'atient:19590 Reg.Dt: 10/07/202
Name: JAGWANT SINGH
Gender: Male Nationality: INDIA
Age: 49y Mar. Status: Marrie
Address:

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
70268013	1403	JAGWANT SINGH	CRANE OPERATOR
Nationality	**Age**	**Sex**	**Company** / **Location**
INDIAN	49	M	TRUCKCRANE NORTH / HAIMA

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 130/90 [✓] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crisis
BMI Category: 25.2 [ ] Underweight [ ] Normal [✓] Overweight [ ] Obese [ ] Morbid Obesity
Remarks:

VISUAL TEST

Visual Acuity Test: RT 6/6 LT 6/6
Colour Vision Test: [✓] Normal [ ] Abnormal [ ] Not Required
Visual Field Test: [✓] Normal [ ] Abnormal
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
Physical Assessment: [✓] Normal [ ] Abnormal
Pre-existing condition:
Remarks:

ENT SYSTEM

Audiometry Test: [✓] Normal [ ] Abnormal [ ] Not Required
Otoscopy: [✓] Normal [ ] Abnormal [ ] Not Required
Physical Assessment: [✓] Normal [ ] Abnormal (Whisper, Weber & Rinne Tests)
Pre-existing condition:
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:
Pre-existing condition:
Blood Grouping: B +VE
Remarks:

Glucose Level Category: 96 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: HTN ON MEDICATION
	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/College	Doctor Signature & Clinic Stamp	Issue Date
DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 29078		Peace Land Medical Complex Muhaisnah		11/7/2025

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
70268013	1403	CRANE OPERATOR

Nationality	Age	Sex	Location
			HAIMA

Patient:19590 Reg.Dt: 10/07/202
Name: JAGWANT SINGH
Gender: Male Nationality: INDIA
Age: 49Y 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
- [ ] Working in confined space
- [ ] Working with electricity
- [ ] Working near rotating machinery
- [ ] Working in noise area
- [ ] Working in extreme heat
- [ ] Handling chemical products
- [ ] Use of respirator
- [ ] Pulling, pushing or carrying weight
- [ ] Ascend/descend ladders and stairs
- [ ] Walking or standing for long distance/period
- [ ] Repetitive movements
- [ ] Mobile machinery operation
- [ ] Heavy lifting operation
- [ ] Driving vehicle
- [ ] Emergency response duty

Other, specify

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
10/07/2021	

Medical Review Date

Employee Signature
Jagwant Singh

Doctor Name	Medical License	Hospital	Medical Doctor Signature
DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078			

Ministry of Health Department

PEACE Land Clinic Mukhaizna

Form Review - 02 30/05/2021

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

OQ

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
70268013	1403	Patient: 19590 Reg. Dt: 10/07/202[illegible] Name: JAGWANT SINGH Gender: Male Nationality: INDIA[illegible] Age: 49Y Mar. Status: Marrie[illegible] Address:	CRANG OPERATOR
Nationality	**Age**	**Sex**	**Location**
			HAIMA

PERSONAL HEALTH HISTORY

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

Condition	Yes	No
Congenital heart disease or Valvular heart disease or Coronary artery disease		✓
Myocardial insufficiency or infarction (heart attack)		✓
Coronary bypass surgery (CABS) and angioplasty		✓
Heart arrhythmias (heart beats too fast, too slow or irregularly)		✓
High blood pressure (hypertension)	✓	
Shortness of breath after exertion		✓
Varicose veins associated with varicose eczema, ulcers or other complications		✓
Arteriosclerotic or other vascular disease		✓
Anemias, especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia		✓
Haemorrage disorders i.e. bleeding disorders		✓
Leukaemia, polycythaemia and disorders of the reticulo-endothelial system		✓
G6PD (Glucose 6-Phosphate Dehydrogenase) Deficiency		✓
Recurrent headaches or migraine		✓
Epilepsy and recurrent seizures		✓
Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope)		✓
Sleep disorders, such as insomnia, hypersomnia, sleep apnea, narcolepsy		✓
Chronic anxiety states and/or recurrent depression		✓
Phobias such as fear of heights, fear of confined spaces, fear of flying		✓
Lung disease e.g. bronchitis, asthma, dyspnea, TB		✓
Phlegm production (excess mucus production) or tight chest		✓
Immuno suppression due to cancer or human immunodeficiency virus		✓
Muscle problems e.g. weakness of your limbs or twitchy muscles		✓
Joint problems, e.g. plantar warts, joint pain or swelling		✓
Problems with limb, neck or spine mobility		✓
Extremities (feet or hands) deformities or problems		✓
Experienced back problem, arthritis, slipped disc		✓
Pain in neck or back or hands or legs		✓
Thyroid disease any other glandular diseases		✓
Diabetes mellitus or Hypoglycemia		✓
Experienced weight loss or gain > 5kg over the past year		✓
Informed about being overweight or obese	✓	
Skin disorders e.g. severe acne, dermatitis, eczema or allergy		✓
Allergies e.g. dust, medication, insect bites		✓
Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gastritis		✓
Haemorrhoids, fistulae and fissures causing pain, or recurrent bleeding		✓
Liver and pancreas diseases (e.g. pancreatitis, Hepatitis B)		✓
Kidney or bladder diseases e.g. recurrent infection, renal stones		✓
Ear, nose or throat problems (e.g. otitis, hearing loss, sinusitis, tonsillitis)		✓
Eye disease or visual defect (e.g. glaucoma, color blindness, monocular vision)		✓
Treated for infectious diseases (e.g. malaria, COVID19)		✓
Treated for depression, stress		✓
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?		

Date: 10/07/2025

List any previous injuries or operations

Previous injuries or operations	Date

Candidate/Employee Signature

Jagwant [signature]

Peace Land Clinic [illegible] (stamp)

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #
7026803	1403

Nationality	Age	Sex
	1	

'atient:19590 Reg.Dt: 10/07/202
lame: JAGWANT SINGH
lender: Male Nationality: INDIA
ge: 49Y Mar. Status: Marrie
ddress:

Position
CRANE OPERATOR

Location
HAIMA

FAGERSTROM TEST

Do you smoke? [ ] Yes [✓] No *If YES, Please answer the following:*

How soon after waking up do you smoke you first cigarette? [ ] >60min [ ] 31-60min [ ] 6-30min [ ] < 5 minutes

Do you find it difficult to avoid smoking where is forbidden, such as work places, cinemas, shopping etc.? [ ] Yes [ ] No

What's the most difficult cigarette to quit or not to smoke [ ] Anyone [ ] The first in the morning

How many cigarettes do you smoke per day [ ] <10 [ ] 11-20 [ ] 21-30 [ ] >31

Do you smoke more frequently the first hours of the day than the rest of the day [ ] Yes [ ] No

Do you smoke even when you're sick and have to stay in the bed most part of the day [ ] Yes [ ] No

CAGE QUESTIONNAIRE

Do you drink alcohol? [ ] Yes [✓] No *If YES, Please answer the following:*

Did you ever felt that you should decrease the amount of drinks or cut down (stop) drinking? [ ] Yes [ ] No

Do people bother you because they criticize the way you drink? [ ] Yes [ ] No

Do you feel guilty or upset with yourself with the way you use to drink [ ] Yes [ ] No

Do you drink in the morning to feel less nervous or decrease the hang over [ ] Yes [ ] No

Have you had any problems related to alcohol [ ] Yes [ ] No

Did you drink in the last 24 hours [ ] Yes [ ] No

FATIGUE QUESTIONNAIRE

Have you noticed that you are feeling tired recently [ ] Yes [✓] No

Have you been feeling a lack of energy [ ] Yes [✓] No *If YES, Please answer the following:*

For how many days did you feel tired or with lack of energy in the last week [ ] 1 day [ ] 2 days [ ] 3 days [ ] > 3 days

Did you feel tired or with lack of energy for more than 3 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: 10/07/2025

Candidate/Employee Signature

Jagwant S

OQ - Occupational Health Department

Peace Land Clinic

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Patient: 19390 Reg.Dt: 10/07/202	Position
7026803	1403	Name: JAGWANT SINGH	CRANE OPERATOR
Nationality	**Age**	**Sex**	Location
		Gender: Male Nationality: INDIA Age: 48Y Mar. Status: Marrie Address:	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?

[ ] 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?

[ ] 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?

[ ] 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?

[ ] 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?

[ ] 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?

[ ] 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: 10/07/2025

Candidate/Employee Signature

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Patient:19590 Reg.Dt: 10/07/202 Name: JAGWANT SINGH Gender: Male Nationality: INDIA Age: 49Y Mar. Status: Marrie Address:	Position
7026803	1403		CRANE OPERATOR
Nationality	**Age**	**Sex**	**Location**
			HAIMA

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? T. AMLONG 5MG - OD

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

Date: 10/07/2025

Candidate/Employee Signature

Jagwant

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
7026813	1403	atient: 19590 Reg.Dt: 10/07/202 lame: JAGWANT SINGH iender: Male Nationality: INDIA ge: 49Y Mar. Status: Marrie ddress:	CRANE OPERATOR
Nationality	Age	Sex	Location
			HAIMA

VITAL SIGNS

Height: 177 cm Weight: 79 Kg BMI: 25.2 Blood Pressure: 130/90 mmHg

Pulse: 72 /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 # failed: ___ ☑ Normal ☐ Abnormal

Visual Field Test: ☑ Normal ☐ Abnormal

Stereoscopic Vision Test: ☐ Normal ☐ Abnormal

Date of Examination: 10/07/2025 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

Diagnosis: ☐ Asthma ☐ COPD ☐ Other ______ Nose Clips Used: ☐ Yes ☐ No

Acceptability Criteria (select all what is applicable): ☐ Free from artifacts ☐ Good start ☐ Satisfactory exhalation ☐ NOT satisfactory

Repeatability Criteria (select all what is applicable): ☐ >3 acceptable curves FEV1 values AND FVC values within 0.15L (150 ml) ☐ Total of THREE to EIGHT tests performed ☐ The patient CAN NOT or SHOULD NOT continue

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

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

[2] Chest Shape and 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: 10/07/2025 Physician Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 Signature: [signature]

ENT SYSTEM

[1] Otoscopy

Ear Canal Collapse: Right: ☐ Yes ☑ No ☐ Not Exam; Left: ☐ Yes ☑ No ☐ Not Exam

Drainage: Right: ☐ Yes ☑ No ☐ Not Exam; Left: ☐ Yes ☑ No ☐ Unknown

Perforation: Right: ☐ Yes ☑ No ☐ Not Exam; Left: ☐ Yes ☑ No ☐ Not Exam

Cerumen: Right: ☑ None ☐ Some ☐ A lot ☐ Impacted ☐ Not Exam; Left: ☑ None ☐ Some ☐ A lot ☐ Impacted ☐ Not Exam

Eardrum Position: Right: ☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam; Left: ☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam

Eardrum Vascularity: Right: ☑ Normal ☐ Considerable ☐ Mild ☐ Not Exam; Left: ☑ 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 Sukhaizna CASCLINIC

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

PHYSICAL ASSESSMENT FORM

ENT SYSTEM

[2] Nose Assessment
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below:

[3] Throat Assessment
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below:

CARDIOVASCULAR SYSTEM

[1] Heart Sounds
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below:

[2] Heart Murmurs
- ☐ Present
- ☑ Absent
- ☐ Not Examined

If present, describe below:

[3] Peripheral Pulses
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below:

[4] Peripheral Veins
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below:

NEUROLOGICAL SYSTEM

[1] Mental Status
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below:

[2] Cranial Nerves
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below:

[3] Motor System
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below:

[4] Reflexes
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below:

[5] Sensory System
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below:

[6] Coordination, Station, Gait
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below:

MUSCULOSKELETAL SYSTEM

[1] Hand and Wrist
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below:

[2] Elbow and Shoulder
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below:

[3] Hip
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below:

[4] Knees
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below:

[5] Foot and Ankle
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below:

[6] Spine and Back
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below:

OTHER

[1] Skin, Extremities
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below:

[2] Head & Neck
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below:

[3] Mouth and Teeth
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below:

[4] Hernial Orifices
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below:

[5] Abdominal Organs
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below:

[6] Lymph Nodes
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below:

Date of Examination: 10/07/2025 Physician Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078

Signature:

OD - Occupational Health Department

Form Review - 05 30/11/2021

Peace Land Clinic

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

PATIENTDETAILS :

Patient ID	: 19590	Doc No	: 14309
Name	: JAGWANT SINGH	Doc Date	: 2025-07-10T18:06:00
Age	: 49Y	Bill No	: 36240
Gender	: Male	Date	: 10/07/2025 18:06 PM
Nationality	: INDIAN	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 71862753	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' Positive		
COMPLETE BLOOD COUNT			
RBC	5.2 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	15.5 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	44 %	Male 42 -52 % Female 37 -47 %	
MCV	84 fl	76 - 96 fl	
MCH	29 pg	27 - 33 pg	
MCHC	35 %	32 36 %	
WBC COUNT	10000 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	55 %	40-75 %	
LYMPHOCYTE	32 %	20-45 %	
EOSINOPHIL	5 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	10	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	2.6 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	58 u/l	44-147 U/ L	
T. BILIRUBIN	0.6 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.3 mg / dl	up to 0.4 mg /dl	
IINDIRECT BILIRUBIN	0.3 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	20 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	28 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	7 g /dl	New born 5.2 - 9.1 g /dl Children 5.4 - 8.7 g /dl Adult 6.7 - 8.7 g /dl	
ALBUMIN	4.5 g / dl	3.8 - 5.5 g/dl	
RENAL FUNCTION TEST			

Reported By:
Lab Technician

Sr. Lab Technologist

Printed at: 10/07/2025 18:10:14

Peace Land Clinic Mukhaizna

Verified By:
Lab Technician

Sr. Lab Technologist

Signed at: 10/07/2025 18:10:14

Approved By:
Lab Technician

Sr. Lab Technologist

Test	Result	Normal Range	Detailed Description
UREA	22 mg / dl	10-50 mg /dl	
S.CREATININE	0.9 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	6 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	140 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	65 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	104 mg/dl	< 130 mg/dl	
VLDL	28 mg/dl	2-30 mg/dl	
NON HDL CHOLESTEROL	122 mg/dl	Less than 130mg/dl	
FASTING BLOOD SUGAR	96 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.015		
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		

Patient:19590 Reg.Dt: 10/07/202
Name: JAGWANT SINGH
Gender: Male
Age: 49y Nationality: INDIA
Address: Mar. Status: Marrie

Remarks:

Peace Land Clinic Mukhaiza

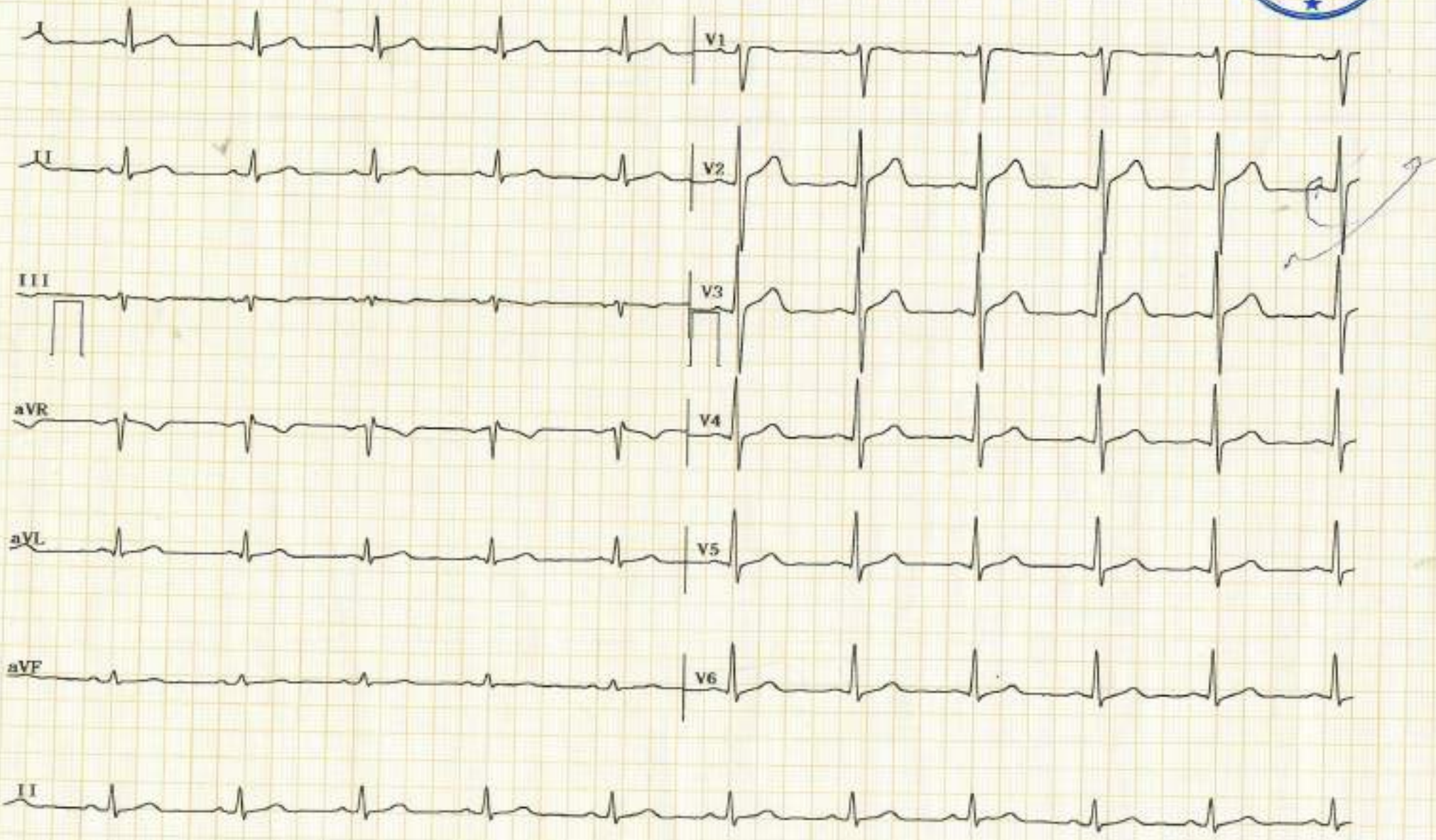
Patient:19590 Reg.Dt: 10/07/202
Name: JAGWANT SINGH
Gender: Male Nationality: INDIA
Age: 49Y Mar. Status: Marrie
Address:

12 Channel + 1 Rhythm Report Hosp:
Prescribed by:

Heart Rate: 66 bpm
PR/RR Int.:146/909 ms
QRS Dur: 110 ms
QT/QTc: 426/444 ms
P-R-T axes: 55 23 36
SV1/RV5/R+S:0.79/0.97/1.76mV

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

Peace Land Clinic Mukhairna



Base:0.2Hz LPF:100Hz AC:50Hz EMG:On 10.0mm/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: 19590

Estimated 10-year Global CVD Risk

6.70%

Risk Category

Low Risk

Estimated Vascular Age

48 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

ESC (2007, see Info for more)

Treatment Targets

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

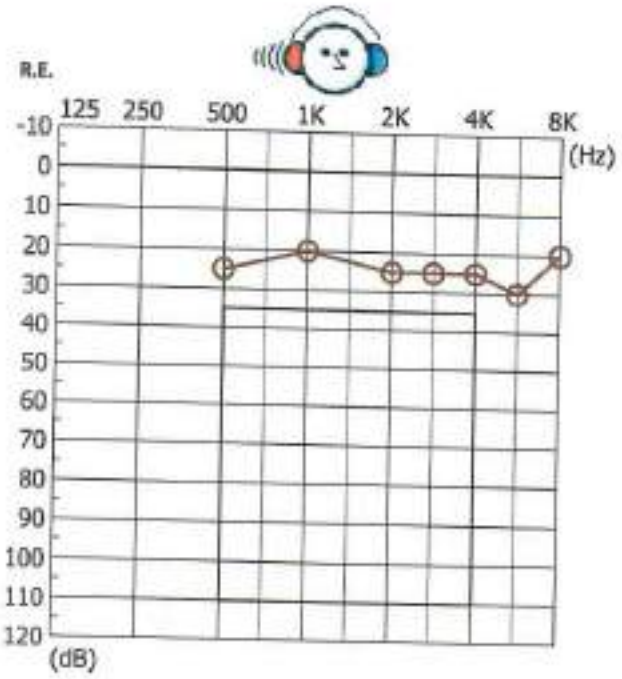
AUDIOMETRY REPORT

SIBELMED W50

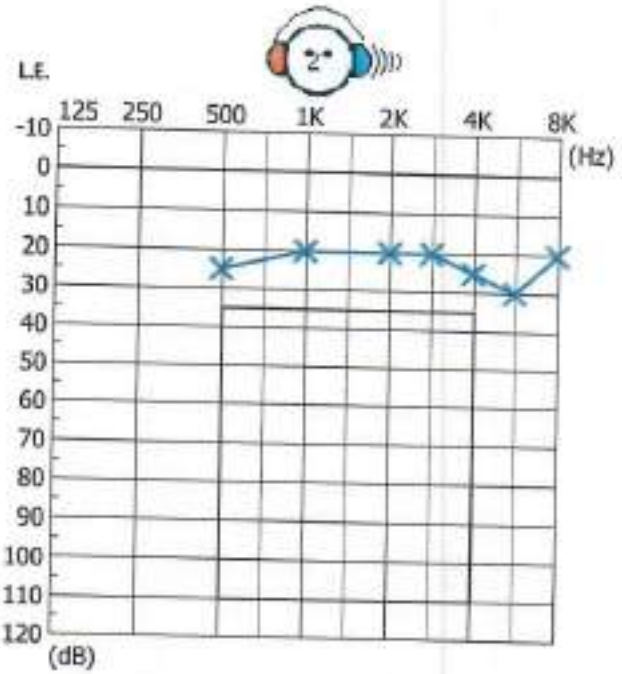
Name:	SINGH, JAGWANT
Age(y):	49
Sex:	Man
Height (cm):	0
Weight(Kg):	0
BMI:	

Test date:	10/07/2025
Reference:	70268013
Technician:	
Reason:	
Origin:	
Equipment:	
Device serial numb.:	
Flash Version:	

R.E.



L.E.



MINISTRY OF LABOUR AND SOCIAL AFFAIRS

	R.E.	L.E.
Hearing Loss (%)	0.0	0.0
Average dBs	23.8	21.2
Bilateral Loss (%)	0.0	

No Masking	R.E.	L.E.	With Masking	R.E.	L.E.
Air	O	X	Air	△	□
Bone	<	>	Bone	⊂	⊃
F.Field	⌀	※			
No response	↶	↘			

Right ear Normal
Left ear Normal

COMMENTS:

Peace Land Clinic Mumbai

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
19590	JAGWANT SINGH	49Y/M	10-07-2025	

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