



MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION				
Civil ID / Passport #	Company ID #	Name	Position	
89951888	1617	ALI KASHIF	HD DRIVER	
Nationality	Age	Sex	Company	Location
PAKISTANI	35	M	TRUCKMAN NORTH	HAIMA
EXAMINATION TYPE				
Examination	☐ Pre-employment ☒ Periodic ☐ Exit			

VITAL SIGNS & BODY MEASURES				
Blood Pressure Category:	130/80	☒ Normal	☐ Prehypertension	☐ Hypertension Stage 1
BMI Category:	26.4	☐ Underweight	☒ Normal	☐ Overweight
Remarks:				

VISUAL TEST				
Visual Acuity Test:	RT 6/6	LT 6/6	Visual Field Test	☒ Normal ☐ Abnormal
Colour Vision 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
Pre-existing condition:				
Remarks:				

ENT SYSTEM				
Audiometry Test	☒ Normal ☐ Abnormal ☐ Not Required	Otoscopy	☒ Normal ☐ Abnormal ☐ Not Required	Physical Assessment
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:				

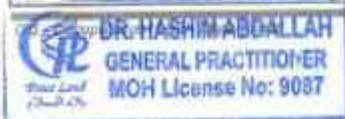
MUSCULOSKELETAL SYSTEM				
Physical Assess:	☒ Normal ☐ Abnormal	Lumbar X-Ray	☐ Normal ☐ Abnormal	☒ Not Required
Pre-existing condition:				
Remarks:				

LABORATORY INVESTIGATIONS				
Lab Tests:	☒ Normal ☐ Abnormal	If abnormal, please specify below:		Blood Grouping: O+ve
Pre-existing condition:				
Remarks:				

Glucose Level Category	99mg/dl	☒ Normal: 80 - 100 mg/dl	☐ Pre-diabetic: 100 - 125 mg/dl	☐ Diabetic > 125 mg/dl
Cholesterol Risk Category	129mg/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			
SRO-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 #	Issue Date
DR. HASHIM ABDALLAH	9087	16-01-2025



FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	16086000		Position	
69951888	1617			HD DRIVER	
Nationality	Age	Sex	Location		
PAKISTANI	35	M	HAIMA		

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	
☒ 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	☐ 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

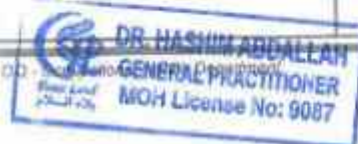
Other, specify

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
16/01/2025	

Medical Review Date	Employee Signature

Doctor Name	Medical License	Medical Doctor Signature



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MEDICAL & SURGICAL HISTORY QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	16086002		Position	
89951888	1617			HD DRIVER.	
Nationality	Age	Sex	Location		
PAKISTANI	35	M	HAIMA		

PERSONAL HEALTH HISTORY					
Have you ever, or do you currently suffer from any of the following?					
Congenital heart disease or Valvular heart disease or Coronary artery disease	☐ Yes	☒ No	Muscle problems e.g. weakness of your limbs or twitchy muscles	☐ Yes	☒ No
Myocardial insufficiency or infarction (heart attack)	☐ Yes	☒ No	Joint problems, e.g. plantar warts, joint pain or swelling	☐ Yes	☒ No
Coronary bypass surgery (CABS) and angioplasty	☐ Yes	☒ No	Problems with limb, neck or spine mobility	☐ Yes	☒ No
Heart arrhythmias (heart beats too fast, too slow or irregularly)	☐ Yes	☒ No	Extremities (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 any other glandular diseases	☐ Yes	☒ No
Arteriosclerotic or other vascular disease	☐ Yes	☒ No	Diabetes mellitus or Hypoglycemia	☐ Yes	☒ No
Anemias, especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia	☐ Yes	☒ No	Experienced weight loss or gain > 5kg over the past year	☐ Yes	☒ No
Haemorrhage disorders i.e. bleeding disorders	☐ Yes	☒ No	Informal about being overweight or obese	☐ Yes	☒ No
Leukaemia, polycythemia and disorders of the reticulo-endothelial system	☐ Yes	☒ No	Skin disorders e.g. severe acne, dermatitis, eczema or allergy	☐ Yes	☒ No
G6PD (Glucose 6-Phosphate Dehydrogenase) Deficiency	☐ Yes	☒ No	Allergies e.g. dust, medication, insect bites	☐ Yes	☒ No
Recurrent headaches or migraines	☐ Yes	☒ No	Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gastritis	☐ Yes	☒ No
Epilepsy and recurrent seizures	☐ Yes	☒ No	Haemorrhoids, fistulae and fissures causing pain, or recurrent bleeding	☐ Yes	☒ No
Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope)	☐ Yes	☒ No	Liver and pancreas diseases (e.g. pancreatitis, Hepatitis B)	☐ Yes	☒ No
Sleep disorders, such as insomnia, hypersomnia, sleep apnea, narcolepsy	☐ Yes	☒ No	Kidney or bladder diseases e.g. recurrent infection, renal stones	☐ Yes	☒ No
Chronic anxiety states and/or recurrent depression	☐ Yes	☒ No	Ear, nose or throat problems (e.g. otitis, hearing loss, sinusitis, tonsillitis)	☐ Yes	☒ No
Phobias such as fear of heights, fear of confined spaces, fear of flying	☐ Yes	☒ No	Eye disease or visual defect (e.g. glaucoma, color blindness, monocular vision)	☐ Yes	☒ No
Lung disease e.g. bronchitis, asthma, dyspnea, TB	☐ Yes	☒ No	Treated for infectious diseases (e.g. malaria, COVID19)	☐ Yes	☒ No
Phlegm production (excess mucus production) or tight chest	☐ Yes	☒ No	Treated for depression, stress	☐ Yes	☒ No
Immune suppression due to cancer or human immunodeficiency virus	☐ Yes	☒ No	Treated for substance or alcohol abuse	☐ Yes	☒ No

Have you visited a doctor in the last year? ☐ Yes ☒ No

Are you taking any medication at present? ☐ Yes ☒ No

Are you pregnant? ☐ Yes ☒ No

Date: 16/01/2025

List any previous injuries or operations

Previous injuries or operations	Date

Candidate/Employee Signature

[Signature]



SCREENING QUESTIONNAIRE



CANDIDATE/EMPLOYEE IDENTIFICATION			
Civil ID / Passport #	Company ID #	Position	
89951888	1617	HD DRIVER	
Nationality	Age	Sex	Location
PAKISTANI	35	M	HAIMA

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		
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 feel 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 hrs 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 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: 16/01/2025

Candidate/Employee Signature



RESPIRATORY PROTECTION QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	16086 00		Position	
89951888	1617			HD DRIVER	
Nationality	Age	Sex	Location		
PAKISTANI	35	M	HAIMA		

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? ☐ YES ☒ NO What type: ☐ Disposable mask ☐ Cartridge 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 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 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. Swelling in your legs or feet (not caused by walking)
☐ YES ☒ NO b. Stroke ☐ YES ☒ NO f. Heart arrhythmia
☐ 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. Heartburn or indigestion that is not related to eating
☐ YES ☒ NO b. Pain or tightness in your chest during physical activity ☐ YES ☒ NO f. Any other symptoms that you think might be related to heart
☐ 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

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: 16/01/2025

Candidate/Employee Signature



HEARING CONSERVATION QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	16086 00		Position	
89951888	1617			HD DRIVER	
Nationality	Age	Sex	Location		
PAKISTANI	35	M	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	☐ Sport 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 ☐ Motorcycle ☐ Walking

Date: 16/01/25



Candidate/Employee Signature

[Signature]

PHYSICAL ASSESSMENT FORM



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	16086 000		Position	
89951888	1617			HD DRIVER	
Nationality	Age	Sex	Location		
PAKISTANI		M	HAIMA		

VITAL SIGNS					
Height	174 cm	Weight	80 Kg	BMI	26.4
Pulse	78 /min	Medical Practitioner Name		Signature	
		DR. HASHIM ABDALLAH		[Signature]	

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

Colour Vision Test (Ishihara)					
# of Plates passed	Inform the Plates # failed	Visual Field Test	Stereoscopic Vision Test		
		Normal	Normal		

Date of Examination: 16/01/25					
Medical Practitioner Name		Signature			
DR. HASHIM ABDALLAH		[Signature]			

[1] Spirometry Test					
Smoking Status:	Never	Ever Used	Current	Patient's Posture During Test:	Standing
Diagnosis:	Asthma	COPD	Other	Nose Clips Used:	Yes

Acceptability Criteria (select all that is applicable)		Repeatability Criteria (select all that is applicable)	
☐ Free from artifacts	☐ Satisfactory exhalation	☐ >3 acceptable curves FEV1 values AND FVC values within 0.15L (150 ml)	
☐ Good start	☐ NOT satisfactory	☐ Total of THREE to EIGHT tests performed	
		☐ The patient CAN NOT or SHOULD NOT continue	

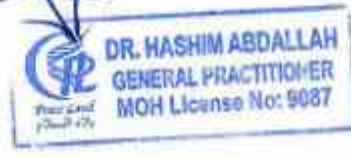
The Patient Demonstrated:					
☐ Good Effort	☐ Difficulty following instructions	☐ Ability to obtain only one good effort	☐ Poor Effort	☐ Cooperation	

[2] Chest Shape and Movement		[3] Chest Percussion	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	

[3] Air Entry in Both Lungs		[4] Breath sounds	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	

Date of Examination: 16/01/2025		Physician Name		Signature	
		DR. HASHIM ABDALLAH		[Signature]	

[1] Otoscopy				[2] Hearing Test			
Ear Canal Collapse	Right: ☒ Yes ☒ No ☐ Not Exam	Left: ☒ Yes ☒ No ☐ Not Exam	Eardrum Position	Whisper Test	☒ Normal ☐ Abnormal ☐ Not Exam		
Drainage	Right: ☒ Yes ☒ No ☐ Not Exam	Left: ☒ Yes ☒ No ☐ Unknown	Eardrum Vascularity	Rinne Test	☐ Normal ☐ Abnormal ☐ Not Exam		
Perforation	Right: ☒ Yes ☒ No ☐ Not Exam	Left: ☒ Yes ☒ No ☐ Not Exam		Weber Test	☒ Normal ☐ Abnormal ☐ Not Exam		
Cerumen	Right: ☒ None ☐ Some ☐ Impacted	Left: ☒ None ☐ Some ☐ Impacted		Audiometry Done	☒ Yes ☐ No		
				Audiologist Name	Hearing Questionnaire verified		
				[Signature]	☒ Yes ☐ No		

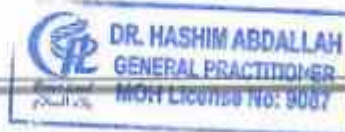


PHYSICAL ASSESSMENT FORM



ENT SYSTEM			
(2) Nose Assessment		(3) Throat Assessment	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
CARDIOVASCULAR SYSTEM			
(1) Heart Sounds		(2) Heart Murmurs	
☒ Normal	If abnormal, describe below:	☒ Present	If present, describe below:
☐ Abnormal		☒ Absent	
☐ Not Examined		☐ Not Examined	
(3) Peripheral Pulses		(4) Peripheral Veins	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
NEUROLOGICAL SYSTEM			
(1) Mental Status		(2) Cranial Nerves	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
(3) Motor System		(4) Reflexes	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
(5) Sensory System		(6) Coordination, Station, Gait	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
MUSCULOSKELETAL SYSTEM			
(1) Hand and Wrist		(2) Elbow and Shoulder	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
(3) Hip		(4) Knee	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
(5) Foot and Ankle		(6) Spine and Back	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
OTHER			
(1) Skin, Extremities		(2) Head & Neck	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
(3) Mouth and Teeth		(4) Genital Orifices	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	
(5) Abdominal Organs		(6) Lymph Nodes	
☒ Normal	If abnormal, describe below:	☒ Normal	If abnormal, describe below:
☐ Abnormal		☐ Abnormal	
☐ Not Examined		☐ Not Examined	

Date of Examination: 16/01/2025 Physician Name: _____
 OQ - Occupational Health Department



Signature: _____
 Form Revised - 02-30-2021





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

PATIENT DETAILS :

Patient ID : 16086	Doc No : 11901
Name : ALI KASHIF	Doc Date : 2025-01-16T10:44:00
Age : 35Y	Bill No : 33319
Gender : Male	Date : 16/01/2025 10:44 AM
Nationality : PAKISTANI	Customer : TRUCKOMAN OIL & GAS SERVICES
GSM No : 91872311	Ref.by : DR.HASHIM ABDALLAH

TEST RESULT : OQ-001 OQ MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
OQ MEDICAL CHECKUP			
BLOOD GROUP & Rh TYPING	'O' Positive		
COMPLETE BLOOD COUNT			
RBC	6 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	16.8 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	50 %	Male 42 - 52 % Female 37 - 47 %	
MCV	83 fl	76 - 96 fl	
MCH	27 pg	27 - 33 pg	
MCHC	33 %	32 - 36 %	
WBC COUNT	8000 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	48 %	40-75 %	
LYMPHOCYTE	43 %	20-45 %	
EOSINOPHIL	2 %	1-6 %	
MONOCYTE	7 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	5	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	3.1 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	91 u/l	44-147 U/L	
T. BILIRUBIN	0.5 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.2 mg / dl	up to 0.4 mg /dl	
INDIRECT BILIRUBIN	0.3 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	18 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	30 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	

Reported By:
Lab Technician

Sr. Lab Technologist

Printed at: 16/01/2025 10:47:31



Verified By:
Lab Technician

Sr. Lab Technologist

Signed at: 16/01/2025 10:47:31

Approved By:
Lab Technician

Sr. Lab Technologist

Test	Result	Normal Range	Detailed Description
ALBUMIN	4 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	16 mg / dl	10-50 mg /dl	
S.CREATININE	0.8 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	7.1 mg / dl	3.4 - 7.2 mg /dl	
LIPID PROFILE			
Total Cholesterol	193 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	116 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	47 mg/dl	35.0 - 70.0 mg /dl	
LDL - CHOL	129 mg/dl	< 130 mg/dl	
VLDL	23 mg/dl	2-30 mg/dl	
NON HDL CHOLESTEROL	130 mg/dl	Less than 130mg/dl	
FASTING BLOOD SUGAR	99 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.020		
pH	Acidic		
Appearance	Clear		
CHEMICAL			
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		
COCAINE (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		



PLMS MCT

16086 0001

NAME: [blank] ID: [blank]
 SEX: [blank] NATIONALITY: [blank]

Operator: PEACELAND MEDICAL SERVICE
 Custom1:
 Custom2:
 Custom3:

AUTO 5mm/mV

Data for reference only:

HR : 71
 PR Interval : 142
 P Duration : 86
 QRS Duration : 72
 T Duration : 188
 QT/QTc : 353/382
 P/QRS/T Axis : 44.0/40.8/21.5
 R (V5) / S (V1) : 0.47/0.35
 R (V5) + S (V1) : 0.82

5mm/mV

V1

V2

V3

V4

V5

V6

aVR

aVL

aVF

II 5mm/mV

25mm/s AC50Hz+EMC30Hz

<< Conclusions >>

Normal Sinus Rhythm,
 Cardiac electric axis normal.

Report need physician confirm

Physician:

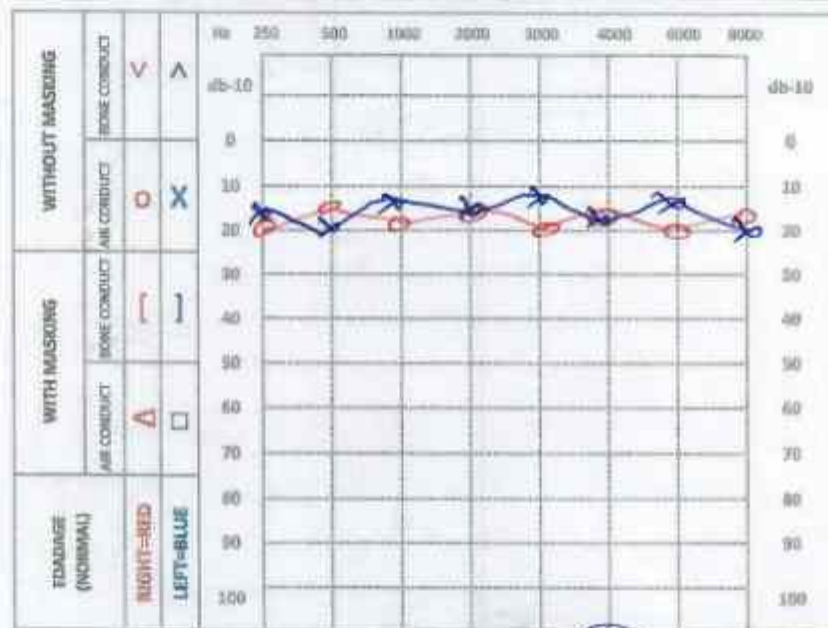




مركز بلاد السلام الطبي

Peace Land Medical Center

AUDIOMETRY TEST REPORT			
NAME: ALI KASHIF		COMPANY: TRUCK DRIVER	
AGE: 35 Y	GENDER: M/F	OCCUPATION: HD DRIVER	
REF. BY:		DATE: 16/01/2025	



INTERPRETATION
O RIGHT EAR
X LEFT EAR

RESULT
☒ NORMAL
☐ HEARING LOSS
☐ RIGHT
☐ LEFT



DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
16086	ALI KASHIF.	35Y/M	16-01-2025	

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



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

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