)ICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

) / Passport #	Company ID #	Position
1569732		OPERATION SUPERINTENDENT

Nationality	Age	Sex	Location

last 22886 Reg.Dt 06/05/2024
me AZAN AZIZ MOHAMMED AL SHEIBANI
der Male Nationality OMANI

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 130/90 [✓] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crises
BMI Category: 27.31 [ ] 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: A+VC
Pre-existing condition:
Remarks:

Glucose Level Category 22.8 mg/dl [ ] Normal 80 – 100 mg/dl [ ] Pre diabetic 100 – 125 mg/dl [✓] Diabetic > 126 mg/dl
Cholesterol Risk Category 120 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 dependance [ ] 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
				23/06/2024

Dr. S. Faiz H Sajeedi, MD, MPH
General Practitioner
MOH License No.: 17467

Peace Land Clinic Mukhaizna

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
1569732			OPERATION SUPERINTENDENT

Nationality	Age	Sex	Location

ent 22896 Reg.Dt 06/06/2024
me AZAN AZIZ MOHAMMED ALSHEIBANI
der Male Nationality OMANI

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

Review after 1 month.

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

Examanation Date	Exams Performed
06/06/2024	

Medical Review Date	Employee Signature
23/07/2024	

Doctor Name	Medical Licens	Medical Doctor Signature

Dr. S. Faiz H Sayeedi, MD, MPH
General Practitioner
MOH License No.: 17467

Peace Land Clinic Mukhaizna

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
1569732			OPERATION SUPERINTENDENT

Nationality	Age	Sex

Test 22886 Reg.Dt 08/05/2024
Mr AZAN AZIZ MOHAMMED AL SHEIBANI
Gender Male Nationality OMANI

Location

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)	1	Yes	✓	No
Lung disease e.g. bronchitis, asthma, dyspnea, TB		Yes	✓	No	Treated for infectious diseases (e.g. malaria, COVID19) COVID POSITIVE	✓	Yes		No
Phlegm production (excess mucus production) or tight chest		Yes	✓	No	Treated for depression, stress		Yes	✓	No
Immuno suppression due to cancer or human immunodeficiency virus		Yes	✓	No	Treated for substance or alcohol abuse		Yes	✓	No

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

List any previous injuries or operations

Previous injuries or operations	Date

Date: 06/06/2024

Peace Land Clinic Mukhaizna

Candidate/Employee Signature

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
1569732			OPERATION SUPERINTENDENT.

Nationality	Age	Sex		Location
			ient 22886 Reg.Dt [illegible]	
			ntr AZAN AZIZ MOHAMMED AL SHEIBANI	
			der Male Nationality OMANI	

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: 06/06/2024

Candidate/Employee Signature

Peace Land Clinic Mukhaizna

OD - Occupational Health Department

Form Review - 02/06/2024

RESPIRATORY PROTECTION QUESTIONNAIRE

OQ

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
1569732		ent 22886 Reg.Dt 11/11/2024 me AZAN AZIZ MOHAMMED AL ABRI der Male Nationality OMANI	OPERATION SUPERINTENDENT
Nationality	**Age**	**Sex**	**Location**

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? [ ] YES [✓] NO What type: ☐ Disposable 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? (NO)

[ ] 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? (NO)

[ ] 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? (NO)

[ ] 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? (NO)

[ ] 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? (NO)

[ ] 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? (NO)

[ ] 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: 06/06/2024

Peace Land Clinic Mukhaizna

Candidate/Employee Signature

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION				
Civil ID / Passport #	Company ID #	Name		Position
1569732				OPERATION SUPERINTENDENT.
Nationality	Age	Sex	ient 22896 Reg.Dt 06.06.2024	Location
			me AZAN AZIZ MOHAMMED AL AMRIBANI	
			der Male Nationality OMANI	

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? GLIMIPRIDE 3MG 1-0-0.

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

Date: 06/06/2024

Peace Land Clinic Mukhaizna

Candidate/Employee Signature

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
15697352			OPERATION SUPERINTENDENT.

Nationality	Age	Sex	Location

Test 22986 Reg.Dt 06/06/2024
Mr AZAN AZIZ MOHAMMED AL SIDDIANI
Gender Male Nationality OMANI

VITAL SIGNS

Height 169 cm | Weight 78 Kg | BMI 27.31 | Blood Pressure 130/90 mmHg

Pulse 70 /min | Medical Practitioner Name: | Signature:

Dr. S. Faiz H Sayeedi, MD, MPH
General Practitioner
MOH License No.: 17467

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: 06/06/2024 | Medical Practitioner Name: | Signature:

Dr. S. Faiz H Sayeedi, MD, MPH
General Practitioner
MOH License No.: 17467

RESPIRATORY SYSTEM

[1] Spirometry Test

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

Diagnosis: ☐ Asthma ☐ COPD ☐ Other _____

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

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

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

Date of Examination: 06/06/2024 | 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: 06/06/2024 | Physician Name: | Signature:

Dr. S. Faiz H Sayeedi, MD, MPH
General Practitioner
MOH License No.: 17467

ENT SYSTEM

[1] Otoscopy

	Right	Left		Right		Left	
Ear Canal Collapse	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☐ No ☐ Not Exam	Eardrum Position	☑ Normal ☐ Bulging	☐ Retracted ☐ Not Exam	☑ Normal ☐ Bulging	☐ Retracted ☐ Not Exam
Drainage	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☐ No ☐ Unknown					
Perforation	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☐ No ☐ Not Exam	Eardrum Vascularity	☑ Normal ☐ Mild	☐ Considerable ☐ Not Exam	☐ Normal ☑ Mild	☐ Considerable ☐ Not Exam
Cerumen	Right: ☐ None ☑ Some ☐ A lot ☐ Impacted ☐ Not Exam	Left: ☐ None ☑ Some ☐ A lot ☐ Impacted ☐ Not Exam					

[2] Hearing Test

Whisper Test	☑ Normal ☐ Abnormal ☐ Not Exam	Audiometry Done	☑ Yes ☐ No
Rinne Test	☐ Normal ☐ Abnormal ☐ Not Exam	Audiologist Name: Signature:	
Weber Test	☑ Normal ☐ Abnormal ☐ Not Exam	Hearing Questionnaire verified	☑ Yes ☐ No

Peace Land Clinic Mukhaizna
P.O. Box 1466, P.C. 133, Sohar, Sultanate of Oman
C.R.NO. 3217703

Dr. S. Faiz H Sayeedi, MD, MPH
General Practitioner
MOH License No.: 17467

PHYSICAL ASSESSMENT FORM

ient 22896 Reg. Dt 09/05/2024

me AZAN AZIZ MOHAMMED AL SHEIBANI

der Male Nationality OMANI

ENT SYSTEM

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

CARDIOVASCULAR SYSTEM

[1] Heart Sounds		[2] Heart Murmurs	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☐ Present ☑ Absent ☐ Not Examined	If present, describe below:
[3] Peripheral Pulses		**[4] Peripheral Veins**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

NEUROLOGICAL SYSTEM

[1] Mental Status		[2] Cranial Nerves	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:
[3] Motor System		**[4] Reflexes**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:
[5] Sensory System		**[6] Coordination, Station, Gait**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

MUSCULOSKELETAL SYSTEM

[1] Hand and Wrist		[2] Elbow and Shoulder	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:
[3] Hip		**[4] Knees**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:
[5] Foot and Ankle		**[6] Spine and Back**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

OTHER

[1] Skin, Extremities		[2] Head & Neck	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:
[3] Mouth and Teeth		**[4] Hernial Orifices**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:
[5] Abdominal Organs		**[6] Lymph Nodes**	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

Date of Examination: 06/06/2024 Physician Name: Dr. S. Faiz H Sayedi, MD, MPH General Practitioner MOH License No.: 17467 Signature:

OD - Occupational Health Department Form Number: OD-2000/2021

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	: 22886	Doc No	: 9332
Name	: AZAN AZIZ MOHAMMED AL SHEIBANI	Doc Date	: 2024-06-06T16:12:00
Age	: 56Y	Bill No	: 29671
Gender	: Male	Date	: 06/06/2024 16:12 PM
Nationality	: OMANI	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 99783995	Ref.by	: DR.SYED FAIZ UL HAQUE

TEST RESULT : OQ-001 OQ MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
OQ MEDICAL CHECKUP			
BLOOD GROUP & Rh TYPING	'A' Positive		
COMPLETE BLOOD COUNT			
RBC	5 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	15 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	45 %	Male 42 -52 % Female 37 -47 %	
MCV	90 fl	78 - 96 fl	
MCH	29 pg	27 - 33 pg	
MCHC	33 %	32 36 %	
WBC COUNT	5100 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	60 %	40-75 %	
LYMPHOCYTE	30 %	20-45 %	
EOSINOPHIL	2 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	1	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	2 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	86 u/l	44-147 U/ L	
T. BILIRUBIN	0.8 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.2 mg / dl	up to 0.4 mg /dl	
iINDIRECT BILIRUBIN	0.6 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	32 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	33 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	7 g /dl	New born 5.2 - 9.1 g /dl Children 5.4 - 8.7 g /dl Adult 6.7 - 8.7 g /dl	
ALBUMIN	4.1 g / dl	3.6 - 5.5 g/dl	

Reported By:
AHMED ALHAG
Sr. Lab Technologist
Printed at: 06/06/2024 16:15:06

Peace Land Clinic Mukhaizna

Verified By:
AHMED ALHAG
Sr. Lab Technologist
Signed at: 06/06/2024 16:16:06

Specialist Pathologist:
AHMED ALHAG
Sr. Lab Technologist

Test	Result	Normal Range	Detailed Description
RENAL FUNCTION TEST			
UREA	28 mg / dl	10-50 mg /dl	
S.CREATININE	1.1 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	12 mg / dl	3.4 - 7.2 mg /dl	
LIPID PROFILE			
Total Cholesterol	200 mg/dl .	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	139 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	49 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	120 mg/dl	< 130 mg/dl	
VLDL	28 mg/dl	2-30 mg/dl	
FASTING BLOOD SUGAR	228 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	(++)		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC.			
PUS_CELLS	1-2		
EPITHELIAL CELLS	1-2		
RBC'S	1-2		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NIL		
OTHERS	NIL		

Remarks:

Peace Land Clinic Mukhaizna

Test	Result	Nomal Range
URINE DRUG SCREEN :		
OPIATE (URINE)	Negative	
AMPHETAMINES(URINE)	Negative	
MORPHINE (URINE)	Negative	
COCAINE (URINE)	Negative	
PHENCYCLIDINE (URINE)	Negative	
METHAMPHETAMINE (URINE)	Negative	
TRAMADOL (URINE)	Negative	
BARBITURATES (URINE)	Negative	
BENZODIAZEPINES (URINE)	Negative	
MEDTHODONE (URINE)	Negative	
TRICYCLIC ANTIDEPRESSANTS (URINE)	Negative	
ALCOHOL TEST	Negative	

Remark

Peace Land Clinic Mukhaizna

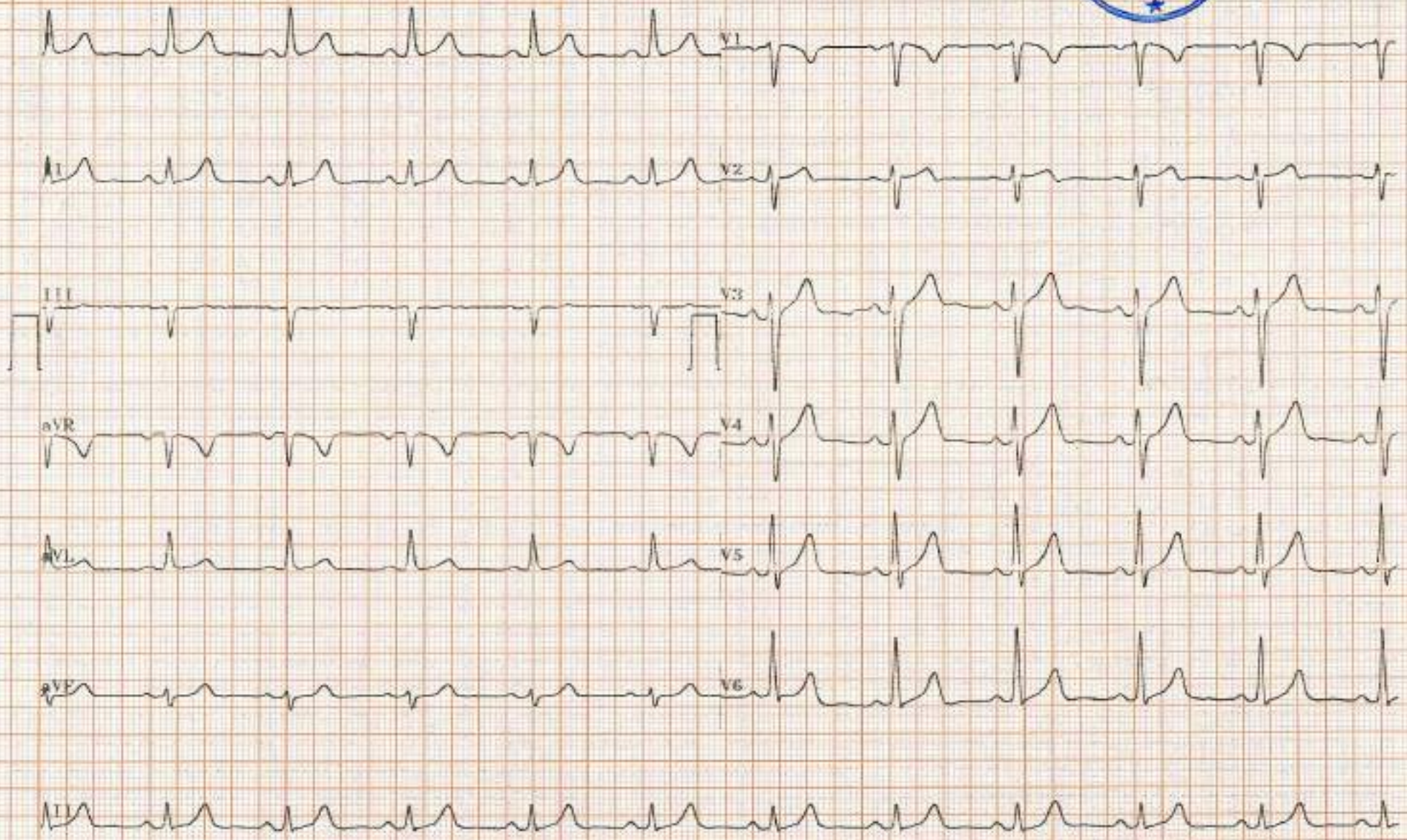
2024-06-06 09:12:22 6 Channel + 1 Rhythm Report

Hospital:
Prescribed by:

ent 22886 Reg.Dt 06/06/2024
me AZAN AZIZ MOHAMMED AL SHUBAILY
der Male Nationality OMANI

Heart Rate: 67bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 160 ms Normal Sinus Rhythm
QRS Dur.: 90 ms Normal Axis
QT/QTc: 414/437 ms [Normal ECG]
P-R-T axes:
39 -4 36

Peace Land Clinic Mukhaizna



0Hz-LPFoff,AC60Hz,EMG. All Channels:10.0mm/mV,25.0mm/sec. CARDIO-M Ver5.09M.30 Medical Econet GmbH

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

PATIENT ID:22886

Estimated 10-year Global CVD Risk

25.30%

Risk Category

High Risk

Estimated Vascular Age

76 Years

Treatment Guidelines

ATP-III (2004)

Treatment Targets

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

CCS (2009)

Treatment Targets

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

ESC (2007, see Info for more)

Treatment Targets

LDL <2-2.5 mmol/L (<80-100 mg/dL)
TChol <4-4.5 mmol/L (<155-175 mg/dL)

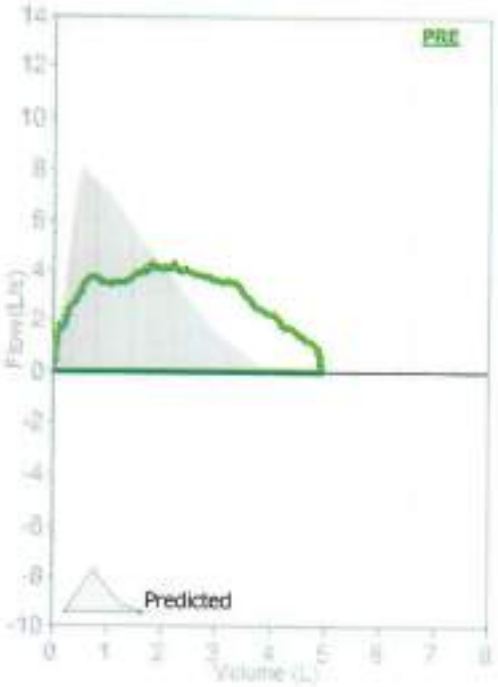
Peace Land Clinic Mukhaizna

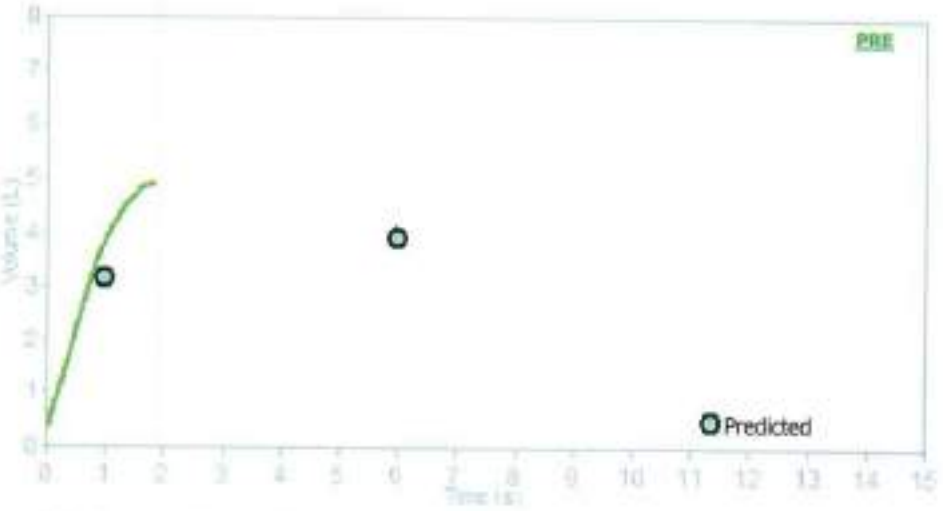
Pulmonary Function Test Results

Visit date 06/06/2024

Patient code	1569732	Age	56
Surname	AL SHEIBANI	Gender	Male
Name	AZAN AZIZ MOHAM	Height, cm	169
Date of birth	14/09/1967	Weight, kg	78
Ethnic group	Caucasian	BMI	27.31
Smoke	No smoker	Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 06/06/2024 09:24:55

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	2.93	3.94	4.93*	125	1.63	4.93			*		
FEV1	L	2.31	3.15	3.90*	124	1.47	3.90			*		
FEV1/FVC	%	65.3	77.1	79.1*	103	0.27	79.1			*		
PEF	L/s	6.13	8.12	4.37*	54	-3.10	4.37			*		
ELA	Years		56	56	100		56					
FEF2575	L/s	1.86	3.57	3.76	105	0.18	3.76					
FET	s		6.00	1.82	30		1.82					
FIVC	L	2.93	3.94									
FEV1/VC	%	65.3	77.1									

*Best values from all loops - BTPS 1.058 32 °C (89.6 °F) - Predicted ERS (ECCS) / Zapletal

Conclusion / Medical report

Signature

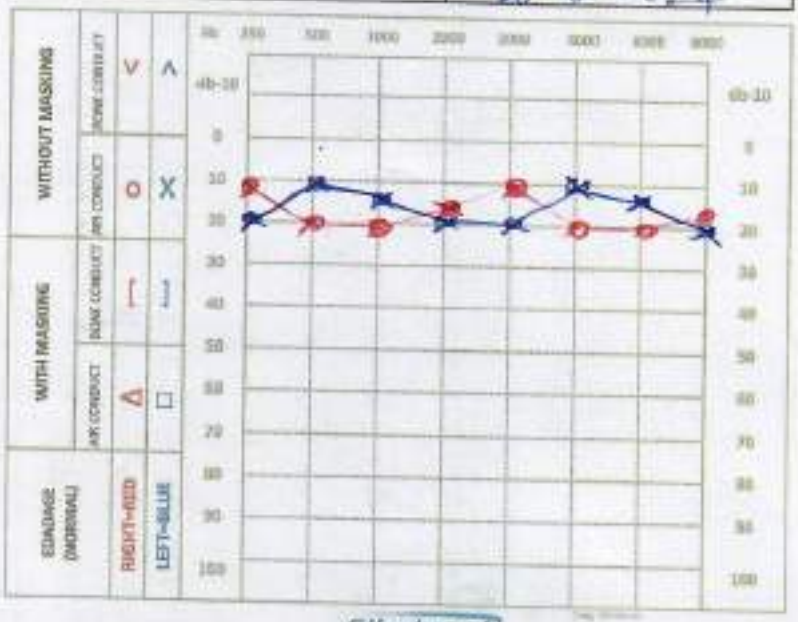
Dr. S. Faiz H Sayeedi, MD, MPH
General Practitioner
MOH License No.: 17467

Peace Land Clinic Mukhaizna

Instrument used
Minispir S S/N C16043

AUDIOMETRY TEST REPORT

NAME: AZAH AZIZ MOHAMMED AL SHEIBANI	COMPANY: TRUCK OMAN
AGE:	GENDER: M / F
OCCUPATION: OPERATIONS SUPERINTENDENT	
REF. BY:	DATE: 06/06/2024



INTERPRETATION
O RIGHT EAR
X LEFT EAR

RESULT
☑ NORMAL
HEARING LOSS
☐ RIGHT
☐ LEFT

Peace Land Clinic Nakhal
P.O. Box 1465, Postal Code: 133, Al Azaiba, Roundabout of Eshwa Tower, Sultanate of Oman

Dr. S. Faiz H Sayeedi, MD, MPH
General Practitioner
MOH License No.: 17467

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
22886	AZAN AZIZ MOHAMMED AL SHEIB	56Y/M	06-06-2024	

DIGITAL X-RAY CHEST PA VIEW

FINDINGS:

Trachea and mediastinum in midline.

Both lung fields show normal bronchovascular markings.

Cardiothoracic ratio is within normal limits.

Both cardiophrenic and costophrenic angles are free.

Both domes of diaphragm are normally placed.

Bony ribcage and soft tissue structures appear normal.

IMPRESSION:

- **NO ABNORMALITIES DETECTED**

Peace Land Clinic 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
24504000

Fitness Certificate

Empno:
Date of issue : *23/06/2024*

Ref No : *0000047/FIT/NMC/2024*

This is to certify that Mr. / Mrs. *AZAN AZIZ MOHAMMED AL SHEIBANI* with file no *14448261* and Resident card no. *1569732* was *Treated* at *nmc specialty hospital, al ghoubra* on *23/06/2024* and will be *FIT FOR WORK* from the medical point of view starting from *23/06/2024*

DIAGNOSIS
E79.0-Hyperuricemia w/o signs of inflam arthrit and tophaceous dis,E11.65-Type 2 diabetes mellitus with hyperglycemia

Remarks
PATIENT IS K/C/O TYPE 2 DM. HBA1C-11.68. PATIENT STARTED ON TAB. JANUMET XR 100/1000 1-0-0, TO CONTINUE TAB.GLIM 3MG 0-1-0. TAB.ZYLORIC 100MG BD. TO REVIEW AFTER 1 MONTH.

DR ANIL DEVARAJ

Place: *nmc specialty hospital, al ghoubra*

Signature

(Hospital Seal)

nmc specialty hospital, al ghoubra

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

Fitness Certificate

Empno:
Date of Issue : *23/06/2024*

Ref No : *0000046/FIT/NMC/2024*

This is to certify that Mr. / Mrs. *IZZA IZZ MUHAMMED AL SHEIBANI* with file no *14448261* and Resident card no *2369732* was *Examined* at *nmc specialty hospital, al ghoubra* on *23/06/2024* and will be *FIT TO WORK* from the medical point of view starting from *23/06/2024*

DIAGNOSIS
TMT is negative for ischemia

Remarks
Fit to work

DR MUHAMMAD SIDDIQUI

Place: *nmc specialty hospital, al ghoubra*

(Hospital Seal)

Signature

DEPARTMENT OF LABORATORY MEDICINE

File No:	14448261	Report No:	0974901		
Name:	AZAN AZIZ MOHAMMED AL SHEIBANI	Sample Date:	23/06/2024	Time:	9:53
		Received By:			
Address:		Received Date:		Time:	
Gender:	M Age: 56 Y Nationality: OMANI	Report Date:	23/06/2024	Time:	11:10
GSM No.:	99783995 ID Card No.: 1569732	Bill No:	2522042	Bill Date:	23/06/2024
Ref. By:	DR ANIL DEVARAJ	Report Status:	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
HbA1C	11.68 %	4 - 6

Verified By:

10050
Lab Technologist
MOH License No: 4598
Electronically signed at: 6/23/2024 11:10:00

Approved By:

DR SURESH VENUGOPAL
Specialist Pathologist
MOH License No: 5950
Electronically signed at: 23/06/2024 11:10:00

Printed at: 23/06/2024 11:10:48 AM

NMC Healthcare LLC
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