'atient:26630 Reg.Dt: 10/08/202
Name: PRADEEP PRATHAPACHANDRAN P.
Gender: Male Nationality: INDIA
Age: 40Y Mar. Status: Marrie
Address:

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
37098083	1398	PRADEEP P.	SUPERVISOR.

Nationality	Age	Sex	Company	Location
INDIAN	40YR	M	TON	HAIMA

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 120/80 [✓] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crisis
BMI Category: 24.2 [ ] 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 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: B -VE
Pre-existing condition:
Remarks:

Glucose Level Category: 85 mg/dl [✓] Normal 80 – 100 mg/dl [ ] Pre diabetic 100 – 125 mg/dl [ ] Diabetic > 126 mg/dl
Cholesterol Risk Category: 174 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 #	Healthy Patients	Doctor Signature & Clinic Stamp	Issue Date
DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078		Peace Land Clinic Mukhaizna		11.8.2025

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
784198063	1998		SUPERVISOR.
Nationality	**Age**	**Sex**	**Location**
			HALUDA

Patient:26630 Reg.Dt: 10/08/202
Name: PRADEEP PRATHAPACHANDRAN P.
Gender: Male Nationality: INDIA
Age: 40Y Mar. Status: Marrie
Address:

EXAMINATION TYPE

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

Medical Suitability for Work

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

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
10/08/2025	

Medical Review Date	Employee Signature

Doctor Name	Medical Licensing Body	Medical Doctor Signature
DR. HANMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078	Peace Land Clinic Al Mukhaizna	

Form Review: 10/09/2021

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
77098083	1898	atient:26630 Reg.Dt: 10/08/202 ame: PRADEEP PRATHAPACHANDRAN P ender: Male Nationality: INDIA ge: 40Y Mar. Status: Marrie ddress:	SUPERVISOR
Nationality	**Age**	**Sex**	**Location**
			Haima

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		✓	Muscle problems e.g. weakness of your limbs or twitchy muscles		✓
Myocardial insufficiency or infarction (heart attack)		✓	Joint problems, e.g. plantar warts, joint pain or swelling		✓
Coronary bypass surgery (CABS) and angioplasty		✓	Problems with limb, neck or spine mobility		✓
Heart arrhythmias (heart beats too fast, too slow or irregularly)		✓	Extremities (feet or hands) deformities or problems		✓
High blood pressure (hypertension)		✓	Experienced back problem, arthritis, slipped disc		✓
Shortness of breath after exertion		✓	Pain in neck or back or hands or legs		✓
Varicose veins associated with varicose eczema, ulcers or other complications		✓	Thyroid disease any other glandular diseases		✓
Arteriosclerotic or other vascular disease		✓	Diabetes mellitus or Hypoglycemia		✓
Anemias, especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia		✓	Experienced weight loss or gain > 5kg over the past year		✓
Haemorrhage disorders i.e. bleeding disorders		✓	Informed about being overweight or obese		✓
Leukaemia, polycythaemia and disorders of the reticulo-endothelial system		✓	Skin disorders e.g. severe acne, dermatitis, eczema or allergy		✓
G6PD (Glucose 6-Phosphate Dehydrogenase) Deficiency		✓	Allergies e.g. dust, medication, insect bites		✓
Recurrent headaches or migraine		✓	Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gastritis		✓
Epilepsy and recurrent seizures		✓	Haemorrhoids, fistulae and fissures causing pain, or recurrent bleeding		✓
Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope)		✓	Liver and pancreas diseases (e.g. pancreatitis, Hepatitis B)		✓
Sleep disorders, such as insomnia, hypersomnia, sleep apnea, narcolepsy		✓	Kidney or bladder diseases e.g. recurrent infection, renal stones		✓
Chronic anxiety states and/or recurrent depression		✓	Ear, nose or throat problems (e.g. otitis, hearing loss, sinusitis, tonsillitis)		✓
Phobias such as fear of heights, fear of confined spaces, fear of flying		✓	Eye disease or visual defect (e.g. glaucoma, color blindness, monocular vision)		✓
Lung disease e.g. bronchitis, asthma, dyspnea, TB		✓	Treated for infectious diseases (e.g. malaria, COVID19)		✓
Phlegm production (excess mucus production) or tight chest		✓	Treated for depression, stress		✓
Immuno suppression due to cancer or human immunodeficiency virus		✓	Treated for substance or alcohol abuse		✓

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

List any previous injuries or operations

Previous injuries or operations	Date

Date: 10/08/2025

Peace Land Clinic Mukhaizna

Candidate/Employee Signature: [signature]

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	
H098083	1398	

Nationality	Age	Sex

atient:26630 Reg.Dt: 10/08/202
lame: PRADEEP PRATHAPACHANDRAN P
lender: Male Nationality: INDIA
ge: 40Y Mar. Status: Marrie
ddress:

Position
SUPERVISOR.

Location
HALDA

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: 10/08/2022

Candidate/Employee Signature

Peace Land Clinic Mukhaizina

OQ - Occupational Health Department

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
7709808	1898	Patient:26630 Reg.Dt: 10/08/202 Name: PRADEEP PRATHAPACHANDRAN P. Gender: Male Nationality: INDIA Age: 40Y Mar. Status: Marrie Address:	SUPERVISOR
Nationality	Age	Sex	Location
			HAIMA

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? [ ] YES [✓] NO What type: ☐ Disposible mask ☐ Cartidge Mask ☐ SCBA

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

2. Have you ever had any of the following conditions? NO
- [ ] YES [ ] NO a. Seizures
- [ ] YES [ ] NO b. Diabetes (sugar disease)
- [ ] YES [ ] NO c. Trouble smelling odors
- [ ] YES [ ] NO d. Allergic reactions that interfere with your breathing
- [ ] YES [ ] NO e. Claustrophobia (fear of closed in places)

3. Have you ever had any of the following pulmonary or lung problems? NO
- [ ] YES [ ] NO a. Asbestosis
- [ ] YES [ ] NO b. Asthma
- [ ] YES [ ] NO c. Chronic bronchitis
- [ ] YES [ ] NO d. Emphysema
- [ ] YES [ ] NO e. Pneumonia
- [ ] YES [ ] NO f. Tuberculosis
- [ ] YES [ ] NO g. Silicosis
- [ ] YES [ ] NO h. Lung cancer
- [ ] YES [ ] NO i. Broken ribs
- [ ] YES [ ] NO j. Pneumothorax (collapsed lung)
- [ ] YES [ ] NO k. Any chest injuries or surgeries
- [ ] YES [ ] NO l. Any other lung problem that you have been told about

4. Do you currently have any of the following symptoms of pulmonary or lung illness? NO
- [ ] YES [ ] NO a. Shortness of breath
- [ ] YES [ ] NO b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline
- [ ] YES [ ] NO c. Shortness of breath when walking with other people at an ordinary pace on level ground
- [ ] YES [ ] NO d. Have to stop for breath when walking at your own pace on level ground
- [ ] YES [ ] NO e. Shortness of breath when washing or dressing yourself
- [ ] YES [ ] NO f. Shortness of breath that interferes with your job
- [ ] YES [ ] NO g. Coughing that produces phlegm (thick sputum)
- [ ] YES [ ] NO h. Coughing that wakes you early in the morning
- [ ] YES [ ] NO i. Coughing that occurs mostly when you are lying down
- [ ] YES [ ] NO j. Coughing up blood in the last month
- [ ] YES [ ] NO k. Wheezing
- [ ] YES [ ] NO l. Wheezing that interferes with your job
- [ ] YES [ ] NO m. Chest pain when you breathe deeply
- [ ] YES [ ] NO n. Any other symptoms that you think may be related to lung problems

5. Have you ever had any of the following cardiovascular or heart problems? NO
- [ ] YES [ ] NO a. Heart attack
- [ ] YES [ ] NO b. Stroke
- [ ] YES [ ] NO c. Angina
- [ ] YES [ ] NO d. Heart failure
- [ ] YES [ ] NO e. Swelling in your legs or feet (not caused by walking)
- [ ] YES [ ] NO f. Heart arrhythmia
- [ ] YES [ ] NO g. High blood pressure
- [ ] YES [ ] NO h. Any other heart problems that you've been told about

6. Have you ever had any of the following cardiovascular or heart symptoms? NO
- [ ] YES [ ] NO a. Frequent pain or tightness in your chest
- [ ] YES [ ] NO b. Pain or tightness in your chest during physical activity
- [ ] YES [ ] NO c. Pain or tightness in your chest that interferes with your job
- [ ] YES [ ] NO d. In the past two years, have you noticed your heart skipping or missing a beat
- [ ] YES [ ] NO e. Heartburn or indigestion that is not related to eating
- [ ] YES [ ] NO f. Any other symptoms that you think might be related to heart

7. Do you currently take medication for any of the following problems? NO
- [ ] YES [ ] NO a. Breathing or lung problems
- [ ] YES [ ] NO b. Heart trouble
- [ ] YES [ ] NO c. Blood pressure
- [ ] YES [ ] NO d. Seizures (fits)

8. If you've used a respirator, have you ever had any of the following problems?
- [ ] YES [ ] NO a. Eye irritation
- [ ] YES [ ] NO b. Skin allergies or rashes
- [ ] YES [ ] NO c. Anxiety
- [ ] YES [ ] NO d. General weakness or fatigue
- [ ] YES [ ] NO e. Any other problem that interfere with your use of a respirator

Date: 10/08/2024

Candidate/Employee Signature: Pradeep

Peace Land Clinic Mukhaizna P.O. Box 1022 P.C. 133 [illegible] Oman C.R.No. [illegible]

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
77018053 1998			SUPERVISOR
Nationality	**Age**	**Sex**	**Location**
			HAIMA

Patient:26630 Reg.Dt: 10/08/202
Name: PRADEEP PRATHAPACHANDRAN P.
Gender: Male Nationality: INDIA
Age: 40Y Mar. Status: Marrie
Address:

HEARING CONSERVATION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

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

1 - Have you been out of noise for the past 14-16 hours? [ ] YES [ ] NO
If NO, did you use hearing protection while in the noise? [ ] YES [ ] NO

2 - Check ALL of the following activities that you have done or do:
[ ] Hunting [ ] Car races [ ] Skeet shooting [ ] Woodwork [ ] Target shooting
[ ] Power tools [ ] Mower [ ] Concerts / Band [ ] Welding [ ] Air compressor
[ ] Construction [ ] Scuba diving [ ] Tractor (open or closed cab)
Have you ALWAYS used hearing protection when participating in the above activities? [ ] YES [ ] NO

3 - Check ALL that you have experienced:
[ ] Ear Fullness [ ] Ear Infections [ ] Ear Surgery [ ] Head Injury [ ] Chemotherapy
[ ] Ringing in the ears [ ] Ear Pain [ ] Earwax buildup [ ] Intravenous Antibiotics [ ] Hole in the Eardrum
[ ] Ear Drainage [ ] Dizziness

4 - Check ALL that you have had/suffered from:
[ ] Meningitis [ ] Diabetes [ ] Measles [ ] Syphilis [ ] Chickenpox [ ] Mumps [ ] Chronic ear infections
[ ] Hypertension [ ] Renal Failure [ ] Tuberculosis [ ] Previous surgery [ ] Thyroid Problems [ ] Trauma to head/ ear canal / tympanic membrane

5 - Check ALL that you are currently suffering from:
[ ] Sinusitis [ ] Cold/Flu [ ] Ear Infection [ ] Allergic rhinitis

6 - Do you have documented Hearing Loss? [ ] YES [ ] NO
If Yes: Which Ear(s)? [ ] Right Ear [ ] Left Ear [ ] Both Ear Who performed your hearing test?

7 - Have you EVER worn Hearing Aids? [ ] YES [ ] NO
If Yes: Which Ear(s) [ ] Right Ear [ ] Left Ear [ ] Both Ear
What Size? [ ] Behind-the-ear [ ] In-the-ear [ ] In-the-canal [ ] Completely-in-the-canal
What Type? [ ] Analog [ ] Digital
Who fit your hearing aids? [ ] Licensed Audiologist [ ] Hearing Aid Dealer [ ] Don't Know
When did you receive your hearing aids?

8 - Have you ever served in the military? [ ] YES [ ] NO
If yes, check division [ ] Arm [ ] Navy [ ] Air Force [ ] Marines [ ] National Guard Date / /
Do you have medical disability through the Veterans Administration (VA) for hearing loss or tinnitus? [ ] YES [ ] NO
If yes, how much? _____% What is your TOTAL VA disability? _____%

9 - Are you currently using any medication [ ] YES [ ] NO Which one?

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

Date: 10/08/2025

Peace Land Clinic Mukhaizna

Candidate/Employee Signature

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
77098083	1898	Patient: 26630 Reg.Dt: 10/08/202 Name: PRADEEP PRATHAPACHANDRAN P. Gender: Male Nationality: INDIA Age: 40Y Mar. Status: Marrie Address:	SUPERVISOR
Nationality	Age	Sex	Location
			HAIMA

VITAL SIGNS

Height: 177 cm Weight: 76 Kg BMI: 24.26 Blood Pressure: 120/80 mmHg

Pulse: 68 /min Medical Practitioner Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 Signature: [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 if failed: ☑ Normal ☐ Abnormal

Visual Field Test: ☑ Normal ☐ Abnormal

Stereoscopic Vision Test: ☐ Normal ☐ Abnormal

Date of Examination: 10/08/2023 Medical Practitioner Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 Signature: [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: 10/08/23 Medical Practitioner Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 Signature: [signature]

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

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

[3] Air Entry in Both Lungs: ☑ Normal ☐ Abnormal ☐ Not Examined — If abnormal, describe below:

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

Date of Examination: 10/08/23 Physician Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 Signature: [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

Audiologist Name: Signature: [signature]

[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

Peace Land Clinic Mukhaizna P.O. Box: 183 P.C. 133 C.R.NO.[illegible]

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

PHYSICAL ASSESSMENT FORM

'atient:26630 Reg.Dt: 10/08/202
lame: PRADEEP PRATHAPACHANDRAN P.
ender: Male Nationality: INDIA
ge: 40Y Mar. Status: Marrie
ddress:

ENT SYSTEM

[2] Nose Assessment

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[3] Throat Assessment

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

CARDIOVASCULAR SYSTEM

[1] Heart Sounds

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[2] Heart Murmurs

- [ ] Present
- [x] Absent
- [ ] Not Examined

If present, describe below:

[3] Peripheral Pulses

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[4] Peripheral Veins

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

NEUROLOGICAL SYSTEM

[1] Mental Status

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[2] Cranial Nerves

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[3] Motor System

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[4] Reflexes

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[5] Sensory System

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[6] Coordination, Station, Gait

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

MUSCULOSKELETAL SYSTEM

[1] Hand and Wrist

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[2] Elbow and Shoulder

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[3] Hip

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[4] Knees

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[5] Foot and Ankle

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[6] Spine and Back

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

OTHER

[1] Skin, Extremities

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[2] Head & Neck

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[3] Mouth and Teeth

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[4] Hernial Orifices

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[5] Abdominal Organs

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[6] Lymph Nodes

- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

Date of Examination: 10/08/2022 Physician Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 Signature:

OC - Occupational Health Department

Peace Land Clinic Mekhaizina

Peaceland Medical Service LLC, Mukhaizna
CR No.:2/13627/9, P.O.Box: 1403,
Postal Code: 133,
Occidental Camp Mukhaizna, Sultanate of Oman

PATIENT DETAILS :

Patient ID	: 26630	Doc No	: 14805
Name	: PRADEEP PRATHAPACHANDRAN PILLAI	Doc Date	: 2025-08-10T18:12:00
Age	: 40Y	Bill No	: 36735
Gender	: Male	Date	: 10/08/2025 18:12 PM
Nationality	: INDIAN	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 71335010	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	' B ' Negative		
COMPLETE BLOOD COUNT			
RBC	5.7 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	87 fl	76 - 96 fl	
MCH	30 pg	27 - 33 pg	
MCHC	34 %	32 36 %	
WBC COUNT	7800 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	57 %	40-75 %	
LYMPHOCYTE	33 %	20-45 %	
EOSINOPHIL	2 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	12	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	2 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	82 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.	16 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	25 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	5 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	27 mg / dl	10-50 mg /dl	
S.CREATININE	0.9 mg / dl	0.7 - 1.2 mg /dl	

Reported By:
Lab Technician

Sr. Lab Technologist

Printed at: 10/08/2025 18:15:50

Peace Land Clinic Mukhaizna

Verified By:
Lab Technician

Sr. Lab Technologist

Signed at: 10/08/2025 18:15:50

Approved By:
Lab Technician

Sr. Lab Technologist

Test	Result	Normal Range	Detailed Description
S.URIC ACID	5 mg / dl	3.4 - 7.2 mg /dl	
LIPID PROFILE			
Total Cholesterol	197 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	97 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	60 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	117 mg/dl	< 130 mg/dl	
VLDL	20 mg/dl	2-30 mg/dl	
FASTING BLOOD SUGAR	85 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.025		
pH	Acidic		
Appearance	Clear		
CHEMICAL	0		
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
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:

Peace Land Clinic Mukhaizna

1970-01-05 18:56:32 6 Channel + 1 Rhythm Report Hosp:
Prescribed by:

'atient:26630 Reg.Dt: 10/08/202
Name: PRADEEP PRATHAPACHANDRAN P.
Gender: Male Nationality: INDIA
Age: 4DY Mar. Status: Marrie
Address:

Heart Rate: 62 bpm
PR/RR Int.:138/968 ms
QRS Dur: 98 ms
QT/QTc: 384/390 ms
P-R-T axes: 52 47 49
SV1/RV5/R+S:1.24/1.62/2.86mV

** Analysis Result ** (To be finally confirmed by physician)
Normal Sinus Rhythm
[Normal ECG]

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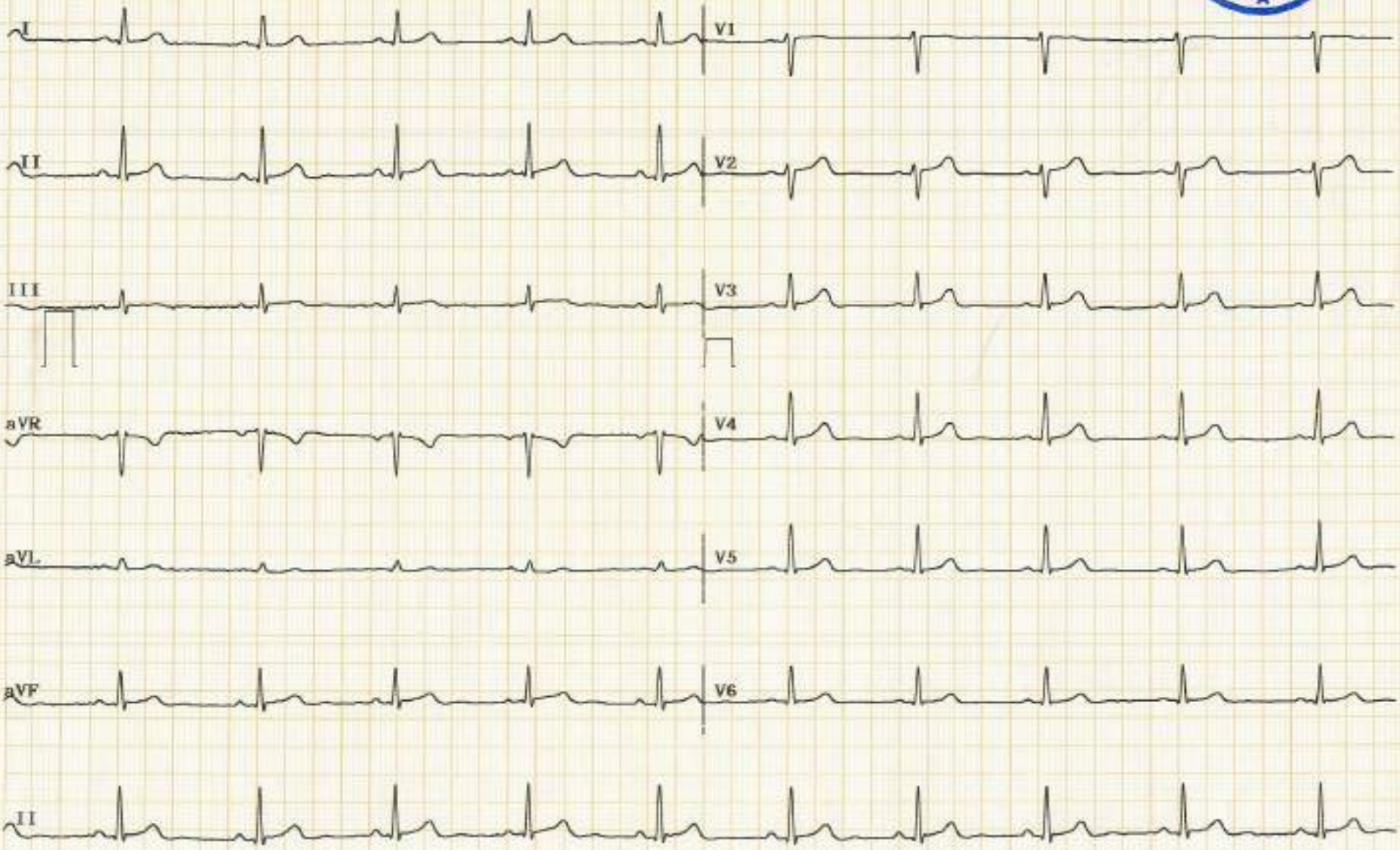

Base:0.2Hz LPF:100Hz AC:50Hz EMG:On 10.0/5.0mm/mV 25.0mm/sec EKG2000 6.00/3.24 Bionet Co., Ltd.

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

PATIENT ID: 26630

Estimated 10-year Global CVD Risk

3.30%

Risk Category

Low Risk

Estimated Vascular Age

38 Years

Treatment Guidelines

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

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ESC (2007, see Info for more)

Treatment Targets

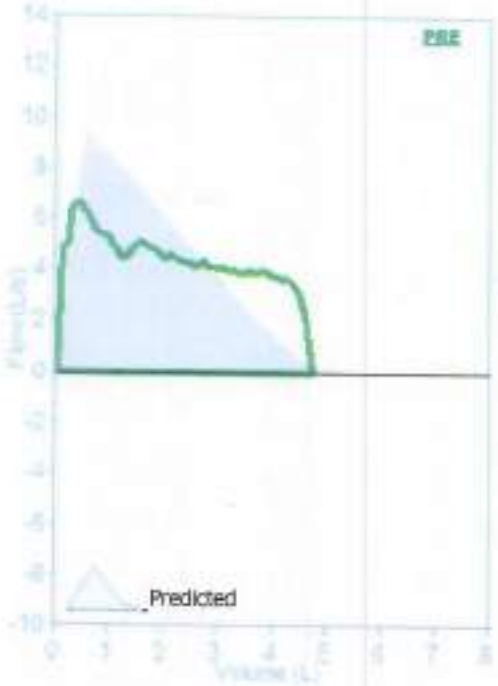
LDL <3 mmol/L (<120 mg/dL)
TChol <5 mmol/L (<194 mg/dL)

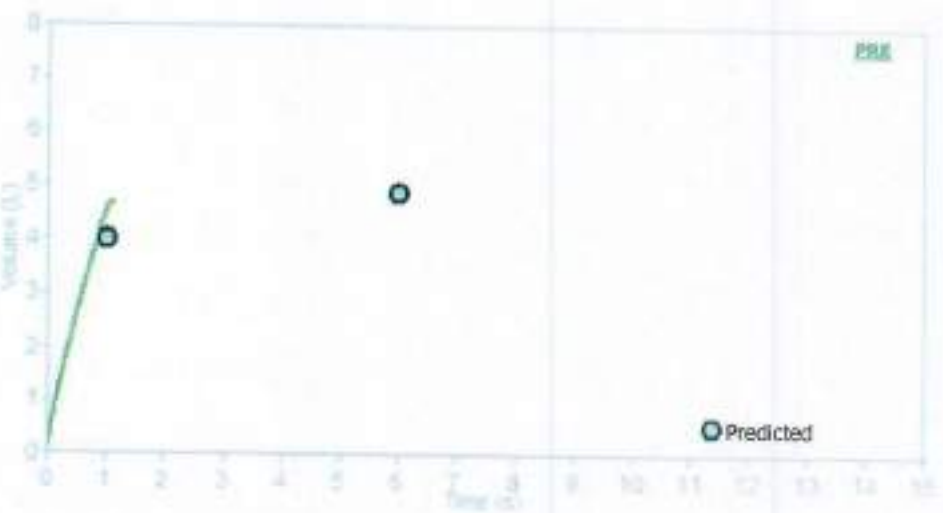
Pulmonary Function Test Results

Visit date 10/08/2025

Patient code	77098083	Age	40
Surname	P	Gender	Male
Name	PRADEEP	Height, cm	177
Date of birth	25/05/1985	Weight, kg	76
Ethnic group	Caucasian	BMI	24.26
Smoke	No smoker	Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 10/08/2025 08:41:03

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.81	4.82	4.71*	98	-0.17	4.71			*		
FEV1	L	3.12	3.96	4.51*	114	1.07	4.51			*		
FEV1/FVC	%	68.2	80.0	95.8*	120	2.20	95.8			*		
PEF	L/s	7.31	9.30	6.67*	72	-2.17	6.67			*		
ELA	Years		40	40	100		40					
FEF2575	L/s	2.70	4.41	4.38	99	-0.03	4.38					
FET	s		6.00	1.13	19		1.13					
FIVC	L	3.81	4.82									
FEV1/VC	%	68.2	80.0									

*Best values from all loops - BTPS 1.073 20 °C (84.2 °F) - Predicted ERS (ECCS) / Zapletal

Conclusion / Medical report

Signature

Peace Land Clinic Mukhaizna

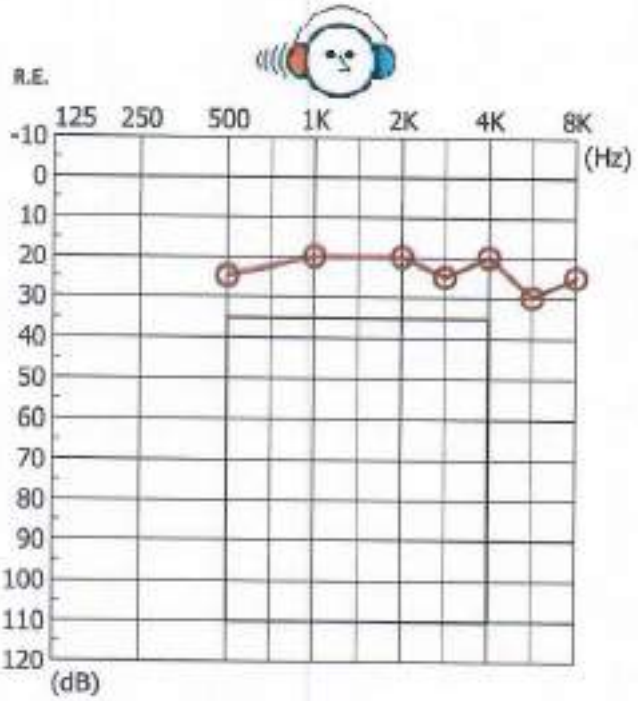
Instrument used
Minispir S S/N C16043

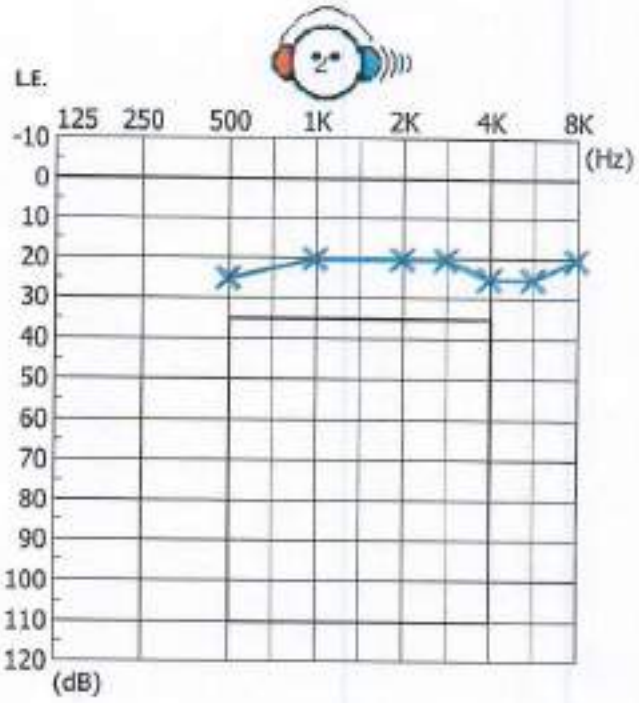
AUDIOMETRY REPORT

'atient:26630 Reg.Dt: 10/08/202
lame: PRADEEP PRATHAPACHANDRAN P
lender: Male Nationality: INDIA
ge: 40Y Mar. Status: Marrie
ddress:

SIBELMED W50

Test date: 10/08/2025
Reference: 77098083
Technician:
Reason:
Origin:
Equipment: Sibelsound DUO
Device serial numb.: 910
Flash Version: 1.0





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

MINISTRY OF LABOUR AND SOCIAL AFFAIRS

	R.E.	L.E.
Hearing Loss (%)	0.0	0.0
Average dBs	22.5	21.2
Bilateral Loss (%)	0.0	

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
26630	PRADEEP PRATHAPACHANDRAN PILLAI	40Y/M	10-08-2025	

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 Mukhaizina

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

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