JEHAN ZEB
PID : 39206 Age 26Y Male S.No : 88219
Spec.ID : 165200 SERUM 09/03/26 10:51

MEDICAL EVALUATION REPORT - SUMMARY

OQ

CANDIDATE / EMPLOYEE II

Civil ID / Passport #	Company ID #	Name	Position
127823944		JEHAN ZEB	FORKLIFT OPERATOR

Nationality	Age	Sex	Company	Location
PAKISTANI	26Y	M	TRUCK OMAN	

DOB:11/04/1999

EXAMINATION TYPE

Examination [ ] Pre-employment [ ] Periodic [ ] Exit 9/3/2026

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 120/70 [✓] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crises

BMI Category: 25.14 [ ] Underweight [✓] Normal [ ] Overweight [ ] Obese [ ] Morbid Obesity

Remarks:

VISUAL TEST

Visual Acuity Test: RT 6/6 LT 6/6 — Visual Field Test: [✓] Normal [ ] Abnormal

Colour Vision Test: [✓] Normal [ ] Abnormal [ ] Not Required — Stereoscopic Vision Test: [✓] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition:

Remarks:

RESPIRATORY SYSTEM

Spirometry Test: [✓] Normal [ ] Abnormal [ ] Not Required — Chest X-Ray: [ ] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition: — Physical Assessment: [✓] Normal [ ] Abnormal

Remarks:

ENT SYSTEM

Audiometry Test: [✓] Normal [ ] Abnormal [ ] Not Required — Otoscopy: [✓] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition: — Physical Assessment: [✓] Normal [ ] Abnormal (Whisper, Weber & Rinne Tests)

Remarks

CARDIOVASCULAR SYSTEM

ECG Test: [✓] Normal [ ] Abnormal [ ] Not Required — Physical Assessment: [✓] Normal [ ] Abnormal — Framingham [ ] Low [ ] Moderate [ ] Hig

Pre-existing condition:

Remarks:

NEUROLOGICAL SYSTEM

Physical Assessment: [✓] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

MUSCULOSKELETAL SYSTEM

Physical Assess: [✓] Normal [ ] Abnormal — Lumbar X-Ray: [✓] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition:

Remarks:

LABORATORY INVESTIGATIONS

Lab Tests: [✓] Normal [ ] Abnormal If abnormal, please specify below: — Blood Grouping: O+

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)

Clinic Doctor Name	License #	Hospital/Policlinic	Doctor Signature & Clinic Stamp	Issue Date
		Dr. [illegible] Cardiology Specialist MOH		9.3.26

FITNESS TO WORK CERTIFICATE

Contrators Fitness Assessment

JEHAN ZEB
PID : 39206 Age 26Y Male B.No : 88219
Spec.ID : 105200 SERUM 09/03/26 10:51

OQ

EMPLOYEE IDENTIFICATION

Company	Identification Number	Name
TRUCK OMAN	127823944	JEHAN ZEB

Nationality	Age	Sex	Entry Date	Location	Job Title
PAKISTANI	26Y	M	9/3/2026		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

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

Other, specify

Restriction Type [ ] Temporary until ____/____/____ [ ] Permanent

Annotations:

Doctor Name	Medical License	Hospital	Doctor Signature
			9,3,26

Dr. Shima Sajjad Ullah Jaffar
Cardiology Specialist
MOH Lic.

JEHAN ZEB
PID : 39206 Age 26Y Male B.No : 88219
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PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
127823944		JEHAN ZEB	FORKLIFT OPERATOR

Nationality	Age	Sex	Company	Location
PAKISTANI	26Y	M	TRUCK OMAN	

VITAL SIGNS

Height: 175 cm | Weight: 77 Kg | BMI: 25.14 | Blood Pressure: 120/70 mmHg

Pulse: 65 /min | Medical Practitioner Name: Dr. Shima Sayed Abdullah Jafar Cardiology Specialist MOH Lic. No. 21962 | 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: 9/3/2026 | Medical Practitioner Name: Dr. Shima Sayed Abdullah Jafar Cardiology Specialist MOH Lic. No. 21962 | 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 ☐ Satisfactory exhalation
☐ Good start ☐ 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: 9/3/2026 | Medical Practitioner Name: Dr. Shima Sayed Abdullah Jafar Cardiology Specialist MOH Lic. No. 21962 | Signature:

[2] Chest Shape and Moviment

☐ 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: 9/3/2026 | Physician Name: Dr. Shima Sayed Abdullah Jafar Cardiology Specialist MOH Lic. No. 21962 | Signature:

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

Audiologyst Name:
Signature:

[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

Hearing Questionnaire verified: ☐ Yes ☐ No

PHYSICAL ASSESSMENT FORM

JEHAN ZEB
PID : 39205 Age 26Y Male B.No : 86219
SpecID : 105200 SERUM 09/03/26 10:51

OQ

JEHAN ZEB

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: **9/3/2026**

Physician Name: Dr. Shiraz Sayed Ahsan Jafri, Cardiologist, Specialist, MOH Lic No: 21567

Signature:

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

JEHAN ZEB
PID : 39206 Age 26Y Male B.No : 98219
SpecID : 105200 SERUM 09/03/26 10:51

OQ

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
127823944		JEHAN ZEB	FORKLIFT OPERATOR

Nationality	Age	Sex	Company	Location
PAKISTANI	26Y	M	TRUCK OMAN	

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 irregulary)		Yes	✓	No	Extremities (feet or hands) deformities or problems		Yes	✓	No
High blood pressure (hypertension)		Yes	✓	No	Experienced back problem, arthritis, slipped disc		Yes	✓	No
Shortness of breath after exertion		Yes	✓	No	Pain in neck or back or hands or legs		Yes	✓	No
Varicose veins associated with varicose eczema, ulcers or other complications		Yes	✓	No	Thyroid disease or any other glandular diseases		Yes	✓	No
Arteriosclerotic or other vascular disease		Yes	✓	No	Diabetes mellitus or Hypoglycemia		Yes	✓	No
Anemias, especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia, G6PD		Yes	✓	No	Experienced unintentional weight loss or gain > 5kg over the past year		Yes	✓	No
Haemorrage disorders i.e. bleeding disorders		Yes	✓	No	Informed about being overweight or obese		Yes	✓	No
Leukaemia, polycythaemia and disorders of the reticulo-endothelial system		Yes	✓	No	Skin disorders e.g. severe acne, dermatitis, eczema or allergy		Yes	✓	No
Recurrent headaches or migraine		Yes	✓	No	Allergies e.g. dust, medication, insect bites, chemicals		Yes	✓	No
Epilepsy and recurrent seizures		Yes	✓	No	Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gastritis		Yes	✓	No
Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope)		Yes	✓	No	Haemorrhoids, fistulae and fissures causing pain, or recurrent bleeding		Yes	✓	No
Sleep disorders, such as insomnia, hypersomnia, sleep apnea, narcolepsy		Yes	✓	No	Liver and pancreas diseases (e.g. pancreatitis, Hepatitis, Jaudice)		Yes	✓	No
Chronic anxiety states and/or recurrent depression		Yes	✓	No	Kidney or bladder diseases e.g. recurrent infection, renal stones		Yes	✓	No
Phobias such as fear of heights, fear of confined spaces, fear of flying		Yes	✓	No	Ear, nose or throat problems (e.g. otitis, hearing loss, tinnitus, sinusitis, tonsilitis)		Yes	✓	No
Lung disease e.g. bronchitis, asthma, dyspnea, Tuberculosis (TB)		Yes	✓	No	Eye disease or visual defect (e.g. glaucoma, color blindness, monocular vision)		Yes	✓	No
Phlegm production (excess mucus production) or tight chest		Yes	✓	No	Treated for infectious diseases (e.g. malaria, COVID19, dengue)		Yes	✓	No
Immuno suppression due to cancer or human immunodeficiency virus		Yes	✓	No	Treated for mental haith problems, such as depression, stress, anxiety		Yes	✓	No
Lump in breast or armpit		Yes	✓	No	Treated for substance or alcohol abuse		Yes	✓	No

Any other diseases not mentioned in the above list? [✓] No [ ] Yes, please specify:

Any disabilities and compensations received? [✓] No [ ] Yes, please specify:

List any previous injuries or operations

Previous injuries or operations	Date

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

Date: 9/3/2026

Candidate/Employee Signature

HEALTH SCREENING QUESTIONNAIRE

JEHAN ZEB
PID : 39206 Age 26Y Male B.No : 88219
SpecID : 105200 SERUM 09/03/26 10:51

OQ

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
127823944		JEHAN ZEB	FORKLIFT OPERATOR

Nationality	Age	Sex	Company	Location
PAKISTANI	26Y	M	TRUCK OMAN	

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 of ending your life been on your mind?	[ ] Yes	[✓] No
8.Do you feel lack of hunger?	[ ] Yes	[✓] No	18.Do you find it difficult to perform your work?	[ ] Yes	[✓] No
9.Do you sleep badly?	[ ] Yes	[✓] No	19.Have you lost interest in things?	[ ] Yes	[✓] No
10.Do your hands tremble?	[ ] Yes	[✓] No	20.Do you feel you're worthless?	[ ] Yes	[✓] No

Date: 9/3/2026

Candidate/Employee Signature

JEHAN ZEB
PID : 39206 Age 26Y Male B.No : 88219
Spec.ID : 105200 SERUM 09/03/26 10:51

RESPIRATORY PROTECTION QUESTIONNAIRE

OQ

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
127823944		JEHAN ZEB	FORKLIFT OPERATOR

Nationality	Age	Sex	Company	Location
PAKISTANI	26Y	M	TRUCK OMAN	

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: 9/3/2026

Candidate/Employee Signature

HEARING CONSERVATION QUESTIONNAIRE

JEHAN ZEB
PID : 39205 Age 26Y Male B.No : 86279
SpecID : 105200 SERUM 09/03/26 10:52

OQ

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
127823944		JEHAN ZEB	FORKLIFT OPERATOR

Nationality	Age	Sex	Company	Location
PAKISTANI	26Y	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:

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

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

3 - Check ALL that you have experienced:

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

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

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

5 - Check ALL that you are currently suffering from:

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

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

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

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

9 - Are you currently using any medication [ ] YES [✓] NO Which one?

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

Date: **9/3/2026**

Candidate/Employee Signature

Peace Land Medical Center
AL SAHWA TOWER 2, AZAIBA PO BOX 1403 , POSTAL CODE 133 SULTANATE OF OMAN
medicalcenter@peacelandenergy.com
24617148-49
TRN :

DEPARTMENT OF LABORATORY

Patient ID	: 39206	**Doc No**	: 71048
Name	: JEHAN ZEB	**Doc Date**	: 09/03/2026 12:23
Age, Gender	: 26Y, Male	**Bill No**	: 88219
Nationality	: PAKISTANI	**Bill Date**	: 09/03/2026 10:34
GSM No	: 94216563	**Approved Date**	:
Doctor's Name	: DR.SHIMA	**Collected Time**	: 09/03/2026 10:51
Customer	: TRUCK OMAN EQUIPMENT RENTEL LLC	**Recieved Time**	: 09/03/2026 10:51

Test	Result	Unit	Normal Range
OQ Medical Checkup Package			
COMPLITE BLOOD COUNT			
RBC	5.6	x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	15.4	gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	47.2	%	Male 39.30 -50.00 % Female 37 -47 %
MCV	84	fl	84-94 fl
MCH	27.5	pg	27 - 33 pg
MCHC	32.6	g/dl	29.6 - 35.6 %
WBC COUNT	6.9	x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT			
NEUTROPHIL	63	%	40-70 %
LYMPHOCYTE	33	%	20-45 %
EOSINOPHIL	01	%	1-6 %
MONOCYTE	03	%	2-8%
BASOPHIL	00	%	0-1%
ESR	11		Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	159	x 10^9/L	150 - 450 x 10^9/L
BLOOD GROUP & Rh TYPING	'O' Positive		
BLOOD GROUPING AND RH TYPING			
SICKLE CELL TEST	NEGATIVE		
FASTING BLOOD SUGAR	99.3	mg/dl	74 - 100 mg/dl
LIPID PROFILE.			
Total Cholesterol	151	mg/dl	0.0 - 200 mg/dl
Triglyceride	141.9	mg/dl	0.0 - 150 mg/dl
HDL - CHOL	58.5		35.0 - 79.0 mg/dl
LDL - CHOL	65	mg/dl	< 100 mg/dl
VLDL	28	mg/dl	2.0 - 30 mg/dl
LIVER FUCTION TEST			
ALKALINE PHOSPHATASE	76	U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.32	mg/dl	0 - 2.0 mg/dl
S.G.O.T.	25	U/L	0 - 35.0 U/L

Remarks:

Reported By:
Lab Tech

Sr. Lab Technologist

Verified By:
Lab Tech

Sr. Lab Technologist

Approved By:
Lab Tech

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Test	Result	Unit	Normal Range
S.G.P.T.	37.6	U/L	10 - 45 U/L
ALBUMIN.	4.62	g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN.	7.55	g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.16	mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST			
UREA	24.4	mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.83	mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	4.2	mg/dl	3.5 - 7.2 mg/dl
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5	ml	
Colour	Yellow		
Sp. Gravity	1.010		
pH	Acidic		
Appearance	Clear		
CHEMICAL			
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC			
PUS CELLS	1-2		
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

Approved By:
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Customer	: TRUCK OMAN EQUIPMENT RENTEL LLC	**Recieved Time**	: 09/03/2026 10:51

Test	Result	Unit	Normal Range
TRAMADOL(TRA)	NEGATIVE		
BARBITURATES(BAR)	NEGATIVE		
BENZODIAZEPINES(BZO)	NEGATIVE		
MEDTHODONE(MED)	NEGATIVE		
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE		
MARIJUANA(THC)	NEGATIVE		
ALCHOHOL TESTING.	NEGATIVE		

Remarks:

Reported By:
Lab Tech

Sr. Lab Technologist

Verified By:
Lab Tech

Sr. Lab Technologist

Approved By:
Lab Tech

2026-03-09 11:03:59
ID:39206

JEHAN ZEB
PID : 39206 Age 26Y Male B.No : 88219

SpecID : 105200 SERUM 09/03/26 10:51

ECG

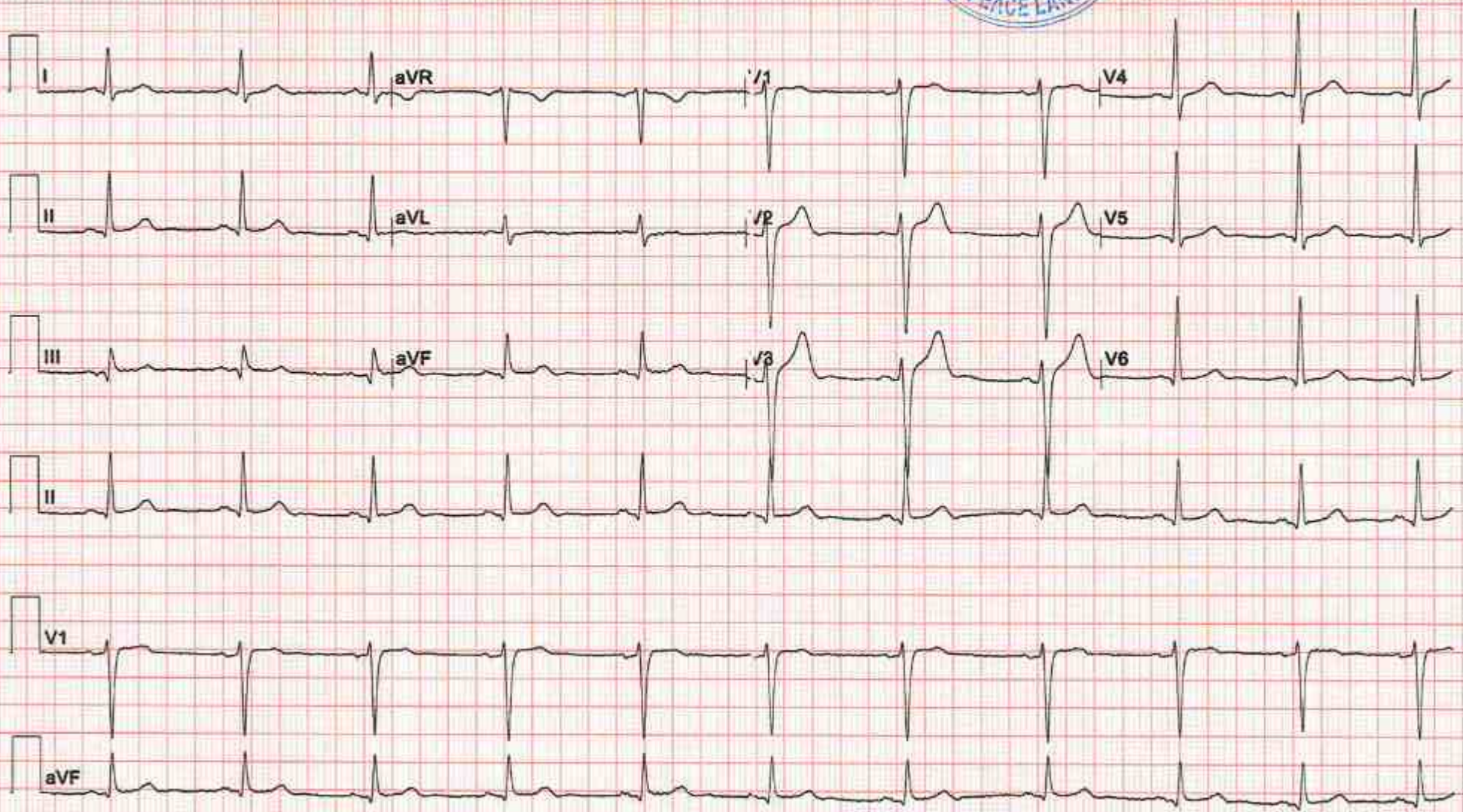
3 Channel + 3 Rhythm Report

Heart Rate: 65 bpm
PR/RR Int.: 144/923 ms
QRS Dur.: 106 ms
QT/QTc: 394/407 ms
P-R-T axes: 55 54 56
SV1/RV5/R+S: 1.51/1.61/3.12 mV

** Analysis Result ** (To be finally confirmed by cardiologist)
Normal Sinus Rhythm
[Normal ECG]

Hosp : PEACELAND MEDICAL CENTE...
Prescribed by :

C.R: 111/19
PEACE LAND MEDICAL CENTRE



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

25 mm/sec 10 mm/mV

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

Name : JEHAN ZEB
Resident / Civil ID NO : 127823944
Company Name : TRUCK OMAN
Date : 9/3/2026

JEHAN ZEB
PID : 39206 Age 26Y Male B.No : 88219
SpecID : 105200 SERUM 09/03/26 10:51

ECG REPORT

ECG COMMENTS:

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

OTHER FINDINGS (IF ANY)

PEACELAND MEDICAL CENTER
AZAIBA

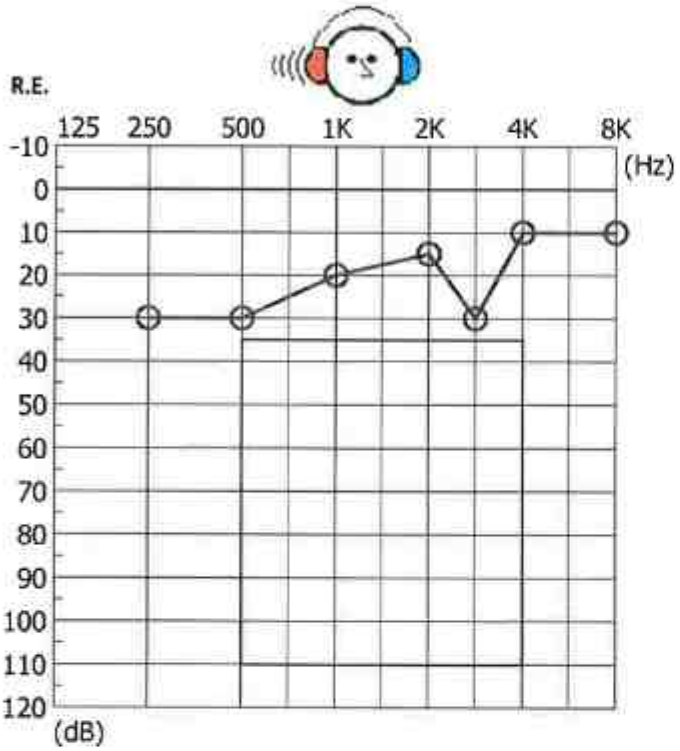
AUDIOMETRY REPORT

Name: JEHAN ZEB
Age(y): PID : 39206 Age 26Y Male B.No : 88219
Sex:
Height (cm)
Weight(Kg): SpecID : 105200 SERUM 09/03/26 10:51
BMI: Audio

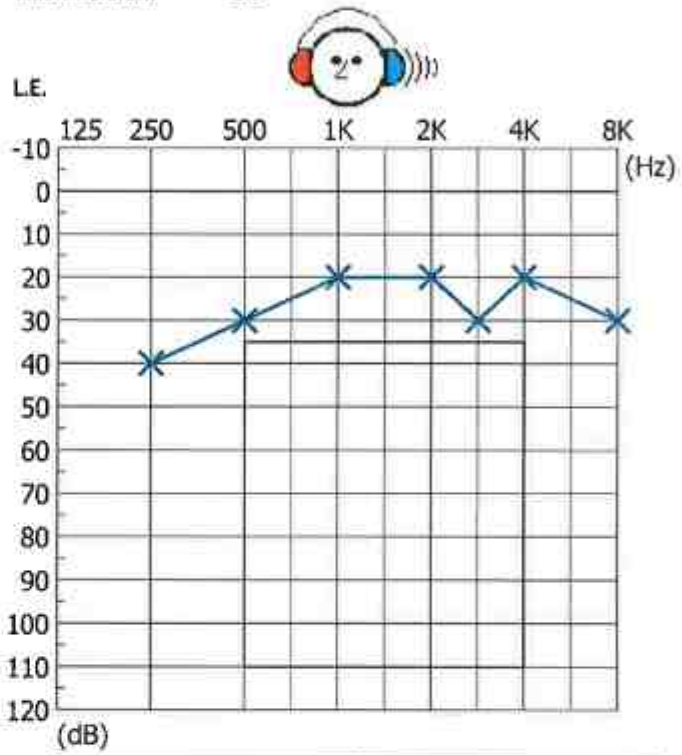
SIBELMED W50

Test date: 09/03/2026
Reference: 39206
Technician:
Reason:
Origin:
Equipment: Sibelsound DUO
Device serial numb.: 534
Flash Version: 1.0

R.E.



L.E.



No Masking	R.E.	L.E.	With Masking	R.E.	L.E.
Air	O	X	Air	△	□
Bone	<	>	Bone	⊏	⊐
F.Field	∅	⁒			
No response					

MINISTRY OF LABOUR AND SOCIAL AFFAIRS

	R.E.	L.E.
Hearing Loss (%)	0.0	0.0
Average dBs	23.8	25.0
Bilateral Loss (%)	0.0	

Right ear Normal
Left ear Normal

COMMENTS:

Pulmonary Function Test Results

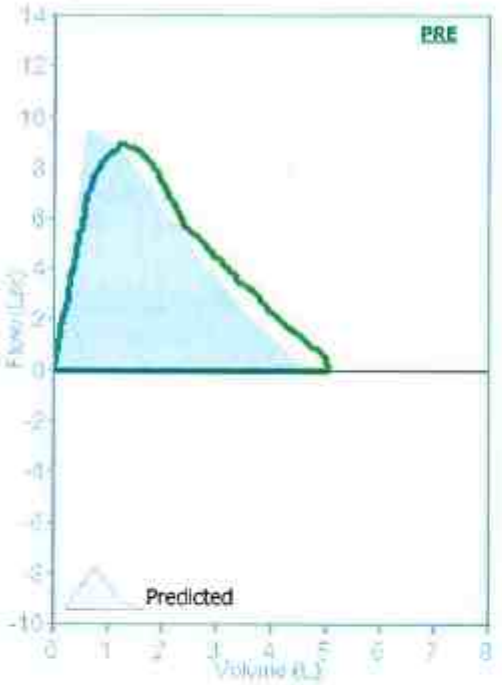
PEACELAND MEDICAL CENTER

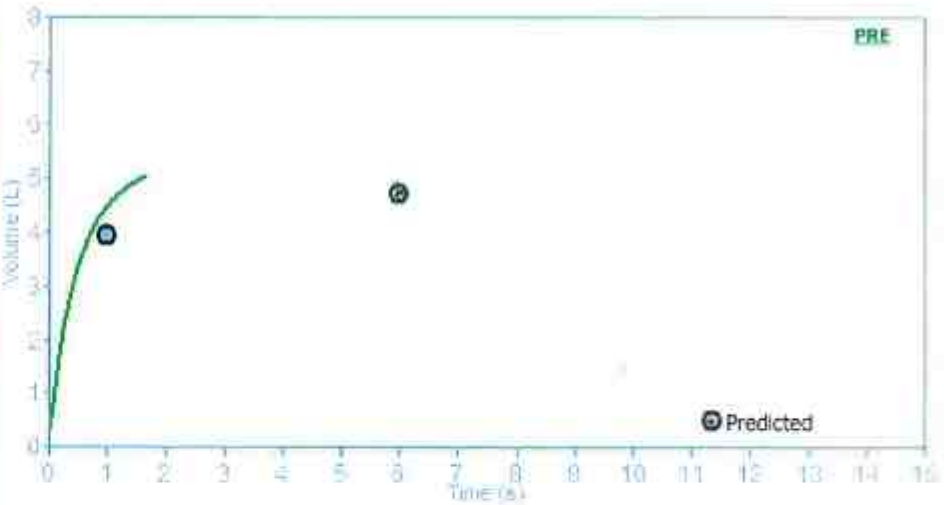
AZAIBA

Visit date 09-Mar-26

Patient code	127823944	Age	26
Surname	ZEB	Gender	Male
Name	JEHAN	Height, cm	175
Date of birth	11-Apr-99	Weight, kg	77
Ethnic group	Pakistan	BMI	25.14
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 09-Mar-26 11:20:27 AM

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.64	4.69	5.03*	107	0.53	5.03			*		
FEV1	L	3.06	3.93	4.53*	115	1.15	4.53			*		
FEV1/FVC	%	74.4	84.5	90.1*	107	0.90	90.1			*		
PEF	L/s	6.13	9.55	8.96*	94	-0.28	8.96			*		
ELA	Years		26	26	100		26					
FEF2575	L/s	2.89	4.67	5.23	112	°0.52	5.23					
FET	s		6.00	1.63	27		1.63					
FIVC	L	3.64	4.69									
FEV1/VC	%	74.4	84.5									

***Best values from all loops - BTPS 1.082 27 °C (80.6 °F) - Predicted Knudson**

Conclusion / Medical report

Signature

Instrument used
Minispir S S/N C17138

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
39206	JEHAN ZEB	026Y/M	09-03-2026	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**
-

XRAY LUMBOSACRAL SPINE-AP AND LATERAL

Normal lumbar lordosis preserved.

The vertebrae appear normal in alignment and density.

Pedicles appear normal.

No focal lesion seen.

Sacrum appears normal.

Sacro-iliac joints appear normal bilaterally.

IMPRESSION:

- **No significant bony abnormality detected.**

Dr. WAJDY JARBOU
MD, ABR
SPECIALIST RADIOLOGIST
NOH LIC # 19061

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