MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
J8829961	1859	Sathish Kumar P	Driver

Nationality	Age	Sex	Company	Location
Indian	43	M	Truck Oman	Haima

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 120|80mHg [Normal] | Prehypertension | Hypertension Stage 1 | Hypertension Stage 2 | Hypertension Crisis

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

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 positive

Pre-existing condition: Acceptable range.

Remarks:

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

Cholesterol Risk Category: [ ] Low Risk: LDL is less 130 mg/dl [✓] Moderate Risk: LDL 130-159 mg/dl | [ ] High Risk: LDL >160 mg/dl

Routine Urine Analysis: [✓] Normal | [ ] Abnormal | [ ] Not Required — Stool Analysis: [ ] Normal | [ ] Abnormal | [ ] Not Required

QUESTIONNAIRES

	Medical & Surgical History Questionnaire	Remarks: Dm - on Rx
	Respiratory Protection Questionnaire	Remarks:
	Hearing Conservation Questionnaire	Remarks:
	Screening Questionnaire	Remarks:

Fagerstrom Test - Smoking: [ ] Non-smoker | [ ] Low dependence | [ ] Low to Medium dependence | [ ] Moderate dependence | [ ] High dependence

CAGE Questionnaire Alcohol Use: [ ] No use of alcohol | [ ] Screening negative | [ ] Clinically significant

SRQ-20 Self reported Questionnaire: [ ] No positive answers | [ ] Positive answers Factor I: (1 to 6) | [ ] Positive answers Factor II: (7 to 12)

[ ] Positive answers Factor III: (13 to 16) | [ ] Positive answers Factor IV: (17 to 20)

Clinic Doctor Name	License #	Hospital/Policlinic	Doctor Signature & Clinic Stamp	Issue Date
Dr. Jamal		Aster		21/12/24

Dr. JAMAL T.M
SPECIALIST INTERNAL MEDICINE
MOH LICENCE NO: 13475
ASTER HOSPITAL IBRI

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
J88 29961	1459	Sathish Kumar	Driver

Nationality	Age	Sex	Company	Location
Indian	43	M	Truck Oman	Haimo

EXAMINATION TYPE

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

Medical Suitability for Work

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

Restrictions

[2.1] Working at height	[2.] Pulling, pushing or carrying weight
[2.] Working in confined space	[2.] Ascend/descend ladders and stairs
[2.] Working with electricity	[2.] Walking or standing for long distance/period
[2.] Working near rotating machinery	[2.] Repetitive movements
[2.] Working in noise area	[2.] Mobile machinery operation
[2.] Working in extreme heat	[2.] Heavy lifting operation
[2.] Handling chemical products	[2.] Driving vehicle
[2.] Use of respirator	[2.] Emergency response duty

Other, specify

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
21/12/2024	

Medical Review Date	Employee Signature

Doctor Name	Medical License	Hospital	Medical Doctor Signature
Dr Jamal		Aster	

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PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
J8829961	1459	Sathish Kumar	DRIVER
Nationality	**Age**	**Sex**	**Company**	**Location**
Indian	43	M	TRUCK OMAN	HAIMA

VITAL SIGNS

Height: 169 cm | Weight: 72 Kg | BMI: 25.2 | Blood Pressure: 120/80 mmHg

Pulse: 94 /min | Medical Practitioner Name: | Signature:

VISUAL SYSTEM

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

Colour Vision Test Ishihara: # of Plates passed: 8 | Inform the Plates # failed: 0 | ☑ Normal ☐ Abnormal

Visual Field TPAI: ☐ Normal ☐ Abnormal

Stereoscopic Vision Test: ☐ Normal ☐ Abnormal

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

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: 21/12/24 | Medical Practitioner Name: Dr. Jamal | Signature:

[2] Chest Shape and Movment

☐ Normal ☐ Abnormal ☐ Not Examined | If abnormal, describe below:

[3] Chest Percussion

☐ Normal ☐ Abnormal ☐ Not Examined | If abnormal, describe below:

[3] Air Entry in Both Lungs

☐ Normal ☐ Abnormal ☐ Not Examined | If abnormal, describe below:

[4] Breath sounds

☐ Normal ☐ Abnormal ☐ Not Examined | If abnormal, describe below:

Date of Examination: | Physician Name: | Signature:

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

[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

Audiologist Name / Signature:

Hearing Questionnaire verified: ☐ Yes ☐ No

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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: 21/12/2024 Physician Name: ____________ Signature: [signature]

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[signature]

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
78829961	1459	Sathish Kumar	Driver
Nationality	**Age**	**Sex**	**Company**	**Location**
Indian	43	M	Truck Oman	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 (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 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
Haemorrage disorders i.e. bleeding disorders		Yes	✓	No	Informed about being overweight or obese		Yes	✓	No
Leukaemia, polycythaemia and disorders of the reticulo-endothelial system		Yes	✓	No	Skin disorders e.g. severe acne, dermatitis, eczema or allergy		Yes	✓	No
G6PD (Glucose 6-Phosphate Dehydrogenase) Deficiency		Yes	✓	No	Allergies e.g. dust, medication, insect bites		Yes	✓	No
Recurrent headaches or migraine		Yes	✓	No	Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gastritis		Yes	✓	No
Epilepsy and recurrent seizures		Yes	✓	No	Haemorrhoids, fistulae and fissures causing pain, or recurrent bleeding		Yes	✓	No
Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope)		Yes	✓	No	Liver and pancreas diseases (e.g. pancreatitis, Hepatitis B)		Yes	✓	No
Sleep disorders, such as insomnia, hypersomnia, sleep apnea, narcolepsy		Yes	✓	No	Kidney or bladder diseases e.g. recurrent infection, renal stones		Yes	✓	No
Chronic anxiety states and/or recurrent depression		Yes	✓	No	Ear, nose or throat problems (e.g. otitis, hearing loss, sinusitis, tonsilitis)		Yes	✓	No
Phobias such as fear of heights, fear of confined spaces, fear of flying		Yes	✓	No	Eye disease or visual defect (e.g. glaucoma, color blindness, monocular vision)		Yes	✓	No
Lung disease e.g. bronchitis, asthma, dyspnea, TB		Yes	✓	No	Treated for infectious diseases (e.g. malaria, COVID19)		Yes	✓	No
Phlegm production (excess mucus production) or tight chest		Yes	✓	No	Treated for depression, stress		Yes	✓	No
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

List any previous injuries or operations

Previous injuries or operations	Date
No.	

Date: 21/12/2024

Candidate/Employee Signature

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SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
J6882961	1459	Sathish Kumar	Driver
Nationality	**Age**	**Sex**	**Company**	**Location**
Indian	43	M	Truck Oman	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	

Nil

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		

Nil

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: 21/12/2024

Candidate/Employee Signature

OQ - Occupational Health Department

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RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
7882960	1459	Sathish Kumar	Driver
Nationality	**Age**	**Sex**	**Company**	**Location**
Indian	43	M	Truck Oman	Nizwa

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 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 g. Pneumonia [ ] YES [✓] NO i. Broken ribs
[ ] YES [✓] NO b. Asthma [ ] YES [✓] NO h. Tuberculosis [ ] YES [✓] NO j. Pneumothorax (collapsed lung)
[ ] YES [✓] NO c. Chronic bronchitis [ ] YES [✓] NO i. 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 e. General weakness or fatigue
[ ] YES [✓] NO b. Skin allergies or rashes [ ] YES [✓] NO f. Any other problem that interfere with your use of a respirator
[ ] YES [✓] NO c. Anxiety

Date: 21/12/24

Candidate / Employee Signature

OQ - Occupational Health Department

Form Revision - 00 30/09/2021

Dr. JAMAL T.M
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ASTER HOSPITAL (DB)

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
788299641	1459	Sathish Kumar	Driver

Nationality	Age	Sex	Company	Location
Indian	43	M	Truck Oman	Hamra

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

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

No

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

No

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

No

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?

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

Dr. JAMAL T.M
SPECIALIST INTERNAL MEDICINE
MOH LICENCE NO. 1347/
ASTER HOSPITAL IBRI

Date: 21/12/2024

Candidate/Employee Signature

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Laboratory Investigation Report

Patient Name	SATHISHKUMAR PERAMAIYAN	**Requesting Date/Time**	21/12/2024 10:15AM
DOB/Gender	26/11/1981 **(43 Yrs/Male)**		
MRN / Nationality	700302829 / India	**Collection Date/Time**	21/12/2024 10:18AM
Requesting Physician	Dr. Jamal Thotungal Moideen	**Reception Date/Time**	21/12/2024 10:42AM
Lab Number	7069116	**Reporting Date/Time**	21/12/2024 12:20PM
Test Priority	Routine	**Reporting Stage**	Final
Passport No			

Test	Result	Flag	Units	Reference Range	Sample Type	Methodology
BIOCHEMISTRY						
Random Blood Sugar (RBS)	8.00	H	mmol/L	3.7 - 7.8		Hexokinase
LIPID PROFILE						
LIPID PROFILE						
Cholesterol - Total	5.56		mmol/L	Desirable : <5.17 Borderline High : 5.17 - 6.18 High : >6.21	Serum	Enz. Colorimetric
Triglyceride	1.49		mmol/L	0.73 - 1.8	Serum	Enz. Colorimetric
HDL Cholesterol	1.33		mmol/L	No Risk : >1.68 Moderate Risk : 1.15 - 1.68 High Risk : <1.15	Serum	
LDL Cholesterol	3.55		mmol/L	Desirable: < 3.34 Borderline High : 3.37 - 4.12 High : >4.14	Serum	CALCULATED
VLDL	0.68	H	mmol/L	0.128 - 0.645		
Cholesterol / HDL Ratio	4.18		mmol/L	3.5 - 5		Calculation
LIVER FUNCTION TEST						
LIVER FUNCTION TEST						

SREERAJ

Mr. Sreeraj Sredharan

Dr. Shayfa Palliyalil
Specialist Pathologist

* Service rank as Outsource

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Bilirubin-Total	0.709		mg/dl	0.1 - 1.2		
Direct Bilirubin	0.196		mg/dl	< 0.2	Serum	Diazo
SGOT (AST)	69.20	H	IU/L	0 - 40	Serum	
SGPT (ALT)	85.90	H	IU/L	10 - 60	Serum	IFCC ;Tris buffer without P5P ; Kinsearch
Alkaline Phosphatase	84.00		IU/L	Adult: 37-116 1- 5 days : <245 6 days - 1 yr : 104-462 1 - 12 yrs : 42-300 13 - 17 yrs female : 47-187 13 -17 yrs male : 52-390	Serum	Colorimetric assay ; AMP buffer IFCC ; kinetic
Gamma GT	82.00	H	U/L	5 - 40	Serum	Enzymatic colorimetric assay : IFCC; Kinetic
Total Protein	7.44		g/dl	6.6 - 8.7		Colorimetric assay (Biuret reaction, endpoint)
Albumin	4.44		g/dl	3.2 - 5.4	Serum	Homogeneous enzymatic colorimetric assay:End point
Globulin	3.00		g/dl	2.3 - 3.2	Serum	Calculation
A/G Ratio	1.5		Ratio			

RENAL FUNCTION TEST

SREERAJ

Mr. Sreeraj Sredharan

Dr. Shayfa Palliyalil
Specialist Pathologist

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Laboratory Investigation Report

Patient Name	SATHISHKUMAR PERAMAIYAN	Requesting Date/Time	21/12/2024 10:15AM
DOB/Gender	25/11/1981 **(43 Yrs/Male)**	Collection Date/Time	21/12/2024 10:18AM
MRN / Nationality	700302829 / India	Reception Date/Time	21/12/2024 10:42AM
Requesting Physician	Dr. Jamal Thottungal Moideen	Reporting Date/Time	21/12/2024 11:29AM
Lab Number	7069118	Reporting Stage	Final
Test Priority	Routine		
Passport No			

RENAL FUNCTION TEST

Urea	3.20	mmol/L	2 - 9	Serum	Kinetic test, urease and glutamate dehydrogenase
Creatinine	67.00	umol/L	Male: 62 - 106 Female: 44 - 80 Neonates: 21 - 91 Children (2 To 12 Month) : 15 - 37 Children (1 To 9 Years) : 21 - 53 Children (9 To 15 Years) : 34 -77	Serum	Kinetic colorimetric assay based on Jaffe method

End Of Report

BLOOD BANK

ABO Blood Group & Rh Typing	"B" Positive	Glass fibre matrix capture

End Of Report

HAEMATOLOGY

ESR / ERYTHROCYTE SEDIMENTATION RATE

Erythrocyte Sedimentation Rate	06	mm/hr	1 - 15	W. B. EDTA	Modified Westergren
Sickle Cell Screening	Negative		Negative		

CBC (COMPLETE BLOOD COUNT)

SREERAJ

Mr. Sreeraj Sredharan

OMAN AL-KHAIR

Dr. Shayfa Palliyalil
Specialist Pathologist

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مستشفى عمان الخير ش.م.م

Laboratory Investigation Report

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COMPLETE BLOOD COUNT

WBC Count	8.95	10^3/uL	4 - 11	EDTA WB	Impedance
DIFFERENTIAL COUNT (%)					
Neutrophils	71	%	45 - 75	EDTA WB	Impedance and Absorbance
Lymphocytes	20.1	%	20 - 45	EDTA WB	Optical
Eosinophils	1.4	%	1 - 6	EDTA WB	
Monocytes	7.1	%	2 - 10	EDTA WB	Impedance and Absorbance
Basophils	0.4	%	0 - 1	EDTA WB	Impedance and Absorbance
Hb/Hemoglobin	16.6	g/dl	13 - 17	EDTA WB	Photometry
RBC Count	5.53	10^6 / uL		EDTA WB	Impedance
Platelet Count	235	10^3/uL		EDTA WB	
HCT (Hematocrit)	49.6	%	37 - 51	EDTA WB	Calculation
MCV	89.7	fl	83 - 101	EDTA WB	Measurement
MCH	30.1	pg	27 - 32	W. B. EDTA	Calculation
MCHC	33.5	g/dl	31 - 37	W. B. EDTA	Calculation

End Of Report

CLINICAL PATHOLOGY

Mr. Sreeraj Sredharan

Dr. Shayfa Palliyalil
Specialist Pathologist

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Laboratory Investigation Report

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URINE DRUG SCREEN 12 PANEL

URINE DRUG SCREEN 12 PANEL

AMPHETAMINE (AMP)	Negative	Negative
MORPHINE (MOP)	Negative	Negative
COCAINE (COC)	Negative	Negative
PHENCYCLIDINE (PCP)	Negative	Negative
METHAMPHETAMINE (MET)	Negative	Negative
TRAMADOL (TML)	Negative	Negative
BARBITURATES (BAR)	Negative	Negative
BENZODIAZIPINES (BZO)	Negative	Negative
METHADIONE (MTD)	Negative	Negative
TRICYCLIC ANTIDEPRESSANTS (TCA)	Negative	Negative
TETRA HYDRO CANNABINOL (THC)	Negative	Negative
OPIATES (OPI)	Negative	Negative

URINE ROUTINE

URINE ANALYSIS

CHEMICAL EXAMINATION

Glucose	Negative	Negative	GOD-POD
Protein	Negative	Negative	Protein error of pH indicator
Ketone	Negative	Negative	legal's test
Bilirubin	Negative	Negative	
pH	7.0	-	Litmus paper
Urobilinogen	Negative	Trace	Diazo

MICROSCOPIC EXAMINATION

SREERAJ
MOH-RCE-NL-16544

Mr. Sreeraj Sredharan

Dr. Shayfa Palliyalil
Specialist Pathologist

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Laboratory Investigation Report

Patient Name	SATHISHKUMAR PERAMAIYAN	**Requesting Date/Time**	21/12/2024 10:15AM
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RBCs	0-2	/hpf	0 - 2	Urine	
Pus Cells	1-2	/hpf	0 - 3	Urine	Microscopy
Epithelial Cells	NIL				
Bacteria	Present		Absent		Microscopy
Calcium -oxalate	NIL				
Triple-phosphate	NIL				
Uric acid crystal	NIL				
Amorphous urate	NIL				
Amorphous Phosphate	NIL				
Hyaline casts	NIL				
Granular Casts	NIL				
Yeast cells	NIL				

End Of Report

Mr. Sreeraj Sredharan

Dr. Shayfa Palliyalil
Specialist Pathologist

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Patient Name	SATHISHKUMAR PERAMAIYAN	Patient ID	700302829
Gender	Male	Age	43Y
Study Date	2024-12-21 10:39:06	Referring Physician	Jamal Thottungal

X - RAY CHEST PA VIEW

Trachea central.
Both lung fields are well aerated and applied well against chest walls.
Both hila appear normal.
Both CP angles are clear.
Cardiac shadow appears normal.
Both domes of diaphragm are normal.
Bony thoracic cage is normal.

IMPRESSION:

No abnormality seen.

Dr. Kalesha Shaik
Radiologist,
MBBS,DNB(Radio Diagnosis)
MOH License No: 17925

Please intimate us for any typing mistake and send the report for correction within 7 days. The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinically correlation is required to enable the clinician to reach the final diagnosis.

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ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

78829961 nat ID SATHISH KUMAR

21-Dec-24 09:38:21 AM
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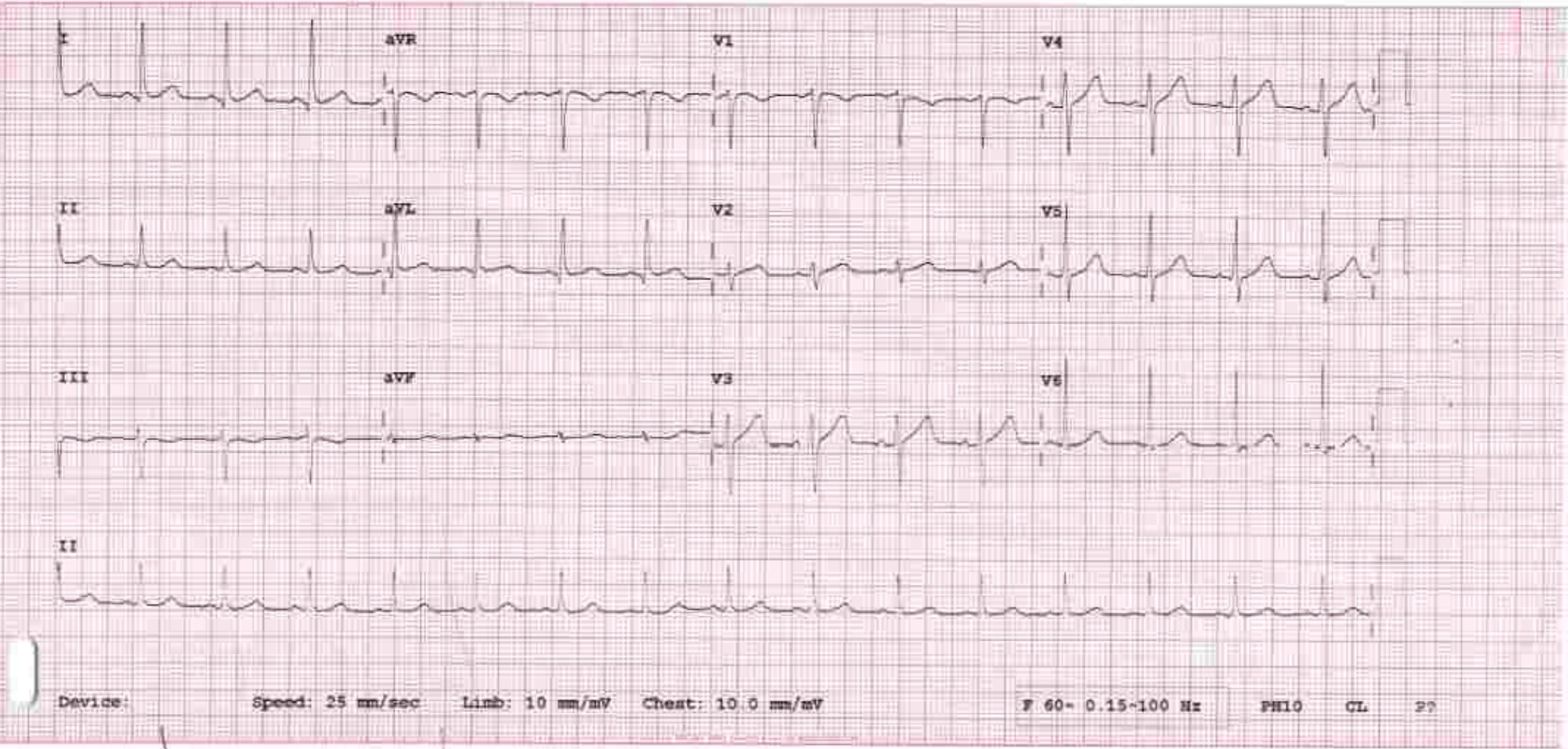
ECG Room
ECG Room

Rate	94
PR	128
QRSD	78
QT	352
QTc	441
--AXIS--	
P	5
QRS	1
T	7

12 Lead: Standard Placement

Normal ECG

Dr. JAMAL T.M
SPECIALIST INTERNAL MEDICINE
MOH LICENCE NO: 1447
ASTER HOSPITAL IBRI

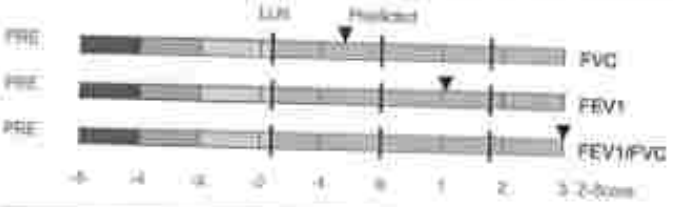


Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 60~ 0.15~100 Hz PH10 CL ??

Pulmonary Function Test Results

Patient ID	700302829		
Surname	PERAMAIYAN	Gender	M
Name	SATHISH KUMAR	Height	169 cm
Date of birth	25/11/1981 (43 year)	Weight	72 kg
Ethnic group	Asian	BMI	25.21
Smoke	Non-smoker	Pack-Year	00
Worklist			

Trial date 21/12/2024 10:49 AM

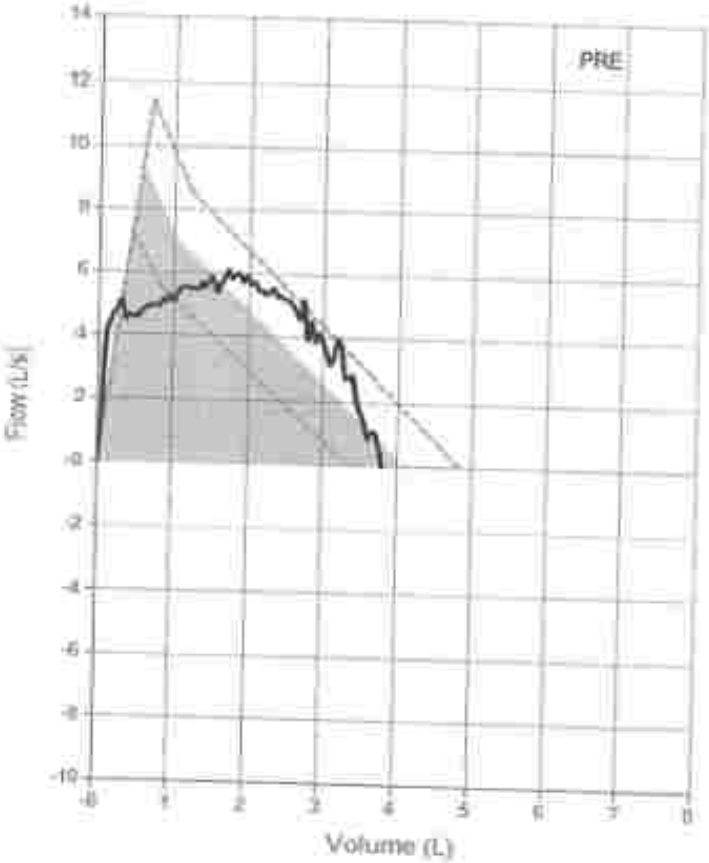


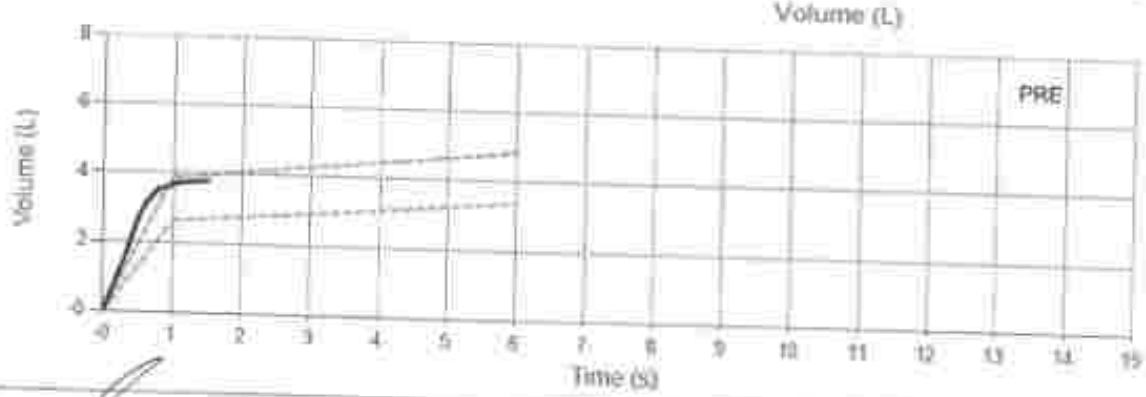
Parameters	PRE	LLN	Z-Score	%Pred
FVC(L)	3.79	3.39	-0.61	82.40
FEV1(L)	3.71	2.63	1.05	113.82
FEV1/FVC	0.98	0.69	3.18	
FET(s)	1.47	-	-	24.50
FEV1/VC	-	-	-	

BTPS 1.097 34 °C (75 °F) - Predicted Nhanes - Position: Not specified
Quality Control Grade PRE: F

Interpretation

Normal spirometry





Conclusion / Medical report

Dr. JAMAL T.M
SPECIALIST INTERNAL MEDICINE
MOH LICENCE NO: 15476
[illegible] HOSPITAL [illegible]

Doctor Signature

Technician Signature

Instrument used
Minispir s/n C10194
Last calibration check: NA

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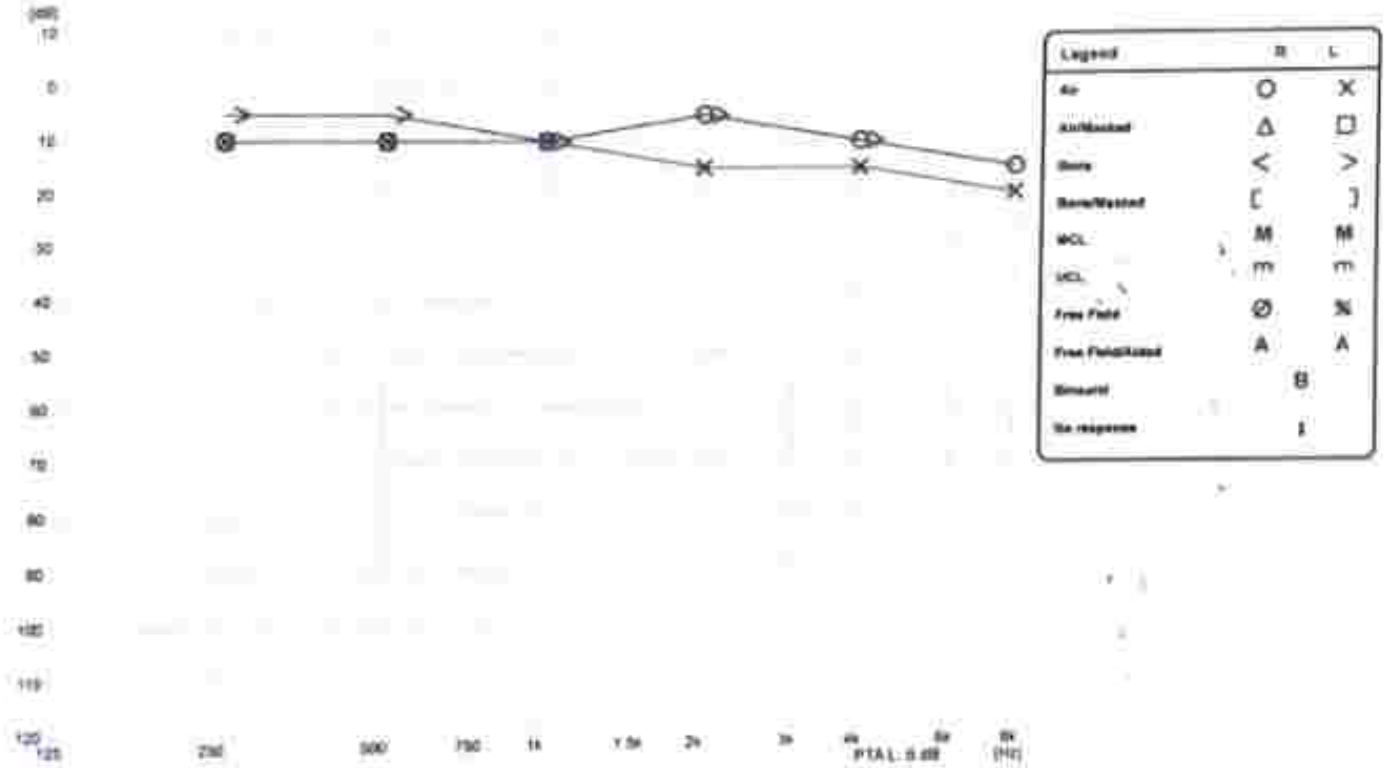
SUPER QUALITY HEARING AID

& SPEECH THERAPY CENTER

Code	Last name , First name Born
700302829/78829961	SATHISHKUMAR , PERAMBEYAB024
Test type	Test date
Tonal audiometry	21.12.2024



Comments

BILATERAL NORMAL HEARING SENSITIVITY

Signature:

Date: 21/12/2024

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