MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

T.O.

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
70732638		GURJANT SINGH HARBHAJAN SINGH	Crane operator
Nationality	**Age**	**Sex**	**Location**
Indian	4/5/80.		

17/05/23 12:13

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category ______ | [✓] Normal | [ ] Prehypertension | [ ] Hypertension Stage 1 | [ ] Hypertension Stage 2 | [ ] Hypertensive Crisis

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

Remarks

VISUAL TEST

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

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

Pre-existing condition /

Remarks

RESPIRATORY SYSTEM

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

Pre-existing condition / — Physical Assessment [ ] Normal | [ ] Abnormal

Remarks

ENT SYSTEM

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

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

Remarks

CARDIOVASCULAR SYSTEM

ECG Test [✓] Normal | [ ] Abnormal | [ ] Not Required — Physical Assessment [ ] Normal | [ ] Abnormal

Pre-existing condition /

Remarks

NEUROLOGICAL SYSTEM

Physical Assessment [✓] Normal | [ ] Abnormal

Pre-existing condition /

Remarks

MUSCULOSKELETAL SYSTEM

Physical Assessment [✓] Normal | [ ] Abnormal — [illegible] [ ] Normal | [ ] Abnormal | [ ] Not Required

Pre-existing condition /

Remarks

LABORATORY INVESTIGATIONS

Lab Tests [✓] Normal | [ ] Abnormal [illegible] — Blood Group: A+

Pre-existing condition /

Remarks

[illegible] Category ______ [✓] [illegible]

[illegible] Category ______ [✓] [illegible]

[illegible] [✓] Normal | [ ] Abnormal | [ ] Not Required — [illegible] [ ] Normal | [ ] Abnormal | [ ] Not Required

QUESTIONNAIRES

	[illegible]	Remarks
	[illegible]	Remarks
	[illegible]	Remarks
	Screening Questionnaire	Remarks

[illegible] — [ ] Low dependence | [ ] Low to Moderate dependence | [ ] Moderate dependence | [ ] High dependence

[illegible] — [ ] Screening negative | [ ] Clinically significant

[illegible] — [ ] No positive answers | [ ] Positive answers Factor [illegible] | [ ] Positive answers Factor [illegible]

[ ] Positive answers Factor [illegible] | [ ] Positive answers Factor [illegible]

Clinic Director Name	License #	Hospital/Polyclinic	Doctor Signature & Clinic Stamp	Issue Date
				18/4/23

Dr. [illegible] Cardiology Specialist MOH Lic. No. 21552

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
			Operator
Nationality	Age	Se	Location

GURJANT SINGH HARSHAJAN SINGH
17/09/23 12:13

EXAMINATION TYPE

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

Medical Suitability for Work

Medical Suitability for Work	[✓] Fit to work [ ] Fit with following restrictions [ ] Pending Fitness [ ] Not fit to work

Reason - None

- [ ] 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
17/9/23	

Medical Review Date	
18/9/23	Employee Signature

Doctor Name	Medical License	Hospital	Medical Doctor Signature

Dr. Ibrahim Sayed Abdallah Jafar
Cardiologist Specialist
MOH Lic. No. 21962

CR 1118819
MEDICAL CENTER

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		GURJANT SINGH HARBHAJAN SINGH # [illegible] 43 Y/M [illegible] 00990 [illegible] [illegible] 17/09/23 12:12	Operator
Nationality	**Age**	**Sex**	**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 wasting muscles	Yes	No
Myocardial insufficiency or infarction (heart attack)	Yes	No	Joint problems e.g. painful joints, joint pain or swelling	Yes	No
Coronary bypass surgery (CABG) 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, sciatica, 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 Hyperglycemia	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
Haemorrhagic disorders e.g. bleeding disorders	Yes	No	Informed about being overweight or obese	Yes	No
Leukaemia, polycythaemia and disorders of the lympho-reticular 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, anaphylaxis	Yes	No
Recurrent headaches or migraine	Yes	No	Disorders of the digestive tract e.g. ulcers, recurrent heartburn, 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. jaundice, Hepatitis B)	Yes	No
Sleep disorders such as insomnia, hypersomnia, sleep apnea, narcolepsy	Yes	No	Kidney or bladder diseases e.g. recurrent infection or kidney stones	Yes	No
Chronic anxiety states and/or recurrent depression	Yes	No	Ear, nose or throat problems (e.g. ear ache, hearing loss, sinusitis, tonsillitis)	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
Chest diseases e.g. bronchitis, asthma, suspected TB	Yes	No	Treated for infectious diseases (e.g. malaria, COVID-19)	Yes	No
Phlegm production (excess mucus production or dry cough)	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: 17/9/23

Candidate/Employee Signature: [signature]

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #			Position
			GURJANT SINGH HARBHAJAN SINGH # [illegible] [illegible] Y/M Male [illegible] 00560 88070 [illegible] 17/09/23 12:13	operator
Nationality	**Age**	**Sex**		**Location**

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 it 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 with the way you used to drink		Yes		No	
Do you start drinking 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 hours 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 it 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	Candidate/Employee Signature
17/9/2023	[signature]

RESPIRATORY PROTECTION QUESTIONNAIRE

GURJANT SINGH HARBHAJAN S-74341

ClaID / Passport #	Company ID #		Position
			Operator
Nationality	**Age**	**Sex**	Location

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? [ ] YES [X] NO What type: [ ] Disposable mask [ ] Cartridge Mask [ ] SCBA

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? [ ] YES [X] NO

2. Have you ever had any of the following conditions?

[ ] YES [ ] NO a. Seizures [ ] YES [ ] NO d. Trouble smelling odors [ ] YES [ ] NO g. Claustrophobia (fear of confined places)
[ ] YES [ ] NO b. Diabetes (sugar disease) [ ] YES [ ] NO e. Allergic reactions that interfere with your breathing

3. Have you ever had any of the following pulmonary or lung problems?

[ ] YES [ ] NO a. Asbestosis [ ] YES [ ] NO e. Pneumonia [ ] YES [ ] NO Broken ribs
[ ] YES [ ] NO b. Asthma [ ] YES [ ] NO f. Tuberculosis [ ] YES [ ] NO j. Pneumothorax (collapsed lung)
[ ] YES [ ] NO c. Chronic bronchitis [ ] YES [ ] NO g. Silicosis [ ] YES [ ] NO k. Any chest injuries or surgeries
[ ] YES [ ] NO d. Emphysema [ ] YES [ ] NO h. Lung cancer [ ] YES [ ] NO l. Any other lung problem that you have been told about

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

[ ] YES [ ] NO a. Shortness of breath
[ ] YES [ ] NO b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline
[ ] YES [ ] NO c. Shortness of breath when walking with other people at an ordinary pace on level ground
[ ] YES [ ] NO d. Have to stop for breath when walking at your own pace on level ground
[ ] YES [ ] NO e. Shortness of breath when washing or dressing yourself
[ ] YES [ ] NO f. Shortness of breath that interferes with your job
[ ] YES [ ] NO g. Coughing that produces phlegm (thick sputum)
[ ] YES [ ] NO h. Coughing that wakes you early in the morning
[ ] YES [ ] NO Coughing that occurs daily when you are lying down
[ ] YES [X] 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 problem

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 of your legs or feet (not caused by walking)
[ ] YES [X] NO f. Heart arrhythmia
[ ] YES [ ] NO g. High blood pressure
[ ] YES [ ] NO h. Any other heart problems that you have 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 [X] NO e. Heartburn or indigestion that is not relieved by antacids
[ ] YES [X] 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 [X] NO d. General weakness or fatigue
[ ] YES [ ] NO e. Any other problem that interferes with your use of a respirator

Date: 17/9/2023

Candidate/Employee Signature

Gurjant Singh

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Givn ID / Passport #	Company ID #		Position
		GURJANT SINGH HARBHAJAN SINGH 00950	operator
Nationality	**Age**	**Sex**	**Location**
		17/09/23 12:13	

HEARING CONSERVATION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use hearing protection? [ ] YES [ ] NO What type: [ ] Earplugs [ ] Ear Muffs [ ] Both (Ear Muffs + Earplugs)

1 - Have you been out at 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	[ ] Steel stamping	[ ] Woodwork	[ ] Target shooting
[ ] Power tools	[ ] Mowing	[ ] Concrete / Bulk	[ ] Welding	[ ] Air compressors
[ ] Construction	[ ] Scuba diving	[ ] Tractor (open or closed cab)		

Have you ALWAYS used hearing protection when participating in the above exposures? [ ] 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	[ ] Barometric Pressures	[ ] Hole in the Eardrum
[ ] Ear Drainage	[ ] Dizziness			

4 - Check ALL that you have suffered from:

[ ] Measles	[ ] Diabetes	[ ] Measles	[ ] Diphtheria	[ ] Meningitis	[ ] Mumps	[ ] Chronic Ear Problems
[ ] Hypertension	[ ] Renal Failure	[ ] Tuberculosis	[ ] Previous Surgery	[ ] Thyroid Problems	[ ] Trauma to head or 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 is/are helping you? [ ] Licensed Audiologist [ ] Hearing Aid Dealer [ ] Don't Know
When did you increase your hearing aids?

8 - Have you ever served in the military? [ ] YES [ ] NO
If yes, check service: [ ] 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, for which? _____% What is your TOTAL VA disability? _____%

9 - Are you currently using any medication? [ ] YES [ ] NO What / why?

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

Date: 17/9/2023

Candidate/Employee Signature

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		GURJANT SINGH HARBHAJAN SINGH # 0048830 6.43 Y/M 00058 00970 17/09/23 12:13	Operator
Nationality	Age	Sex	Location

Height: 169 cm | Weight: 75 kg | Pulse: 70 /min | Resp: 26 | Blood Pressure: 130/80 mmHg

Medical Practitioner Name | Signature

Dr. ... Jalal, Cardiologist Specialist, MOH Lic. No. 21962

VISUAL SYSTEM

	Right Uncorrected	Left Uncorrected	Right Corrected	Left Corrected	Both Uncorrected	Both Corrected
Visual Acuity Test					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: 18/9/23 | Medical Practitioner Name | Signature

RESPIRATORY SYSTEM

[1] Spirometry Test

Smoking Status: Never / Ever Smoked / Current | Patient's Posture During Test: Standing / Sitting | Nose Clips used: Yes / No

Diagnosis: Asthma / COPD / Other

Acceptability Criteria: Excellent / Satisfactory / Not Satisfactory

Reproducibility Criteria: ... Total of THREE ACCEPTABLE tests performed; The patient CAN NOT or SHOULD NOT continue

The Patient Cooperation: Good Effort / Difficult, requiring instructions / Unable to understand / Cooperation

Date of Examination: 18/9/23 | 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 / Crackling / Not Examined — If abnormal, describe below

Date of Examination: 18/9/23 | Practitioner Name | Signature

ENT SYSTEM

[1] Otoscopy

	Right	Left		Right / Left
Ear Canal Occluded	Yes / No / Not Exam	Yes / No / Not Exam	Ear Drum Condition	Right: Normal / Retracted / Bulging / Not Exam; Left: Normal / Retracted / Bulging / Not Exam
Discharge	Yes / No / Not Exam	Yes / No / Not Exam		
Perforation	Yes / No / Not Exam	Yes / No / Not Exam	Ear Drum Appearance	Right: Normal / Dull / Mild / Not Exam
Cerumen	Right: None / Some / Impacted / Not Exam; Left: None / Some / Impacted / Not Exam			Left: Normal / Considerable / Mild / Not Exam

[2] Hearing Test

Rinne's Test: Normal / Abnormal / Not Exam

Weber Test: Normal / Abnormal / Not Exam

Whisper Test: Normal / Abnormal / Not Exam

Otometric Done: Yes / No

Hearing Conservation advised: Yes / No

Audiologist Name / Signature

Dr. ... Jalal, Cardiologist Specialist, MOH Lic. No. 21962

Prince Land Medical Center

PHYSICAL ASSESSMENT FORM

ENT SYSTEM

[1] Nose Assessment		[2] 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: 13/09/22 — Physician Name: Seyed [illegible] — Cardiologist Specialist — MOH Lic. No. 21862 — Signature

Medical Center — C.R. 4118619

GURJANT SINGH HARBHAJAN SINGH
00660
17/06/23 12:13

COMPANY NAME:

RESIDENT/CIVIL ID:

DATE:

ECG REPORT

ECG COMMENTS:

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

OTHER FINDINGS (IF ANY):

CLINIC SEAL

Peace Land Medical Center
P O Box 1403, Postal Code. 133, Al Azaiba, Roundabout Al Sahwa Tower
Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name:	GURJANT SINGH HARBHAJAN SINGH	**Doc No:**	0037929
Age:	43 Y **Nationality:** INDIAN	**File No:**	0045530
Gender:	M	**Bill No:**	0055043
Ref. By:	DR.SHAH FAISAL	**Date:**	18/09/2023
GSM No.:	92096519	**Time:**	11:58

Test	Result	Normal Range
OQ Medical Checkup Package		
COMPLITE BLOOD COUNT		
RBC	5 4 x10^12/L	Male 4.38 -6 0 x 10^12/L Female 4.0- 6.2x10^12/L
HAEMOGLOBIN	15 9 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	48 2 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	88 fl	84-94 fl
MCH	29 2 pg	27 - 33 pg
MCHC	32.1 g/dl	29 6 - 35 6 %
WBC COUNT	7 6 x 10^9/L	4.0 - 11 0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	58 %	40-75 %
LYMPHOCYTE	37 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	10	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	198 x 10^9/L	150 - 450 x 10^9/L
Sickle cells (Screen)		
SICKLE CELL TEST	NEGATIVE	
Lipid profile(CH,TG,HDL,LDL)		
LIPID PROFILE		
Total Cholesterol	215 mg/dl	0.0 - 200 mg/dl
Triglyceride	155.0 mg/dl	0.0 - 150 mg/dl

PEACE LAND MEDICAL CENTER

Medical Technologist

Peace Land Medical Center
P.O. Box 1403, Postal Code 133, Al Azaiba, Roundabout Al Sahwa Tower
Sultanate of Oman
Tel 24617117/24617148/24617149

LAB RESULT

Name:	GURJANT SINGH HARBHAJAN SINGH	**Doc No:**	0037929
Age:	43 Y **Nationality:** INDIAN	**File No:**	0045530
Gender:	M	**Bill No:**	0055043
Ref. By:	DR SHAH FAISAL	**Date:**	18/09/2023
GSM No.:	92096519	**Time:**	11 58

Test	Result	Normal Range
HDL - CHOL	**58.2 mg/dl**	35 0 - 79 0 mg/dl
LDL - CHOL	**123.8 mg/dl**	< 100 mg/dl
VLDL	**33.0 mg/dl**	2.0 - 30 mg/dl
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	89 U/L	53 - 129 U/L
S. BILIRUBIN TOTAL	**0.52 mg/dl**	0 - 2 0 mg/dl
S G.O.T.	**22.0 U/L**	0 - 35.0 U/L
S G P T	**34.0 U/L**	10 - 45 U/L
ALBUMIN	**4.6 g/dl**	3 50 - 5.20 g/dl
TOTAL PROTEIN	**7.2 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.12 mg/dl**	0 0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**23.9 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.87 mg/dl**	0.70 - 1 30 mg/dl
S.URIC ACID	**5.8 mg/dl**	3.5 - 7.2 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp Gravity	1 015	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	

PEACE LAND MEDICAL CENTER

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Medical Technologist

Peace Land Medical Center
P O. Box 1403. Postal Code 133, Al Azaiba, Roundabout Al Sahwa Tower
Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name:	GURJANT SINGH HARBHAJAN SINGH	**Doc No:**	0037929
Age:	43 Y **Nationality:** INDIAN	**File No:**	0045530
Gender:	M	**Bill No:**	0055043
Ref. By:	DR.SHAH FAISAL	**Date:**	18/09/2023
GSM No.:	92096519	**Time:**	11:58

Test	Result	Normal Range
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-2	
EPITHELIAL CELLS	1-2	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
BLOOD GROUP & Rh TYPING	'A' Positive	
BLOOD GROUPING AND RH TYPING		
RANDOM BLOOD SUGAR	80.7 mg/dl	80 - 120 mg/dl
DRUG TESTING		
AMPHETAMINES(AMP)	NEGATIVE	
MORPHINE(MOP)	NEGATIVE	
COCAINE(COC)	NEGATIVE	
PHENCYCLIDINE(PCP)	NEGATIVE	
METHAMPHETAMINE(MET)	NEGATIVE	
TRAMADOL(TRA)	NEGATIVE	
BARBITURATES(BAR)	NEGATIVE	
BENZODIAZEPINES(BZO)	NEGATIVE	
MEDTHODONE(MED)	NEGATIVE	
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE	
MARIJUANA(THC)	NEGATIVE	

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Medical Technologist

مركز بلاد السلام الطبي
Peace Land Medical Center
Peace Land

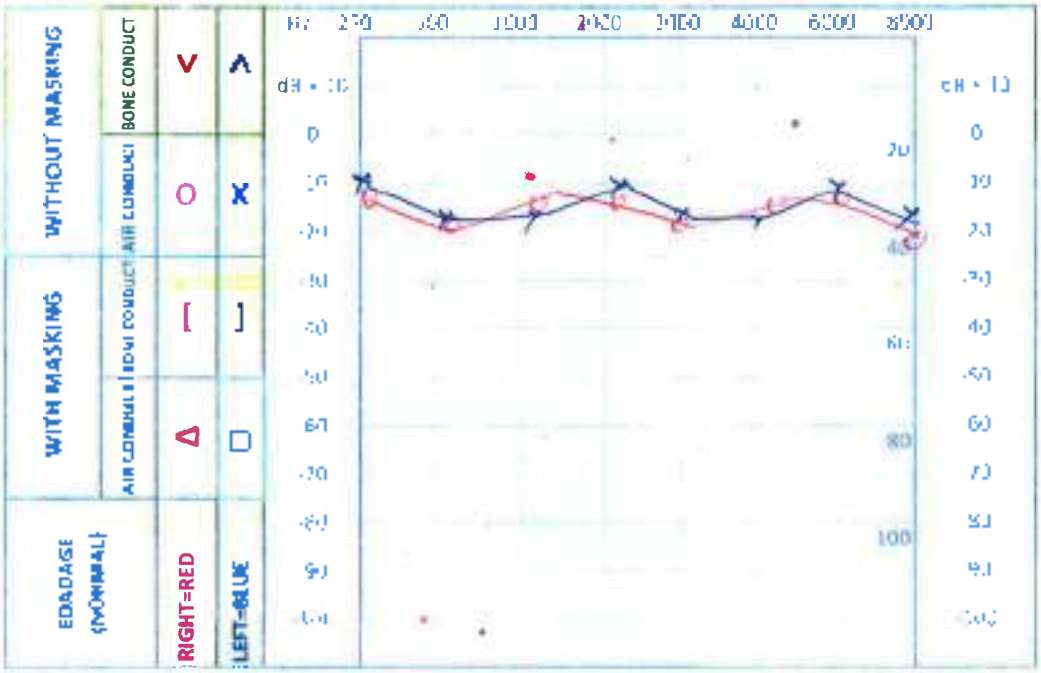
GURJANT SINGH HARBHAJAN SINGH

NAME	
AGE	
REF. BY	

03650

RY TEST REPORT

COMPANY	
OCCUPATION	Operator
DATE	17/9/23



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
- NORMAL
- HEARING LOSS
- RIGHT
- LEFT

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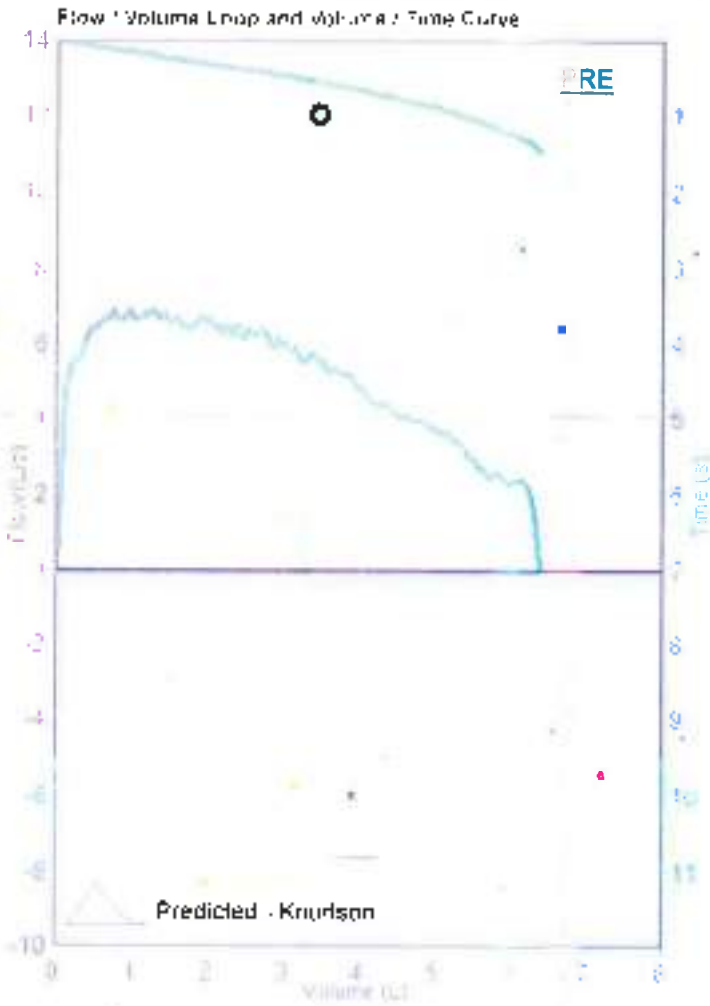
Tel: 24617117 / 24617148 / 24617149

Pulmonary Function Test Results



Visit date 17/09/2023

Patient code	70732638	Age	43
Surname	SINGH	Gender	Male
Name	GURJANT	Height, cm	169
Date of birth	04/05/1980	Weight, kg	75
Ethnic group	Not defined	BMI	26.26

Interpretation

FVC FEV1 FEV1%

Normal Spirometry

Best values from all loops

Parameters		Pred	PRE	%Pred	POST	%Chg
FVC	L	4.20	6.35	151		
FEV1	L	3.47	5.44	157		
FEV1%	%	83.1	85.70	103		
PEF	L/s	8.39	7.06	84		

PRE Trial date 17/09/2023 14:28:18

FEV6	L	4.20	6.35	151
FVC	L	4.20	6.35	151
FEV1	L	3.47	5.44	157
FEV1%	%	83.1	85.7	103
PEF	L/s	8.39	7.06	84
FEF2575	L/s	3.71	5.44	147
FIVC	L	4.20		
ELA	Years	43		

Conclusion / Medical report

Signature

Quality Control F

Repeat test and start faster.
Breathe out for a longer time.

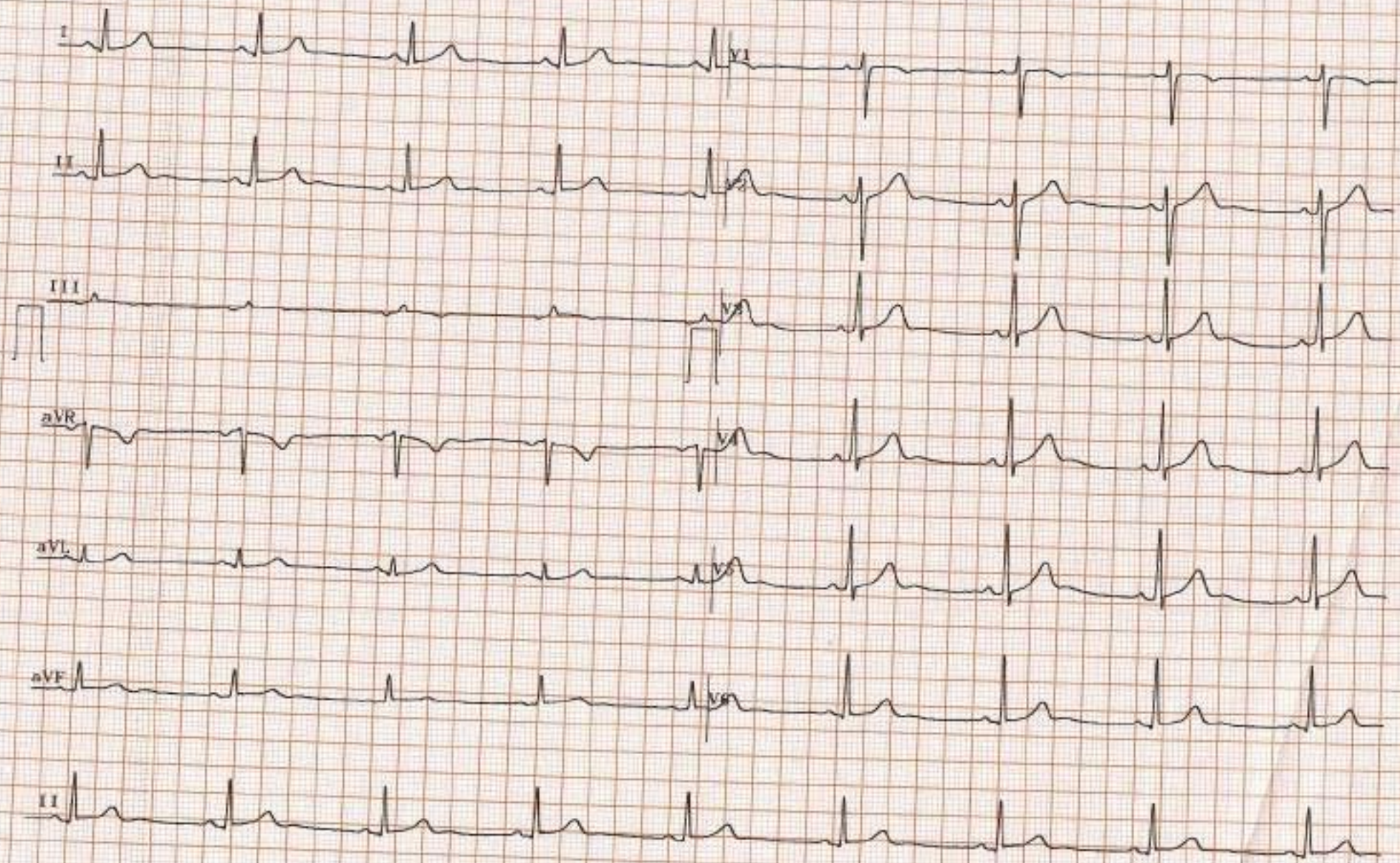
Instrument used
Minispir_T POST S/N K05070

6 Channel + 1 Rhythm Report

Hospital:
Prescribed by:

GURJANT SINGH HARBHAJAN SINGH
0048530 8.42 YM 00560
17/09/23

Heart Rate: 53bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 130 ms Sinus Bradycardia(HR:50-59)
QRS Dur.: 72 ms Normal Axis
QT/QTc: 428/399 ms [Minimally Abnormal or Normal Variation ECG]
P-R-T axes:
6 40 23



0.1Hz- 150Hz, AC50Hz.

All Channels:10.0mm/mV, 25.0mm/sec.

EKG2000 Ver5.05M.30 Bionet Co., Ltd.

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
45530	GURJANT SINGH	043Y/M	17-09-2023	

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**

DIGITAL X-RAY LUMBO-SACRAL SPINE AP / LAT VIEWS

There is straightening of the lumbar spine s/o muscular spasm

Tiny spur seen in the anterior margin of L4 vertebra.

Inter-vertebral disc space between L5 annd S1 is narrowed.

Sacro-iliac joints appear intact.

Pre- and para-vertebral soft tissues are unremarkable.

IMPRESSION: **Early lumbar spondylosis**

DR. ROMEL M.HUERTO
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RADIOLOGIST
MOH LICENSE # 8568

Dr. Romel Masangkay Huerto
MD, DPBR
Radiologist
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