MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

T.O

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
89122924		THYAGARAJAN THIRUGNANASAMBADAM # 0040000 42 Y/M 00550 80000 17/09/23 12:08	H.O.D
Nationality	**Age**	**Sex**	**Location**
Indian	19/7/81		

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 6/6 LT 6/6 Visual Field Test [✓] Normal [ ] Abnormal

Color 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 [ ] Weber & Rinne Tests

Remarks

CARDIOVASCULAR SYSTEM

ECG [✓] 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 Lumbar X-Ray [✓] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition

Remarks

LABORATORY INVESTIGATIONS

CBC [✓] Normal [ ] Abnormal [ ] ... Pre-existing condition: BP

Pre-existing condition

Remarks

Cholesterol Category [✓] Desirable [ ] Borderline [ ] High

Diabetes Category [✓] [ ] Normal [ ] Prediabetes [ ] Diabetes

Physical Assessment [✓] Normal [ ] Abnormal [ ] Not Required ... [ ] Normal [ ] Abnormal [ ] Not Required

QUESTIONNAIRES

	Medical Surveillance Questionnaire	Remarks
	Respiratory Protection Questionnaire	Remarks
	Hearing Conservation Questionnaire	Remarks
	Smoking Questionnaire	Remarks

Fagerstrom Test - Smoking [ ] Non Smoker [ ] Low dependence [ ] Low to Mod dependence [ ] Moderate dependence [ ] High dependence

CAGE Questionnaire - Alcohol Use [ ] Non Alcoholic [ ] Screening negative [ ] Clinically significant

SRQ-20 Self-reported Questionnaire [ ] No positive answers [ ] Positive answers Factor I [ ] Positive answers Factor II [ ] Positive answers Factor III [ ] Positive answers Factor IV

Clinic Doctor Name	License #	Hospital/Polyclinic	Doctor Signature & Clinic Stamp	Exam Date
Dr. ... Cardiology Specialist	No. 21962			17/9/23

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	THIYAGARAJAN THIRUGNANASAMBADAM # [illegible] 42 Y/M [illegible] 30650 [illegible] 17/09/23 12:05	Position
			H-2-P
Nationality	**Age** / **Sex**		**Location**

EXAMINATION TYPE

[✓] Pre-employment Examination (PEE)	[ ] 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

Restrictions

[ ] Working at height	[ ] Pulling, pushing or carrying weight
[ ] Working in confined space	[ ] Ascent/descent 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
[ ] Travel on session	[ ] Emergency response duty

Other: specify

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
17/9/23	

Medical Review Date	Employee Signature
18/9/23	T. Thiya[signature]

Doctor Name	Medical License	Hospital	Medical Doctor Signature
Dr. [illegible] Mohammed Jafar General [illegible] MOH LIC. No. 21982		[stamp: [illegible] MEDICAL CENTER]	[signature]

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION			
Civil ID / Passport #	Company ID #	THIYAGARAJAN THIRUGNANASAMBADAM # 0046528 54Y/M ... 00650 80888 17/09/23 12:09	Position: H-D-D
Nationality	Age	Sex	Location

PERSONAL HEALTH HISTORY

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

Condition	Yes	No	Condition	Yes	No
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 (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, 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 or any other glandular diseases	Yes	No
Arteriosclerotic or other vascular disease	Yes	No	Diabetes mellitus or Hypoglycemia	✓ Yes	No
Anaemia, 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 diathesis or bleeding disorders	Yes	No	Informed about being overweight or obese	Yes	No
Leukaemia, polycythaemia and disorders of the reticulo-endothelial system	Yes	No	Skin diseases e.g. eczema, acne, dermatitis, eczema or allergy	Yes	No
G6PD (Glucose 6 Phosphate Dehydrogenase) Deficiency	Yes	No	Allergies e.g. dust, medications, insect bites	Yes	No
Recurrent headaches or migraine	Yes	No	Disorders of the digestive system 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/C	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, stress, mental disorder or depression	Yes	No	Ear, nose or throat problems e.g. sinus, 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 defects e.g. glaucoma, color blindness, macular lesion	Yes	No
Lung disease e.g. bronchitis, asthma, pneumonia, TB	Yes	No	Treated for infectious diseases (e.g. malaria, COVID-19)	Yes	No
Phlegm production (excess mucus) ...	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

Question	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

Date: 17/9/23

List any previous injuries or operations

Previous injuries or operations	Date

Candidate/Employee Signature

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION				
Civil ID / Passport #	Company ID #		THIYAGARAJAN THIRUGNANASAMBADAM # 0040629 [illegible] 42 YRS Male [illegible] 00650 80868 <blank> 17/09/23 12:08	Position
				H-D-D
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 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 use to drink	[ ] Yes	[ ] No	
[illegible]	[ ] 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 do 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 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 are worthless?	[ ] Yes	[✓] No

Date: 17/9/23

Candidate/Employee Signature: T. Thirug [signature]

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		THIYAGARAJAN THIRUGNANASAMBADAN	H.D.D
Nationality	**Age**	**Sex**	**Location**

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? [ ] YES [ ] NO Which type ☐ Disposable mask ☐ Canopy 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 c. Trouble smelling odors | [ ] YES [ ] NO e. Claustrophobia (fear of closed-in places)
[ ] YES [ ] NO b. Diabetes (sugar disease) | [ ] YES [ ] NO d. 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 i. 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 h. Coughing that wakes you early in the morning
[ ] YES [ ] NO b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline | [ ] YES [ ] NO i. Coughing that occurs mostly when you are lying down
[ ] YES [ ] NO c. Shortness of breath when walking with other people at an ordinary pace on level ground | [ ] YES [ ] NO j. Coughing up blood in the last month
[ ] YES [ ] NO d. Have to stop for breath when walking at your own pace on level ground | [ ] YES [ ] NO k. Wheezing
[ ] YES [ ] NO e. Shortness of breath when washing or dressing yourself | [ ] YES [ ] NO l. Wheezing that interferes with your job
[ ] YES [ ] NO f. Shortness of breath that interferes with your job | [ ] YES [ ] NO m. Chest pain when you breathe deeply
[ ] YES [ ] NO g. Coughing that produces phlegm (thick sputum) | [ ] 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?

[ ] YES [ ] NO a. Heart attack | [ ] YES [ ] NO e. Chronic swelling of lower legs (not caused by walking)
[ ] YES [ ] NO b. Stroke | [ ] YES [ ] NO f. Irregular heartbeat
[ ] YES [ ] NO c. Angina | [ ] YES [ ] NO g. High blood pressure
[ ] YES [ ] NO d. Heart failure | [ ] 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?

[ ] YES [ ] NO a. Frequent pain or tightness in your chest | [ ] YES [ ] NO e. Heartbeat that skips or races (irregular beats, palpitations, or rapid heart beat)
[ ] YES [ ] NO b. Pain or tightness in your chest during physical activity | [ ] YES [ ] NO f. Any other symptoms that you think might be heart or lung related
[ ] 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 skipped or missed a beat

7. Do you currently take medication for any of the following problems?

[ ] YES [ ] NO a. Breathing or lung problems | [ ] YES [ ] NO c. Blood pressure
[ ] YES [ ] NO b. Heart trouble | [ ] 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 d. General weakness or fatigue
[ ] YES [ ] NO b. Skin allergies or rashes | [ ] YES [ ] NO e. Any other problem that interferes with your use of a respirator
[ ] YES [ ] NO c. Anxiety

Date 17/9/23 Candidate/Employee Signature T. Thiru

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		THIYAGARAJAN THIRUGNANASAMBANDAM 43 Y/M 17/09/23 12:08	H-D-D
Nationality	Age	Sex	Location

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 [ ] Stroke [ ] Syphilis [ ] Chickenpox [ ] Mumps [ ] Chronic [illegible]
[✓] 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 [ ] Allergy / 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 [ ] 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, how much? ______% What is your TOTAL VA disability? ____%

9 - Are you currently using any medication [✓] YES [ ] NO Which one? T. Glycomet 500mg T. Telmikind 25, T. Metformin 500mg

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

Date 17/9/23

Candidate/Employee Signature
T. Thiyag[signature]

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	THIYAGARAJAN THIRUGNANASAMBADAN 00550 17/09/23 12:08	Position
			H·D·D
Nationality	**Age** / **Sex**		Location

VITAL SIGNS

Height	180 cm	Weight	98 kg	BMI 30	Blood Pressure	140/80 mmHg
Pulse	70 /min	Medical Practitioner Name			Signature	

Dr. Shiras Sayedjalal, 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): ☐ All Plates passed ☐ Inform the Plates failed ☑ Normal ☐ Abnormal

Visual Field Test: ☑ Normal ☐ Abnormal

Stereoscopic Vision Test: ☐ Normal ☐ Abnormal

Date of Examination: Medical Practitioner Name: Signature:

RESPIRATORY SYSTEM

[1] Spirometry Test

Smoking status: ☐ Never ☐ Ex-Smoker ☐ Current — Patient's Posture During Test: ☐ Standing ☑ Sitting — Nose Clips Used: ☐ Yes ☐ No

Diagnosis: ☐ Asthma ☐ COPD ☐ Other

Acceptability Criteria (select all that apply): ☑ Free from artifacts ☑ Satisfactory exhalation ☑ Good start ☐ NOT Acceptable

Repeatability Criteria (select all that apply): ☑ 2 acceptable curves FEV1 values AND FVC values within 0.15L / 150 mL ☐ ... ☐ The data ... CANNOT ... BE USED

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

Date of Examination: Medical Practitioner Name: Signature:

[2] Chest Shape and Movement ☑ Normal ☐ Abnormal ☐ Not examined — If abnormal, describe below

[3] Chest Percussion ☑ Normal ☐ Abnormal ☐ Not Examined — If abnormal, describe below

[3] Air Entry to Both Lungs ☑ Normal ☐ Abnormal ☐ Not examined — If abnormal, describe below

[4] Breath Sounds ☑ Normal ☐ Abnormal ☐ Not Examined — If abnormal, describe below

Date of Examination: Practitioner Name: Signature:

ENT SYSTEM

[1] Otoscope

	Right	Left		Right / Left		
Ear Canal Obstructed	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☑ No ☐ Not Exam	Tympanic Membrane	Right: ☑ Normal ☐ Perforation ☐ Retracted ☐ Not Exam; Left: ☑ Normal ☐ Perforation ☐ Scarring ☐ Not Exam	**[2] Hearing Test** Whisper Test	☑ Normal ☐ Abnormal ☐ Not Exam
Discharge	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☑ No ☐ Not Exam			Rinne Test	☑ Normal ☐ Abnormal ☐ Not Exam
Infection	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☑ No ☐ Not Exam	Eardrum Mobility	Right: ☑ Normal ☐ Obstructed ☐ Mild ☐ Not Exam	Weber Test	☑ Normal ☐ Abnormal ☐ Not Exam
Cerumen	Right: ☑ None ☐ Some ☐ Full/Impacted ☐ Not Exam	Left: ☑ None ☐ Some ☐ Full/Impacted ☐ Not Exam		Left: ☑ Normal ☐ Obstructed ☐ Mild ☐ Not Exam	Audiometry done	☑ Yes ☐ No
				Audiologist Name / Signature	Referral to Audiologist	☑ Yes ☐ No

Dr. Shiras Sayedjalal, Cardiologist Specialist, MOH Lic. No. 21962 — 3/09/23

PEACELAND MEDICAL CENTER

PHYSICAL ASSESSMENT FORM

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

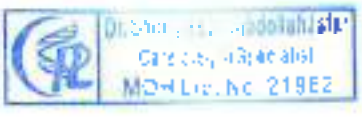
MUSCULOSKELETAL SYSTEM

[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] Head 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: 18/9/23 Physician Name: Signature:



PATI THIYAGARAJAN THIRUGNANASAMBADAM

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)

PEACE LAND MEDICAL CENTRE CLINIC SEAL

Dr. Specialist Cardiology Specialist MOH No. 21962

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

LAB RESULT

Name:	THIYAGARAJAN THIRUGNANASAMBADAM	**Doc No:**	0037920
Age:	42 Y **Nationality:** INDIAN	**File No:**	0045528
Gender:	M	**Bill No:**	0055041
Ref. By:	DR SHAH FAISAL	**Date:**	18/09/2023
GSM No.:	94435787	**Time:**	11:22

Test	Result	Normal Range
OQ Medical Checkup Package		
COMPLITE BLOOD COUNT		
RBC	5.7 x10^12/L	Male 4.36 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	16.8 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	50.0 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	27.0 pg	27 - 33 pg
MCHC	32.0 g/dl	29.6 - 35.6 %
WBC COUNT	9.9 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	63 %	40-75 %
LYMPHOCYTE	31 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	08	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	237 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	156 mg/dl	0.0 - 200 mg/dl
Triglyceride	148.0 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. 24617117/24617143/24617149

LAB RESULT

Name:	THIYAGARAJAN THIRUGNANASAMBADAM	**Doc No:**	0037920
Age:	42 Y **Nationality:** INDIAN	**File No:**	0045528
Gender:	M	**Bill No:**	0055041
Ref. By:	DR.SHAH FAISAL	**Date:**	18/09/2023
GSM No.:	94435787	**Time:**	11:22

Test	Result	Normal Range
HDL - CHOL	**48.0 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**78.4 mg/dl**	< 100 mg/dl
VLDL	**29.6 mg/dl**	2.0 - 30 mg/dl
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	82 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.85 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**25.4 U/L**	0 - 35.0 U/L
S.G.P.T.	**40.7 U/L**	10 - 45 U/L
ALBUMIN	**4.8 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.1 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.18 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**33.2 mg/dl**	18.0 - 55.0 mg/dl
S.CREATININE	**0.80 mg/dl**	0.70 -1.30 mg/dl
S.URIC ACID	**4.0 mg/dl**	3.5 - 7.2 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.010	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	
Ketones	Negative	

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:	THIYAGARAJAN THIRUGNANASAMBADAM	**Doc No:**	0037920
Age:	42 Y **Nationality:** INDIAN	**File No:**	0045526
Gender:	M	**Bill No:**	0055041
Ref. By:	DR SHAH FAISAL	**Date:**	16/09/2023
GSM No.:	94435787	**Time:**	11 22

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	'B' Positive	
BLOOD GROUPING AND RH TYPING		
RANDOM BLOOD SUGAR	**108.0 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

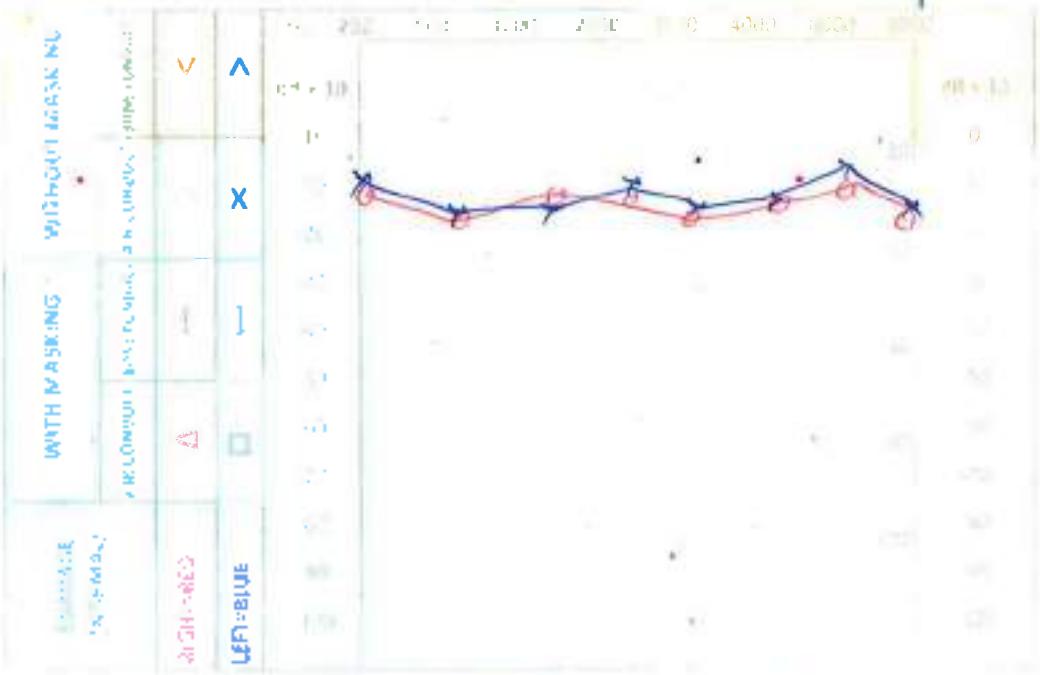
مركز بلاد السلام الطبي
Peace Land Medical Center

THIYAGARAJAN THIRUGNANASAMBADAM

NAME	
AGE	
REF BY	

RY TEST REPORT

COMPANY	TD
OCCUPATION	HDD
DATE	17/09/2021



SIBELCO

INTERPRETATION
X LEFT EAR

RESULT
NORMAL
HEARING LOSS
RIGHT
LEFT

PEACE LAND MEDICAL CE

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ ، العذيبة ممر اراح السحوة ممر ٢ ، سلطنة عمان
P.O Box 1403, Postal Code 133, Al Azaiba, Roundabout Al Salwa Tower, Sultanate of Oman
Tel : 24617117 , 24617148 , 24617149 هاتف

Pulmonary Function Test Results

Visit date 17/09/2023

Patient code	88122724	Age	42
Surname	RAJAN	Gender	Male
Name	THIYAGA	Height, cm	180
Date of birth	19/07/1981	Weight, kg	98
Ethnic group	Not defined	BMI	30.25

Interpretation

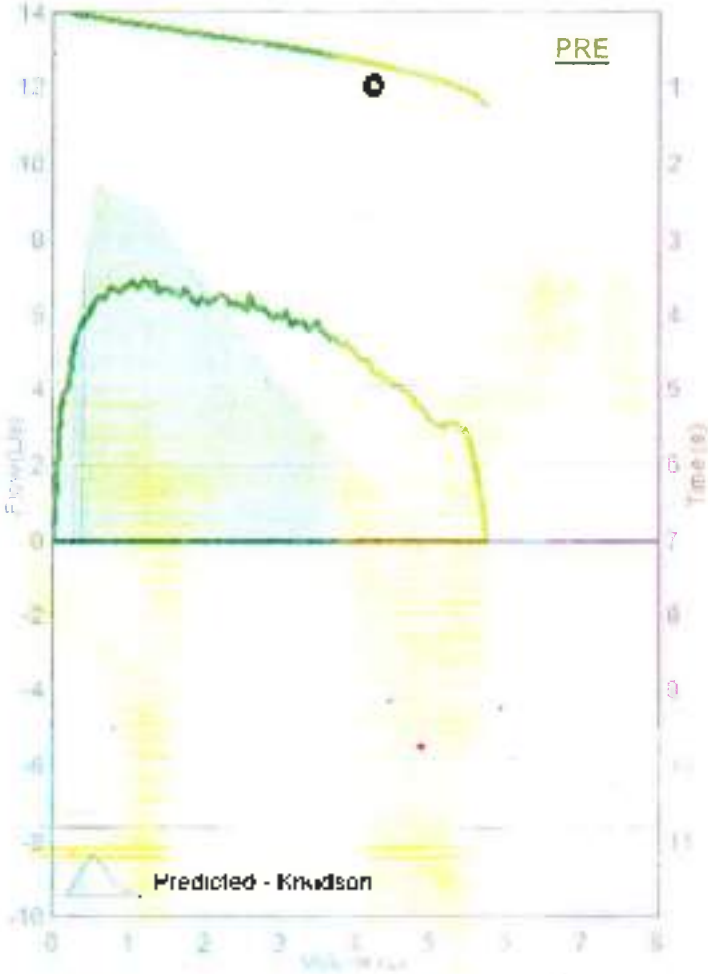
FVC FEV1 FEV1%

Normal Spirometry

Best values from all loops

Parameters		Pred	PRE	%Pred	POST	%Chg
FVC	L	5.16	5.70	110		
FEV1	L	4.23	5.37	127		
FEV1%	%	81.9	94.20	115		
PEF	L/s	9.46	7.00	74		

Flow - Volume Loop and Volume - Time Curve



PRE Trial date 17/09/2023 14:16:07

Parameters		Pred	PRE	%Pred	POST	%Chg
FEV6	L	5.16	5.70	110		
FVC	L	5.16	5.70	110		
FEV1	L	4.23	5.37	127		
FEV1%	%	81.9	94.2	115		
PEF	L/s	9.46	7.00	74		
FEF2575	L/s	4.38	5.85	134		
FIVC	L	5.16				
FIVA	Years	42	42	100		

Conclusion / Medical report

Signature

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Quality Control F

===

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

Instrument used
Minato LT POST S/N K05070

THIYAGARAJAN THIRUGNANASAMBADAM

17/09/23 12:08

6 Channel + 1 Rhythm Report

Hospital:

Prescribed by:

Heart Rate: 66bpm ** Analysis Result ** (To be finally confirmed by cardiologist)

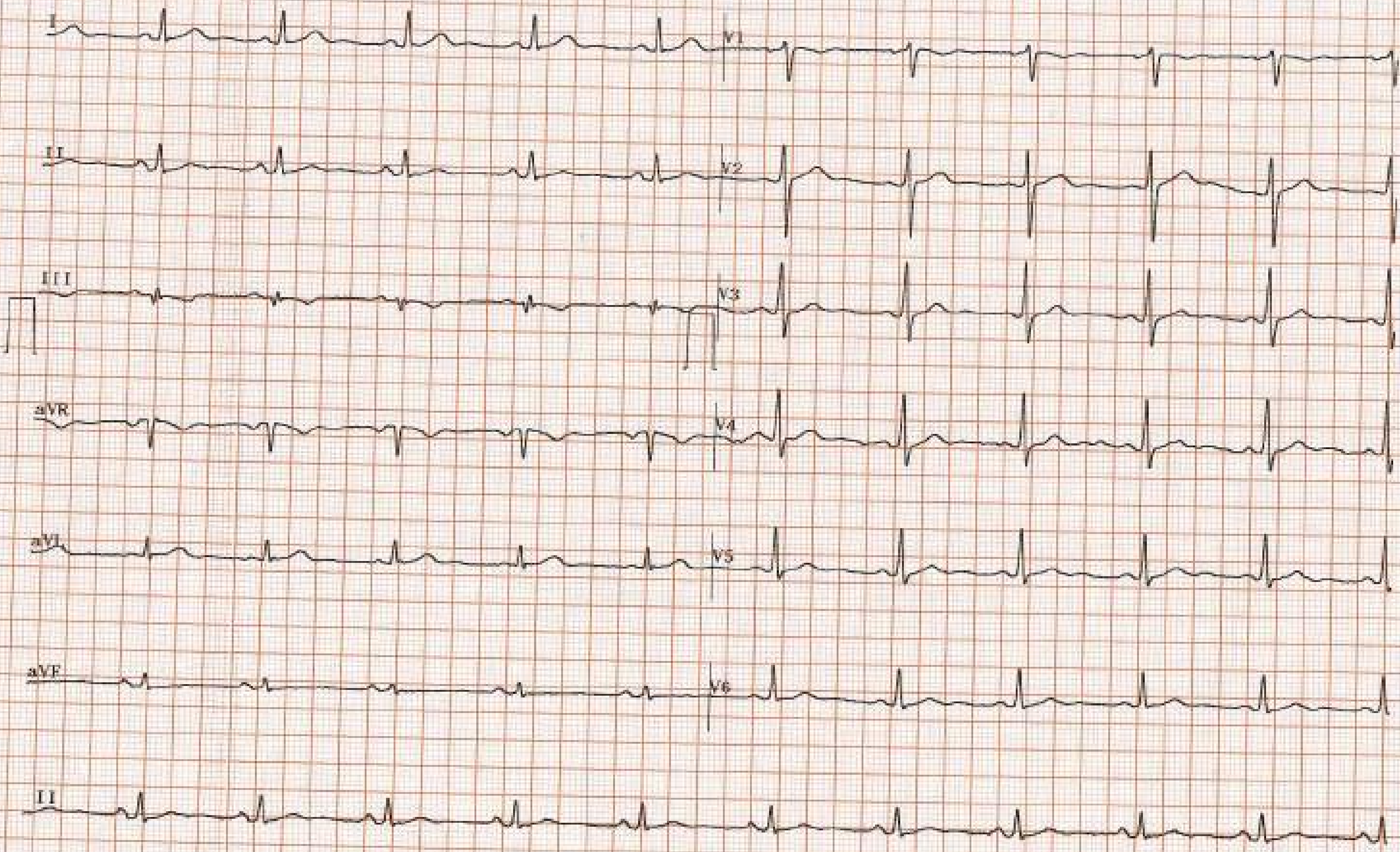
PR Int.: 152 ms Normal Sinus Rhythm

QRS Dur.: 86 ms Normal Axis

QT/QTc: 378/393 ms [Normal ECG]

P-R-T axes:

50 21 -1



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
45528	THIYAGARAJAN THIRUGNANASAMBANDAM	042Y/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

The inter-vertebral disc space between L5 and S1 is decreased.

Early spur formation also noted in the anterior margins of L4 and L5 vertebrae.

Lumbar lordotic curvature and alignment maintained.

Sacro-iliac joints appear intact

Pre- and para-vertebral soft tissues are unremarkable.

IMPRESSION: **Decreased L5 - S1 disc space with early lumbar osteophyte formation**

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