MEDICAL EVALUATION REPORT - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
10146619		Badar Said Sulaiman	
Nationality	**Age**	**Sex**	**Company** / **Location**
Omani	41	M	Al Sivabi / Truck Oman

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 147/83 [ ] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crisis

BMI Category: 28.2 [ ] 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

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: — Blood Grouping: A+Ve

Pre-existing condition:

Remarks:

Glucose Level Category: 5.96 [ ] Normal: 90 – 100 mg/dl [ ] Pre diabetic: 100 – 125 mg/dl [ ] Diabetic > 126 mg/dl

Cholesterol Risk Category: 3.92 [ ] 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 problem reported [ ] 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	Licence #	Hospital/Polyclinic	Doctor Signature & Clinic Stamp	Issue Date
		C.R. No: 1248387 RECEPTION		11/09/2025

OG - Occupational Health Department

Form Review : 01 - 02/12/2020

FITNESS TO WORK CERTIFICATE

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
10146619		Badar said Sulaiman	

Nationality	Age	Sex	Company	Location
Omani	41	M	Truck oman Al Siyabi	

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 Suitability for Work

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

Restrictions

[ ]	Working at height	[ ]	Pulling, pushing or carrying weight
[ ]	Working in confined space	[ ]	Ascend/descend ladders and stairs
[ ]	Working with electricity	[ ]	Walking or standing for long distance/period
[ ]	Working in extreme heat	[ ]	Repetitive movements
[ ]	Working near rotating machinery	[ ]	Operating cargo machinery
[ ]	Use of respirator	[ ]	Emergency response duty
[ ]	Driving vehicle	[ ]	Handling chemical products
[ ]	Flying	Other, specify	

Temporary Unfit Until

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
10/09/2025	

Medical Review Date	Employee Signature
11/09/2025	

Doctor Name	Medical License	Hospital	Medical Coordinator Signature

RECEPTION

DR. [illegible]
Dental Practitioner
MOH Lic. No: 67845
[illegible] specialty hospital, Al Ghubra

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
10146619		Bada Said Sulaiman	

Nationality	Age	Sex	Company	Location
Omani	41	M	Truccoman	Al Siyabi

PERSONAL HEALTH HISTORY

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

Disorders of the heart or circulation i.e. chest pain, heart murmurs.		Yes	✓	No	Skin disorders e.g. severe acne, dermatitis, eczema or allergy		Yes	✓	No
High blood pressure		Yes	✓	No	Ear, nose or throat problems		Yes		No
Palpitations i.e. being aware of the heart beats		Yes	✓	No	Allergies e.g. dust, medication, bee stings		Yes	✓	No
Lung disease e.g. bronchitis, asthma, dyspnea, T. B		Yes	✓	No	Kidney or bladder diseases e.g. recurrent infection, renal stones		Yes	✓	No
Phlegm productions or tight chest		Yes	✓	No	Sexually transmitted disease		Yes	✓	No
Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope)		Yes	✓	No	Is your eyesight satisfactory	✓	Yes		No
Nervous disorder, or emotional breakdown, depression, anxiety		Yes	✓	No	Is your hearing satisfactory	✓	Yes		No
Epilepsy / Seizures		Yes	✓	No	Do you wear glasses or contact lenses		Yes	✓	No
Recurrent headaches or migraine		Yes	✓	No	Do you have color blindness		Yes	✓	No
Any sleep problems		Yes	✓	No	Do you have any phobia from working at heights		Yes	✓	No
Foot deformities or problems		Yes	✓	No	Do you have any phobia from working at confined spaces		Yes	✓	No
Muscle problems e.g. weakness of your limbs or twitchy muscles		Yes	✓	No	Experienced weight loss or gain > 5kg over the past year		Yes	✓	No
Joint problems, e.g. plantar warts, joint pain or swelling		Yes	✓	No	Informed about being overweight or obese		Yes	✓	No
Problems with limb, neck or spine mobility		Yes	✓	No	Treated for malaria		Yes	✓	No
Experienced back problem, arthritis, slipped disc		Yes	✓	No	Treated for depression, stress		Yes	✓	No
Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gall stones		Yes	✓	No	Treated for substance abuse		Yes	✓	No
Rectal bleeding, jaundice		Yes	✓	No	Received counselling or treatment for HIV/AIDS		Yes	✓	No
Diabetes or any other glandular diseases	✓	Yes		No	Received counselling or treatment for Hepatitis		Yes	✓	No
Cancer, growth or tumor of any kind		Yes	✓	No	Anemia, especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia		Yes	✓	No
Frequent headache		Yes	✓	No	G6PD (Glucose		Yes	✓	No
Pain in neck or back or hands or legs		Yes	✓	No	Any other diseases not mentioned in the above list?		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

Date: 11/9/2025

Candidate/Employee Signature

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
10146619		Badar Said Sulaiman	

Nationality	Age	Sex	Company	Location
Omani	41	M	Al Siyabi	

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: 10/09/2025

Candidate/Employee Signature

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
10146619		Badar said sulaiman	

Nationality	Age	Sex	Company	Location
Omani	41	m	Tauck Oman	

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: 11/09/2025

Candidate/Employee Signature

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
10146619		Badar said sulaiman	

Nationality	Age	Sex	Company	Location
Omani	41	M	Truce oman	

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: 10/09/2020

Candidate/Employee Signature

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
10146619		Badar Said Sulaiman	

Nationality	Age	Sex	Company	Location
Omani	41	M	Al Siyabi Tawla Oman	

VITAL SIGNS

Height: 171 cm Weight: 84 Kg BMI: 28.7 Blood Pressure: 147/83 mmHg

Pulse: 74 /min Medical Practitioner Name: ____ Signature: ____ 11/9/21

VISUAL SYSTEM

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

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

Field Test: ☑ Normal ☐ Abnormal

Stereoscopic Vision Test: ☑ Normal ☐ Abnormal

Date of Examination ____ Medical Practitioner Name ____ Signature ____

RESPIRATORY SYSTEM

[1] Spirometry Test — Normal — Attached

Smoking Status: ☐ Never ☐ Ever Used ☐ Current Patient's Posture During Test: ☐ Standing ☐ Sitting Nose Clips Used: ☐ Yes ☐ No

Diagnosis: ☐ Asthma ☐ COPD ☐ Other ____ NOT

Acceptability Criteria (select all which is applicable)
☐ Free from artifacts ☐ Satisfactory exhalation
☐ Good start ☐ 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: 11/9/2021 Physician Name: ____ Signature: For Dr. ____

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

[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

PHYSICAL ASSESSMENT FORM

ENT SYSTEM

[2] Nose Assessment		[3] Throat Assessment	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

CARDIOVASCULAR SYSTEM

[1] Heart Sounds		[2] Heart Murmurs	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☐ Present ☑ Absent ☐ Not Examined	If present, describe below:

[3] Peripheral Pulses		[4] Peripheral Veins	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

NEUROLOGICAL SYSTEM

[1] Mental Status		[2] Cranial Nerves	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

[3] Motor System		[4] Reflexes	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

[5] Sensory System		[6] Coordination, Station, Gait	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

MUSCULOSKELETAL SYSTEM

[1] Hand and Wrist		[2] Elbow and Shoulder	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

[3] Hip		[4] Knees	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

[5] Foot and Ankle		[6] Spine and Back	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

OTHER

[1] Skin, Extremities		[2] Head & Neck	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

[3] Mouth and Teeth		[4] Hernial Orifices	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

[5] Abdominal Organs		[6] Lymph Nodes	
☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:	☑ Normal ☐ Abnormal ☐ Not Examined	If abnormal, describe below:

Date of Examination: 11/9/2025

Physician Name: DR. VIJAY SANDANSHIV
Specialty: Pathologist
MOH, OQ Medical Fitness Centre, Sohar Industrial Hospital, Oman

Signature:

C.R. No: 1248387
Sultanate of Oman
RECEPTION

nmc specialty hospital

DEPARTMENT OF LABORATORY MEDICINE

File No:	14492847	**Report No:**	1067986		
Name:	BADAR SAID SULAIMAN AL SIYABI	**Sample Date:**	10/09/2025	**Time:**	9:20
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 41 Y **Nationality:** OMANI	**Report Date:**	10/09/2025	**Time:**	11:17
GSM No.:	98222080 **ID Card No.:** 10146619	**Bill No:**	2699472	**Bill Date:**	10/09/2025
Ref. By:	DR ANIL DEVARAJ	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
OQ FTW PACKAGE-1 (Below 49 yrs)		
COMPLETE BLOOD COUNT		
TOTAL WBC COUNT	5270 cells/cumm	4000-11000cells/cumm
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	45 %	40-75%
LYMPHOCYTE (%)	42 %	20-45%
MONOCYTE (%)	10 %	2-8%
EOSINOPHIL (%)	2 %	1-6%
BASOPHIL (%)	1 %	0-1%
HAEMOGLOBIN	13.8 gm/dl	Male : 13-18 gm/dl Female:11-15 gm /dlchildren upto 1year-11.0-13.0 upto12years-11.5-14.5 Infant full term cord blood:13-19.5
RBC COUNT	5.07 million/cu	Male :4.5-6.5 million/cu Female:3.9-5.5 million/cu
PLATELET COUNT	3.18 lakh/cumm	1.5 - 4 lakhs / cumm
HEMATOCRIT	43.5 %	Male :42 - 52% Female:37- 47%
MCV	85.8 fl	76 - 96 fl
MCH	27.2 pg	27 - 33 pg
MCHC	31.7 %	32 - 36 %
URINE ROUTINE		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE

Verified By:

10050
Lab Technologist
MOH License No: 4598
Electronically signed at: 8/10/2025 12:51:00

Approved By:

DR ASMA OSMANI
Specialist Pathologist
MOH License No: 5866
Electronically signed at: 10/09/2025 12:51:00

Printed at: 10/09/2025 6:36:54 PM

nmc specialty hospital

DEPARTMENT OF LABORATORY MEDICINE

REPORT

File No:	14492847	**Report No:**	1067986		
Name:	BADAR SAID SULAIMAN AL SIYABI	**Sample Date:**	10/09/2025	**Time:**	9:20
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 41 Y **Nationality:** OMANI	**Report Date:**	10/09/2025	**Time:**	11:17
GSM No.:	98222080 **ID Card No.:** 10146619	**Bill No:**	2699472	**Bill Date:**	10/09/2025
Ref. By:	DR ANIL DEVARAJ	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE PH	5.0	<6
SPECIFIC GRAVITY	1.015	1.010-1.030
BLOOD	NEGATIVE	
UROBILINOGEN	NORMAL	NORMAL
LEUCOCYTE	NEGATIVE	
URINE MACROSCOPY		
COLOUR	PALE YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	0-3
PUSCELLS	1-2	
EPITHELIAL CELLS	0-2 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	
MUCOUS THREAD	NIL	
FASTING BLOOD SUGAR	5.96 mmol/L	3.8-<5.6 mmol/L
BLOOD GROUP & RH TYPING	A POSITIVE	
Confirmation of the Newborn's blood group is indicated when the "A" and "B"antigen expression and the isoagglutinins are fully developed (2–4 years).		
LIPID PROFILE		
TOTAL CHOLESTEROL	3.97 mmol/L	< 5.2 mmol/L
HDL	1.40 mmol/L	MALE: > 1.0 mmol/L FEMALE: > 1.3 mmol/L
TRIGLYCERIDES	2.16 mmol/L	< 1.7 mmol/L
LDL	1.93 mmol/L	< 3.4 mmol/L
VLDL	0.98 mmol/L	< 0.77 mmol/L

Verified By:

10050
Lab Technologist
MOH License No: 4598
Electronically signed at: 9/10/2025 12:51:00

Approved By:

DR ASMA OSMANI
Specialist Pathologist
MOH License No: 5866
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nmc specialty hospital

DEPARTMENT OF LABORATORY MEDICINE

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GSM No.:	98222080 **ID Card No.:** 10146619	**Bill No:**	2699472	**Bill Date:**	10/09/2025
Ref. By:	DR ANIL DEVARAJ	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
NON HDL	2.57 mmol/L	<3.4mmol/L
LIVER FUNCTION TEST		
TOTAL BILIRUBIN	7.80 µ mol/L	5.0 - 21.0 µ mol/L
DIRECT BILIRUBIN	3.00 µ mol/L	Upto 5.1 µ mol/L
TOTAL PROTIEN	76.20 g/L	66 - 87 g/L
ALBUMIN	44.60 g/L	35 - 50 g/L
Globulin	31.6 g/L	23-35g/L
SGOT (AST)	18.40 U/L	10-40 U/L
SGPT (ALT)	22.30 U/L	10-40 U/L
ALKPO4 (ALP)	72.00 U/L	3 - 10 Yrs: 130 - 260 U/L 10 - 14 Yrs: 130 - 340 U/L 14 - 18 Yrs: 30 - 180 U/L Adult: 30 - 120 U/L
Gamma GT (GGT)	56.60 U/L	2-30 U/L
RENAL FUNCTION TEST		
URIC ACID	286.01 µ mol/L	MALE: 200 - 430 µ mol/L FEMALE: 140 - 360 µ mol/L
CREATININE	74.0 µ mol/L	MALE: 60 – 110 µ mol/L FEMALE: 50 - 100 µ mol/L
UREA	2.97 mmol/L	2.9-8.2 mmol/L
ESTIMATED GLOMERULAR FILTRATION RATE	107.580168	
SICKLE CELL Method : Solubility test (If Positive , Hb Electrophoresis / HPLC to be done to confirm Sickle cell anaemia / Trait).	POSITIVE	

Verified By:

10050
Lab Technologist
MOH License No: 4598
Electronically signed at: 9/10/2025 12:51:00

Approved By:

DR ASMA OSMANI
Specialist Pathologist
MOH License No: 5866
Electronically signed at: 10/09/2025 12:51:00

Printed at: 10/09/2025 6:36:54 PM

Name	: BADAR SAID SULAIMAN SIYABI	Registered On	: 10/09/2025 15:48
Lab. No.	: 3525035928	Report Date	: 10/09/2025 18:05
Contract	: NMC Speciality Hospital, Ghoubra		
Patient No.	: 8630-14492847		
File No.	: 8630-14492847		

Branch : Muscat Age : 41 Year Sex : Male

Urine Drug Screening

Test	Result	S O Unit	Ref. Range
Amphetamine	Negative		
Methamphetamine	Negative		
Barbiturates	Negative		
Benzodiazepines	Negative		
Cocaine	Negative		
Marijuana	Negative		
Morphine	Negative		
Methadone	Negative		
Tricyclic Antidepressants	Negative		
Phencyclidine	Negative		
Tramadol	Negative		
pH	5		4 - 9
Specific Gravity	1.020		1.003 - 1.03

Reviewed By,

Dr. Hanan Makhlouf
Lab Director
MOH License No 10973

Verified By : OSAMA SIDDIG
Printed By : System

Printed Date: 18:10 10/09/2025

nmc

DEPARTMENT OF LABORATORY MEDICINE

File No:	50142274				
Name:	BADAR SAID AL SIYABI	Report No:	3163878		
		Sample Date:	10/09/2025	Time:	17:39
Address:		Received By:			
Gender: M Age: 41 Y	Nationality: OMANI	Received Date:		Time:	
GSM No.: 98222080	ID Card No.: 00	Report Date:	10/09/2025	Time:	17:45
Ref. By:	OUT PATIENT	Bill No:	0392189	Bill Date:	10/09/2025

INVESTIGATION	RESULT	REFERENCE RANGE
ALCOHOL CHECK		
ETHANOL	NOT DETECTED g/L	< 0.1 g/L

Verified By

10195

Lab Technologist

MOH License No

Electronically signed on 10/09/2025 5:45:00

Approved By

Specialist Pathologist

nmc specialty hospital

NMC HealthCare LLC

C.R.No. 1068930

P.O. Box 494, Block 315

Building No. 632, Al Ghubrah

Sultanate of Oman

Tel: (968) 2420 0000

Fax: (968) 2470 9300

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Al Ghoubra

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nmc specialty hospital, al ghoubra

P.O BOX : 613, Postal Code : 133 AL-GHOUBRA Sultanate of Oman

REPORT

Sl No: 194190		Bill Date: 10/09/2025	Report Date :10/09/2025 15:22:10
Patient Name: BADAR SAID SULAIMAN AL SIYABI		Reg No: 14492847	
Age: 41Y	Gender: Male	Nationality: OMAN	Phone:
Address:			
Company: TRUCKOMAN OIL & GAS SERVICES SAOC		Policy No:	
Certificate No:			
Region: CHEST X RAY PA			
Referred Doctor:		Consultant Name: DR ANIL DEVARAJ	

CHEST RADIOGRAPH -PA VIEW

OBSERVATIONS:

Both lung fields are clear.

Bilateral CP angles are clear

No hilar abnormality seen.

Cardiac shadow is normal .

Both domes of diaphragm are normal.

Bony thorax appears normal

Impression:

- **Normal chest radiograph**

10/09/2025 15:19:50

DR. SHEREEN ABD ELHADY NOUH MAHMOUD
Specialist - Radiology
MOH Lic. No: 19928
nmc specialty hospital, Al Ghoubra

DR SHEREEN HASHIM

Radiology

MOH License No: 19928

Disclaimer : This is an electronically generated report and does not require a doctor's signature

nmc specialty hospital

مستشفى أن أم سي التخصصي

AUDIOGRAM

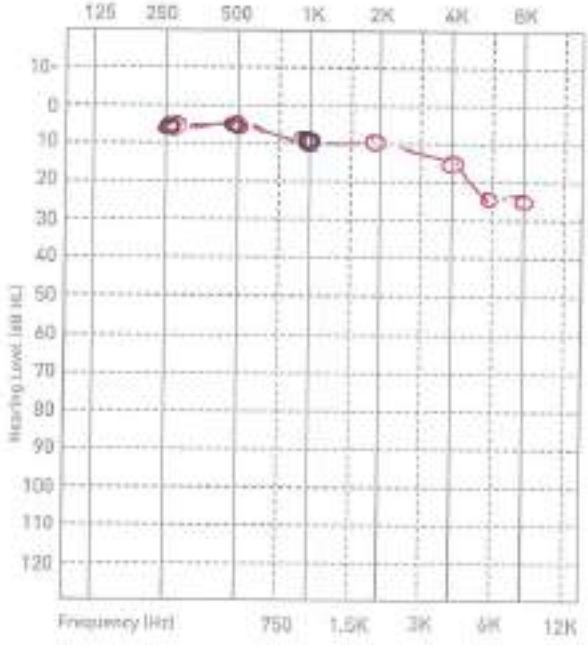
File No. 14492847 رقم الملف

Name of Patient Badar Said Sulaimen اسم المريض Nationality Omani الجنسية

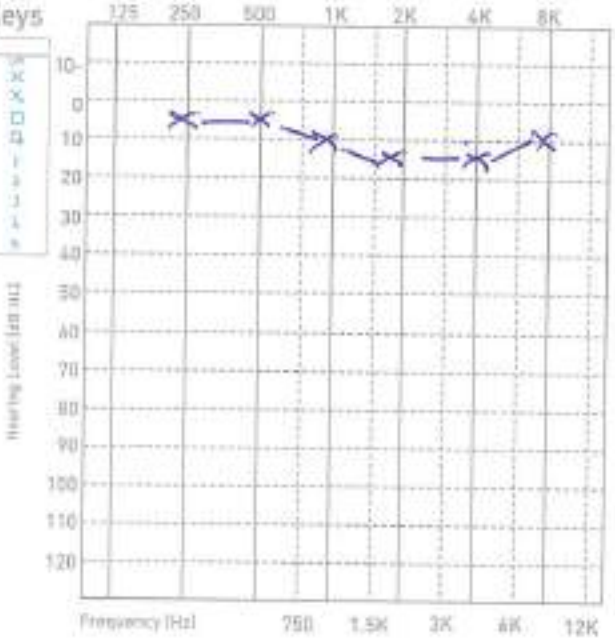
Age 41 yr السن Sex M الجنس Al Ryeb Date 10-09-2024 التاريخ

Referring Physician ..... طبيب الإحالة

Presenting Complaints ..... تقديم الشكاوى



Audiogram Keys



Ear	PTA	Weber	SRT	SDS	MCL	UCL
Right	8dBHL					
Left	10dBHL					

IMPRESSION:

Bilateral Hearing within Normal limits

Recommendations:

ANILA SHEKHAR KUMAR MISHRA
Audiologist
ASHA Reg. No. 18252
nmc Specialty Hospital, Al Ghoubra

Name & Signature of Audiologist ..... Name & Signature of Physician .....

Vitalograph

Pulmonary Function Report

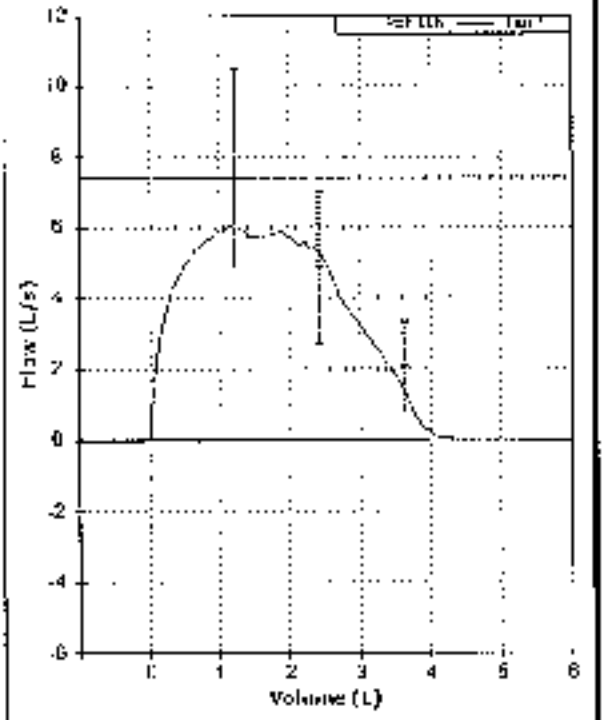
Subject Information

ID:	144902847	Alternate ID:	260472		
Last Name:		First Name:	Baber Gold	Middle Name:	Sulaiman
Population:	Other	Gender:	Male	Date of Birth:	3/15/1984
Age	41	Height:	171 cm	Weight:	84.0 kg
BMI	28.7	Smoking:	Non Smoker		

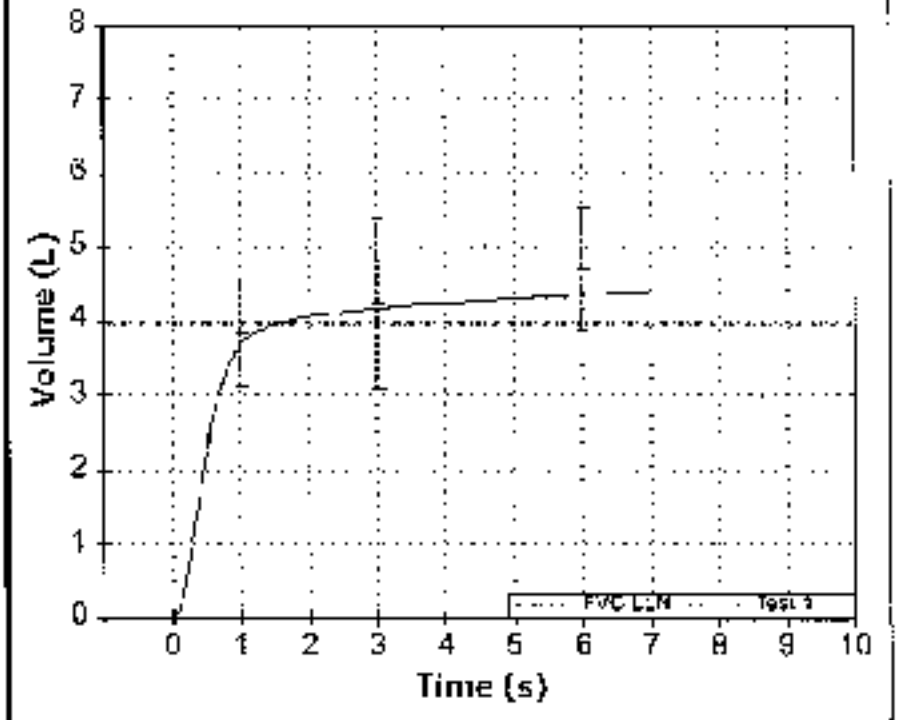
Test Session Information

Test Date:	9/13/2025 09:50	Device:	ALPHA Touch	Serial Number:	31953
No. of Tests:	2	Accuracy Chk	1/2/2024 13:30	User:	Administrator
Pred. Values:	NHANES C	Pred. Factor:	100%	Posture:	Sitting

Best Flow/Volume Graph



Best Volume/Time Graph



Results

Parameter	Pred	LLN	ATS/ERS Best	% Pred.	Z-Score
VC (L)	4.83	3.97	4.16	86	-1.28
FVC (L)	4.83	3.97	4.40	91	-0.82
FEV1 (L)	3.85	3.12	3.76	98	-0.16
FEV1 Ratio	0.80	0.70	0.86	108	0.98
FIV6 (L)	4.71	3.87	4.36	93	-0.66
PEF (L/min)	574	445	367*	64	-2.64
FEF25-75 (L/s)	3.68	2.70	4.55	124	0.96

Values at 0.0% = Below lower limit of normality (LLN)

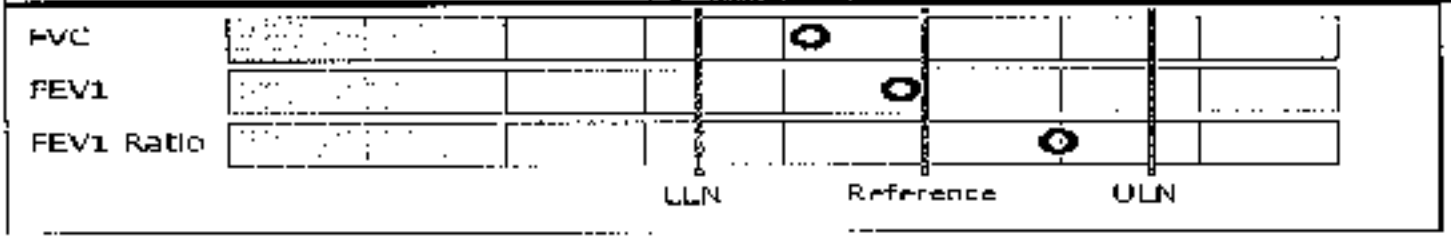
Session Quality and Repeatability Information

Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
C	0.02 L (0.5%)	0.00 L (0.0%)	0 blow(s)	0 blow(s)	0 blow(s)

Computer Suggested Interpretation

Computer interpretations cannot be relied upon for diagnosis. Normal ventilatory function.

Reference Pictogram



[redacted]

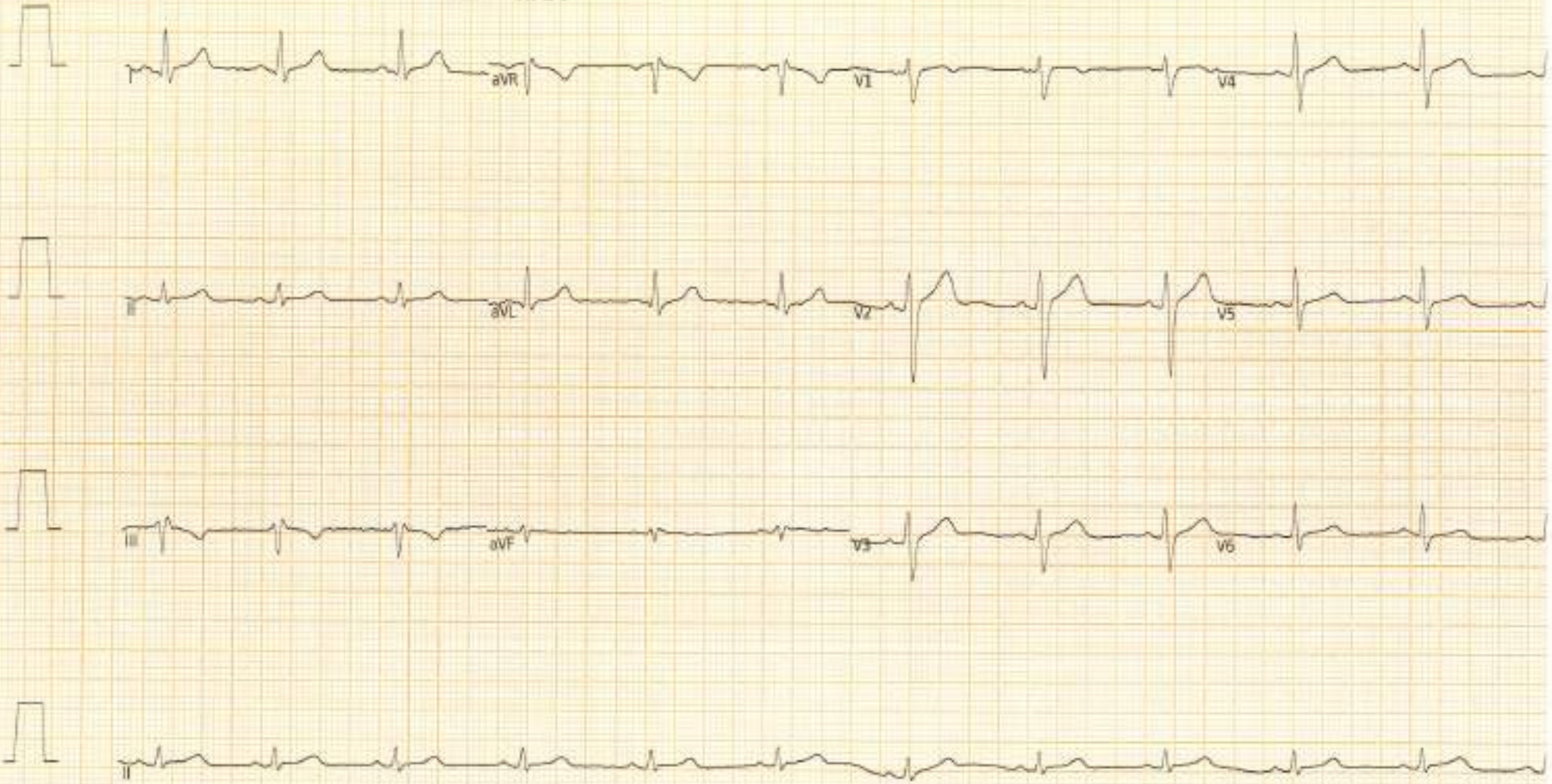
id: 14492847
Said, Bader
Male — (---) Unknown
Height: 0 cm Weight: 0 kg BP: 0/0 mmHg

Med.:
Tech:
Note:

10/09/2025 09:39:55

HR:	69 bpm
PR:	134 ms
QRS:	100 ms
QT/QTcH:	394/410 ms
QTcB:	423 ms
QTcF:	413 ms
R_{aVR}/S_{V1}:	0.72/0.46 mV
Sok-Lyon:	1.18 mV
Axis:	30/-1/-1 °

UNCONFIRMED REPORT



Dep: _____ 25mm/s 10mm/mV 0.05-25Hz/50Hz Cardioline ECG200S v. 2.0.3919

CARDIOLINE

6601

Framingham Risk Score for Hard Coronary Heart Disease

Estimates 10-year risk of heart attack in patients 30-79 years with no history of CHD or diabetes.

INSTRUCTIONS

There are several distinct Framingham risk models. MDCalc uses the 'Hard' coronary Framingham outcomes model, which is intended for use in **non-diabetic** patients age 30-79 years with no prior history of coronary heart disease or intermittent claudication, as it is the most widely applicable to patients without previous cardiac events. See the official Framingham website for additional Framingham risk models.

When to Use | Pearls/Pitfalls

Age	41	years
Sex	Female / **Male**	
Smoker	**No** / Yes	
Total cholesterol	3.97	mmol/L
HDL cholesterol	1.40	mmol/L
Systolic BP	147	mm Hg
Blood pressure being treated with medicines	**No** / Yes	

0.8 %
10-year risk of MI or death for this patient

4 %
Average 10-year risk of MI or death

Copy Results | Next Steps

IDENTITY CARD

البطاقة الشخصية

CIVIL NUMBER 10146619

EXPIRY DATE 21/12/2025

DATE OF BIRTH 19/03/1984

صحار

بدر بن سعيد بن سليمان السيابي

IDOMN10146619<4<<<<<<<<<<<<<<<
8403168M2512211OMN<<<<<<<<<<<6
BADAR<SAID<SULAIMAN<<AL<SIYABI