain	[ ] Earwax buildup	[ ] Intravenous Antibiotics	[ ] Hole in the Eardrum
[ ] Ear Drainage	[ ] Dizziness			

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

[ ] Meningitis	[✓] Diabetes	[ ] Measles	[ ] Syphilis	[ ] Chickenpox	[ ] Mumps	[ ] Chronic ear infections
[ ] Hypertension	[ ] Renal Failure	[ ] Tuberculosis	[ ] Previous surgery	[ ] Thyroid Problems	[ ] Trauma to head/ ear canal / tympanic membrane	

5 - Check ALL that you are currently suffering from:

[ ] Sinusitis [ ] Cold/Flu [ ] Ear Infection [ ] Allergic rhinitis

6 - Do you have documented Hearing Loss? [ ] YES [✓] NO
If Yes: Which Ear(s)? [ ] Right Ear [ ] Left Ear [ ] Both Ear Who performed your hearing test?

7 - Have you EVER worn Hearing Aids? [ ] YES [✓] NO
If Yes: Which Ear(s) [ ] Right Ear [ ] Left Ear [ ] Both Ear
What Size? [ ] Behind-the-ear [ ] In-the-ear [ ] In-the-canal [ ] Completely-in-the-canal
What Type? [ ] Analog [ ] Digital
Who fit your hearing aids? [ ] Licensed Audiologist [ ] Hearing Aid Dealer [ ] Don't Know
When did you receive your hearing aids?

8 - Have you ever served in the military? [ ] YES [✓] NO
If yes, check division [ ] Arm [ ] Navy [ ] Air Force [ ] Marines [ ] National Guard Date ___/___/___
Do you have medical disability through the Veterans Administration (VA) for hearing loss or tinnitus? [ ] YES [ ] NO
If yes, how much? _____% What is your TOTAL VA disability? _____%

9 - Are you currently using any medication [✓] YES [ ] NO Which one? COLIMIPRIDE 1MG + MCT FORMIN 1000MG 1-0-0.

10 - What kind of transport do you regularly use? [ ] Car [✓] Bus [ ] Motocycle [ ] Walking

Peace Land Clinic Mukhaizna

Date: 15/03/2025

Candidate/Employee Signature

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
134407859	2118		CRANE OPERATOR
Nationality	**Age**	**Sex**	**Location**
			HAIMA

VITAL SIGNS

Height: 181 cm | Weight: 102 Kg | BMI: 31.1 | Blood Pressure: 130/80 mmHg

Pulse: /min | Medical Practitioner Name: Dr. MOHAMMOD ULLAH General Practitioner MOH License No. : 7790 | 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: | Medical Practitioner Name: Dr. MOHAMMOD ULLAH General Practitioner MOH License No. : 7790 | Signature:

RESPIRATORY SYSTEM

[1] Spirometry Test

Smoking Status: ☐ Never ☐ Ever Used ☐ Current | Patient's Posture During Test: ☐ Standing ☐ Sitting | Nose Clips Used: ☐ Yes ☐ No

Diagnosis: ☐ Asthma ☐ COPD ☐ Other

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

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

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

Date of Examination: | Medical Practitioner Name: | Signature:

[2] Chest Shape and 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: 15/03/2025 | Physician Name: Dr. MOHAMMOD ULLAH General Practitioner MOH License No. : 7790 | 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	

	Right			Left		
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	
Adiometry Done	☑ Yes ☐ No	
Audiologyst Name: Signature:		Hearing Questionnaire verified: ☐ Yes ☐ No

Peace Land Clinic Mukhaini — Dr. MOHAMMOD ULLAH General Practitioner MOH License No. : 7790

PHYSICAL ASSESSMENT FORM

effort:25399 Reg.Dt: 15/03/2025
ame: VIJINARUBAN NALOKAL
ender: Male Nationality: INDIAN
ge: 55Y Mar. Status: Married
ddress:

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: 15/03/2025 Physician Name: Dr. MOHAMMOD ULLAH General Practitioner MOH License No. : 7790 Signature: for

OG - Occupational Health Department

Peace Land Clinic Mukhaizina C.R.NO.220783

Form Review - 00-30/03/2021

Peaceland Medical Service LLC, Mukhaizna
CR No.:2/13627/9, P.O.Box: 1403,
Postal Code: 133,
Occidential Camp Mukhaizna, Sultanate of Oman

PATIENTDETAILS :

Patient ID	: 25399	Doc No	: 12629
Name	: VIJAYAKUMAR MALICKAL	Doc Date	: 2025-03-15T11:44:00
Age	: 56Y	Bill No	: 34317
Gender	: Male	Date	: 15/03/2025 11:44 AM
Nationality	: INDIAN	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 96732105	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	5 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	15 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	45 %	Male 42 -52 % Female 37 -47 %	
MCV	86 fl	76 - 96 fl	
MCH	28 pg	27 - 33 pg	
MCHC	33 %	32 36 %	
WBC COUNT	6100 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	52 %	40-75 %	
LYMPHOCYTE	34 %	20-45 %	
EOSINOPHIL	6 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	4	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	1.8 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	46 u/l	44-147 U/ L	
T. BILIRUBIN	0.8 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.4 mg / dl	up to 0.4 mg /dl	
IINDIRECT BILIRUBIN	0.4 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	26 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	17 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	7 g /dl	New born 5.2 - 9.1 g /dl Children 5.4 - 8.7 g /dl Adult 6.7 - 8.7 g /dl	
ALBUMIN	4 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	22 mg / dl	10-50 mg /dl	
S.CREATININE	0.7 mg / dl	0.7 - 1.2 mg /dl	

Reported By:
Lab Technician

Sr. Lab Technologist

Verified By:
Lab Technician

Sr. Lab Technologist

Approved By:
Lab Technician

Sr. Lab Technologist

Printed at: 15/03/2025 11:50:24

Signed at: 15/03/2025 11:50:23

Test	Result	Normal Range	Detailed Description
S.URIC ACID	3.9 mg / dl	3.4 - 7.2 mg /dl	
LIPID PROFILE			
Total Cholesterol	138 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	105 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	45 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	93 mg/dl	< 130 mg/dl	
VLDL	21 mg/dl	2-30 mg/dl	
NON HDL CHOLESTEROL	93 mg/dl	Less than 130mg/dl	
FASTING BLOOD SUGAR	98 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.020		
pH	Acidic		
Appearance	Clear		
CHEMICAL	0		
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC.			
PUS_CELLS	1-2		
EPITHELIAL CELLS.	1-2		
RBCS	1-2		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA.	NIL		
OTHERS.	NIL		
URINE DRUG SCREEN			
OPIATE (URINE)	Negative		
MORPHINE (URINE)	Negative		
COCCAINE (URINE)	Negative		
AMPHETAMINE (URINE)	Negative		
BENZODIAZEPINES (URINE)	Negative		
PHENCYCLIDINE (URINE)	Negative		
METHAMPHETAMINE (URINE)	Negative		
TRAMADOL (URINE)	Negative		
BARBITURATES (URINE)	Negative		
TRICYCLIC ANTIDEPRESSANTS (URINE)	Negative		
METHADONE (URINE)	Negative		
ALCOHOL TEST	Negative		

Remarks:

Peace Land Clinic Kuhlan

PLMS MUKHAIZNA

2025-03-15 09:01:31
Name :v jayakumar
Sex :Male Age :56
Section: 12
RoomID:
BedID:
ID:
Operator: PEACELAND MEDICAL SER
Custom1:
Custom2:
Custom3:

Data for reference only:

HR	bpm	:	61
PR Interval	ms	:	156
P Duration	ms	:	115
QRS Duration	ms	:	101
T Duration	ms	:	235
QT/QTc	ms	:	429/432
P/QRS/T Axis	deg	:	41.3/57.9/48.2
R(V5)/S(V1)	mV	:	1.33/0.72
R(V5)+S(V1)	mV	:	2.05

<< Conclusions >>

Normal Sinus Rhythm.
Cardiac electric axis normal.

Report need physician confirm

Peace Land Clinic Mukhaizna

Physician:

AUTO 5mm/mV

I
II
III
aVR
aVL
aVF

5mm/mV

V1
V2
V3
V4
V5
V6

II 5mm/mV

25mm/s AC50Hz+EMG30Hz+DFT0.5Hz

بلاد السلام للخدمات الطبية ش.م.م
Peace Land Medical Services L.L.C

PATIENT ID: 25399

Estimated 10-year Global CVD Risk

18.40%

Risk Category

High Risk

Estimated Vascular Age

68 Years

Treatment Guidelines

ATP-III (2004)
Treatment Targets

LDL <100 mg/dL (<2.59 mmol/L)
Non-HDL <130 mg/dL (<3.37 mmol/L)

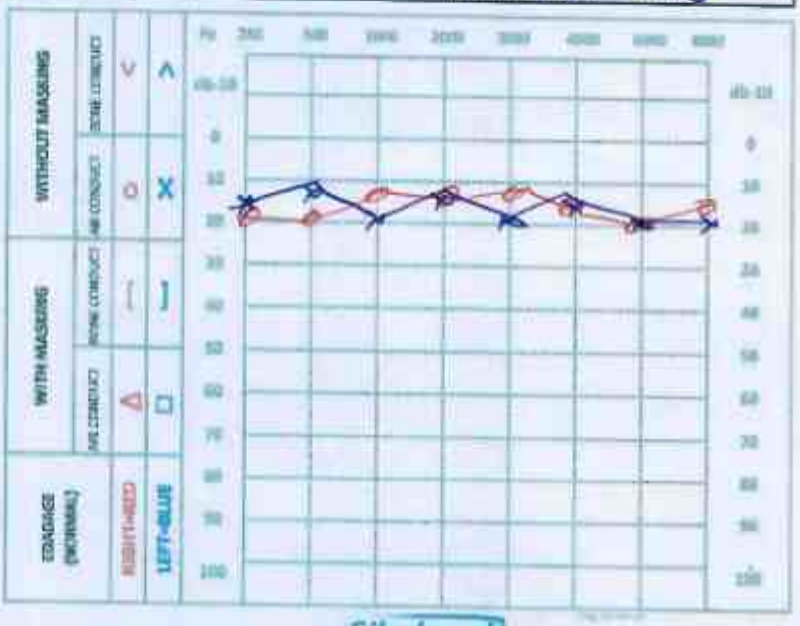
CCS (2009)
Treatment Targets
LDL <2 mmol/L (<77 mg/dL) or ≥50 % decrease in LDL-C
apoB <0.8 g/L (80 mg/dL)

ESC (2007, see info for more)
Treatment Targets
LDL <2-2.5 mmol/L (<80-100 mg/dL)
TChol <4-4.5 mmol/L (<155-175 mg/dL)

Peace Land Clinic Mukhaizna

AUDIOMETRY TEST REPORT

NAME: VIJAYA KUMAR MALICKAL	COMPANY: TOH
AGE: 56 Y	GENDER: M/F
REF. BY:	OCCUPATION: CRANE OPERATOR
	DATE: 15/03/2025



Sibelmed

INTERPRETATION
O RIGHT EAR
X LEFT EAR

RESULT
☑ NORMAL
HEARING LOSS
☐ RIGHT
☐ LEFT

Peace Land Clinic Mukhaizna

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
25399	VIJAYAKUMAR MALICKAL	56Y/M	15-03-2025	

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**

Peace Land Clinic Mukhaizina

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

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

nmc specialty hospital, al ghoubra

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

Fitness Certificate

Empno:
Date of issue : *10/04/2025*

Ref No : *0000117/HE/NMC/2025*

This is to certify that Mr. / Mrs. *VIJAYAKUMAR KRISHNAKURUP MALICKAL 2118* with file no *5006/814* and
Resident card no. *134407859* was *Treated* at *nmc specialty hospital, al ghoubra* on *10/04/2025* and will be *Fit for work* from the medical point of view starting from *10/04/2025*

DIAGNOSIS
Diabetes Mellitus

Remarks

DR SHAJU PADMAN

Place: *nmc specialty hospital, al ghoubra*

(Hospital Seal)

Signature

VIJAYAKUMAR KRISHNAKURUP, MALICKAL
50062814

Patient Information

4/10/2025 9:33:25 AM
Bruce

ID: 50062814	Second ID: 263/111	Admission ID:
Date of Birth:	Height:	Gender: Male
Age: 56 Years	Weight:	Race: Unknown

Indications
FITNESS

Medications
DM ON MEDICATION

Referring Physician: DR. SHAJU PADMAN	Location:	Procedure Type: TMT
Attending Phy: DR.SHAJU PADMAN	Target HR: 139 bpm (85%)	Reasons for end: ACHEVED THR
Technician: ANANDU	Max HR(%MPHR): 163 bpm (99%)	Symptoms: NIL

Diagnosis

Notes

Conclusions

The patient was tested using the Bruce protocol for a duration of 07:14 min:ss and achieved 8.5 METs. A maximum heart rate of 163 bpm with a predicted heart rate of 90% was obtained at 06:50. A maximum blood pressure of 160/87 was obtained. The patient reached target heart rate with appropriate heart rate and blood pressure response to exercise. No significant ST changes during exercise or recovery. No evidence of ischemia. Normal exercise stress test.

Reviewed by:

DR. SHAJU PADMANABHAN M.D.
Consultant - Cardiology
Reg.No. 90235

END OF TREADMILL REPORT

[redacted] KRISHNAKURUP, MALICKAL

Exam Summary

4/10/2025 9:33:25 AM
Bruce

Summary

Exercise Time: 07:14
Leads with 100uV ST: II, III, aVF, V3, V4, V5
PVCs: 0
Duke Treadmill Score: -2

Max Values

Speed: 3.4 MPH — HR: 163 BPM — 99% of MPHR (164 bpm)
Grade: 14 % — SBP: 194/109 mmHg
METs: 8.5 — DBP: 194/109 mmHg
HR*BP: 25440 BPM * mmHg
ST/HR Index: 1.44 uV/bpm in III at 07:10

Max ST

ST elevation: 1.5 mm in V3 at 08:10
ST depression: -1.4 mm in III at 07:10

Max ST Changes

ST elevation change: 0.7 mm in V3 at 08:10
ST depression change: -1.9 mm in II at 06:10

STAGE SUMMARY

ST measurement based on J+60ms

		Speed (MPH)	Grade (%)	HR (BPM)	BP (mmHg)	METs	HR*BP	ST LEVEL (mm) I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
Treadmill Started	PRE A	1.0	0.0	58	-	-	-	0.4	0.7	0.2	-0.7	0.1	0.4	0	0.7	0.8	0.7	0.6	0.4
START EXE	EXE 00:00	1.0	0.0	69	-	-	-	0.5	0.7	0.2	-0.7	0.1	0.4	0	0.7	0.8	0.7	0.6	0.4
STAGE 1	EXE 03:00	1.7	10.0	131	-	4.4	-	0.3	0.3	0	-0.4	0.1	0.1	0.1	0.4	0.7	0.5	0.4	0.3
STAGE 2	EXE 06:00	2.5	12.0	156	-	7.1	-	-0.1	-0.9	-0.9	0.4	0.3	-0.9	0.3	0.2	0	-0.4	-0.6	-0.6
BP	EXE 06:14	3.4	14.0	159	160/87	7.5	25440	-0.3	-1.3	-1	0.7	0.3	-1.1	0.2	0.4	-0.1	-0.5	-0.7	-0.8
Treadmill Stopped	EXE 07:06	0.0	0.0	163	-	8.5	-	0.1	-1	-1.2	0.4	0.6	-1.1	0.2	0.3	-0.5	-0.8	-0.9	-1
Peak	EXE 07:14	0.0	0.0	163	-	8.3	-	0.1	-1.2	-1.4	0.5	0.7	-1.3	0.4	0.4	-0.2	-0.5	-0.7	-0.8
BP	REC 01:29	0.0	0.0	122	194/109	6.5	23668	0.6	0.7	0.1	-0.8	0.2	0.4	-0.2	0.6	1.3	1	0.7	0.5
BP	REC 02:57	0.0	0.0	104	172/104	5.1	17888	0.2	0.3	0	-0.3	0	0.1	0.2	0.4	0.7	0.5	0.3	0.2
BP	REC 04:33	0.0	0.0	96	148/100	2.9	14208	-0.1	-0.1	0	0	-0.1	-0.1	0.2	0.1	0.2	0.1	0	0
BP	REC 06:35	0.0	0.0	89	142/96	1.0	12638	0	0	0	-0.1	-0.1	0	0.1	0.1	0.3	0.2	0	0
END REC	REC 06:54	0.0	0.0	92	-	1.0	-	0	0	0	-0.1	-0.1	0	0.1	0.1	0.3	0.1	0	0