MEDICAL EVALUATION REPORT - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
84899386		GURINDER SINGH	

Nationality	Age	Sex	Company	Location
INDIAN	37			

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: _____ [✓] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crises

BMI Category: _____ [ ] Underweight [ ] Normal [ ] Overweight [ ] Obese [ ] Morbid Obesity

Remarks:

VISUAL TEST

Visual Acuity Test: RT _____ LT _____ 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:

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

DR. SHIVA KUMAR SIDDAIAH
General Practitioner
MOH Lic. No: 5070
polyclinic specialty hospital, Al Hail

RECEPTION
polyclinic specialty hospital, Al Hail

Clinic Doctor Name | License # | Hospital/Polyclinic | Doctor Signature & Clinic Stamp | Issue Date

Gurinder Singh

FITNESS TO WORK CERTIFICATE

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
84899386		GURINDER SINGH	

Nationality	Age	Sex	Company	Location
INDIAN	37	M		

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 Suitability for Work

Medical Suitability for Work

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

Lifestyle modification
Reduce weight.

FIT

Restrictions

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

Other, specify

Temporary Unfit Until

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed

Medical Review Date	Employee Signature

Doctor Name	Medical License	Hospital	Medical Coordinator Signature

DR. SADRA ALIREZA NIKSERESHT
General Practitioner
MOH Lic. No: 20495
noc specialty hospital, Al Hail

5/04/25

Gurinder Singh

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
84899386		GURINDER SINGH	

Nationality	Age	Sex	Company	Location
INDIAN	37	M		

PERSONAL HEALTH HISTORY

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

Disorders of the heart or circulation i.e. chest pain, heart murmurs,		Yes	✓	No	Skin disorders e.g. severe acne, dermatitis, eczema or allergy		Yes		No
High blood pressure		Yes	✓	No	Ear, nose or throat problems		Yes		No
Palpitations i.e. being aware of the heart beats		Yes		No	Allergies e.g. dust, medication, bee stings		Yes		No
Lung disease e.g. bronchitis, asthma, dyspnea, T. B		Yes		No	Kidney or bladder diseases e.g. recurrent infection, renal stones		Yes		No
Phlegm productions or tight chest		Yes		No	Sexually transmitted disease		Yes		No
Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope)		Yes		No	Is your eyesight satisfactory		Yes		No
Nervous disorder, or emotional breakdown, depression, anxiety		Yes		No	Is your hearing satisfactory		Yes		No
Epilepsy / Seizures		Yes		No	Do you wear glasses or contact lenses		Yes		No
Recurrent headaches or migraine		Yes		No	Do you have color blindness		Yes		No
Any sleep problems		Yes		No	Do you have any phobia from working at heights		Yes		No
Foot deformities or problems		Yes		No	Do you have any phobia from working at confined spaces		Yes		No
Muscle problems e.g. weakness of your limbs or twitchy muscles		Yes		No	Experienced weight loss or gain > 5kg over the past year		Yes		No
Joint problems, e.g. plantar warts, joint pain or swelling		Yes		No	Informed about being overweight or obese		Yes		No
Problems with limb, neck or spine mobility		Yes		No	Treated for malaria		Yes		No
Experienced back problem, arthritis, slipped disc		Yes		No	Treated for depression, stress		Yes		No
Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gall stones		Yes		No	Treated for substance abuse		Yes		No
Rectal bleeding, jaundice		Yes		No	Received counselling or treatment for HIV/AIDS		Yes		No
Diabetes or any other glandular diseases		Yes		No	Received counselling or treatment for Hepatitis		Yes		No
Cancer, growth or tumor of any kind		Yes		No	Anemia, especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia		Yes		No
Frequent headache		Yes		No	G6PD (Glucose		Yes		No
Pain in neck or back or hands or legs		Yes		No	Any other diseases not mentioned in the above list?		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

C.R. No. 1064317
Sultanate of Oman
RECEPTION

Date: 3/1/25

Candidate/Employee Signature

Gurinder Singh

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
84899386		GURINDER SINGH	

Nationality	Age	Sex	Company	Location
INDIAN	37	m		

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

CAGE QUESTIONNAIRE

Do you drink alcohol? ☐ Yes ☑ No *If YES, Please answer the following:*

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

FATIGUE QUESTIONNAIRE

Have you noticed that you are feeling tired recently	☐	Yes	☑	No				
Have you been feeling a lack of energy	☐	Yes	☑	No	*If YES, Please answer the following:*			
For how many days did you feel tired or with lack of energy in the last week	☐	1 day	☐	2 days	☐	3 days	☐	> 3 days
Did you feel tired or with lack of energy for more than 3 hs in some days last week?	☐	1 hour	☐	2 hours	☐	3 hours	☐	> 3 hours
Did you feel so tired that you had to make some effort to do things last week	☐	Yes	☐	No				
Did you feel tired or with lack of energy doing things you like last week	☐	Yes	☐	No				

SELF-REPORTING QUESTIONNAIRE (SRQ-20)

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

C.R. No. 101117 RECEPTION

Date: 3/4/25

Candidate/Employee Signature

Gurinder Singh

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
84899384		GURINDER SINGH	

Nationality	Age	Sex	Company	Location
INDIAN	37	M		

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 interferes with your use of a respirator

C.R. No: 1558137 Sultanate of Oman RECEPTION

Date: 3/4/25

Candidate/Employee Signature

Gurinder Singh

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
84899386		GURINDER SINGH	

Nationality	Age	Sex	Company	Location
INDIAN	37	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

C.R. No: 1668137
Sultanate of Oman
RECEPTION

Date: 3/4/25

Candidate/Employee Signature

Gurwinder Singh

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
R1899284		Gurwinder Singh	

Nationality	Age	Sex	Company	Location
IND	34	M		

VITAL SIGNS

Height: 172 cm | Weight: 118 Kg | BMI: 39.6 | Blood Pressure: 120/80 mmHg

Pulse: 82 /min | Medical Practitioner Name: DR. SHIVA | Signature:

DR. SHIVA KUMAR SIDDAIAH
General Practitioner
MOH Lic. No: 5078
nmc specialty hospital, Al Hail

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: 38 | Inform the Plates # failed | ☑ Normal ☐ Abnormal

Visual Field Test: ☑ Normal ☐ Abnormal

Stereoscopic Vision Test: ☑ Normal ☐ Abnormal

Date of Examination: 02/10/2025 | Medical Practitioner Name: DR. Shiva | Signature:

DR. SHIVA KUMAR SIDDAIAH
General Practitioner
MOH Lic. No: 5078
nmc specialty hospital, Al Hail

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 which is applicable)	Repeatability Criteria (select all which is applicable)
☐ Free from artifacts ☐ Good start ☐ Satisfactory exhalation ☐ NOT satisfactory	☐ >3 acceptable curves FEV1 values AND FVC values within 0.15L (150 ml) ☐ Total of THREE to EIGHT tests performed ☐ The patient CAN NOT or SHOULD NOT continue

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: 02/10/2025 | Physician Name: DR. Shiva

DR. SHIVA KUMAR SIDDAIAH
General Practitioner
MOH Lic. No: 5078
nmc specialty hospital, Al Hail

ENT SYSTEM

[1] Otoscopy

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

	Right	Left
Eardrum Position	☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam	☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam
Eardrum Vascularity	☑ Normal ☐ Considerable ☐ Mild ☐ Not Exam	☑ Normal ☐ Considerable ☐ Mild ☐ Not Exam

[2] Hearing Test

Whisper Test	☑ Normal ☐ Abnormal ☐ Not Exam
Rinne Test	☐ Normal ☐ Abnormal ☐ Not Exam
Weber Test	☐ Normal ☐ Abnormal ☐ Not Exam

Audiometry Done: ☐ Yes ☐ No

Audiologist Name / Signature: _____ | Referred: ☐ Yes ☐ No

C.R. No: 1045137
Sultanate of Oman
RECEPTION
Specialty hospital, Al Hail

DR. SHIVA KUMAR SIDDAIAH
General Practitioner
MOH Lic. No: 5078
nmc specialty hospital, Al Hail

Gurwinder Singh

PHYSICAL ASSESSMENT FORM

ENT SYSTEM

[2] Nose Assessment

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[3] Throat Assessment

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

CARDIOVASCULAR SYSTEM

[1] Heart Sounds

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[2] Heart Murmurs

- [ ] Present
- [x] Absent
- [ ] Not Examined

If present, describe below:

[3] Peripheral Pulses

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[4] Peripheral Veins

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

NEUROLOGICAL SYSTEM

[1] Mental Status

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[2] Cranial Nerves

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[3] Motor System

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[4] Reflexes

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[5] Sensory System

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[6] Coordination, Station, Gait

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

MUSCULOSKELETAL SYSTEM

[1] Hand and Wrist

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[2] Elbow and Shoulder

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[3] Hip

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[4] Knees

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[5] Foot and Ankle

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[6] Spine and Back

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

OTHER

[1] Skin, Extremities

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[2] Head & Neck

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[3] Mouth and Teeth

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[4] Hernial Orifices

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[5] Abdominal Organs

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[6] Lymph Nodes

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

C.R. No: 1661337
RECEPTION
rmc specialty hospital, al hail

Date of Examination: 02/09/2025 Physician Name: DR. SHIVA

DR. SHIVA KUMAR S/ODAIAH
Specialist General Practitioner
MOH Dr. Reg: 5070
rmc specialty hospital, Al Hail

Gurvinder Singh

DEPARTMENT OF LABORATORY MEDICINE

File No:	50135126	**Report No:**	0149099		
Name:	GURINDER SINGH BALDEV SINGH	**Sample Date:**	03/04/2025	**Time:**	9:07
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 37 Y **Nationality:** INDIAN	**Report Date:**	03/04/2025	**Time:**	11:26
GSM No.:	94933459 **ID Card No.:** 84899386	**Bill No:**	0362967	**Bill Date:**	03/04/2025
Ref. By:	DR SHIVAKUMAR SIDDAIAH				

INVESTIGATION	RESULT	REFERENCE RANGE
OQ FTW PACKAGE-3 for Drivers and Operators (Below 49 yrs)		
COMPLETE BLOOD COUNT		
TOTAL WBC COUNT	8.54 x 10^3 / µL	4.00-11.00 x 10^3 / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	61.78 %	40-75%
LYMPHOCYTE (%)	26.90 %	20-45%
MONOCYTE (%)	9.80 %	2-8%
EOSINOPHIL (%)	0.72 %	1-6%
BASOPHIL (%)	0.80 %	0-1%
HAEMOGLOBIN	14.68 gm/dl	Male : 13 -18 gm/dl Female:11-15 gm /dl childrens upto 1year-11.0 - 13.0 gm /dl upto12years-11.5 - 14.5 gm /dl cord blood:13 -19.5 gm /dl
RBC COUNT	4.95 million/cu	Male :4.5-6.5 million/cu Female:3.9-5.5 million/cu
PLATELET COUNT	270.60 x 10^3 / µL	150 - 400 x 10^3 / µL
HEMATOCRIT	43.55 %	Male :42 - 52% Female:37- 47%
MCV	88.00 fl	76 - 96 fl
MCH	29.66 pg	27 - 33 pg
MCHC	33.70 gm/dl	32 - 36 gm/dl
URINE ROUTINE		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE
URINE BILIRUBIN	NEGATIVE	NEGATIVE

Verified By:

10756

Lab Technologist

Approved By:

Specialist Pathologist

RECEPTION

NMC Healthcare LLC

Electronically signed at: 4/3/2025 11:26:00

Printed at: 05/04/2025 4:52:36 PM

DEPARTMENT OF LABORATORY MEDICINE

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Name:	GURINDER SINGH BALDEV SINGH	**Sample Date:**	03/04/2025	**Time:**	9:07
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GSM No.:	94933459 **ID Card No.:** 84899386	**Bill No:**	0362967	**Bill Date:**	03/04/2025
Ref. By:	DR SHIVAKUMAR SIDDAIAH				

INVESTIGATION	RESULT	REFERENCE RANGE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	5.5	4.6-8.0
SPECIFIC GRAVITY	1.015	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	PALE YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	0-3
PUSCELLS	2-3 /hpf	0-5
EPITHELIAL CELLS	2-3 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	
MUCOUS THREAD	NIL	
FASTING BLOOD SUGAR	5.60 mmol/L	4.11 - 6.05 mmol/L
BLOOD GROUP & RH TYPING	" A " Rh POSITIVE	
Confirmation of the Newborn's blood group is indicated when the "A" and "B"antigen expression and the isoagglutinins are fully developed (2–4 years).		
LIPID PROFILE		
TOTAL CHOLESTEROL	5.06 mmol/L	< 5.18 mmol/L
HDL	1.19 mmol/L	>1.5 mmol/L
TRIGLYCERIDES	1.58 mmol/L	Desirable : <2.083 mmol/L Boderline high : 2.83 - 5.67 mmol/L Hypertriglyceridemia >5.65 mmol/L
LDL	3.23 mmol/L	< 2.6 mmol/L

Verified By:

10756

Lab Technologist

Approved By:

RECEPTION

Specialist Pathologist

Electronically signed at: 4/5/2025 11:26:00

Printed at: 05/04/2025 4:52:36 PM

DEPARTMENT OF LABORATORY MEDICINE

File No:	50135126	**Report No:**	0149099		
Name:	GURINDER SINGH BALDEV SINGH	**Sample Date:**	03/04/2025	**Time:**	9:07
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 37 Y **Nationality:** INDIAN	**Report Date:**	03/04/2025	**Time:**	11:26
GSM No.:	94933459 **ID Card No.:** 84899386	**Bill No:**	0362967	**Bill Date:**	03/04/2025
Ref. By:	DR SHIVAKUMAR SIDDAIAH				

INVESTIGATION	RESULT	REFERENCE RANGE
VLDL	0.72 mmol/L	0.128-0.645mmol/L
LIVER FUNCTION TEST		
TOTAL BILIRUBIN	9.70 µ mol/L	Adults:- up to 21 µ mol/L, Children >1 month - up to 17 µ mol/L, Neonates :- 1.7 - 180 µmol/L
DIRECT BILIRUBIN	3.50 µ mol/L	Adults ;- 0 - 5.0 µ mol/L, Neonates:- 0-10 µ mol/L,
TOTAL PROTIEN	81.10 g/L	Adults : 66 - 87 g/L
ALBUMIN	43.80 g/L	39.7 - 49.4 g/L
Globulin	37.3 g/L	23-35g/L
SGOT (AST)	21.30 U/L	MALE : up to 40 U/L, FEMALE : up to 32 U/L.
SGPT (ALT)	13.20 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
ALKPO4 (ALP)	115.00 U/L	Adults: MALES: 40 - 129 U/L, FEMALES: 35 - 104 U/L.
Gamma GT (GGT)	31.00 U/L	MALE- 8 - 61 U/L, FEMALE- 5 - 36 U/L
RENAL FUNCTION TEST		
URIC ACID	393.00 µ mol/L	MALE: 202.3 - 416.5 µ mol/L, FEMALE: 142.8 - 339.2 µ mol/L
CREATININE	88.00 µ mol/L	Adults: MALE: 62 – 106 µ mol/L FEMALE: 44 - 80 µ mol/L
UREA	3.50 mmol/L	2.76 - 8.07 mmol/L
SICKLE CELL	NEGATIVE	

Method : Solubility test
(If Positive , Hb Electrophoresis / HPLC to be done to confirm Sickle cell anaemia / Trait).

Verified By: *Approved By:*

10756
Lab Technologist *Specialist Pathologist*

C.R. No: 1168137
Sultanate of Oman
RECEPTION
nmc specialty hospital al ain

NMC Healthcare LLC

Electronically signed at: 4/3/2025 11:26:00

Printed at: 05/04/2025 4:52:36 PM

nmc specialty hospital
Al Hail

nmc

nmc specialty hospital,al-hail

P.O BOX : 613, Postal Code : 133 al-hail Sultanate of Oman

Sl No: 45098		**Bill Date:** 03/04/2025	**Report Date :**03/04/2025 11:17:14
Patient Name: GURINDER SINGH BALDEV SINGH		**Reg No:** 50135126	
Age: 37Y	**Gender:** Male	**Nationality:** INDIA	**Phone:**
Address:			
Company: TRUCKOMAN EQUIPMENT RENTAL LLC		**Policy No:**	
Certificate No:			
Region: CHEST X RAY PA			
Referred Doctor:		**Consultant Name:** DR SHIVAKUMAR SIDDAIAH	

CHEST X RAY PA

Both lung fields are clear.

Bilateral CP angles are clear

Cardiac silhoutte appears normal .

Both domes of diaphragm are normal.

Bony thorax appears normal

Impression:

- *No significant abnormality.*

Suggested clinical correlation

C.R. No: 1068137
Sultanate of Oman
RECEPTION
nmc specialty hospital, Al Hail
DR. ANAMIKA CHATURVEDI
Specialist - Radiology
MOH Lic. No: 7709
nmc specialty hospital, Al Hail

DR ANAMIKA CHATURVEDI

Radiology

MOH License No: 7709

03/04/2025 11:17:00

This is a computer generated report and does not require a doctor's signature

nmc

nmc specialty hospital,al-hail

P.O BOX : 613, Postal Code : 133 al-hail Sultanate of Oman

Sl No: 45098		Bill Date: 03/04/2025	Report Date :03/04/2025 11:16:37
Patient Name: GURINDER SINGH BALDEV SINGH		Reg No: 50135126	
Age: 37Y	Gender: Male	Nationality: INDIA	Phone:
Address:			
Company: TRUCKOMAN EQUIPMENT RENTAL LLC		Policy No:	
Certificate No:			
Region: LUMBAR SPINE AP & LAT			
Referred Doctor:		Consultant Name: DR SHIVAKUMAR SIDDAIAH	

LUMBAR SPINE AP & LAT VIEWS

Vertebral bodies & disc spaces are normal.

Posterior elements appear normal.

Para vertebral soft tissue appears normal.

No obvious fracture seen.

Suggested clinical correlation

C.R. No: 1448177
Sultanate of Oman
RECEPTION
nmc specialty hospital, Al Hail

DR. ANAMIKA CHATURVEDI
Specialist - Radiology
MOH Lic. No: 7709
nmc specialty hospital, Al Hail

DR ANAMIKA CHATURVEDI
Radiology
MOH License No: 7709

Elegant Medical Center LLC
Plot No: 294, Block: 316, Building No: 812, Al Hail North, Sultanate of Oman
T: (+968) 2426 9222, F: (+968) 2426 9288, E: nmc.hail@nmcoman.com

AUDIOMETRY REPORT

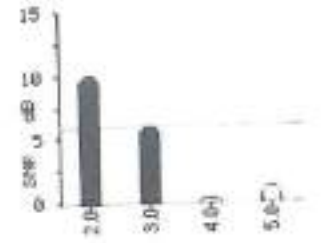
nt Gurinder Singh Baldev Singh

S Sex Male MRN 50135126 Date of Test 03/04/2025

U107.05
03-APR-25 08:58
DP 2s 2 sec avg
SN: GI1005649 GI2014595

NAME:

Left: Refer

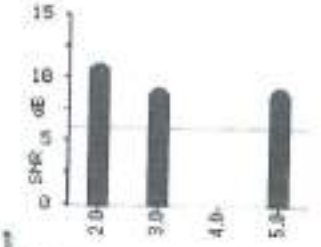


F2	L1	L2	DP	NF	SNR	
2.0	65	55	-5	-15	10	P
3.0	65	54	-14	-20	6	P
4.0	64	54	-20	-20	0	
5.0	64	54	-19	-20	1	

U107.05
03-APR-25 08:59
DP 2s 2 sec avg
SN: GI1005649 GI2014595

NAME:

Right: Pass



F2	L1	L2	DP	NF	SNR	
2.0	65	55	0	-11	11	P
3.0	65	55	-11	-20	9	P
4.0	65	55	-16	-14	-2	
5.0	65	55	-11	-20	9	P

RECEPTION

Signature of the Technician

Vitalograph

Pulmonary Function Report

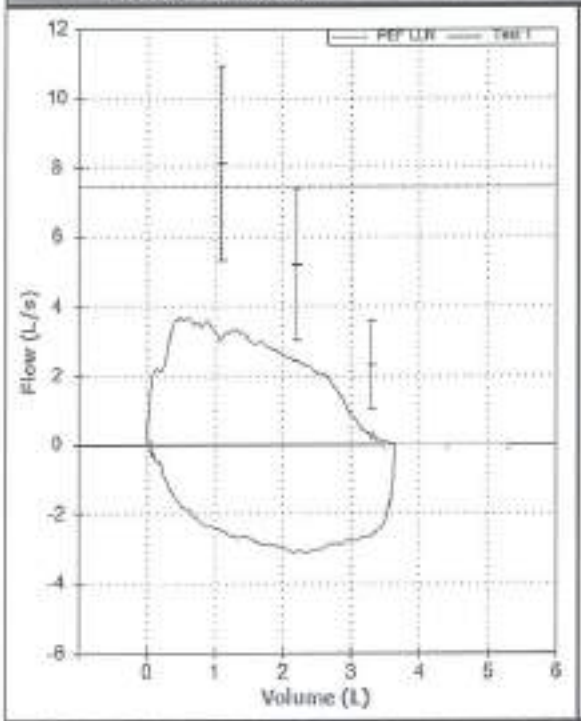
Subject Information

ID:	2025093_100027953	Alternate ID:	50135126		
Last Name:	Singh	First Name:	Gurinder Singh	Middle Name:	Baldev
Population:	Asian	Gender:	Male	Date of Birth:	15/07/1987
Age:	37	Height:	177 cm	Weight:	118.0 kg
BMI:	37.7	Smoking:	Non Smoker		

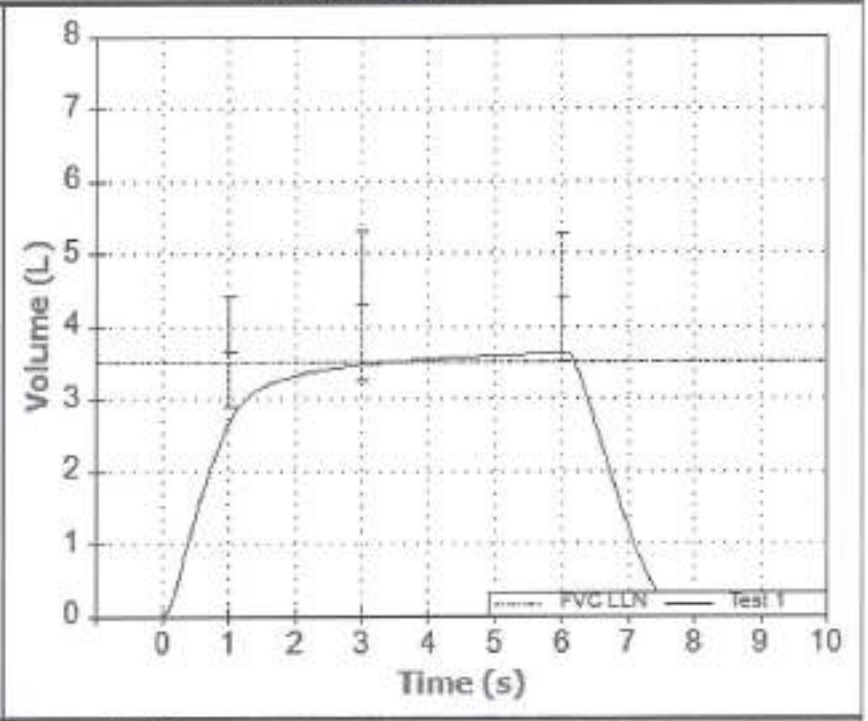
Test Session Information

Test Date:	03/04/2025 10:02	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	3	Accuracy Chk:	30/05/2019 15:42	User:	Administrator
Pred. Values:	ERS 93	Pred. Factor:	90%	Posture:	Sitting

Flow/Volume Graph



Volume/Time Graph



Results

Parameter	Pred	LLN	Best	% Pred.	Z-Score
FVC (L)	**4.40**	3.50	**3.63**	**83**	-1.40
FEV1 (L)	**3.65**	2.89	**2.83***	**78**	-1.77
FEV1 Ratio	**0.81**	0.69	**0.78**	**96**	-0.41
FEV6 (L)	**4.40**	3.50	**3.63**	**83**	-1.40
PEF (L/min)	**566**	447	**223***	**39**	-4.73
FEF25-75 (L/s)	**4.54**	2.83	**2.65***	**58**	-1.81

Values at BTPS ,*Below lower limit of normality (LLN)

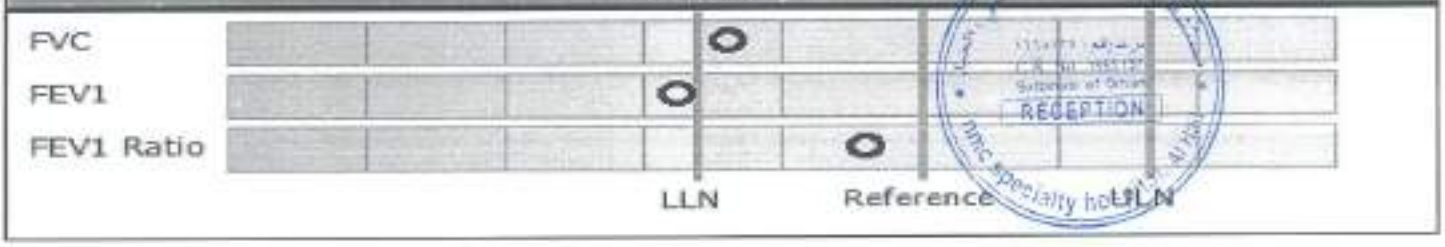
Session Quality and Repeatability Information

FVC Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
D	-	-	0 blow(s)	0 blow(s)	0 blow(s)

Computer Suggested Interpretation

Computer interpretations cannot be relied upon for diagnosis. Normal ventilatory function.

Reference Pictogram

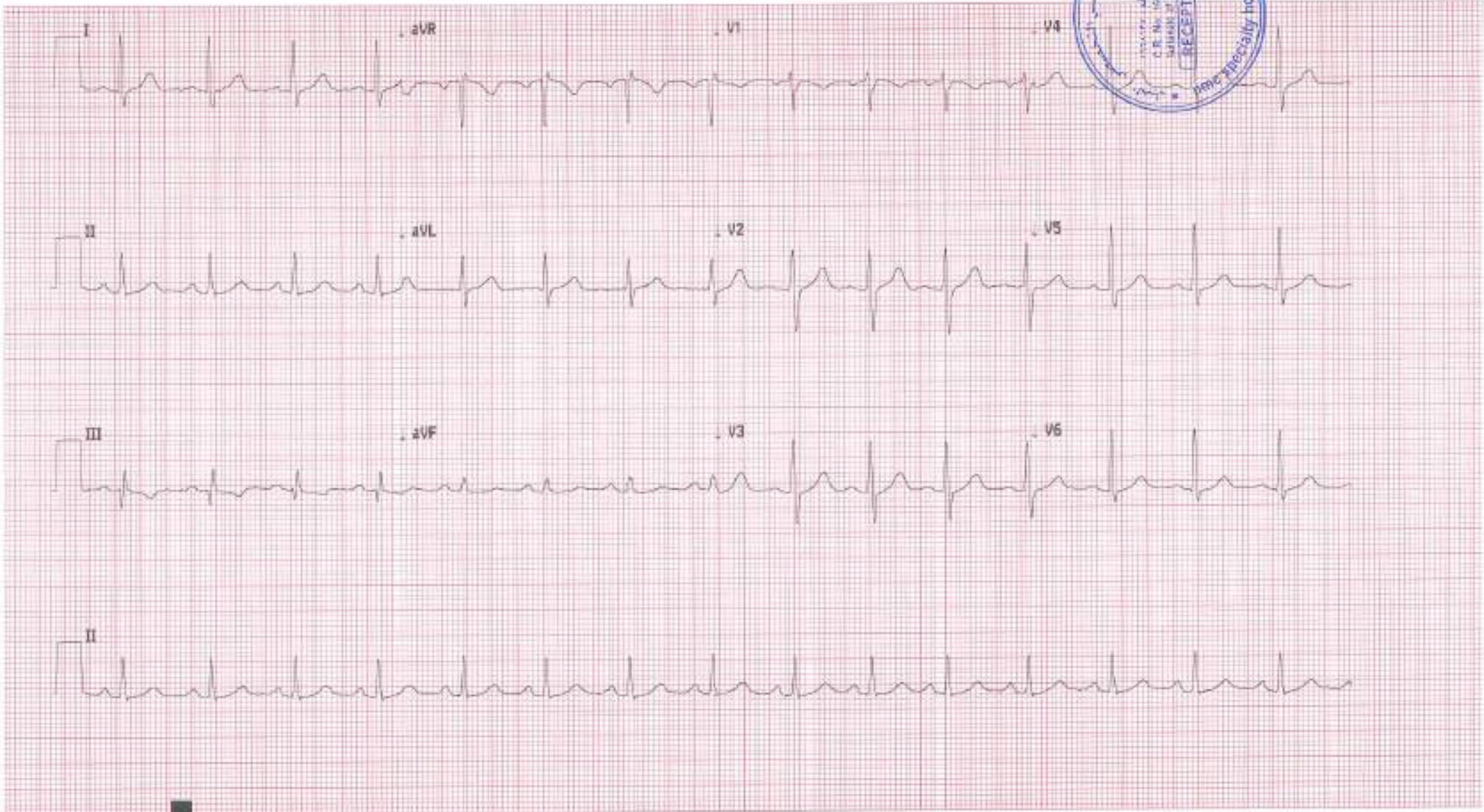


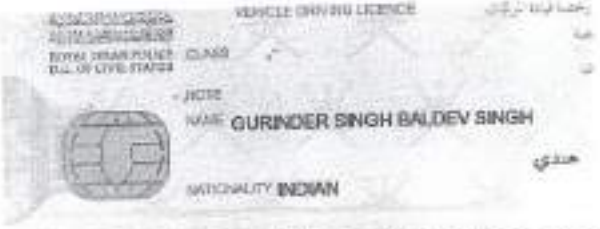
ID: 50135126
DOB:
37yr, Male

Vent rate:	91 BPM
PR int:	176 ms
QRS dur:	90 ms
QT/QTc:	352/401 ms
P-R-T axes:	62 33 12

SINUS RHYTHM
NORMAL ECG

UNCONFIRMED REPORT





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