ABDALLAH NASSER AHMED AL BUSAIDI
Hp - 99349 Age 29Y Male B.No 83766

SpecID 402275 SERUM 13/11/25 11:29

MEDICAL EVALUATION REPORT - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
22739047		ABDALLAH NASSER AHMED AL BUSAIDI	HDD

Nationality	Age	Sex	Company	Location
OMANI	29	M	TRUCK OMAN	

DOB:27/11/1995

EXAMINATION TYPE

Examination | Pre-employment | Periodic | Exit | 13/11/2025

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 130/80 mmHg | Pre-hypertension | Hypertension Stage 1 | Hypertension Stage 2 | Hypertension Crisis

BMI Category: 27.7 | 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 Declared | 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 | Vision (Snellen, Ishihara & Basic Tests)

Remarks

CARDIOVASCULAR SYSTEM

ECG Test: Normal | Abnormal | Not Required | Physical Assessment: Normal | Abnormal | Peripheral | Low | Moderate | High

Pre-existing condition

Remarks

NEUROLOGICAL SYSTEM

Physical Assessment: Normal | Abnormal

Pre-existing condition

Remarks

MUSCULOSKELETAL SYSTEM

Physical Assess: Normal | Abnormal | Lumbar X Ray | Normal | Abnormal | Not Required

Pre-existing condition

Remarks

LABORATORY INVESTIGATIONS

Lab Tests: Normal | Abnormal | If abnormal, please specify Below. | Blood Grouping: A+ve

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 131-159 mg/dl | High Risk LDL >160 mg/dl

Routine Urine Analysis: Normal | Abnormal | Not Required | Sperm Analysis: Normal | Abnormal | Not Required

QUESTIONNAIRES

✓	Medical & Surgical History Questionnaire	Remarks
✓	Respiratory Protection Questionnaire	Remarks
	Hearing Conservation Questionnaire	Remarks
	Noise Exposure Questionnaire	Remarks

Fagerstrom Test: Smoking | Non-smoker | Low dependence | Nicotine Addiction dependence | Moderate dependence | High dependence

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

SWEMWBC Self-reported Questionnaire | No positive answers | Positive answers Factor I (1 to 5) | Positive answers Factor II (7 to 12)

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

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

License #	Hospital/Policlinic	Doctor Signature & Clinic Stamp	Issue Date
			13/11/25

ABDALLAH NASSER AHMED AL BUSAIDI
PID : 80249 Age 29Y Male E.No : A1766

SpecID : 102379 SERUM 13/11/25 11:29

FITNESS TO WORK CERTIFICATE

Contractors Fitness Assessment

OQ

EMPLOYEE IDENTIFICATION

Company	Identification Number	Name
TRUCK OMAN	22739047	ABDALLAH NASSER AHMED AL BUSAIDI

Nationality	Age	Sex	Entry Date	Location	Job Title
OMANI	29	M	13/11/2025		HDD

MEDICAL SUITABILITY FOR WORK

Medical Evaluation Type	[X] Pre-employment [ ] Periodic [ ] Exit [ ] Job Transfer [ ] Post-absence [ ] Other, specify
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 duration 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
DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087			

ABDALLAH NASSER AHMED AL BUSAIDI
PID : 60249 Age 29Y Male E No: 68264

Spec ID : 102279 13/11/25 11:29

PHYSICAL ASSESSMENT FORM

OQ

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
22739047		ABDALLAH NASSER AHMED AL BUSAIDI	HDD

Nationality	Age	Sex	Company	Location
OMANI	29	M	TRUCK OMAN	

VITAL SIGNS

Height: 177 cm Weight: 87 Kg BMI: 27.7 Blood Pressure: 130/80 mmHg

Pulse: 61 B/min Medical Practitioner Name: DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087 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: 13/11/2025 Medical Practitioner Name: DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087 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: ☑ Free from artifacts ☑ Good start ☑ Satisfactory exhalation ☐ NOT satisfactory

Repeatability Criteria: ☑ ≥3 acceptable curves FEV1 values AND FVC values within 0.15L (150 ml) ☐ Total of THREE to EIGHT tests performed ☐ The patient CANNOT or SHOULD NOT continue

The Patient Demonstrated: ☑ Good Effort ☐ Difficulty following instructions ☐ Ability ... ☐ Poor Effort ☐ Cooperation

Date of Examination: 13/11/2025 Medical Practitioner Name: DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087 Signature

[2] Chest Shape and Movement: ☑ 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: 13/11/2025 Physician Name: DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087 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 — Right: ☐ None ☑ Some ☐ A lot Impacted ☐ Not Exam; Left: ☐ None ☑ Some ☐ A lot Impacted ☐ Not Exam

Eardrum Position — Right: ☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam; Left: ☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam

Eardrum Vascularity — Right: ☑ Normal ☐ Considerable ☐ Mild ☐ Not Exam; Left: ☑ 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

Hearing Questionnaire verified: ☑ Yes ☐ No

Physician Name: DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087

PEACE LAND MEDICAL CENTER

ABDALLAH NASSER AHMED AL ELSAIDI
PID : 50249 Age 29Y Male B.No : 13784
Spec.ID 102279 SERUM 14/11/25 11:29

PHYSICAL ASSESSMENT FORM

OQ

ABDALLAH NASSER AHMED

ENT SYSTEM

[2] Nose Assessment	If abnormal, describe below	[3] Throat Assessment	If abnormal, describe below
☑ Normal ☐ Abnormal ☐ Not Examined		☑ Normal ☐ Abnormal ☐ Not Examined	

CARDIOVASCULAR SYSTEM

[1] Heart Sounds	If abnormal, describe below	[2] Heart Murmurs	If present, describe below
☑ Normal ☐ Abnormal ☐ Not Examined		☐ Present ☑ Absent ☐ Not Examined	

[3] Peripheral Pulses	If abnormal, describe below	[4] Peripheral Veins	If abnormal, describe below
☑ Normal ☐ Abnormal ☐ Not Examined		☑ Normal ☐ Abnormal ☐ Not Examined	

NEUROLOGICAL SYSTEM

[1] Mental Status	If abnormal, describe below	[2] Cranial Nerves	If abnormal, describe below
☑ Normal ☐ Abnormal ☐ Not Examined		☑ Normal ☐ Abnormal ☐ Not Examined	

[3] Motor System	If abnormal, describe below	[4] Reflexes	If abnormal, describe below
☑ Normal ☐ Abnormal ☐ Not Examined		☑ Normal ☐ Abnormal ☐ Not Examined	

[5] Sensory System	If abnormal, describe below	[6] Coordination, Station, Gait	If abnormal, describe below
☑ Normal ☐ Abnormal ☐ Not Examined		☑ Normal ☐ Abnormal ☐ Not Examined	

MUSCULOSKELETAL SYSTEM

[1] Hand and Wrist	If abnormal, describe below	[2] Elbow and Shoulder	If abnormal, describe below
☑ Normal ☐ Abnormal ☐ Not Examined		☑ Normal ☐ Abnormal ☐ Not Examined	

[3] Hip	If abnormal, describe below	[4] Knees	If abnormal, describe below
☑ Normal ☐ Abnormal ☐ Not Examined		☑ Normal ☐ Abnormal ☐ Not Examined	

[5] Foot and Ankle	If abnormal, describe below	[6] Spine and Back	If abnormal, describe below
☑ Normal ☐ Abnormal ☐ Not Examined		☑ Normal ☐ Abnormal ☐ Not Examined	

OTHER

[1] Skin, Extremities	If abnormal, describe below	[2] Head & Neck	If abnormal, describe below
☑ Normal ☐ Abnormal ☐ Not Examined	(old scar for Appendectomy)	☑ Normal ☐ Abnormal ☐ Not Examined	

[3] Mouth and Teeth	If abnormal, describe below	[4] Hernial Orifices	If abnormal, describe below
☑ Normal ☐ Abnormal ☐ Not Examined		☑ Normal ☐ Abnormal ☐ Not Examined	

[5] Abdominal Organs	If abnormal, describe below	[6] Lymph Nodes	If abnormal, describe below
☑ Normal ☐ Abnormal ☐ Not Examined		☑ Normal ☐ Abnormal ☐ Not Examined	

PEACE LAND MEDICAL

Date of Examination: 13/11/2025

Physician Name: DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

Signature:

ABDALLAH NASSER AHMED AL BUSAIDI
215 60249 Age 29Y Male Ref no. 73766
SpecID : 122379 SERUM 13/11/25 11:29

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

OQ

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
22739047		ABDALLAH NASSER AHMED AL BUSAIDI	HDD

Nationality	Age	Sex	Company	Location
OMANI	29	M	TRUCK OMAN	

PERSONAL HEALTH HISTORY

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

Condition	Yes	No
Congenital heart disease or Valvular heart disease or Coronary artery disease		✓
Myocardial insufficiency or infarction (heart attack)		✓
Coronary bypass surgery (CABG) and angioplasty		✓
Heart arrhythmias (heart beats too fast, too slow or irregularly)		✓
High blood pressure (hypertension)		✓
Shortness of breath after exertion		✓
Varicose veins associated with varicose eczema, ulcers or other complications		✓
Atherosclerotic or other vascular disease		✓
Anemias especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia, G6PD		✓
Haemorrhagic disorders e.g. bleeding disorders		✓
Leukaemia, polycythaemia and disorders of the reticulo endothelial system		✓
Recurrent headaches or migraine		✓
Epilepsy and recurrent seizures		✓
Blackouts, dizziness, fainting, memory loss, unconsciousness (vasovagal syncope)		✓
Sleep disorders, such as insomnia, hypersomnia, sleep apnea, narcolepsy		✓
Chronic anxiety states and/or recurrent depression		✓
Phobias such as fear of heights, fear of confined spaces, fear of flying		✓
Lung disease e.g. bronchitis, asthma, dyspnea, Tuberculosis (TB)		✓
Phlegm production (excess mucus production) or tight chest		✓
Immune suppression due to cancer or human immunodeficiency virus		✓
Lumps in breast or armpit		✓
Muscle problems e.g. weakness of your limbs or twitchy muscles		✓
Foot problems e.g. plantar warts, joint pain or swelling		✓
Problems with limb, neck or spine mobility		✓
Limb defects (feet or hands), deformities or problems		✓
Experienced back problem, arthritis, slipped disc		✓
Pain in neck or back or hands or legs		✓
Thyroid disease or any other glandular disorders		✓
Diabetes mellitus or Hypoglycemia		✓
Experienced unintentional weight loss or gain > 5kg over the past year		✓
Informed about being overweight or obese	✓	
Skin disorders e.g. severe acne, dermatitis, eczema or allergy		✓
Allergies e.g. dust, medication, insect bites, chemicals		✓
Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, colitis		✓
Haemorrhoids, fistulae and fissures causing pain, or recurrent bleeding		✓
Liver and pancreas diseases (e.g. pancreatitis, Hepatitis, Jaundice)		✓
Kidney or bladder diseases e.g. recurrent infection, renal stones		✓
Ear, nose or throat problems (e.g. otitis, hearing loss, tinnitus, sinusitis, rhinitis)		✓
Eye disease or visual defect (e.g. glaucoma, color blindness, monocular vision)		✓
Treated for infectious diseases (e.g. malaria, COVID-19, dengue)		✓
Treated for mental health problems, such as depression, stress, anxiety		✓
Treated for substance or alcohol abuse		✓

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
→ Appendectomy (Endoscopic)	2023
→ Tonsilectomy	2012.

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

Date 13/11/2025

Candidate/Employee Signature

[signature]

ABDALLAH NASSER AHMED AL BUSAIDI
ID 22739047 Age 29Y Mine # No : 93748

SpecID 103279 66BUM 18/11/25 11:28

HEALTH SCREENING QUESTIONNAIRE

OQ

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
22739047		ABDALLAH NASSER AHMED AL BUSAIDI	HDD

Nationality	Age	Sex	Company	Location
OMANI	29	M	TRUCK OMAN	

FAGERSTROM TEST

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

How soon after waking up do you smoke your first cigarette? [ ] >60min [ ] 31-60min [ ] 6-30min [ ] < 5 minutes

Do you find it difficult to avoid smoking where is forbidden such as work places, cinemas, shopping etc? [ ] Yes [ ] No

Which is 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 in 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

Do you feel tired or with lack of energy for more than 3 hrs in some days last week? [ ] 1 hour [ ] 2 hours [ ] 3 hours [ ] > 3 hours

Do 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 do your daily work?	[ ] Yes	[✓] No	12 Do you have unpleasant sensations in your stomach	[ ] Yes	[✓] No
3 Do you find difficult facing 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 Have 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: 13/11/2025

Candidate/Employee Signature

ABDALLAH NASSER AHMED AL BUSAIDI
DOB: 60249 Age:29Y Male Ser No: 03796
SpecID: 102279 SERUM: 13/11/25 11:29

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
22739047		ABDALLAH NASSER AHMED AL BUSAIDI	HDD

Nationality	Age	Sex	Company	Location
OMANI	29	M	TRUCK OMAN	

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? [ ] YES [✓] NO What type: [ ] Disposable mask [ ] Canister 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 their own 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

Date: 13/11/2025

Candidate/Employee Signature

HEARING CONSERVATION QUESTIONNAIRE

ABDALLAH NASSER AHMED AL BUSAIDI
PID : 60249 Age 29Y Male B.No : 63766
SpecID : 102279 SERUM 13/11/25 11:29

OQ

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
22739047		ABDALLAH NASSER AHMED AL BUSAIDI	HDD

Nationality	Age	Sex	Company	Location
OMANI	29	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 14-15 hours? [✓] YES [ ] NO
If NO, did you use hearing protection while in the noisy? [ ] YES [ ] NO

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

[ ] Hunting [ ] Carpentry [ ] 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 Build Up [ ] Intravenous Antibiotics [ ] Hole in the Eardrum
[ ] Ear Drainage [ ] Dizziness

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

[ ] Meningitis [ ] Diabetes [ ] Measles [ ] Exposure [ ] 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 Ears)? [ ] 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 Style? [ ] Behind-the-ear [ ] In-the-ear [ ] In-the-canal [ ] Completely-in-the-canal
What Type? [ ] Analog [ ] Digital
Who fit your hearing aids? [ ] Licensed Audiologist [ ] Hearing Aid Dealer [ ] Don't Know
When did you receive your hearing aids?

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

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

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

Date 13/11/2025

Candidate/Employee Signature

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

DEPARTMENT OF LABORATORY

Patient ID	: 60243	**Doc No**	: 66603
Name	: ABDALLAH NASSER AHMED AL BUSAIDI	**Doc Date**	: 13/11/2025 15:19
Age, Gender	: 29Y, Male	**Bill No**	: 83766
Nationality	: OMANI	**Bill Date**	: 13/11/2025 11:14
GSM No	: 99893371	**Approved Date**	:
Doctor's Name	: DR.HASHIM ABDALLAH	**Collected Time**	: 13/11/2025 11:29
Customer	: TRUCK OMAN NORTH- KHAZAN DIV	**Recieved Time**	: 13/11/2025 11:29

Test	Result	Unit	Normal Range
OQ Medical Checkup Package			
COMPLETE BLOOD COUNT			
RBC	5.7	x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	13.6	gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	47.6	%	Male 39.30 -50.00 % Female 37 -47 %
MCV	84	fl	84-94 fl
MCH	27.1	pg	27 - 33 pg
MCHC	31.9	g/dl	29.6 - 35.6 %
WBC COUNT	4.2	x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT			
NEUTROPHIL	50	%	40-70 %
LYMPHOCYTE	41	%	20-45 %
EOSINOPHIL	03	%	1-5 %
MONOCYTE	06	%	2-8%
BASOPHIL	00	%	0-1%
ESR	12		Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	161	x 10^9/L	150 - 450 x 10^9/L
BLOOD GROUP & Rh TYPING	'A' Positive		
BLOOD GROUPING AND RH TYPING			
SICKLE CELL TEST	NEGATIVE		
FASTING BLOOD SUGAR	98.2	mg/dl	74 - 100 mg/dl
LIPID PROFILE.			
Total Cholesterol	143	mg/dl	0.0 - 200 mg/dl
Triglyceride	114.3	mg/dl	0.0 - 150 mg/dl
HDL - CHOL	39.5		35.0 - 79.0 mg/dl
LDL - CHOL	81	mg/dl	< 100 mg/dl
VLDL	23	mg/dl	2.0 - 30 mg/dl
LIVER FUCTION TEST			
ALKALINE PHOSPHATASE	68	U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	1.3	mg/dl	0 - 2.0 mg/d
S.G.O.T.	12.8	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

PEACE LAND MEDICAL CENTER

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	: 60249	Doc No	: 66603
Name	: ABDALLAH NASSER AHMED AL BUSAIDI	Doc Date	: 13/11/2025 15:19
Age, Gender	: 29Y, Male	Bill No	: 83766
Nationality	: OMANI	Bill Date	: 13/11/2025 11:14
GSM No	: 99883371	Approved Date	:
Doctor's Name	: DR.HASHIM ABDALLAH	Collected Time	: 13/11/2025 11:29
Customer	: TRUCK OMAN NORTH- KHAZAN DIV	Recieved Time	: 13/11/2025 11:29

Test	Result	Unit	Normal Range
S.G.P.T.	32.1	U/L	10 - 45 U/L
ALBUMIN.	4.81	g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN.	7.23	g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.18	mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST			
UREA	41.2	mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.8		0.70 -1.30 mg/dl
S.URIC ACID	7.2	mg/dl	3.5 - 7.2 mg/dl
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5	ml	
Colour	Yellow		
Sp. Gravity	1.010		
pH	Acidic		
Appearance	Clear		
CHEMICAL			
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC			
PUS CELLS	1-2		
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		

Remarks:

Reported By:
Lab Tech

Sr. Lab Technologist

Verified By:
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Sr. Lab Technologist

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DEPARTMENT OF LABORATORY

Patient ID	: 60249	**Doc No**	: 66603
Name	: ABDALLAH NASSER AHMED AL BUSAIDI	**Doc Date**	: 13/11/2025 15:19
Age, Gender	: 29Y, Male	**Bill No**	: 83766
Nationality	: OMANI	**Bill Date**	: 13/11/2025 11:14
GSM No	: 99983371	**Approved Date**	:
Doctor's Name	: DR.HASHIM ABDALLAH	**Collected Time**	: 13/11/2025 11:29
Customer	: TRUCK OMAN NORTH- KHAZAN OIV	**Recieved Time**	: 13/11/2025 11:29

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

Remarks

Reported By:
Lab Tech

Sr. Lab Technologist

Verified By:
Lab Tech

Sr. Lab Technologist

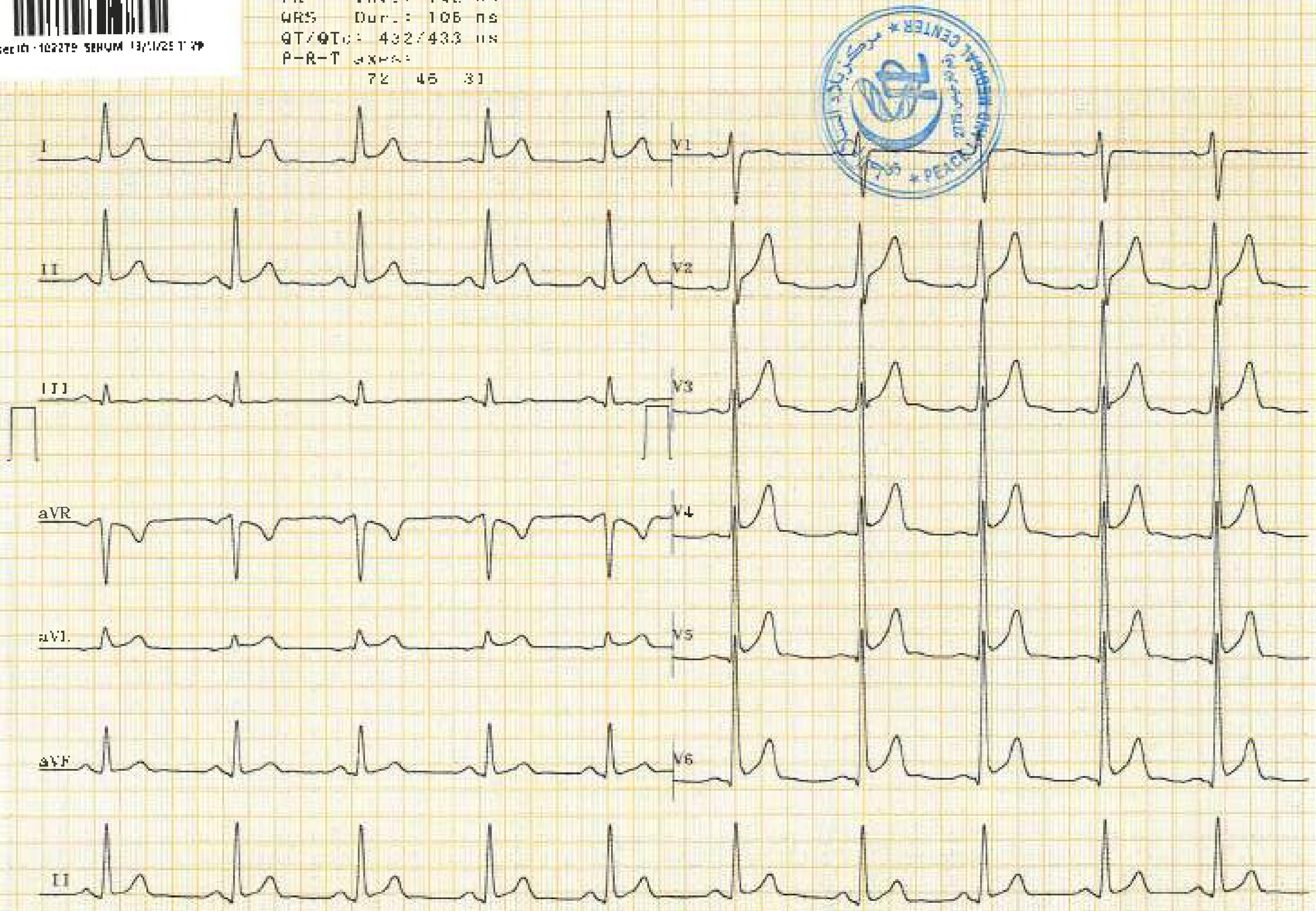
Approved By:
Lab Tech

PEACE LAND MEDICAL CENTER

ABDALLAH NASSER AHMED AL BUSAIDI
PID : 60240 Age 29Y Visit B.No : 01766
Spec ID : 102279 SERUM 13/11/25 T 29

Heart Rate: 61bpm
PR Int.: 142 ms
QRS Dur.: 106 ms
QT/QTc: 432/433 ms
P-R-T axes:
72 45 31

Prescribed by:



0.1Hz- 100Hz,AC50Hz,EMG. All Channels:10.0mm/mV,25.0mm/sec. CARDIO-M Ver5.10M.30 Medical Econet GmbH

ABDALLAH NASSER AHMED AL BUSAIDI
PID : 80249 Age 29Y Male B.No : 83766

Name : ABDALLAH NASSER AHMED
Resident / Civil ID NO : 22739047
Company Name : TRUCK OMAN
Date : 13/11/2025

ECG REPORT

ECG COMMENTS:

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

OTHER FINDINGS (IF ANY)

PEACELAND MEDICAL CENTER
AZAIBA

AUDIOMETRY REPORT

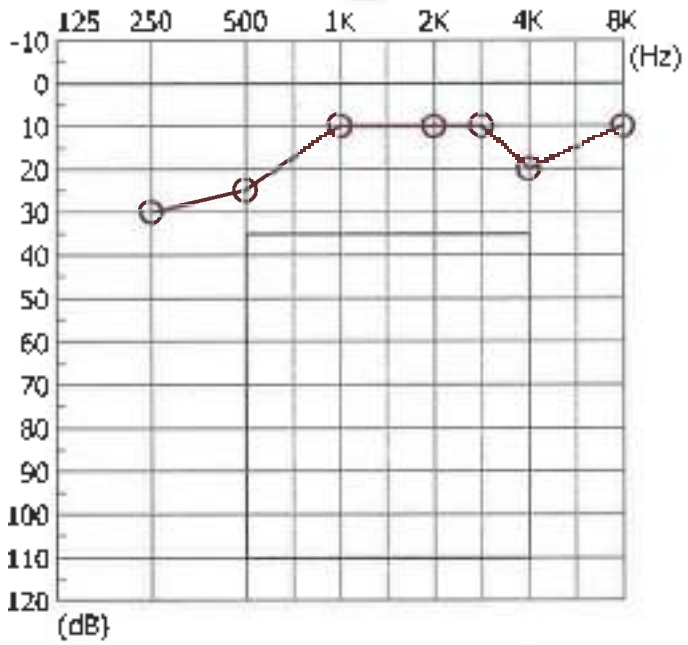
ABDALLAH NASSER AHMED AL BUSAIDI
PID : 60249 Age 29Y Male B.No : 83766
SpecID : 102279 SERUM 13/11/25 11:29

Name:
Agely):
Sex:
Height (cm):
Weight(Kg):
BMI:

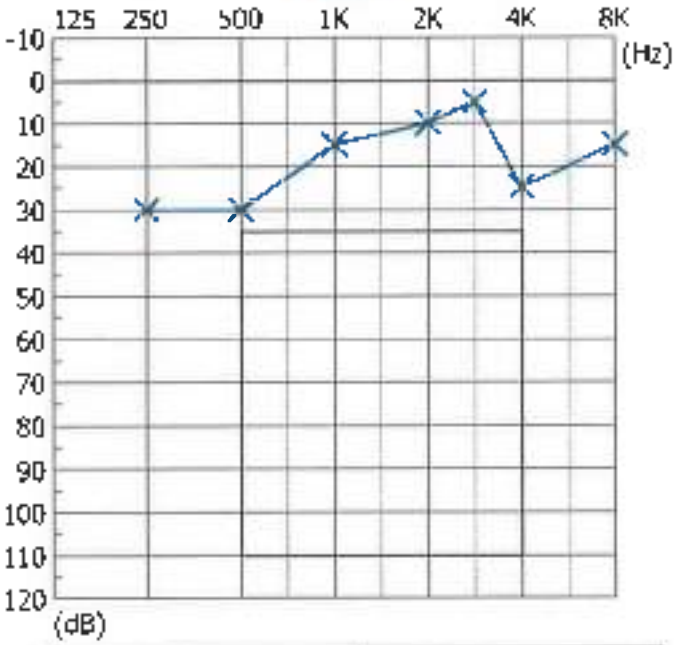
SIBELMED W50

Test date: 13/11/2025
Reference: 60249
Technician:
Reason:
Origin:
Equipment:
Device serial numb.:
Flash Version:

R.E.



L.E.



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

MINISTRY OF LABOUR AND SOCIAL AFFAIRS

	R.E.	L.E.
Hearing Loss (%)	0.0	0.0
Average dBs	13 8	15.0
Bilateral Loss (%)	0 0	

Right ear: Normal
Left ear: Normal

COMMENTS:

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9097
Peace Land
بلاد السلام

PEACE LAND MEDICAL CENTER

Pulmonary Function Test Results

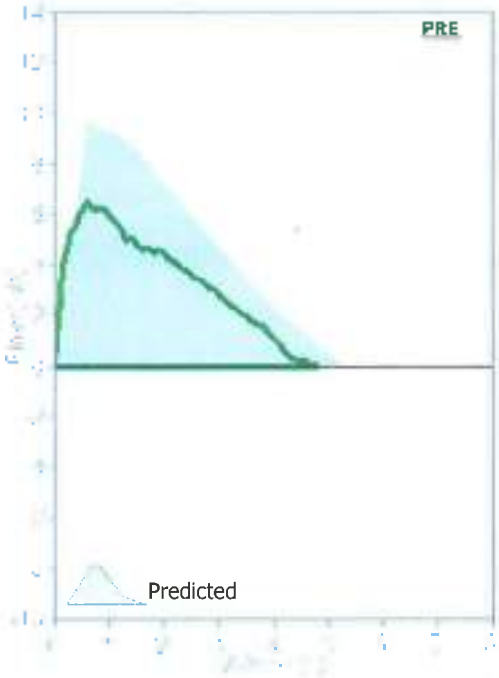
PEACELAND MEDICAL CENTER

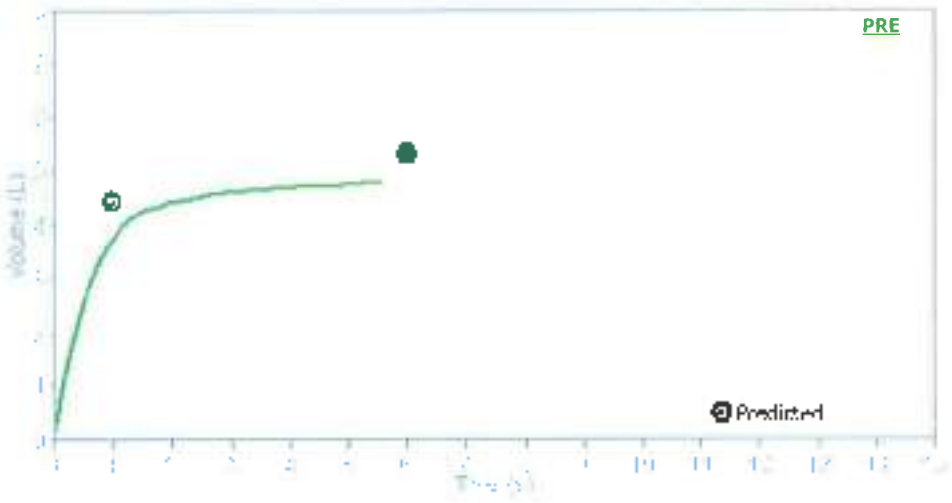
AZA1BA

Visit date 13-Nov-25

Patient code	22739047	Age	29
Surname	AL BUSAIDI	Gender	Male
Name	ABDALLAH NASSER	Height, cm	177
Date of birth	27-Nov-95	Weight, kg	87
Ethnic group	Not defined	BMI	27.77
Smoke		Pack-Year	
Patient group			

FVC FEV1 FEV1% 





Quality Control Grade: D
1 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 13-Nov-25 11:44:36 AM

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	Z-score
FVC	L	4.24	5.29	4.83*	91	-0.72	4.83			*		
FEV1	L	3.55	4.41	3.77*	86	-1.22	3.77			*		
FEV1/FVC	%	73.7	83.9	78.1*	93	-0.94	78.1			*		
PEF	L/s	6.21	9.63	6.56*	68	-1.48	6.56			*		
ELA	Years		29	51	176		51					
FEF2575	L/s	2.90	4.68	3.34	71	-1.24	3.34					
TET	s		6.00	5.54	92		5.54					
FIVC	L	4.24	5.29									
FEV1/VC	%	73.7	83.9									

*Best values from all loops - BTPS 1.097 24 °C (75.2 °F) Predicted Knudson

Conclusion / Medical report

Signature

Instrument used
Minispir S S/N C17.38

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
60249	ABDALLAH NASSER AHMED BUSAIDI	029Y/M	13-11-2025	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**

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

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