MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
133176182	2195	SADIQ KHAN	HD DRIVER

Nationality	Age	Sex	Company	Location
PAKISTANI	27	M	TRUCKMOON NORTH	HAIMA

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

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

BMI Category: 28.8 [ ] 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

Physical Assessment: [✓] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

ENT SYSTEM

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

Otoscopy: [✓] Normal [ ] Abnormal [ ] Not Required

Physical Assessment: [✓] Normal [ ] Abnormal (Whisper, Weber & Rinne Tests)

Pre-existing condition:

Remarks:

CARDIOVASCULAR SYSTEM

ECG Test: [✓] Normal [ ] Abnormal [ ] Not Required

Physical Assessment: [✓] Normal [ ] Abnormal

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 +ve

Pre-existing condition:

Remarks:

Glucose Level Category: 127 mg/dl [ ] Normal 80 – 100 mg/dl [ ] Pre diabetic 100 – 126 mg/dl [✓] Diabetic > 126 mg/dl

Cholesterol Risk Category: 179 mg/dl [ ] Low Risk: LDL is less 130 mg/dl [ ] Moderate Risk: LDL 130-159 mg/dl [✓] High Risk: LDL >160 mg/dl

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

Stool Analysis: [ ] Normal [ ] Abnormal [✓] Not Required

QUESTIONNAIRES

	Medical & Surgical History Questionnaire	Remarks
	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 #	Doctor Signature & Clinic Stamp	Issue Date
DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH Licence No: 9067		Peace Land Medical Center Al Khaizuran	26/03/2025

Form Revision: 05 31/05/2023

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
133176486	2195	HD DRIVER

Nationality	Age	Sex	Location
			HAIMA

EXAMINATION TYPE

- [✓] Pre-employment Examination (PRE)
- [ ] Periodic Medical Examination (PME)
- [ ] Post-absence Examination
- [ ] Change of Position Examination
- [ ] Exit Examination
- [ ] Critical Activities Examination
- [ ] Emergency Response Team
- [ ] Travelling Examination
- [ ] Medical Surveillance

Medical Suitability for Work

Medical Suitability for Work

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

FIT

Restrictions

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

Other, specify

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
13/03/2025	

Medical Review Date

Employee Signature

Doctor Name: DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087
MOH Medical Health Department

Medical License #

Hospital

Medical Doctor Signature

Beach Land Clinic Ajman

Form Review - 05/30/05/2021

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
133176486	2195	HEAVY DRIVER

Nationality	Age	Sex	Location
			HAIMA

PERSONAL HEALTH HISTORY

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

Congenital heart disease or Valvular heart disease or Coronary artery disease		Yes	✓	No	Muscle problems e.g. weakness of your limbs or twitchy muscles		Yes	✓	No
Myocardial insufficiency or infarction (heart attack)		Yes	✓	No	Joint problems, e.g. plantar warts, joint pain or swelling		Yes	✓	No
Coronary bypass surgery (CABS) and angioplasty		Yes	✓	No	Problems with limb, neck or spine mobility		Yes	✓	No
Heart arrhythmias (heart beats too fast, too slow or irregularly)		Yes	✓	No	Extremities (feet or hands) deformities or problems		Yes	✓	No
High blood pressure (hypertension)		Yes	✓	No	Experienced back problem, arthritis, slipped disc		Yes	✓	No
Shortness of breath after exertion		Yes	✓	No	Pain in neck or back or hands or legs		Yes	✓	No
Varicose veins associated with varicose eczema, ulcers or other complications		Yes	✓	No	Thyroid disease any other glandular diseases		Yes	✓	No
Arteriosclerotic or other vascular disease		Yes	✓	No	Diabetes mellitus or Hypoglycemia		Yes	✓	No
Anemias, especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia		Yes	✓	No	Experienced weight loss or gain > 5kg over the past year		Yes	✓	No
Haemorrage disorders i.e. bleeding disorders		Yes	✓	No	Informed about being overweight or obese		Yes	✓	No
Leukaemia, polycythaemia and disorders of the reticulo-endothelial system		Yes	✓	No	Skin disorders e.g. severe acne, dermatitis, eczema or allergy		Yes	✓	No
G6PD (Glucose 6-Phosphate Dehydrogenase) Deficiency		Yes	✓	No	Allergies e.g. dust, medication, insect bites		Yes	✓	No
Recurrent headaches or migraine		Yes	✓	No	Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gastritis		Yes	✓	No
Epilepsy and recurrent seizures		Yes	✓	No	Haemorrhoids, fistulae and fissures causing pain, or recurrent bleeding		Yes	✓	No
Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope)		Yes	✓	No	Liver and pancreas diseases (e.g. pancreatitis, Hepatitis B)		Yes	✓	No
Sleep disorders, such as insomnia, hypersomnia, sleep apnea, narcolepsy		Yes	✓	No	Kidney or bladder diseases e.g. recurrent infection, renal stones		Yes	✓	No
Chronic anxiety states and/or recurrent depression		Yes	✓	No	Ear, nose or throat problems (e.g. otitis, hearing loss, sinusitis, tonsilitis)		Yes	✓	No
Phobias such as fear of heights, fear of confined spaces, fear of flying		Yes	✓	No	Eye disease or visual defect (e.g. glaucoma, color blindness, monocular vision)		Yes	✓	No
Lung disease e.g. bronchitis, asthma, dyspnea, TB		Yes	✓	No	Treated for infectious diseases (e.g. malaria, COVID19)		Yes	✓	No
Phlegm production (excess mucus production) or tight chest		Yes	✓	No	Treated for depression, stress		Yes	✓	No
Immune suppression due to cancer or human immunodeficiency virus		Yes	✓	No	Treated for substance or alcohol abuse		Yes	✓	No

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

List any previous injuries or operations

Previous injuries or operations	Date

Date: 13/03/2025

Candidate/Employee Signature

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
133176486	2195	HEAVY DRIVER

Nationality	Age	Sex	Location
			HAIMA

Pfact:25387 Reg.Dt: 13/03/2025
Name: SADIQ KHAN
Gender: Male Nationality: PAKISTAN
DOB: 27/ Mar. Status: Married
Address:

VITAL SIGNS

Height: 175 cm | Weight: 73 Kg | BMI: 23.8 | Blood Pressure: 130/80 mmHg
Pulse: 72 /min | Medical Practitioner Name: | Signature:

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

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: ☑ Normal ☐ Abnormal
Stereoscopic Vision Test: ☐ Normal ☐ Abnormal
Date of Examination: 13/03/2025 Medical Practitioner Name: Signature:

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

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: Medical Practitioner Name: 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: 13/03/2025 Physician Name: Signature:

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

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
Eardrum Position	☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam	☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam
Eardrum Vascularity	☑ Normal ☐ Considerable ☐ Mild ☐ Not Exam	☑ Normal ☐ Considerable ☐ Mild ☐ Not Exam
Cerumen	☑ None ☐ Some / ☐ A lot ☐ Impacted / ☐ Not Exam	☑ None ☐ Some / ☐ A lot ☐ Impacted / ☐ Not Exam

[2] Hearing Test

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

Audiometry Done: ☐ Yes ☐ No
Audiologyst Name: Signature:
Hearing Questionnaire verified: ☑ Yes ☐ No

Peace Land Clinic Mukhaizna
P.O. Box: Mukhaizna P.C. 217 Sultanate of Oman
C.R.NO: 3517783

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

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:

Date of Examination: 13/03/2025 Physician Name: DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No. 9087

Signature:

OQ - Occupational Health Department

Peace Land Clinic Mukhaizna

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

PATIENTDETAILS :

Patient ID	: 25387	Doc No	: 12616
Name	: SADIQ KHAN	Doc Date	: 2025-03-13T12:36:00
Age	: 27Y	Bill No	: 34297
Gender	: Male	Date	: 13/03/2025 12:36 PM
Nationality	: PAKISTANI	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 97496244	Ref.by	: DR.HASHIM ABDALLAH

TEST RESULT : OQ-001 OQ MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
OQ MEDICAL CHECKUP			
BLOOD GROUP & Rh TYPING	' O ' Positive		
COMPLETE BLOOD COUNT			
RBC	5 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	16 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	46 %	Male 42 -52 % Female 37 -47 %	
MCV	89 fl	76 - 96 fl	
MCH	31 pg	27 - 33 pg	
MCHC	34 %	32 36 %	
WBC COUNT	9100 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	48 %	40-75 %	
LYMPHOCYTE	40 %	20-45 %	
EOSINOPHIL	4 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
PLATELET	3 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	121 u/l	44-147 U/ L	
T. BILIRUBIN	0.6 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.2 mg / dl	up to 0.4 mg /dl	
INDIRECT BILIRUBIN	0.4 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	40 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	42 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	8 g /dl	New born 5.2 - 9.1 g /dl Children 5.4 - 8.7 g /dl Adult 6.7 - 8.7 g /dl	
ALBUMIN	4.4 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	28 mg / dl	10-50 mg /dl	
S.CREATININE	0.8 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	11 mg / dl	3.4 - 7.2 mg /dl	
LIPID PROFILE			

Peace Land Clinic Mukhaizna

Reported By:
Lab Technician
Sr. Lab Technologist

Verified By:
Lab Technician
Sr. Lab Technologist

Approved By:
Lab Technician
Sr. Lab Technologist

Printed at: 13/03/2025 12:39:02

Signed at: 13/03/2025 12:39:02

Test	Result	Normal Range	Detailed Description
Total Cholesterol	245 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	523 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	40 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	179 mg/dl	< 130 mg/dl	
FASTING BLOOD SUGAR	127 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.020		
pH	Acidic		
Appearance	Clear		
CHEMICAL	0		
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC.			
PUS_CELLS	1-2		
EPITHELIAL CELLS.	1-2		
RBCS	1-2		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA.	NIL		
OTHERS.	NIL		
URINE DRUG SCREEN			
OPIATE (URINE)	Negative		
MORPHINE (URINE)	Negative		
COCCAINE (URINE)	Negative		
AMPHETAMINE (URINE)	Negative		
BENZODIAZEPINES (URINE)	Negative		
PHENCYCLIDINE (URINE)	Negative		
METHAMPHETAMINE (URINE)	Negative		
TRAMADOL (URINE)	Negative		
BARBITURATES (URINE)	Negative		
TRICYCLIC ANTIDEPRESSANTS (URINE)	Negative		
METHADONE (URINE)	Negative		
ALCOHOL TEST	Negative		

Remarks:

Peace Land Clinic Mukhaizna

PLMS MUKHAIZNA

2025-03-13 10:18:58

Name :
Sex :
Section :
RoomID:
BedID:
ID:
Operator: PEACELAND MEDICAL SERVI
Custom1:
Custom2:
Custom3:

Data for reference only:

HR	bpm	:	59
PR Interval	ms	:	142
P Duration	ms	:	88
QRS Duration	ms	:	81
QT Duration	ms	:	196
QT/QTc	ms	:	389/385
P/QRS/T Axis	deg	:	27.9/25.5/18.4
R(V5)/S(V1)	mV	:	0.82/0.69
R(V5)+S(V1)	mV	:	1.51

<< Conclusions >>

Sinus node Bradycardia.
Cardiac electric axis normal.

Report need physician confirm

Peace Land Clinic Mukhaizna

Physician:

AUTO 5mm/mV

5mm/mV

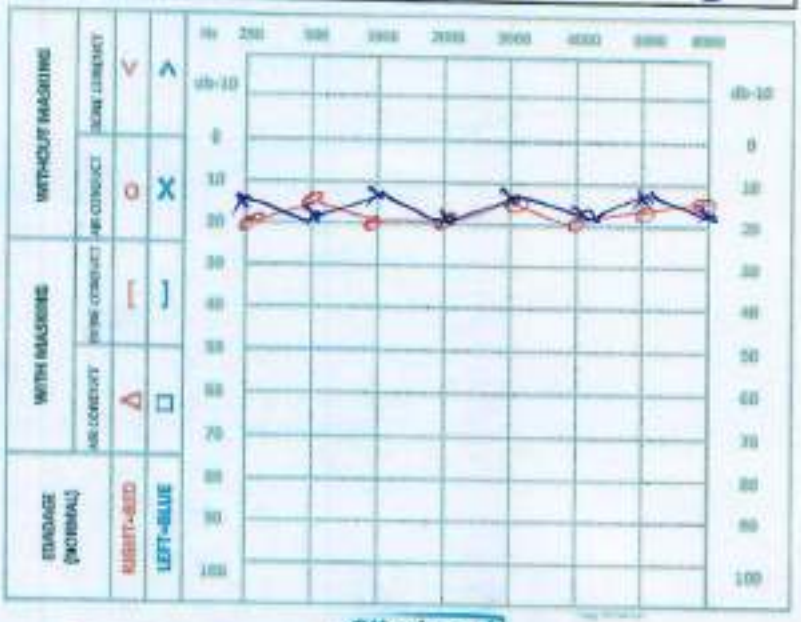
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6

II 5mm/mV

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

AUDIOMETRY TEST REPORT

NAME: SADIQ KHAN	COMPANY: TON
AGE: 27Y GENDER: MALE	OCCUPATION: HD DRIVER
REF. BY:	DATE: 13/03/2025



INTERPRETATION
O RIGHT EAR
X LEFT EAR

RESULT
☑ NORMAL
HEARING LOSS
☐ RIGHT
☐ LEFT

Peace Land Medical Center Nakhal

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
25387	SADIQ KHAN	27Y/M	13-03-2025	

DIGITAL X-RAY CHEST PA VIEW

FINDINGS:

Trachea and mediastinum in midline.

Both lung fields show normal bronchovascular markings.

Cardiothoracic ratio is within normal limits.

Both cardiophrenic and costophrenic angles are free.

Both domes of diaphragm are normally placed.

Bony ribcage and soft tissue structures appear normal.

IMPRESSION:

- **NO ABNORMALITIES DETECTED**

Peace Lane Clinic Mukhaizna

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

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

nmc specialty hospital, al ghoubra

P.O BOX : 613, Postal Code : 133

AL-GHOUBRA

Sultanate of Oman

Medical Report

Consultant: DR SUMANT PAJANKAR/PULMONOLOGY **Consultation Date : 18/03/2025 09:24:47**

Personal Details

Name	: SADIQ KHAN	Id Card/L Card	: 133176486/RC	Phone	: 97496244
File No	: 14474041	Certificate No	:	Email Id	:
Age	: 27Y / M	Policy No	:	EMP No	:
Address	:			Occupation	:
Marital status	: N/A			Working Company	:
Nationality	: PAKISTAN			Ref By	:
Customer	: TRUCKOMAN OIL & GAS SERVICES SAOC				

Chief Complaints

SL No	Symptoms
1	MEDICAL REPORT

History Of Present Illness

Ref from OQ for following investigations
- LIPID, URIC ACID, FBS
No symptoms

Physical Examination

Vital Information

Date	Time	Pulse/mt	BP/mmHg	Temp(F)	Temp(C)	Pain score	RR (bpm)	SPO2 (%)	Ht (cm)	Wt (kg)	BMI	Waist size	RBS	FBS	Remarks
18/03/2025	9:22AM	68 Regular	128/82mmHg	97.52	36.40		20	97		73.6	0				

Provisional Diagnosis

No	Code	Working / Provisional Diagnosis	Remarks
1	R73.01	Impaired Fasting Glucose	

2	E78.5	Hyperlipidemia, Unspecified
3	E79.0	Hyperuricemia Without Signs Of Inflammatory Arthritis And Tophaceous Disease

Investigation

Sl No.	Date	Special Notes	Investigation	Remarks	Reference Consultant	Emergency	Billed/Not billed
1	18/03/2025		FASTING BLOOD SUGAR				Billed
2	18/03/2025		URIC ACID				Billed
3	18/03/2025		LIPID PROFILE				Billed
4	18/03/2025		HbA1C				Billed

Notes: FBS - 7.22. HBA1C - 4.64%
LIPIDS - deranged
Uric Acid - N

Final Diagnosis

No	Code	Diagnosis	Remarks
1	E78.5	Hyperlipidemia, Unspecified	

Prescription

Sl No.	Medicine	Dosage	Duration	Quantity	Remarks	Billed/Not Billed
1	ATORVASTATIN (calcium) 10 mg tablet(STORVAS TAB 10MG 30') (Tablet)	0-0-1 (1 Tablet) (Oral)	60 Day	60	After Food	Not Billed

Advice

Follow PRN or 2/12

DR SUMANT PAJANKAR
PULMONOLOGY

DR. SUMANT PAJANKAR

nmc specialty hospital

DEPARTMENT OF LABORATORY MEDICINE

File No:	14474041	**Report No:**	1030840		
Name:	SADIQ KHAN	**Sample Date:**	18/03/2025	**Time:**	9:41
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 27 Y **Nationality:** PAKISTANI	**Report Date:**	18/03/2025	**Time:**	11:34
GSM No.:	97496244 **ID Card No.:** 133176486	**Bill No:**	2629183	**Bill Date:**	18/03/2025
Ref. By:	DR SUMANT PAJANKAR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
FASTING BLOOD SUGAR	7.22 mmol/L	3.8-<5.6 mmol/L
URIC ACID	368.1 µ mol/L	MALE: 200 - 430 µ mol/L FEMALE: 140 - 360 µ mol/L
LIPID PROFILE		
TOTAL CHOLESTEROL	6.90 mmol/L	< 5.2 mmol/L
HDL	0.97 mmol/L	MALE: > 1.0 mmol/L FEMALE: > 1.3 mmol/L
TRIGLYCERIDES	5.74 mmol/L	< 1.7 mmol/L
LDL	4.21 mmol/L	< 3.4 mmol/L
VLDL	2.61 mmol/L	< 0.77 mmol/L
NON HDL	5.93 mmol/L	<3.4mmol/L

Verified By:

10050
Lab Technologist
MOH License No: 4598
Electronically signed at: 3/18/2025 11:35:00

Approved By:

DR SURESH VENUGOPAL
Specialist Pathologist
MOH License No: 5950
Electronically signed at: 18/03/2025 11:35:00

Printed at: 18/03/2025 11:49:49 AM

specialty hospital

DEPARTMENT OF LABORATORY MEDICINE

File No:	14474041		**Report No:**	1030875	
Name:	SADIQ KHAN		**Sample Date:**	18/03/2025	**Time:** 12:13
Address:			**Received By:**		
Gender:	M **Age:** 27 Y	**Nationality:** PAKISTANI	**Received Date:**		**Time:**
GSM No.:	97496244	**ID Card No.:** 133176486	**Report Date:**	18/03/2025	**Time:** 14:15
Ref. By:	DR SUMANT PAJANKAR		**Bill No:**	2629303	**Bill Date:** 18/03/2025
			Report Status:	Final	

INVESTIGATION	RESULT	REFERENCE RANGE
HbA1C	4.64 %	4 - 6

Verified By:

10050
Lab Technologist
MOH License No: 4598
Electronically signed at: 3/18/2025 2:15:00

Approved By:

DR SURESH VENUGOPAL
Specialist Pathologist
MOH License No: 5950
Electronically signed at: 18/03/2025 2:15:00 PM

Printed at: 18/03/2025 6:24:09 PM

nmc specialty hospital, al ghoubra

P.O BOX : 613, Postal Code : 133AL-GHOUBRA
Phone : 24504000
Fax : 24501101
Email : nmc.ghoubra@nmcoman.com

224

Prescription

File No : **14474041**

Date : **18/03/2025**

Name: **SADIQ KHAN** Age: **27 Y**

Gender: **Male**

Address :

Omani ID/L.Card No : **133176486**

Company : Customer : **TRUCKOMAN OIL & GAS SERVICES SAOC (Credit)**

Policy No : Certificate No :

Nationality : **PAKISTANI** Phone : **97496244**

Sl No	Allergy

No h/o any allergies (NKA/NKDA)

Rx

Sl No	Name	Duration	RO Admin	Quantity	Remarks
1	(ATORVASTATIN (calcium) 10 mg tablet)STORVAS TAB 10MG 30'	60 Days	Oral	60	Take 1 tablet 1 times in a day for 60 days(0-0-1);After Food

5.580

18/03/2025 19:08:32

Name of Dr. & Signature

DR SUMANT PAJANKAR
PULMONOLOGY