MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
89078772		KESAR SINGH	

Nationality	Age	Sex	Company	Location
INDIAN	54	M		

EXAMINATION TYPE

Examination | | Pre-employment | | Periodic | | Exit

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: ____ | Normal | Prehypertension | Hypertension Stage 1 | Hypertension Stage 2 | Hypertension Crises

BMI Category: ____ | Underweight | Normal | Overweight | Obese | Morbid Obesity

Remarks:

VISUAL TEST

Visual Acuity Test: RT ____ LT ____ | 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 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

Pre-existing condition:

Remarks:

Glucose Level Category: ____ | Normal 80 – 100 mg/dl | Pre diabetic 100 – 125 mg/dl | Diabetic > 126 mg/dl

Cholesterol Risk Category: ____ | Low Risk LDL is less 130 mg/dl | Moderate Risk LDL 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/Policlinic	Doctor Signature & Clinic Stamp	Issue Date

DR. IBRAHIM SALIH AL-AZZANI
MBChB
GENERAL PRACTITIONER
BADR AL SAMAA HOSPITAL - SALALAH
OH LICENCE # 1353

BADR AL SAMAA HOSPITAL - SALALAH

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
89078772		KESAR SINGH	

Nationality	Age	Sex	Company	Location
INDIAN	54	M		

VITAL SIGNS

Height: 168 cms | Weight: 75 Kg | BMI: 26.6 | Blood Pressure: 130/80 mmHg

Pulse: 74 /min | Medical Practitioner Name: | Signature:

VISUAL SYSTEM

	Right Uncorrected	Left Uncorrected	Right Corrected	Left Corrected	Both Uncorrected	Both Corrected
Visual Acuity Test	6/6	6/6				

Colour Vision Test Ishihara	# of Plates passed	Inform the Plates # failed	☑ Normal ☐ Abnormal	Visual Fields Test	☐ Normal ☐ Abnormal	Stereoscopic Vision Test	☑ Normal ☐ Abnormal

Date of Examination: | Medical Practitioner Name: | Signature:

DR. SALIH IBRAHIM SALIH AL-AZZAWI MBCHB GENERAL PRACTITIONER BADR AL SAMAA HOSPITAL - SALALAH MOH LICENCE # 3353

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 criteria applicable)
- ☐ Free from artifacts
- ☐ Good start
- ☐ Satisfactory exhalation
- ☐ NOT satisfactory

Repeatability Criteria (select ALL criteria applicable)
- ☐ >3 acceptable curves: 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:

DR. SALIH IBRAHIM SALIH AL-AZZAWI MBCHB GENERAL PRACTITIONER BADR AL SAMAA HOSPITAL - SALALAH MOH LICENCE # 3353

[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: | Physician Name: | Signature:

DR. SALIH IBRAHIM SALIH AL-AZZAWI MBCHB GENERAL PRACTITIONER BADR AL SAMAA HOSPITAL - SALALAH MOH LICENCE # 3353

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	☑ Wax ☐ Some	☐ A lot ☐ Impacted / ☐ Not Exam
	☑ Wax ☐ 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

Audiogram Done: ☐ Yes ☐ No

Audiologist Name: | Signature: | Review Date: | Verified

DR. RAMANATHAN.C MBBS, MS, DLO, FAGE SPECIALIST IN ENT BADR AL SAMAA HOSPITAL - SALALAH MOH LICENCE # 13347

BADR AL SAMAA HOSPITAL - SALALAH

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
39078772		KESAR SINGH	

Nationality	Age	Sex	Company	Location
INDIAN	54	M		

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

Other, specify

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed

Medical Review Date	Employee Signature

Doctor Name	Medical License	Hospital	Medical Doctor Signature
11/06/2025			

DR. SALAH IBRAHIM SALAH ALSAAB GENERAL PRACTITIONER BADR AL SAMAA HOSPITAL

BADR SALALAH 6 BADR AL SAMAA HOSPITAL

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
89678772		KESAR SINGH	

Nationality	Age	Sex	Company	Location
INDIAN	54	M		

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 (foot 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
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: 11/06/2025

Candidate/Employee Signature

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
89078772		KESAR SINGH	

Nationality	Age	Sex	Company	Location
INDIAN	54	M		

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 11/06/2025

Candidate/Employee Signature

BAQR SALALAH 5 BAQR AL SAMAA HOSPITAL

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
89078772		KESAR SINGH	

Nationality	Age	Sex	Company	Location
INDIAN	54	M		

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? [ ] YES [X] NO What type: ☐ Disposible mask ☐ Cartidge 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 [X] NO a. Seizures
[ ] YES [X] NO b. Diabetes (sugar disease)
[ ] YES [X] NO c. Trouble smelling odors
[ ] YES [X] NO d. Allergic reactions that interfere with your breathing
[ ] YES [X] NO e. Claustrophobia (fear of closed in places)

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

[ ] YES [X] NO a. Asbestosis
[ ] YES [X] NO b. Asthma
[ ] YES [X] NO c. Chronic bronchitis
[ ] YES [X] NO d. Emphysema
[ ] YES [X] NO e. Pneumonia
[ ] YES [X] NO f. Tuberculosis
[ ] YES [X] NO g. Silicosis
[ ] YES [X] NO h. Lung cancer
[ ] YES [X] NO i. Broken ribs
[ ] YES [X] NO j. Pneumothorax (collapsed lung)
[ ] YES [X] NO k. Any chest injuries or surgeries
[ ] YES [X] 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 [X] NO a. Shortness of breath
[ ] YES [X] NO b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline
[ ] YES [X] NO c. Shortness of breath when walking with other people at an ordinary pace on level ground
[ ] YES [X] NO d. Have to stop for breath when walking at your own pace on level ground
[ ] YES [X] NO e. Shortness of breath when washing or dressing yourself
[ ] YES [X] NO f. Shortness of breath that interferes with your job
[ ] YES [X] NO g. Coughing that produces phlegm (thick sputum)
[ ] YES [X] NO h. Coughing that wakes you early in the morning
[ ] YES [X] NO i. Coughing that occurs mostly when you are lying down
[ ] YES [X] NO j. Coughing up blood in the last month
[ ] YES [X] NO k. Wheezing
[ ] YES [X] NO l. Wheezing that interferes with your job
[ ] YES [X] NO m. Chest pain when you breathe deeply
[ ] YES [X] NO n. Any other symptoms that you think may be related to lung problems

5. Have you ever had any of the following cardiovascular or heart problems?

[ ] YES [X] NO a. Heart attack
[ ] YES [X] NO b. Stroke
[ ] YES [X] NO c. Angina
[ ] YES [X] NO d. Heart failure
[ ] YES [X] NO e. Swelling in your legs or feet (not caused by walking)
[ ] YES [X] NO f. Heart arrhythmia
[ ] YES [X] NO g. High blood pressure
[ ] YES [X] NO h. Any other heart problems that you've been told about

6. Have you ever had any of the following cardiovascular or heart symptoms?

[ ] YES [X] NO a. Frequent pain or tightness in your chest
[ ] YES [X] NO b. Pain or tightness in your chest during physical activity
[ ] YES [X] NO c. Pain or tightness in your chest that interferes with your job
[ ] YES [X] 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 related to eating
[ ] 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 [X] NO a. Breathing or lung problems
[ ] YES [X] NO b. Heart trouble
[ ] YES [X] NO c. Blood pressure
[ ] YES [X] NO d. Seizures (fits)

8. If you've used a respirator, have you ever had any of the following problems?

[ ] YES [X] NO a. Eye irritation
[ ] YES [X] NO b. Skin allergies or rashes
[ ] YES [X] NO c. Anxiety
[ ] YES [X] NO d. General weakness or fatigue
[ ] YES [X] NO e. Any other problem that interfere with your use of a respirator

Date: 11/06/2025

Candidate/Employee Signature

BADR AL SAMAA HOSPITAL

مجموعة مستشفيات ومستوصفات بدر السماء

BADR AL SAMAA

GROUP OF HOSPITALS & POLYCLINICS

More Than Healthcare ... Humane Care

11/06/2025

TO WHOM SO EVER IT MAY CONCERN

Name of the Patient	: **KESAR SINGH**
Date of Birth	: 25/12/1971
Nationality	: INDIAN
Civil No	: 89078772
Height	: 168 CM
Weight	: 75 KG
Bp	: 130/80 *mmHg*
Pulse	: 74 *bpm*

This is to certify that, **Mr. KESAR SINGH**

underwent Medical examination, Chest X-Ray and Laboratory tests (Haemogram, RBS, LFT, RFT, and Urine Routine Examination) and results are found to be Normal. Sickling Test found Negative.

He is ***MEDICALLY FIT.***

BADR AL SAMAA HOSPITAL - SALALAH

Dr. SALIH IBRAHIM SALIH AL-AZZAWI
MBCHB
GENERAL PRACTITIONER
BADR AL SAMAA HOSPITAL - SALALAH

Dr. Seal & Sign

Headquarters:
CR. No. 1693808, P.B No. 443, P.C. 112,
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Al Khuwair: 24488222 | Sohar: 26846660 | Al Khoud: 24546099 | Salalah: 23291830
Barka: 26884910 | Sur: 25546112 | Nizwa: 25447777 | Falaj: 26754131
Email: info@badralsamaahospitals.com

المقر الرئيسي:
ص.ب: ١٩٣٨٠٨، ص.ب: ٤٤٣، الرمز البريد: ١١٢
روي، سلطنة عمان، هاتف: ٢٤٧٩٩٧٦٠، فاكس: ٢٤٧٩٩٧٦٥

مجموعة مستشفيات ومستوصفات بدر السماء

BADR AL SAMAA

GROUP OF HOSPITALS AND POLYCLINICS

More Than Healthcare ... Humane Care

DEPARTMENT OF LABORATORY MEDICINE, SALALAH

File No: 6925214
Name: KESAR SINGH
Address:
Gender: M **Age:** 54 Y **Nationality:** INDIAN
GSM No.: 72063407 **ID Card No.:** 89078772

Report No: 7023621
Sample Date: 11/06/2025 **Time:** 09:25
Report Date: 11/06/2025 **Time:** 10:25
Bill No: 7521450 **Bill Date:** 11/06/2025
Ref. By: DR SALIH I SALIH

Test	Result	Normal Range
ETHYL ALCOHOL IN BLOOD	< 10.0	< 13mg/dl : NOT DETECTED

Medical Technologist

Clinical Pathologist

Printed at : 11/06/2025

Headquarters:
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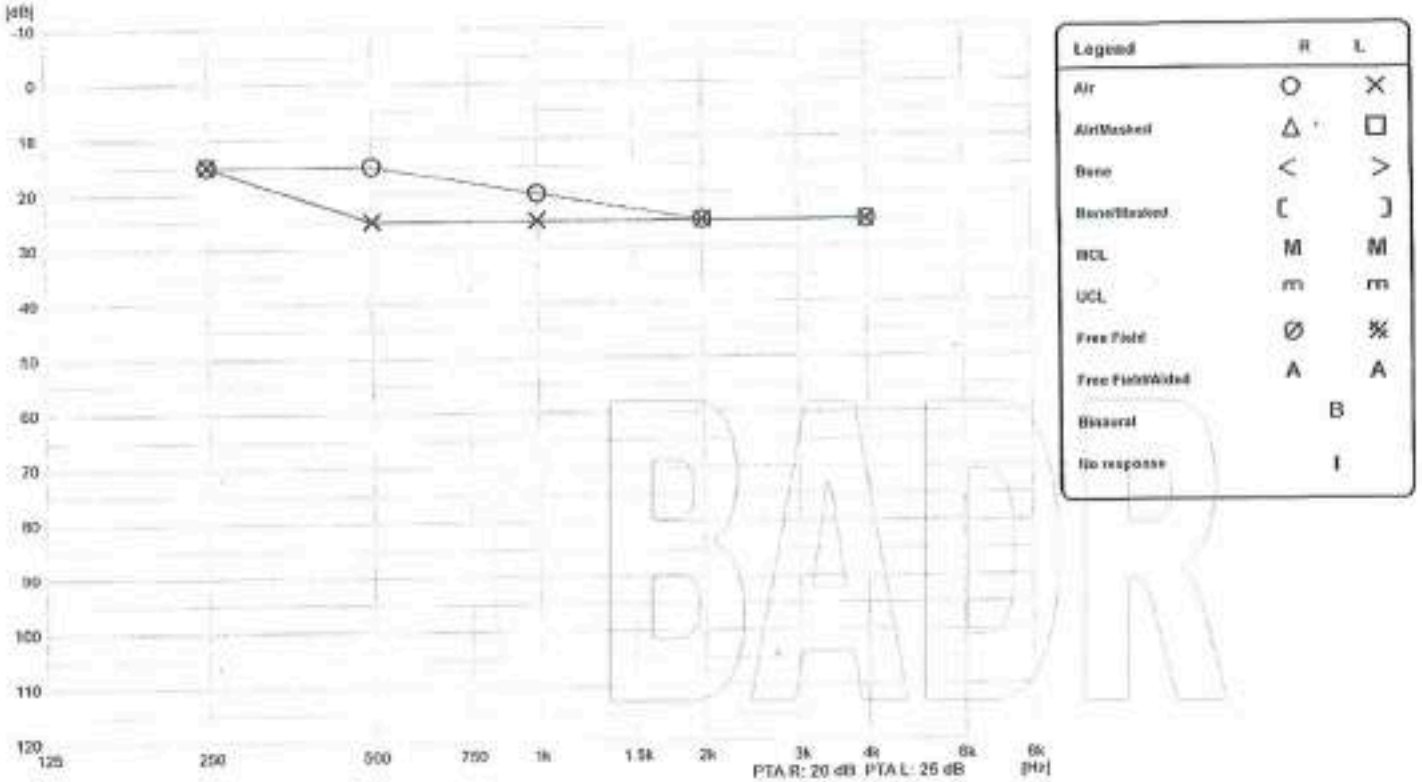
Barka : 26884910 | Sur : 25546112 | Nizwa : 25447777 | Falaj : 26754131
Email: info@badralsamaahospitals.com

المقر الرئيسي :
س.ت. : ١٦٩٥٨٠٨، ص.ب. ٤٤٣، الرمز البريد : ١١٢
روي سلطنة عمان، هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥
الخوير : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦٦٦٠ | الخضوض : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣٠
بركاء : ٢٦٨٤٩١٠ | صور : ٢٥٥٤٦١٣١ | نزوى : ٢٥٤٤٧٧٧٧ | فلج : ٢٦٧٥٤١٣١
البريد الإلكتروني : info@badralsamaa.com

Code:	Last name , First name	Born:
6925214	KESAR SINGH	25/12/1971
Test type:	**Test date:**	
Tonal audiometry	11/06/2025	



Legend	R	L
Air	O	X
AirMasked	Δ	□
Bone	<	>
BoneMasked	[	]
MCL	M	M
UCL	m	m
Free Field	∅	%
Free FieldAided	A	A
Binaural	B	
No response	I	

Comments
NORMAL HEARING B

Dr.RAMANATHAN.C
M.B.B.S, M.S. OLO, FAGE
SPECIALIST IN ENT
BADR AL SAMAA HOSPITAL - SALALAH
MOH LICENCE # 13347

Signature

Date: 11/06/2025

DEPARTMENT OF LABORATORY MEDICINE, SALALAH

File No: 6925214
Name: KESAR SINGH
Address:
Gender: M Age: 54 Y Nationality: INDIAN
GSM No.: 72063407 ID Card No.: 89078772

Report No: 7023621
Sample Date: 11/06/2025 Time: 09:25
Report Date: 11/06/2025 Time: 10:25
Bill No: 7521450 Bill Date: 11/06/2025
Ref. By: DR SALIH I SALIH

Test	Result	Normal Range
DRUG SCREENING IN URINE		
COCAINE	NEGATIVE	
AMPHETAMINE	NEGATINE	
METHAMPHETAMINE	NEGATIVE	
MARIJUANA	NEGATIVE	
METHADONE	NEGATIVE	
MORPHINE	NEGATIVE	
PHENCYCLIDINE	NEGATIVE	
BARBITURATES	NEGATIVE	
BENZODIAZEPINES	NEGATIVE	
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE	

Medical Technologist

Clinical Pathologist

Printed at : 11/06/2025

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المقر الرئيسي :
س.ت : ١٦٩٣٨٨٨، ص.ب: ٦٤٣، الرمز البريد : ١١٢
روي، سلطنة عمان، هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥
الخوير : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦٦٦٠ | العذيبة : ٢٤٥٦٠٠٩٩ | صلالة : ٢٣٢٩١٨٣٠
بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | نزوى : ٢٥٤٤٧٧٧٧ | فلج : ٢٦٧٣٤١٣١
البريد الالكتروني : info@badralsamaahospitals.com

مجموعة مستشفيات ومستوصفات بدر السماء

BADR AL SAMAA

GROUP OF HOSPITALS AND POLYCLINICS

More Than Healthcare ... Humane Care

DEPARTMENT OF LABORATORY MEDICINE, SALALAH

File No:	6925214	**Report No:**	7023621		
Name:	KESAR SINGH	**Sample Date:**	11/06/2025	**Time:**	09:25
		Report Date:	11/06/2025	**Time:**	10:25
Address:		**Bill No:**	7521450	**Bill Date:**	11/06/2025
Gender: M **Age:** 54 Y **Nationality:** INDIAN		**Ref. By:**	DR SALIH I SALIH		
GSM No.: 72063407 **ID Card No.:** 89078772					

Test	Result
URINE ROUTINE EXAMINATION	
PHYSICAL & CHEMICAL EXAMINATION	
COLOUR	Pale Yellow
SP. GRAVITY	1.020
REACTION	Acidic(6.0)
PROTEIN	Nil
SUGAR	Nil
KETONE	Nil
UROBILINOGEN	Negative
BILIRUBIN	Nil
NITRATE	NEGATIVE
MICROSCOPIC EXAMINATION	
R.B.Cs	Nil / HPF
PUS CELLS	1-2 / HPF
EPITHELIAL CELLS	1-2 / HPF
CASTS	Nil / HPF
CRYSTALS	Nil/HPF
PARASITES	Nil/HPF
OTHER FINDINGS	Nil/ HPF

BADR SALALAH 6 BADR AL SAMAA HOSPITAL

Medical Teshnologist

Clinical Pathologist

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Ruwi, Sultanate of Oman, Tel: +968 24799760, Fax: 24799765
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المقر الرئيسي:
س.ت: ١٦٩٣٨٠٨، ص.ب: ٤٤٣، الرمز البريد: ١١٢
روي، سلطنة عمان، هاتف: ٢٤٧٩٩٧٦٠، فاكس: ٢٤٧٩٩٧٦٥
الخوير: ٢٤٤٨٨٣٢٢ | صحار: ٢٦٨٤٦٦٦٠ | الخوض: ٢٤٥٤٦٠٩٩ | صلالة: ٢٣٢٩١٨٣٠
برخاء: ٢٦٨٨٤٩١٠ | صور: ٢٥٥٤٦١١٢ | نزوى: ٢٥٤٤٧٧٧٧ | فهق: ٢٦٧٥٤١٣١
البريد الإلكتروني: info@badralsamaa.com

DEPARTMENT OF LABORATORY MEDICINE, SALALAH

File No:	6925214	**Report No:**	7023621		
Name:	KESAR SINGH	**Sample Date:**	11/06/2025	**Time:**	09:25
		Report Date:	11/06/2025	**Time:**	10:25
Address:		**Bill No:**	7521450	**Bill Date:**	11/06/2025
Gender: M **Age:** 54 Y	**Nationality:** INDIAN	**Ref. By:**	DR SALIH I SALIH		
GSM No.: 72063407	**ID Card No.:** 89078772				

Test	Result	Normal Range	
SGPT (ALT)	25 IU/L	Up to 41 IU / L	
TOTAL BILIRUBIN	10.26 umol/L (0.60 mg/dl)	Up to 17 umol/l	Up to 1.0 mg/dl
DIRECT BILIRUBIN	3.76 umol/L (0.22 mg/dl)	Up to 5 umol/l	Up to 0.3 mg/dl
INDIRECT BILIRUBIN	6.5 umol/L (0.38 mg/dl)	Upto 12 umol/L	Up to 0.7 mg/dl
PROTEIN TOTAL	75 gm/L (7.5 gm/dl)	60 - 83 gm/L	6.0 - 8.3 gm/d l
ALBUMIN	48 gm/L (4.8 gm/dl)	32 - 50 gm/L	3.2 - 5.0 gm/dl
GLOBULIN	27 gm/L (2.7 gm/dl)	23 - 35 gm /L	2.3 - 3.5 gm/dl
SICKLING TEST	NEGATIVE		
LIPID PROFILE			
CHOLESTEROL [TOTAL]	**3.1 mmol/L (120 mg/dl)**	upto 5.17 mmol/L	up to 200 mg/dl
CHOLESTEROL [HDL]	**0.78 mmol/L (30 mg/dl)**	> 1.03 mmol/l	> 40 mg/dl
CHOLESTEROL [LDL]	**1.97 mmol/l (76.2 mg/dl)**	Upto 3.36 mmol/l	Up to 130 mg/dl
CHOLESTEROL (VLDL)	**0.36 mmol/l (13.8 mg/dl)**	Upto 1.29 mmol/l	up to 50 mg/dl
TRIGLYCERIDES	**0.78 mmol/L (69 mg/dl)**	up to 2.26 mmol/L	up to 200 mg/dl

BADR SALALAH BADR AL SAMAA HOSPITAL

Medical Technologist

Clinical Pathologist

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س.ت : ١٦٩٣٨٠٨ ص.ب : ٤٤٣ الرمز البريدي : ١١٢
روي، سلطنة عمان، هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥
البريمي : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦٨٦٨ | الخوض : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣٠
بركاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | نزوى : ٢٥٤٤٧٧٧٢ | مقبي : ٢٦٧٥٤١٣١
البريد الإلكتروني : info@badralsamaahospitals.com

DEPARTMENT OF LABORATORY MEDICINE,SALALAH

File No: 6925214
Name: KESAR SINGH
Address:
Gender: M Age: 54 Y Nationality: INDIAN
GSM No.: 72063407 ID Card No.: 89078772

Report No: 7023621
Sample Date: 11/06/2025 Time: 09:25
Report Date: 11/06/2025 Time: 10:25
Bill No: 7521450 Bill Date: 11/06/2025
Ref. By: DR SALIH I SALIH

Test	Result	Normal Range	
HAEMOGRAM			
TOTAL COUNT(W B C)	11 K/uL	4.0 - 11.0 K/uL	
DIFFERENTIAL COUNT			
NEUTROPHILS	50 %	40- 75 %	
LYMPHOCYTES	40 %	20 -45 %	
EOSINOPHILS	02 %	01 - 06 %	
MONOCYTS	03 %	02 - 10 %	
BASOPHILS	00 %		
HAEMOGLOBIN	16 gm/dl	Male : 14 - 18 gm/dl Female - 12-16 gm/dl	
R B C COUNT	5.87 mil/ul	3.8 - 5. 8 mil/ul	
PCV	48.6 %	37 - 47 %	
M C V	82.7 fL	78 - 93 fL	
M C H	28.3 pg	27 - 32 pg	
M C H C	32.3 gm/dL	31 - 35 gm/dL	
PLATELET COUNT	200 k/Ul	150 - 400 k/Ul	
BLOOD SUGAR [RANDOM]	5.16 mmol/L (112 mg/dl)	Upto 7.77 mmol/l	Up to 140 mg/dl
RENAL FUNCTION TEST			
UREA	5.64 mmol/L (34 mg/dl)	2.6-8.0mmol/L	10 - 45 mg/dl
CREATININE	63.65 umol/L (0.72 mg/dl)	61.88-123.76 umol/L	0.7 - 1.4 mg/dl
URIC ACID	285.5 umol/L (4.8 mg/dl)	Male:202-416 umol/L , Female:149-357 umol/L	Male:3.4-7.0 mg/dl, Female:2.5-6.0mg/dl
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	88 U/L	Male :40 - 129 U/L Female:-35 -104 U/L Children:1y-9 y:145-420 U/L 10y-11y:30 -560 U/L	
SGOT (AST)	17 IU/L	Up to 40 IU / L	

Medical Technologist *Clinical Pathologist*

Printed at : 11/06/2025

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المقر الرئيسي :
س.ت : ١٩٣٨٠٨ ص . ب ٤٤٣ الرمز البريد : ١١٢
روي، سلطنة عمان، هاتف : ٢٤٧٩٩٧٦٠ / ٢٤٧٩٩٧٦٥ فاكس :
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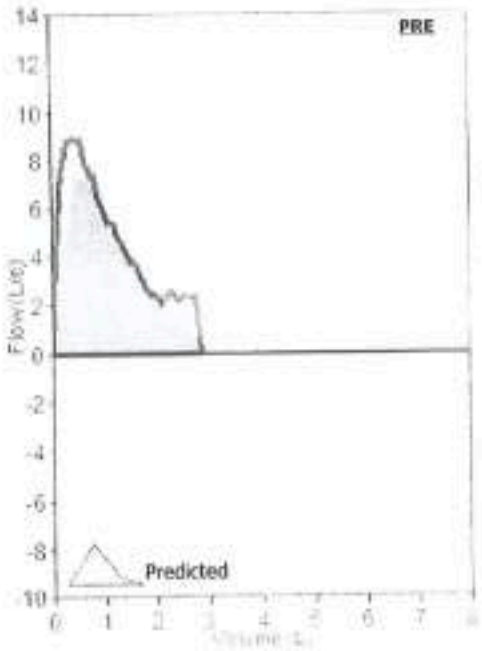
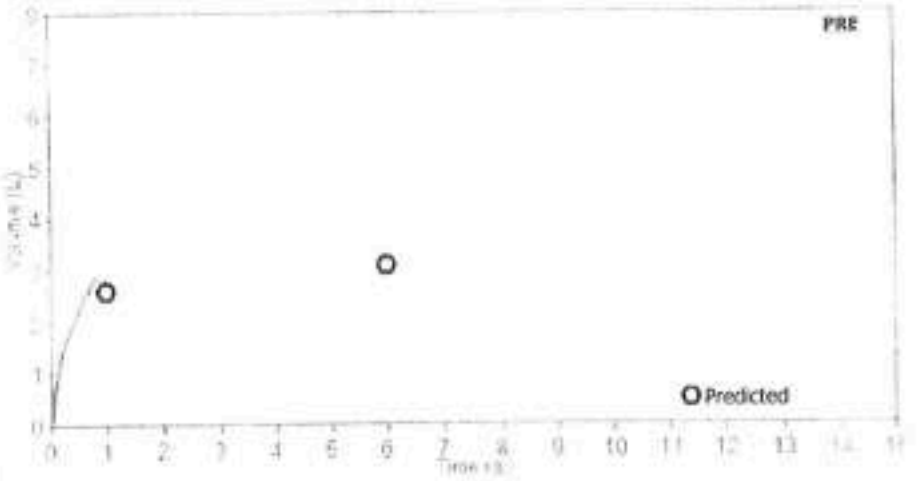
Pulmonary Function Test Results

Visit date 11/06/2025

Patient code	6925214	Age	54
Surname	Singh	Gender	Male
Name	Kesar	Height, cm	168
Date of birth	25/12/1971	Weight, kg	75
Ethnic group	Indian	BMI	26.6
Smoke	No	Pack-Year	0.5
Patient group			

PVC PRE | FEV1 PRE | FEV1% PRE





Quality Control Grade: F
0 Acceptable trials

Interpretation
Normal Spirometry

PRE Trial date 11/06/2025

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	2.03	3.08	2.86*	93	-0.34	2.86			*		
FEV1	L	1.73	2.59	2.86*	110	0.51	2.86			*		
FEV1/FVC	%	74.9	85.1	100.0*	118	2.41	100.0			*		
PEF	L/s	4.11	7.53	9.05*	120	0.73	9.05			*		
ELA	Years		38	38	100		38					
FEF2575	L/s	1.47	3.25	3.77	116	0.48	3.77					
FET	s		6.00	0.81	14		0.81					
FIVC	L	2.03	3.08									
FEV1/VC	%	74.9	85.1									

***Best values from all loops - BTPS 1.092 25 °C (77 °F) - Predicted Knudson**

Conclusion / Medical report

Signature

Instrument used
spirobank II-BLE S/N U07906

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روي، سلطنة عمان، هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥
الخوير : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦٦٦٠ | الخوض : ٢٤٥٤٦٠٩٩ | صلالة : ٢٣٢٩١٨٣٠
برکاء : ٢٦٨٨٤٩١٠ | صور : ٢٥٥٤٦١١٢ | نزوى : ٢٥٤٤٧٧٧٧ | فلج : ٢٦٧٥٤١٣١
البريد الإلكتروني : info@badralsamaa.com

X-RAY REPORT

Doc No:	6925214
Name:	KESAR SINGH
Age/DOB:	54 Y
Omani ID/ L.Card No::	89078772
Sex:	Male
Referred By:	Dr. Mohamed Mounir Mahmoud
Clinical Diagnosis:	NORMAL
X-Ray/UltraSound	CHEST X-RAY
Date:	11/06/2025
X-Ray Filim No:	682
Bill No:	6985998
Charge Sheet No:	

Both lung fields are normal

Both cp angles are clear

Mediastinal shadow and bony thorax are normal

Cardiac configuration is within normal limits

Conclusion: A normal X-ray appearance

Signature: .....

Dr. MOHAMED MONIR MAHMOUD
Specialist radiologist
MOH License No: 16832

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المقر الرئيسي :
ص.ب : ٤٤٣، الرمز البريدي : ١١٢
روي سلطنة عمان. هاتف : ٢٤٧٩٩٧٦٠، فاكس : ٢٤٧٩٩٧٦٥
البريد الإلكتروني: info@badralsamaahospitals.com

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Name	KESAR SINGH	Scan. No	3419760
Age	54 Years / male	Date	11/06/2025

Thanks for referral

Lumbar spine X RAY /AP and Lateral VIEW
FINDINGS:

Mild to moderate narrowing At L4-L5 disk space.

The remaining vertebral bodies , disk spaces, lateral and spinous processes are within normal limits.

The alignment is normal with no fracture or dislocation.

Normal appearance of the visualized soft tissue.

Impression:

Mild to moderate narrowing At L4-L5 disk space.

****

Dr. Mohamed mounir Mahmoud
Radiology specialist

(Note: This modality is having its limitations and the report should be correlated with clinical and other relevant patient data)

Specialist radiologist
MOH License No: 16932

BADR AL SAMAA HOSPITAL - SALALAH

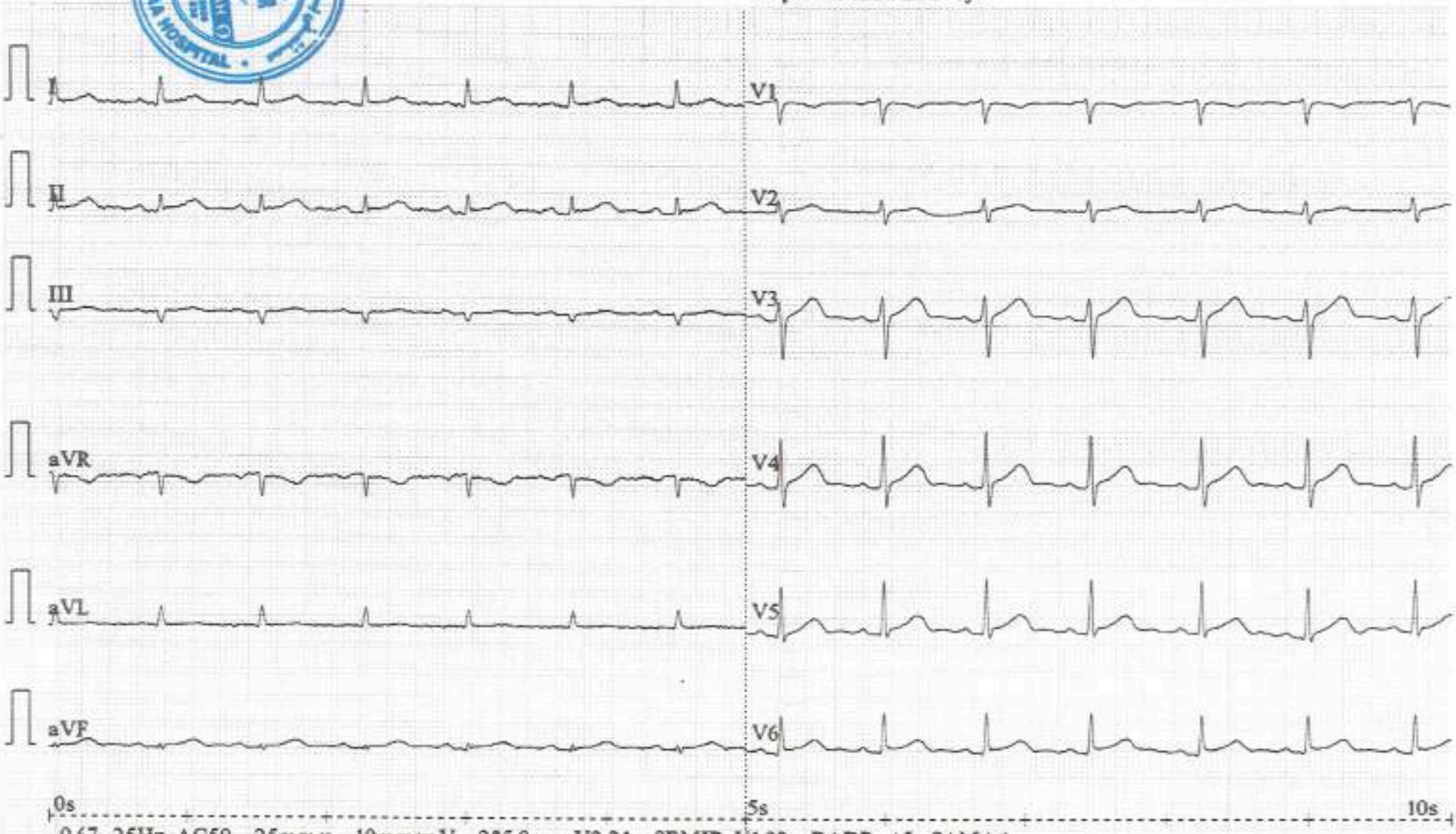
ID: 89078772
KESAR SINGH
Male 54 years
Req. No. :

11/06/2025 11:20:58

HR	: 80	bpm
P	: 93	ms
PR	: 162	ms
QRS	: 85	ms
QT/QTcBz	: 378/437	ms
P/QRS/T	: 60/7/50	°
RV5/SV1	: 0.977/0.425	mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

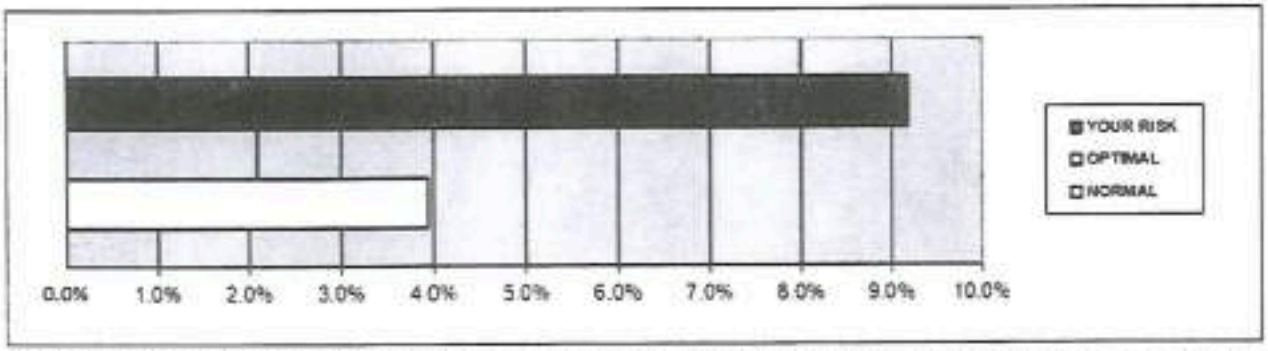
Report Confirmed by:



0.67-25Hz AC50 25mm/s 10mm/mV 2*5.0s V2.21 SEMIP V1.92 BADR AL SAMAA

General CVD Risk Prediction

Risk Factor	Units	(Type Over Placeholder Values in Each Cell)	Notes
Sex	male (m) or female (f)	m	
Age	years	54	
Systolic Blood Pressure	mmHg	120.0	
Treatment for Hypertension	yes (y) or no (n)	n	
Smoking	yes (y) or no (n)	y	
Diabetes	yes (y) or no (n)	n	
HDL	mg/dL	32	
Total Cholesterol	mg/dL	202	
Your 10-Year Risk (The risk score shown is derived on the basis of an equation Other print products, use a point-based system to calculate a risk score that approximates the equation-based one.)		9.2%	*If value is < the minimum for the field, enter the minimum value. If value is > the maximum for the field, enter the maximum value.*
Your Heart/Vascular Age		65	



Calculator prepared by R.B.D` Agostino and M.J. Pencina Based on a publication by D`agostion et al. In Circulation

MR, KESAR SINGH **11-06-2025**

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