TGN 24054

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
9110394		SULAIMAN AL KINDI AZI ABDULLAH	SUPERVISOR

Nationality	Age	Sex	Company	Location
OMANI		M	TGN	HAIMA

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 110/70 | [✓] Normal | [ ] Prehypertension | [ ] Hypertension Stage 1 | [ ] Hypertension Stage 2 | [ ] Hypertension Crises

BMI Category: 24.76 | [ ] 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: IN HOMOGENEOUS PATCHY OPACITIES SEEN RT MID ZONE WITH FIBROTIC STRANDS AND PERI HILAR VASCULAR CONGESTION NOTED

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:

Pre-existing condition: | Blood Grouping: B +VE

Remarks:

Glucose Level Category: 84 mg/dl [✓] Normal 80 – 100 mg/dl | [ ] Pre diabetic 100 – 125 mg/dl | [ ] Diabetic > 126 mg/dl

Cholesterol Risk Category: 90 mg/dl | [ ] Low Risk LDL is less 130 mg/dl | [ ] Moderate Risk LDL 130-159 mg/dl | [ ] High Risk LDL >160 mg/dl

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

QUESTIONNAIRES

	Medical & Surgical History Questionnaire	Remarks
	Respiratory Protection Questionnaire	Remarks
	Hearing Conservation Questionnaire	Remarks
	Screening Questionnaire	Remarks

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

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

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

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

Clinic Doctor Name	License #	Doctor Signature & Clinic Stamp	Issue Date
Dr. ABUBAKER ABDELHALIM MOHAMED KHIR IBRAHIM Specialist Family Medicine MOH License No: 39974		Peace Land Clinic	9/11/24

Form Revision - 03 (04/05/2021)

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
9116394		24054	SUPERVISOR
Nationality	**Age**	**Sex**	**Location**
OMANI		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	[ ] Traveling Examination	[ ] Medical Surveillance

Medical Suitability for Work

Medical Suitability for Work	[✓] Fit to work Based on Pulmonist Report [ ] Fit with following restrictions [ ] Pending Fitness [ ] Not fit to work FIT

Restrictions

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

Other, specify

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
31/10/2024	

Medical Review Date	Employee Signature

Doctor Name	Medical License	Hospital	Medical Doctor Signature
Dr. ABUBAKER ABDELRAHIM MOHAMED KHEIR IBRAHIM		Peace Land Clinic Mukhaizna	

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
9110394		24054	SUPERVISOR.
Nationality	**Age**	**Sex**	**Location**
			HAWDA

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
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
Immuno 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

Date: 31/10/2024

Candidate/Employee Signature

Peace Land Clinic Mukhaizna

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
9110394			SUPERVISOR.
Nationality	**Age**	**Sex**	**Location**
			HAWDA

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: 31/10/2024

Candidate/Employee Signature

Peace Land Clinic Mukhaizna

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
9110394	24054		SUPERVISOR.
Nationality	**Age**	**Sex**	**Location**
			HALMA

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 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 e. Pneumonia [ ] YES [ ] NO i. Broken ribs
[ ] YES [ ] NO b. Asthma [ ] YES [ ] NO f. 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 interfere with your use of a respirator
[ ] YES [ ] NO c. Anxiety

Date: 31/10/2024

Candidate/Employee Signature

Peace Land Clinic Muharraq

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
9110394		24054	SUPERVISOR
Nationality	**Age**	**Sex**	**Location**
			HAWDA

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: 31/10/2024

Peace Land Clinic

Candidate/Employee Signature

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
9110394		24054	SUPERVISOR.
Nationality	**Age**	**Sex**	**Location**
			HAIMA

VITAL SIGNS

Height: 182 cm Weight: 82 Kg BMI: 24.76 Blood Pressure: 110/70 mmHg

Pulse: 64 /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			6/6	

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

Visual Field Test: ☑ Normal ☐ Abnormal

Stereoscopic Vision Test: ☐ Normal ☐ Abnormal

Date of Examination: 31/10/24 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

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: 31/10/24 Medical Practitioner Name: Signature:

[2] Chest Shape and Movment

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

[3] Air Entry in Both Lungs

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

[2] Chest Percussion

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

[4] Breath sounds

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

Date of Examination: 31/10/24 Physician Name: Signature:

ENT SYSTEM

[1] Otoscopy

	Right	Left
Ear Canal Collapse	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☑ No ☐ Not Exam
Drainage	☐ Yes ☑ Like ☐ 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

Peace Land Clinic Mukhaizna

Dr. ANSARUDEEN ABDELHALIM MOHAMED KHEIR IBRAHIM

24054

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] Feet 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: 31/10/24 Physician Name: Dr. ABDULAZIZ ABDULMALIK MOHAMED FREG IDRAHIM Signature:

OQ - Occupational Health Department

Form Review - 02-Jun-2021

Peace Land Clinic Mukhaizna

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

PATIENTDETAILS :

Patient ID	: 24054		
Name	: SULAIMAN ALI ABDALLAH AL KINDI	Doc No	: 10779
Age	: 43Y	Doc Date	: 2024-10-31T11:03:00
Gender	: Male	Bill No	: 31793
Nationality	: OMANI	Date	: 31/10/2024 11:03 AM
GSM No	: 92205401	Customer	: TRUCKOMAN OIL & GAS SERVICES
		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	'B' Positive		
COMPLETE BLOOD COUNT			
RBC	6 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	14.9 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	48 %	Male 42 -52 % Female 37 -47 %	
MCV	76 fl	76 - 96 fl	
MCH	27 pg	27 - 33 pg	
MCHC	32 %	32 36 %	
WBC COUNT	4100 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	49 %	40-75 %	
LYMPHOCYTE	41 %	20-45 %	
EOSINOPHIL	3 %	1-6 %	
MONOCYTE	7 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	8	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	1.5 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	59 u/l	44-147 U/ L	
T. BILIRUBIN	0.8 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.4 mg / dl	up to 0.4 mg /dl	
IINDIRECT BILIRUBIN	0.4 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	21 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	14 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	7 g /dl	New born 5.2 - 9.1 g /dl Children 5.4 - 8.7 g /dl Adult 6.7 - 8.7 g /dl	
ALBUMIN	4 g / dl	3.8 - 5.5 g/dl	

Reported By:
AHMED ALHAG

Sr. Lab Technologist

Printed at: 31/10/2024 11:06:08

Verified By:
AHMED ALHAG

Sr. Lab Technologist

Signed at: 31/10/2024 11:06:08

Specialist Pathologist:
AHMED ALHAG

Sr. Lab Technologist

Test	Result	Normal Range	Detailed Description
RENAL FUNCTION TEST			
UREA	38 mg / dl	10-50 mg /dl	
S.CREATININE	0.7 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	6 mg / dl	3.4 - 7.2 mg /dl	
LIPID PROFILE			
Total Cholesterol	150 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	54 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	50 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	90 mg/dl	< 130 mg/dl	
VLDL	10 mg/dl	2-30 mg/dl	
FASTING BLOOD SUGAR	87 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.010		
pH	Acidic		
Appearance	Clear		
CHEMICAL	0		
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC.			
PUS_CELLS	1-2		
EPITHELIAL CELLS.	1-2		
RBCS	1-2		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA.	NIL		
OTHERS.	NIL		

Remarks:

Peace Land Clinic Mukhaizna

URINE DRUG TEST :	Result	Nomal Range
OPIATE (URINE)	Negative	
AMPHETAMINES(URINE)	Negative	
MORPHINE (URINE)	Negative	
COCAINE (URINE)	Negative	
PHENCYCLIDINE (URINE)	Negative	
METHAMPHETAMINE (URINE)	Negative	
TRAMADOL (URINE)	Negative	
BARBITURATES (URINE)	Negative	
BENZODIAZEPINES (URINE)	Negative	
MEDTHODONE (URINE)	Negative	
TRICYCLIC ANTIDEPRESSANTS (URINE)	Negative	
ALCOHOL TEST	Negative	

Remark

Peace Land Clinic Mukhaizna

24054

6 Channel + 1 Rhythm Report

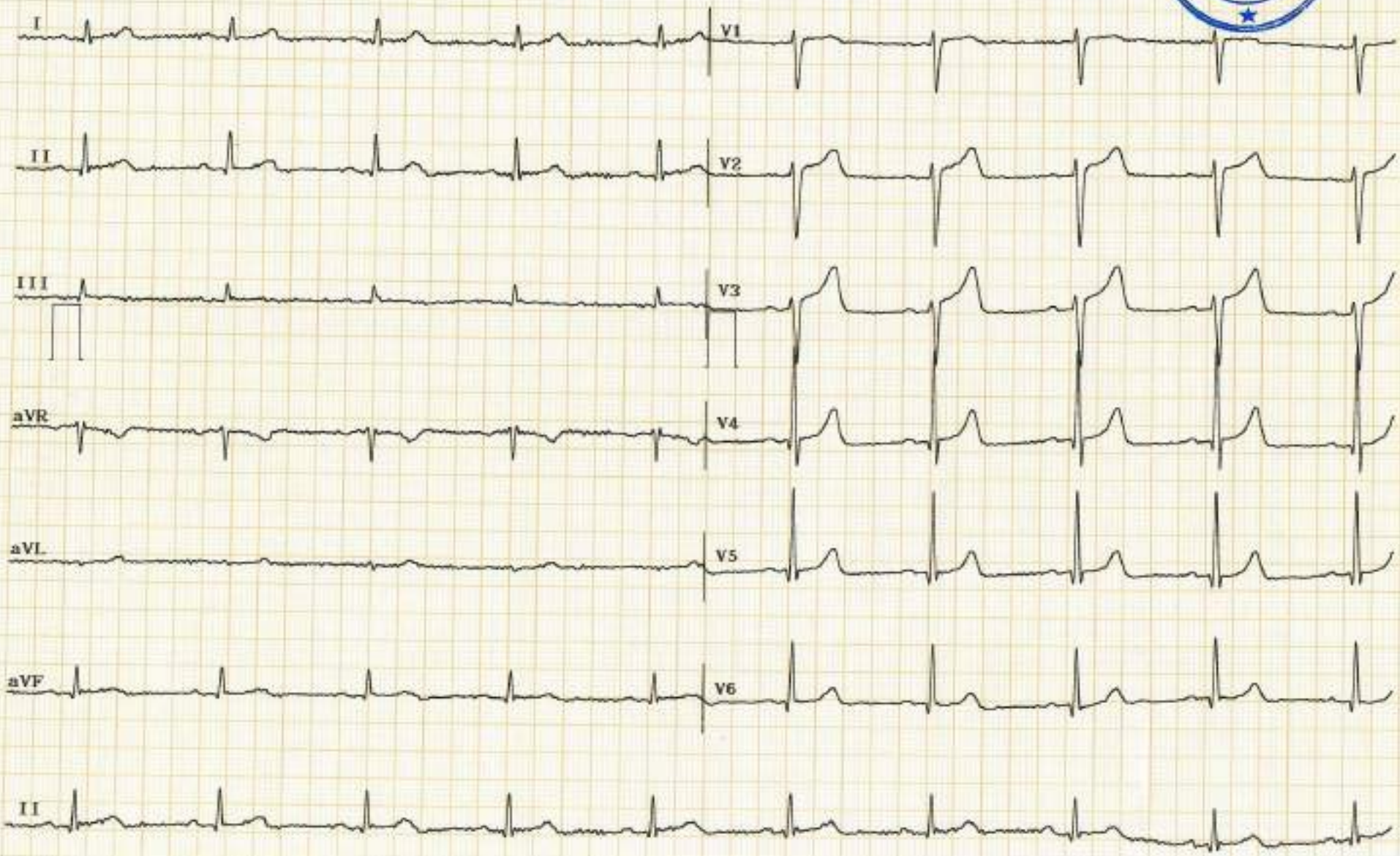
Hosp:

Prescribed by:

Heart Rate: 58 bpm
PR/RR Int.:186/1034 ms
QRS Dur: 102 ms
QT/QTc: 432/425 ms
P-R-T axes: 43 60 35
SV1/RV5/R+S:0.80/1.47/2.27mV

** Analysis Result ** (To be finally confirmed by physician)
Sinus Bradycardia(HR:50-59)
[Minimally Abnormal or Normal Variation ECG]

Peace Land Clinic Mukhaizna



Base:0.2Hz LPF:Off AC:50Hz EMG:Off

10.0mm/mV 25.0mm/sec

EKG2000 6.00/3.24 Bionet Co., Ltd.

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

PATIENT ID: 24054

Estimated 10-year Global CVD Risk

2.30%

Risk Category

Low Risk

Estimated Vascular Age

34Years

Treatment Guidelines

ATP-III (2004)

Treatment Targets

LDL <160 mg/dL (<4.14 mmol/L)
Non-HDL <190 mg/dL (<4.93 mmol/L)

CCS (2009)

Initiate Pharmacotherapy if

LDL >5 mmol/L (>193 mg/dL)
TChol/HDL-C >6 mmol/L (>231 mg/dL)

Treatment Targets

≥50 % decrease in LDL-C

ESC (2007, see Info for more)

Treatment Targets

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

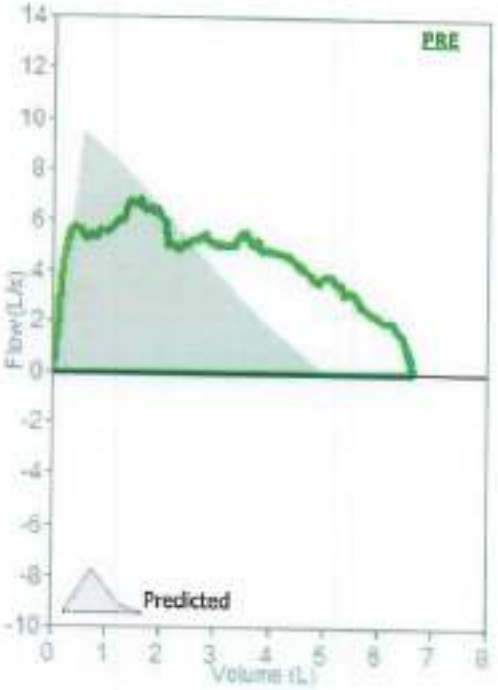
Peace Land Clinic Authorized

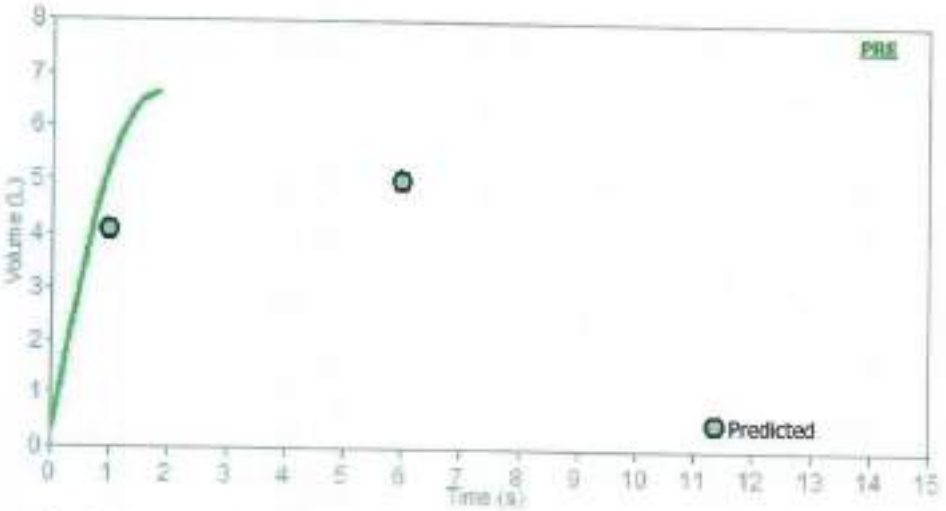
Pulmonary Function Test Results

Visit date 31/10/2024

Patient code	9110394	Age	43
Surname	AL KINDI	Gender	Male
Name	SULAIMAN ALI ABD	Height, cm	182
Date of birth	14/10/1981	Weight, kg	82
Ethnic group	Caucasian	BMI	24.76
Smoke	No smoker	Pack-Year	
Patient group			

FVC PRE | FEV1 PRE | FEV1% PRE





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 31/10/2024 09:20:07

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	4.02	5.03	6.64*	132	2.65	6.64			*		
FEV1	L	3.25	4.09	5.34*	131	2.45	5.34			*		
FEV1/FVC	%	67.7	79.5	80.4*	101	0.13	80.4			*		
PEF	L/s	7.48	9.48	7.00*	74	-2.05	7.00			*		
ELA	Years		43	43	100		43					
FEF2575	L/s	2.67	4.38	4.99	114	0.59	4.99					
FET	s		6.00	1.81	30		1.81					
FIVC	L	4.02	5.03									
FEV1/VC	%	67.7	79.5									

*Best values from all loops - BTPS 1.078 28 °C (82.4 °F) - Predicted ERS (ECCS) / Zapletal

Conclusion / Medical report

Signature

Dr. ABUBAKER ABDELHALIM MOHAMED KHEIR IBRAHIM MOH

Peace Land Clinic Mukhaizna

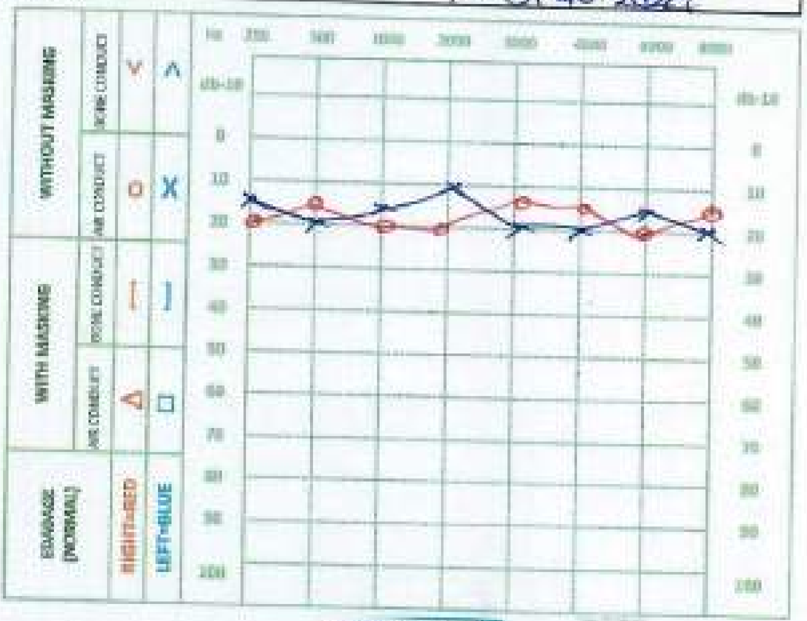
Instrument used
Minispir S S/N C16043

MIR

مركز بلاد السلام الطبي
Peace Land Medical Center

AUDIOMETRY TEST REPORT

NAME: SULAIMAN ALI AL KINDI		COMPANY: TON.	
AGE: 43 YRS	GENDER: M/F	OCCUPATION: SUPERVISOR	
REF. BY:		DATE: 31/10/2020	



Sibelmed

INTERPRETATION
O RIGHT EAR
X LEFT EAR

RESULT
☑ NORMAL
HEARING LOSS
☐ RIGHT
☐ LEFT

MOH License No: 20974

Peace Land Clinic Mukhaizna

P.O. Box 1402, Postal Code: 133, Al Azaiba, Roundabout of Sahwa Tower, Sultanate of Oman
Tel: 24617117, 24617148, 24617149

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
24054	SULAIMAN ALI ABDALLAH AL KINDI	43Y/M	31-10-2024	

DIGITAL X-RAY CHEST PA VIEW

FINDINGS:

Mediastinum in midline.

Trachea is deviated to the left side

In homogeneous patchy opacities seen right mid zone with fibrotic strands and peri hilar vascular congestion noted correlate with clinical findings

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:

In homogeneous patchy opacities seen right mid zone with fibrotic strands and peri hilar vascular congestion noted correlate with clinical findings

Peace Land Clinic

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

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

nmc specialty hospital, al ghoubra

P.O BOX : 613, Postal Code : 133

AL-GHOUBRA

Sultanate of Oman

Medical Report

Consultant: DR SUMANT PAJANKAR/PULMONOLOGY **Consultation Date : 30/11/2024 09:54:00**

Personal Details

Name	: SULAIMAN ALI ABDULLAH AL KINDI	Id Card/L Card	: 9110394/CI	Phone	: 92205401
File No	: 14484390	Certificate No	:	Email Id	:
Age	: 43Y / M	Policy No	:	EMP No	:
Address	:			Occupation	:
Marital status	: N/A			Working Company	:
Nationality	: OMAN			Ref By	
Customer	: TRUCKOMAN OIL & GAS SERVICES SAOC				

Chief Complaints

Sl No	Symptoms
1	MEDICAL REPORT

History Of Present Illness

Ref from Peace land medical center
CXR reported as - Homogenous patchy opacities in RMZ with fibrotic strands and peri hilar vascular congestion
Blood investigations - acceptable

No symptoms
Not on chronic medications.
Alcohol/ Drug levels reported as Negative
Spirometry - Normal
ECG - WNL

Past Medical History

Sl No	Date	Diagnosis	Duration	Treatment
1	30/11/2024	NONE	1 Day	

Allergies and / or Adverse Drug Reactions

Sl No	Allergy Category	Description	Remark
1	General Allergies	NKDA	

Physical Examination

Vital Information

Date	Time	Pulse/mt	BP/mmHg	Temp(F)	Temp(C)	Pain score	RR (bpm)	SPO2 (%)	Ht (cm)	Wt (kg)	BMI	Waist size	RBS	FBS	Remarks
30/11/2024	10:27AM	77 Regular	121/65mmHg	97.88	36.60		20	98							

System Review

Cardio Vascular Systems (Normal)

Respiratory Systems (Normal)

Provisional Diagnosis

No	Code	Working / Provisional Diagnosis	Remarks
1	R91.8	Other Nonspecific Abnormal Finding Of Lung Field	

Investigation

Sl No.	Date	Special Notes	Investigation	Remarks	Reference Consultant	Emergency	Billed/Not billed
1	30/11/2024		CHEST X RAY PA				Billed
2	30/11/2024		CHEST X-RAY LAT				Billed

Notes: CXR - Few fibrotic scars at RLZ with increased BVM.

Advice

FIT for assigned work.

DR SUMANT PAJANKAR
PULMONOLOGY

RECEPTION