OQEP Occupational Health
MEDICAL EVALUATION REPORT - SUMMARY

OQEP-COR-HSE-HEL-FRM-00021
Classification: External Use
Review: 03-31/08/2024

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
70732638	1348	GURJANT SINGH	CRANE OPERATOR

Nationality	Age	Sex	Company	Location
INDIAN	45	M	TRUCKOMAN 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 Crises

BMI Category: 26.9 | [ ] Underweight | [ ] Normal [✓] Overweight | [ ] Obese | [ ] Morbid Obesity

Remarks:

VISUAL TEST

Visual Acuity Test: RT CORRECTED 6/6 | LT CORRECTED 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: A+VE

Pre-existing condition: HYPER LIPIDEMIA

Remarks: REFERRAL MEDICINE CONSULTATION FOR HIGH LIPID FITNESS CERTIFICATE ATTACHED

Glucose Level Category: 86 mg/dl [✓] Normal 80 – 100 mg/dl | [ ] Pre diabetic 100 – 125 mg/dl | [ ] Diabetic > 126 mg/dl

Cholesterol Risk Category: 170 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 #	Hospital	Doctor Signature & Clinic Stamp	Issue Date
				24.10.2025

DR. HAMMAD MD ISMAIL
GENERAL PRACTITIONER
MOH License No: 20078

Peace Land Clinic Mukhaizna

OQEP Occupational Health
FITNESS TO WORK CERTIFICATE [CONTRACTOR]

OQEP-COR-HSE-HEL-FRM-00021
Classification: External Use
Review: 03-31/08/2024

EMPLOYEE IDENTIFICATION

Patient:27176 Reg.Dt: 18/10/202
Name: GURJANT SINGH HARBAJAN SINGH
Gender: Male Nationality: INDIA
Age: 45Y Mar. Status: Marrie
Address:

Company	Identification Number
TRUCKOMAN NORTH	707326638

Nationality	Age	Sex	Entry Date	Location	
			18/10/2025	HAINA	CRANE 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:	

Fit to work as per specialist report

DR. HAMMAD MD ISMAIL
GENERAL PRACTITIONER
MOH License No: 20078

Doctor Name	Medical License	Hospital	Doctor Signature
		Peace Land Clinic Mukhaizna CR.NO:220785	

OQEP Occupational Health PHYSICAL ASSESSMENT FORM

OQEP-COR-HSE-HEL-FRM-00021
Classification: External Use
Review: 03-31/08/2024

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
907326385	1346	CRANE OPERATOR

Nationality	Age	Sex	Location
			HAIMA

Patient:27176 Reg.Dt: 18/10/202
Name: GURJANT SINGH HARBAJAN SINGH
Gender: Male Nationality: INDIA
Age: 45Y Mar. Status: Marrie
Address:

VITAL SIGNS

Height: 168 cm | Weight: 76 Kg | BMI: 26.9 | Blood Pressure: 130/80 mmHg

Pulse: 64 /min

Medical Practitioner Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20079 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: 18/10/2025 Medical Practitioner Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20079 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
- ☐ 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: _____ Medical Practitioner Name: _____ Signature: _____

[2] Chest Shape and Movment

☑ Normal ☐ Abnormal ☐ Not Examined | If abnormal, describe below:

[3] Chest Percussion

☑ Normal ☐ Abnormal ☐ Not Examined | If abnormal, describe below:

[3] Air Entry in Both Lungs

☑ Normal ☐ Abnormal ☐ Not Examined | If abnormal, describe below:

[4] Breath sounds

☑ Normal ☐ Abnormal ☐ Not Examined | If abnormal, describe below:

Date of Examination: 18/10/2025 Physician Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20079 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

[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

Dr. Hammad MD Ismail Signature: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20079

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OQEP Occupational Health
PHYSICAL ASSESSMENT FORM

Patient:27176 Reg.Dt: 18/10/202
Name: GURJANT SINGH HARBAJAN SINGH
Gender: Male Nationality: INDIA
Age: 45Y Mar. Status: Marrie
Address:

RM-00021
so

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] Feet 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: 18/10/2025 Physician Name:

Peace Land Clinic Muhaisna

DR. HAMMAD MD ISMAIL
GENERAL PRACTITIONER
MOH License No: 20078

Signature:

OQEP Occupational Health
HEALTH SCREENING QUESTIONNAIRE

OQEP-COR-HSE-HEL-FRM-00021
Classification: External Use
Review: 03-31/08/2024

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #
70732638	1348

Patient:27176 Reg.Dt: 18/10/202
Name: GURJANT SINGH HARBAJAN SINGH
Gender: Male Nationality: INDIA
Age: 45Y Mar. Status: Marrie
Address:

Position
CRANE OPERATOR

Nationality	Age	Sex

Location
HAIMA

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 ho 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: 18/10/2025

Candidate/Employee Signature

Peace Land Clinic Mukhaizna

OQEP Occupational Health
HEARING CONSERVATION QUESTIONNAIRE

OQEP-COR-HSE-HEL-FRM-00021
Classification: External Use
Review: 03-31/08/2024

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
707326388	1348	CRANE OPERATOR

Nationality	Age	Sex	Location
			HAIMA

Patient:27176 Reg.Dt: 18/10/202
Name: GURJANT SINGH HARBAJAN SINGH
Gender: Male Nationality: INDIA
Age: 45Y Mar. Status: Marrie
Address:

HEARING CONSERVATION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use hearing protection? [ ] YES [X] NO What type: ☐ Earplugs ☐ Ear Muffs ☐ Double HP

1 - Have you been out of noise for the past 14-16 hours? [ ] YES [X] 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 [X] 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 [X] 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 [X] 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 [X] NO Which one?

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

Peace Land Clinic Mukhaizna
P.O.Box 1660, P.C. 130, Sultanate of Oman

Date: 18/10/2025

Candidate/Employee Signature

Gurjant Singh

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	: 27176	Doc No	: 15495
Name	: GURJANT SINGH HARBAJAN SINGH	Doc Date	: 2025-10-18T11:03:00
Age	: 45Y	Bill No	: 37801
Gender	: Male	Date	: 18/10/2025 11:03 AM
Nationality	: INDIAN	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 92096519	Ref.by	: DR.HAMMAD ISMAIL

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	5.5 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	17 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	50 %	Male 42 -52 % Female 37 -47 %	
MCV	90 fl	76 - 96 fl	
MCH	31 pg	27 - 33 pg	
MCHC	34 %	32 36 %	
WBC COUNT	7200 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	49 %	40-75 %	
LYMPHOCYTE	42 %	20-45 %	
EOSINOPHIL	3 %	1-6 %	
MONOCYTE	6 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	8	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	1.6 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	

Reported By:
Lab Technician

Sr. Lab Technologist

Printed at: 18/10/2025 16:04:01

Peace Land Clinic Mukhaizna

Verified By:
Lab Technician

Sr. Lab Technologist

Signed at: 18/10/2025 16:04:01

Approved By:
Lab Technician

Sr. Lab Technologist

Test	Result	Normal Range	Detailed Description
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	61 u/l	44-147 U/ L	
T. BILIRUBIN	0.7 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.3 mg / dl	up to 0.4 mg /dl	
INDIRECT BILIRUBIN	0.4 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	15 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	43 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 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	21 mg / dl	10-50 mg /dl	
S.CREATININE	0.7 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	7 mg / dl	3.4 - 7.2 mg /dl	
LIPID PROFILE			
Total Cholesterol	245 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	283 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	60 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	170 mg/dl	< 130 mg/dl	
FASTING BLOOD SUGAR	86 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.010		
pH	Acidic		
Appearance	Clear		
CHEMICAL	0		
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		

Peace Land Clinic Mukhaizna

Test	Result	Normal Range	Detailed Description
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:

atient:27176 Reg.Dt: 18/10/202
lame: GURJANT SINGH HARBAJAN SINGH
lender: Male Nationality: INDIA
ge: 45Y Mar. Status: Marrie
ddress:

RoomID:
BedID:
ID:
Operator: PEACELAND MEDICAL SERQT/QTc
Custom1:
Custom2:
Custom3:

Data for reference only:

HR	bpm	:	60
PR Interval	ms	:	132
P Duration	ms	:	92
QRS Duration	ms	:	79
T Duration	ms	:	189
QT/QTc	ms	:	384/382
P/QRS/T Axis	deg	:	65.8/49.5/33.2
R(V5)/S(V1)	mV	:	1.23/0.63
R(V5)+S(V1)	mV	:	1.85

<< Conclusions >>

Normal Sinus Rhythm
Cardiac electric axis normal.

Report need physician confirm

Peace Land Clinic Mukhaizna

Physician:

AUTO 10mm/mV

I
II
III
aVR
aVL
aVF

10mm/mV

V1
V2
V3
V4
V5
V6

II 10mm/mV

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

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

PATIENT ID: 27176

Estimated 10-year Global CVD Risk

6.70%

Risk Category

Low Risk

Estimated Vascular Age

48 Years

Treatment Guidelines

ATP-III (2004)

Treatment Targets

LDL <160 mg/dL (<4.14 mmol/L)
Non-HDL <190 mg/dL (<4.93 mmol/L)

CCS (2009)

Initiate Pharmacotherapy if

LDL >5 mmol/L (>193 mg/dL)
TChol/HDL-C >6 mmol/L (>231 mg/dL)

Treatment Targets

≥50 % decrease in LDL-C

ESC (2007, see Info for more)

Treatment Targets

LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

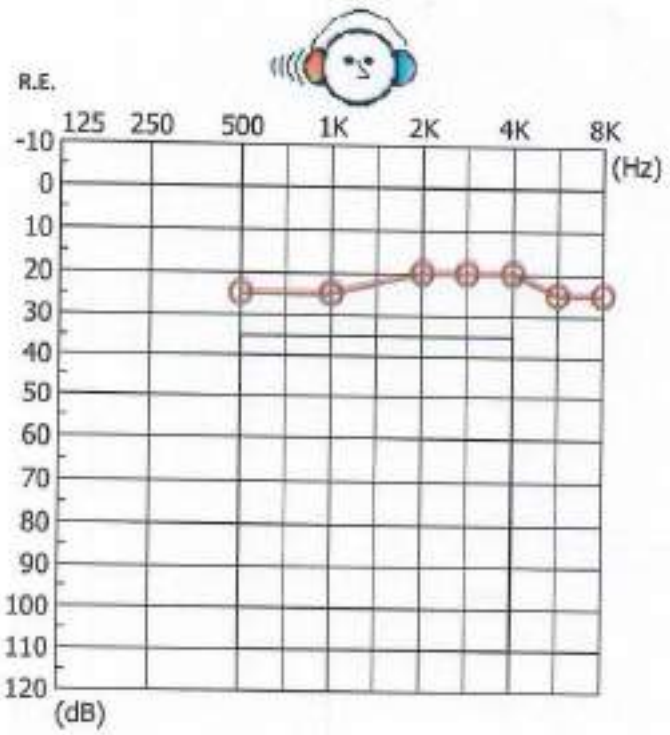
Peace Land Clinic Mukhaizna

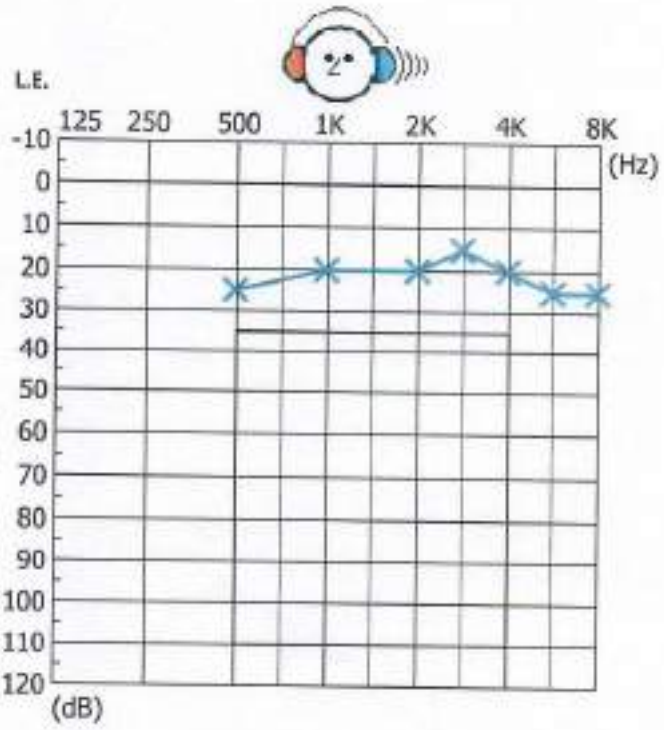
AUDIOMETRY REPORT

Name: SINGH, GURJANT
Age(y): 45
Sex: Man
Height (cm): 0
Weight(Kg): 0
BMI:

SIBELMED W50

Test date: 18/10/2025
Reference: 70732638
Technician:
Reason:
Origin:
Equipment:
Device serial numb.:
Flash Version:





MINISTRY OF LABOUR AND SOCIAL AFFAIRS

	R.E.	L.E.
Hearing Loss (%)	0.0	0.0
Average dBs	22.5	20.0
Bilateral Loss (%)	0.0	

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

Right ear Normal
Left ear Normal

COMMENTS: Normal

DR. HAMMAD MD ISMAIL
GENERAL PRACTITIONER
MOH License No: 20078

Peace Land Clinic Mukhaizna

Sibelmed

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
27176	GURJANT SINGH HARBAJAN SINGH	45Y/M	18-10-2025	

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 Land Clinic Mukhalzha

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

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

NAME: GURJANT SINGH HARBAJAN SINGH	AGE: 45 Years
DATE OF ISSUE: 23/10/2025	FILE NO: 14497202
GENDER: MALE	NATIONALITY: INDIAN

MEDICAL REPORT

Reason for Presentation: Mr. Gurjant Singh Harbajan Singh, a 45-year-old gentleman, was seen and examined by me on 22/10/2025. He was detected to have high Triglycerides and Cholesterol during OQ Health Check-up. He was asymptomatic during this medical examination.

Past Medical History: Left Renal Calculus on homeopathy treatment.

Physical Examination:
Vital Signs: Pulse: 52/mt Regular, Blood Pressure: 127/75 mmHg, Temperature: 37.0 degrees Celsius, Height: 167 cm, Weight: 75.7 Kg.
Clinical examination of Respiratory, Cardiovascular, Gastrointestinal and Central Nervous System is Normal.

Investigations (from outside):
1. Total Cholesterol: 245 mg%.
2. LDL Cholesterol: 170mg%.
3. Triglycerides: 283 mg%.

Final Diagnosis: Mixed Hyperlipidemia.

Prescription:
1. ROSUVAS TAB 10 mg (Rosuvastatin) 30's Pack (Tablet) 0-0-1 (1 Tablet) (Oral) 60 Day 60 After Food.
2. OMEGA-[3]-ACID ETHYL ESTERS 1 g soft capsule (OmAcor 28's) (Tablet) 0-0-1 (1 Capsule) (Oral) 60 Day 60 After Food.

Advice:
1. Diet.
2. Exercise.
3. Regular follow ups.
4. Continue taking medicine regularly.

HE IS FIT FOR WORK

Dr. Rajeev. C

Internal Medicine Specialist

Dr RAJEEV C
Spec. IM - Internal Medicine
Reg. No.