Client:26080 Reg.Dt: 10/06/2025
Name: BABU MUTHU
Gender: Male Nationality: INDIA
Age: 45 Mar. Status: Married
Address:

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
767749602	1485	BABU MUTHU	HD DRIVER

Nationality	Age	Sex	Company	Location
INDIAN.		M	TON	HALMA

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 160/100 [ ] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [✓] Hypertension Stage 2 [ ] Hypertension Crisis
BMI Category: 28.1 [ ] Underweight [ ] Normal [✓] Overweight [ ] Obese [ ] Morbid Obesity
Remarks:

VISUAL TEST

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

RESPIRATORY SYSTEM

Spirometry Test [ ] Normal [ ] Abnormal [✓] Not Required
Chest X-Ray [✓] Normal [ ] Abnormal [ ] Not Required
Physical Assessment [✓] Normal [ ] Abnormal
Pre-existing condition:
Remarks:

ENT SYSTEM

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

CARDIOVASCULAR SYSTEM

ECG Test [✓] Normal [ ] Abnormal [ ] Not Required
Physical Assessment [✓] Normal [ ] Abnormal
Pre-existing condition:
Remarks:

NEUROLOGICAL SYSTEM

Physical Assessment [✓] Normal [ ] Abnormal
Pre-existing condition:
Remarks:

MUSCULOSKELETAL SYSTEM

Physical Assess. [✓] Normal [ ] Abnormal
Lumbar X-Ray [ ] Normal [ ] Abnormal [✓] Not Required
Pre-existing condition:
Remarks:

LABORATORY INVESTIGATIONS

Lab Tests: [✓] Normal [ ] Abnormal If abnormal, please specify below:
Blood Grouping: B + VE
Pre-existing condition:
Remarks:

Glucose Level Category: 100 mg/dl [✓] Normal: 80 – 100 mg/dl [ ] Pre diabetic: 100 – 125 mg/dl [ ] Diabetic > 126 mg/dl
Cholesterol Risk Category: 165 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 dependance [ ] Low to Mod dependance [ ] Moderate dependance [ ] 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)

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

License #	Hospital/Polyclinic	Doctor Signature & Clinic Stamp	Issue Date
	Peace Land Medical Center Muhaisnah		20/6/2025

Form Review: 05/03/2021

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
76749602	1485	HD DRIVER.

Nationality	Age	Sex	Location
			HALFA

'atient:26080 Reg.Dt: 10/06/2025
Name: RAJU MUNIYANDI
Gender: Male Nationality: INDIA
Age: 49 Mar. Status: Married
Reference:

EXAMINATION TYPE

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

Medical Suitability for Work

Medical Suitability for Work	
	[✓] Fit to work — Fit to work as per specialist report
	[ ] Fit with following restrictions
	[ ] Pending Fitness
	[ ] Not fit to work

FIT

Restrictions

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

Other, specify

New Position	New Function	New Department
NA	NA	NA

Examanation Date	Exams Performed
10/06/2025	

Medical Review Date	Employee Signature

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

Medical License | Hospital

Medical Doctor Signature

Peace General Clinic Mussafah

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #
76749602	1485

Nationality	Age	Sex

Patient: 26080 Reg.Dt: 10/06/202
Name: RAB
Gender: Male Nationality: INDIA
Age: 49 Mar. Status: Marrie
Address:

Position	Location
HD DRIVER,	HAIL

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: 10/06/2025

Candidate/Employee Signature

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Nationality	Age	Sex
7G7496Q2	1485			

Patient: 26080 Reg.Dt: 10/06/2025
Name: RAB[illegible]
Gender: Male Nationality: INDIA
Age: 49 Mar. Status: Married
Address:

Position	Location
HD DRIVER.	HAMRA

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
2.Do you find it hard to like your daily work?	☐	Yes	☑	No
3.Do you find difficult taking decisions?	☐	Yes	☑	No
4.Is your daily work a suffering?	☐	Yes	☑	No
5.Do you feel tired all the time?	☐	Yes	☑	No
6.Are you easily tired?	☐	Yes	☑	No
7.Do you have frequent headaches?	☐	Yes	☑	No
8.Do you feel lack of hunger?	☐	Yes	☑	No
9.Do you sleep badly?	☐	Yes	☑	No
10.Do your hands tremble?	☐	Yes	☑	No
11.Is your digestion not good?	☐	Yes	☑	No
12.Do you have unpleasant sensations in your stomach	☐	Yes	☑	No
13.Do you get scared easily?	☐	Yes	☑	No
14.Do you feel nervous, tense or worried?	☐	Yes	☑	No
15.Do you feel unhappy?	☐	Yes	☑	No
16.Do you cry more than usual?	☐	Yes	☑	No
17.Has the thought of ending your life been on your mind?	☐	Yes	☑	No
18.Do you find it difficult to perform your work?	☐	Yes	☑	No
19.Have you lost interest in things?	☐	Yes	☑	No
20.Do you feel you're worthless?	☐	Yes	☑	No

Date: 10/06/2025

Peace Land Clinic Muhraq

Candidate/Employee Signature
M.R.

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #
76749602	1485

Patient: 26080 Reg.ID: 30/06/202
Name: RAJU MUTHU
Gender: Male
Age: 49
Address:
Nationality: INDIA
Mar. Status: Married

Nationality	Age	Sex

Position	Location
H.D DRIVER.	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. Nausea 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: 10/06/2025

Candidate/Employee Signature

M. Bhu

Peace Land Clinic Mukhaizna

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Patient: 26080 Reg.Dt: 10/06/2025	Position
76749602	1485	Name: RABU MUNDU Gender: Male Age: 49 Address:	HD DRIVER
Nationality	**Age**	**Sex**	**Location**
		Nationality: INDIA Mar. Status: Married	HALOA

HEARING CONSERVATION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use hearing protection? [ ] YES [X] NO What type: ☐ Earplugs ☐ Ear Muffs ☐ Double HP

1 - Have you been out of noise for the past 14-16 hours? [X] 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 [X] 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 [X] 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 [X] 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 [X] NO Which one?

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

Date: 10/06/2025

Candidate/Employee Signature

Peace Land Clinic Mushrif

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Patient: 26080	Reg.Dt: 10/06/202	Position
784996[illegible]	1485	Name: RANU [illegible]		HD DRIVER
Nationality	**Age**	**Sex**	Nationality: INDIA	
		Age: 49	Mar. Status: Marrie	**Location**
		Address:		HAMDA

VITAL SIGNS

Height: 175 cm | Weight: 86 Kg | BMI: 28.1 | Blood Pressure: 160/100 mmHg

Pulse: 66 /min | Medical Practitioner Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 | Signature:

VISUAL SYSTEM

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

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

Visual Field Test: ☑ Normal ☐ Abnormal

Stereoscopic Vision Test: ☑ Normal ☐ Abnormal

Date of Examination: 10/06/25 | Medical Practitioner Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 | 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: _____ | Medical Practitioner Name: _____ | Signature: _____

[2] Chest Shape and Movement

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

[3] Chest Percussion

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

[3] Air Entry in Both Lungs

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

[4] Breath sounds

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

Date of Examination: 10/06/25 | Physician Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 | Signature:

EAR, NOSE & THROAT

[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
Adiometry Done	☑ Yes ☐ No
Audiologyst Name: Signature:	Hearing Questionnaire verified ☑ Yes ☐ No

Peace Land Clinic Muscat

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

PHYSICAL ASSESSMENT FORM

Patient:26080 Reg.Dt: 10/05/202
Name: RABIU MUHAMMAD
Gender: Male Nationality: INDIA
Age: 49Y Mar. Status: Married
Address:

ENT SYSTEM

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

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

CARDIOVASCULAR SYSTEM

[1] Heart Sounds
☑ Normal ☐ Abnormal ☐ Not Examined
If abnormal, describe below:

[2] Heart Murmurs
☐ Present ☑ Absent ☐ Not Examined
If present, describe below:

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

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

NEUROLOGICAL SYSTEM

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

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

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

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

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

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

MUSCULOSKELETAL SYSTEM

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

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

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

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

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

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

OTHER

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

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

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

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

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

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

Date of Examination: 10/05/2022 Physician Name: Signature:

Peace Land Clinic Muhamma

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

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	: 26080	Doc No	: 13668
Name	: BABU MUTHU	Doc Date	: 2025-06-10T17:51:00
Age	: 49Y	Bill No	: 35612
Gender	: Male	Date	: 10/06/2025 17:51 PM
Nationality	: INDIAN	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 94062607	Ref.by	: DR.HAMMAD ISMAIL

TEST RESULT : OQ-001 OQ MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
OQ MEDICAL CHECKUP			
BLOOD GROUP & Rh TYPING	'B' Positive		
COMPLETE BLOOD COUNT			
RBC	6 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	17 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	52 %	Male 42 -52 % Female 37 -47 %	
MCV	86 fl	78 - 98 fl	
MCH	29 pg	27 - 33 pg	
MCHC	34 %	32 36 %	
WBC COUNT	7000 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	48 %	40-75 %	
LYMPHOCYTE	42 %	20-45 %	
EOSINOPHIL	6 %	1-6 %	
MONOCYTE	4 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	10	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	1.8 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	94 u/l	44-147 U/ L	
T. BILIRUBIN	1 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.4 mg / dl	up to 0.4 mg /dl	
IINDIRECT BILIRUBIN	0.6 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	29 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	40 u/l	Male 0-45 u/l Female 0-32 u/l	
T. PROTEIN	7 g /dl	New born 5.2 - 9.1 g /dl Children 5.4 - 8.7 g /dl Adult 6.7 - 8.7 g /dl	
ALBUMIN	4.5 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	27 mg / dl	10-50 mg /dl	
S.CREATININE	1 mg / dl	0.7 - 1.2 mg /dl	

Reported By:
Lab Technician

Sr. Lab Technologist

Printed at: 10/06/2025 17:53:24

Peace Land Clinic Mukhaizna

Verified By:
Lab Technician

Sr. Lab Technologist

Signed at: 10/06/2025 17:53:24

Approved By:
Lab Technician

Sr. Lab Technologist

Test	Result	Normal Range	Detailed Description
S.URIC ACID	6.9 mg / dl	3.4 - 7.2 mg /dl	
LIPID PROFILE			
Total Cholesterol	188 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	124 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	57 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	108 mg/dl	< 130 mg/dl	
VLDL	25 mg/dl	2-30 mg/dl	
NON HDL CHOLESTEROL	128 mg/dl	Less than 130mg/dl	
FASTING BLOOD SUGAR	100 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.005		
pH	Acidic		
Appearance	Clear		
CHEMICAL	0		
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC.			
PUS_CELLS	1-2		
EPITHELIAL CELLS.	1-2		
RBCS	1-2		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA.	NIL		
OTHERS.	NIL		
URINE DRUG SCREEN			
OPIATE (URINE)	Negative		
MORPHINE (URINE)	Negative		
COCCAINE (URINE)	Negative		
AMPHETAMINE (URINE)	Negative		
BENZODIAZEPINES (URINE)	Negative		
PHENCYCLIDINE (URINE)	Negative		
METHAMPHETAMINE (URINE)	Negative		
TRAMADOL (URINE)	Negative		
BARBITURATES (URINE)	Negative		
TRICYCLIC ANTIDEPRESSANTS (URINE)	Negative		
METHADONE (URINE)	Negative		
ALCOHOL TEST	Negative		

Patient:26080 Reg.Dt: 10/06/202
Name: RAJU MUDDU
Gender: Male Nationality: INDIA
Age: 49 Mar. Status: Married
Address:

Remarks:

Peace Land Clinic Multispeciality

1970-01-01 00:13:33 6 Channel + 1 Rhythm Report Hosp:

Prescribed by:

Patient:26080 Reg.Dt: 10/06/201

Name: RANU M

Gender: Male Nationality: INDIA

age: 49 Mar. Status: Marri

Address:

Heart Rate: 61 bpm

PR/RR Int.:172/984 ms

QRS Dur: 102 ms

QT/QTc: 402/408 ms

P-R-T axes: 14 -12 0

SV1/RV5/R+S:0.86/0.62/1.48mV

** Analysis Result ** (To be finally confirmed by physician)

Normal Sinus Rhythm

[Normal ECG]

Peace Land Clinic Mukhalzna

I

II

III

aVR

aVL

aVF

V1

V2

V3

V4

V5

V6

II

Base:0.2Hz LPF:100Hz AC:50Hz EMG:On 10.0mm/mV 25.0mm/sec EKG2000 6.00/3.24 Bionet Co., Ltd.

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

PATIENT ID: 26080

Estimated 10-year Global CVD Risk

6.70%

Risk Category

Low Risk

Estimated Vascular Age

48Years

Treatment Guidelines

Treatment Targets

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

CCS (2009)

Initiate Pharmacotherapy if

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

Treatment Targets

≥50 % decrease in LDL-C

ESC (2007, see info for more)

Treatment Targets

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

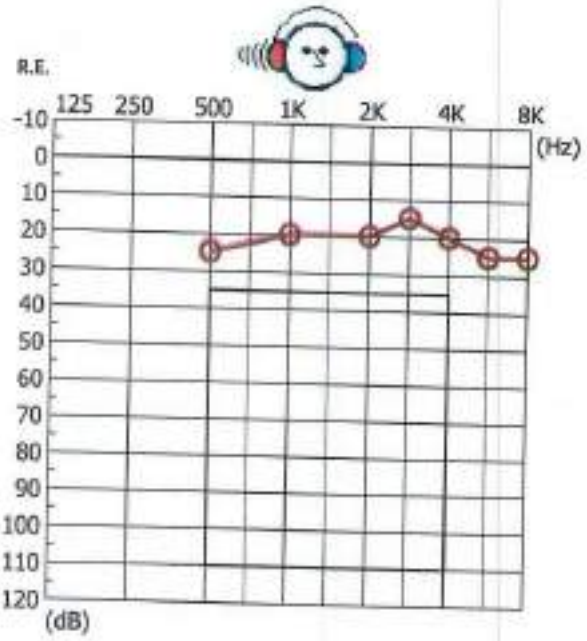
AUDIOMETRY REPORT

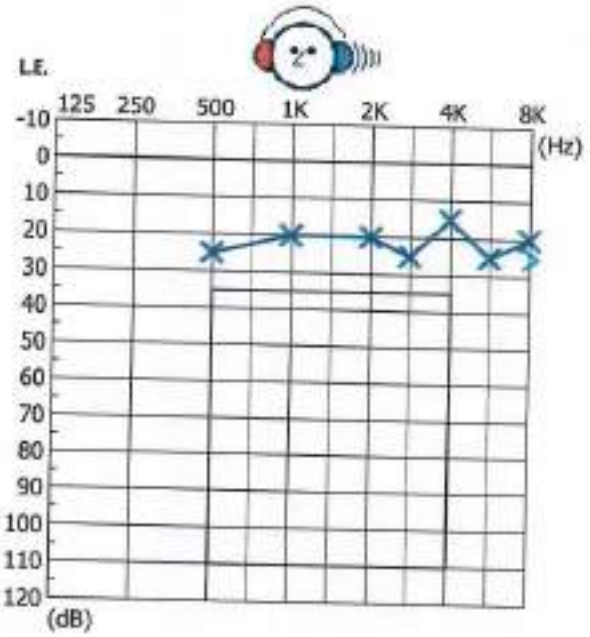
Name: MUTHU, BABU
Age(y): 49
Sex: Man
Height (cm): 0
Weight(Kg): 0
BMI:

SIBELMED W50

Test date: 10/06/2025
Reference: 76749602
Technician:
Reason:
Origin:
Equipment:
Device serial numb.:
Flash Version:

Patient:26080 Reg.Dt: 10/06/2025
Name: BABU MUTHU
Gender: Male Nationality: INDIA
Age: 49 Mar. Status: Married
Children:





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

MINISTRY OF LABOUR AND SOCIAL AFFAIRS

	R.E.	L.E.
Hearing Loss (%)	0.0	0.0
Average dBs	20.0	22.5
Bilateral Loss (%)	0.0	

Right ear Normal
Left ear Normal

COMMENTS:

Clinic Mukhaizna

Printing Date: 10/06/2025

Sibelmed

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
26080	BABU MUTHU	49Y/M	10-06-2025	

DIGITAL X-RAY CHEST PA VIEW

FINDINGS:

Trachea and mediastinum in midline.

Both lung fields show normal bronchovascular markings.

Cardiothoracic ratio is within normal limits.

Both cardiophrenic and costophrenic angles are free.

Both domes of diaphragm are normally placed.

Bony ribcage and soft tissue structures appear normal.

IMPRESSION:

- **NO ABNORMALITIES DETECTED**

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

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

nmc specialty hospital, al ghoubra

P.O BOX : 613, Postal Code : 133
AL-GHOUBRA
24504000

Fitness Certificate

Empno:
Date of issue : *19/06/2025*

Ref No : *0000068/FIT/NMC/2025*

This is to certify that Mr. / Mrs. *BABU MUTHU* with file no *14484949* and Resident card no. *76749602* was *Treated* at *nmc specialty hospital, al ghoubra* on *19/06/2025* and will be *fit for work* from the medical point of view starting from *19/06/2025*

DIAGNOSIS
I10-Essential (Primary) Hypertension

Remarks
FOLLOW WITH LOCAL CLINIC AFTER 5 DAYS

DR SUNURAJ SIVARAJAN

Place: *nmc specialty hospital, al ghoubra*

(Hospital Seal)

Signature

DR SUNURAJ SIVARAJAN
Specialist - Internal medicine
MOH Lic. No. 13513
nmc specialty hospital, Al Ghoubra

C.R. No: 124836
Sultanate of Oman
RECEPTION
nmc specialty hospital, Al Ghoubra