

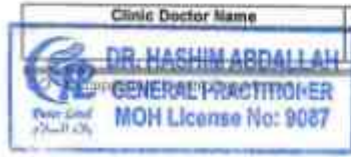
1610208

Form 1408 3/12/19 1/1/2021
 Rev 30-12-14/01/2019
 Ref: 3000 Nationality: Pakistan

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION				
Civil ID / Passport #	Company ID #	Name	Position	
108826671	1628	ILYAS HUSSAIN	MD DRIVER	
Nationality	Age	Sex	Company	Location
PAKISTANI	41	M	TRUCK OMAN	HAINA
EXAMINATION TYPE				
Examination	☐ Pre-employment ☒ Periodic ☐ Exit			
VITAL SIGNS & BODY MEASURES				
Blood Pressure Category:	130/80 ☒ Normal ☐ Prehypertension ☐ Hypertension Stage 1 ☐ Hypertension Stage 2 ☐ Hypertension Crises			
BMI Category:	25.5 ☐ Underweight ☒ Normal ☐ Overweight ☐ Obese ☐ Morbid Obesity			
Remarks:				
VISUAL TEST				
Visual Acuity Test	RT 6/6	LT 6/6	Visual Field Test	☒ Normal ☐ Abnormal
Colour Vision Test	☒ Normal ☐ Abnormal ☐ Not Required		Stereoscopic Vision Test	☐ Normal ☐ Abnormal ☐ Not Required
Pre-existing condition:				
Remarks:				
RESPIRATORY SYSTEM				
Spirometry Test	☐ Normal ☐ Abnormal ☒ Not Required		Chest X-Ray	☒ Normal ☐ Abnormal ☐ Not Required
Pre-existing condition:			Physical Assessment	☒ Normal ☐ Abnormal
Remarks:				
ENT SYSTEM				
Audiometry Test	☒ Normal ☐ Abnormal ☐ Not Required		Otoscopy	☒ Normal ☐ Abnormal ☐ Not Required
Pre-existing condition:			Physical Assessment	☒ Normal ☐ Abnormal (Whisper, Weber & Rinne Tests)
Remarks:				
CARDIOVASCULAR SYSTEM				
ECG Test	☒ Normal ☐ Abnormal ☐ Not Required		Physical Assessment	☒ Normal ☐ Abnormal
Pre-existing condition:				
Remarks:				
NEUROLOGICAL SYSTEM				
Physical Assessment	☒ Normal ☐ Abnormal			
Pre-existing condition:				
Remarks:				
MUSCULOSKELETAL SYSTEM				
Physical Assess.	☒ Normal ☐ Abnormal		Lumbar X-Ray	☐ Normal ☐ Abnormal ☒ Not Required
Pre-existing condition:				
Remarks:				
LABORATORY INVESTIGATIONS				
Lab Tests:	☐ Normal ☒ Abnormal		If abnormal, please specify below: Blood Grouping: O+ve	
Pre-existing condition:				
Remarks: LIPID HIGH, L.S.M, AVOID OILY FOODS.				
Glucose Level Category	100mg/dl ☒ Normal 80 - 100 mg/dl ☐ Pre-diabetic 100 - 125 mg/dl ☐ Diabetic > 125 mg/dl			
Cholesterol Risk Category	194mg/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 5) ☐ Positive answers Factor II (7 to 12) ☐ Positive answers Factor III (13 to 15) ☐ Positive answers Factor IV (17 to 20)			
Clinic Doctor Name	License #	Doctor Signature & Clinic Stamp	Issue Date	
DR. HASHIM ABDALLAH			18/01/2025	



FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	16102 OQ		Position	
				HD DRIVER	
Nationality	Age	Sex	Reg. ID		Location
POKISIAN		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				
	☐ 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
18/01/2025	

Medical Review Date	Employee Signature

Doctor Name	Medical License	Medical Doctor Signature
DR. HASHIM ABDALLAH		

General Practitioner
MOH License No: 9087



[Handwritten Signature]

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION			
Civil ID / Passport #	Company ID #	Position	
108826721	1628	HD PRWER	
Nationality	Age	Sex	Location
Pakistani	4	M	HAIMA.

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

Have you visited a doctor in the last year?	☐ Yes	☒ No
Are you taking any medication at present?	☐ Yes	☒ No
Are you pregnant?	☐ Yes	☒ No

Date: 18/01/2025



List any previous injuries or operations	
Previous injuries or operations	Date

Candidate/Employee Signature

SCREENING QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION			
Civil ID / Passport #	Company ID #	Position	
10882691	1628	16W20Q HD DRIVER	
Nationality	Age	Sex	Location
PAKISTANI	1	M	HAIMA

FAGERSTROM TEST				
Do you smoke?	☐ Yes	☒ No	If YES, Please answer the following:	
How soon after waking up do you smoke your first cigarette?	☐ >60min	☐ 31-60min	☐ 5-30min	☐ < 5 minutes
Do you find it difficult to avoid smoking where is forbidden, such as work places, cinemas, shopping etc.?	☐ Yes	☐ No		
What's the most difficult cigarette to quit or not to smoke	☐ Anyone	☐ The first in the morning		
How many cigarettes do you smoke per day	☐ <10	☐ 11-20	☐ 21-30	☐ >31
Do you smoke more frequently the first hours of the day than the rest of the day	☐ Yes	☐ No		
Do you smoke even when you're sick and have to stay in the bed most part of the day	☐ Yes	☐ No		

CAGE QUESTIONNAIRE			
Do you drink alcohol?	☐ Yes	☒ No	If YES, Please answer the following:
Did you ever feel that you should decrease the amount of drinks or cut down (stop) drinking?	☐ Yes	☐ No	
Do people bother you because they criticize the way you drink?	☐ Yes	☐ No	
Do you feel guilty or upset with yourself with the way you use to drink	☐ Yes	☐ No	
Do you drink in the morning to feel less nervous or decrease the hang over	☐ Yes	☐ No	
Have you had any problems related to alcohol	☐ Yes	☐ No	
Did you drink in the last 24 hours	☐ Yes	☐ No	

FATIGUE QUESTIONNAIRE				
Have you noticed that you are feeling tired recently	☐ Yes	☒ No		
Have you been feeling a lack of energy	☐ Yes	☒ No	If YES, Please answer the following:	
For how many days did you feel tired or with lack of energy in the last week	☐ 1 day	☐ 2 days	☐ 3 days	☐ > 3 days
Did you feel tired or with lack of energy for more than 3 hrs in some days last week?	☐ 1 hour	☐ 2 hours	☐ 3 hours	☐ > 3 hours
Did you feel so tired that you had to make some effort to do things last week	☐ Yes	☐ No		
Did you feel tired or with lack of energy doing things you like last week	☐ Yes	☐ No		

SELF-REPORTING QUESTIONNAIRE (SRQ-20)					
1. Do you have trouble thinking clearly?	☐ Yes	☒ No	11. Is your digestion not good?	☐ Yes	☒ No
2. Do you find it hard to like your daily work?	☐ Yes	☒ No	12. Do you have unpleasant sensations in your stomach?	☐ Yes	☒ No
3. Do you find difficult taking decisions?	☐ Yes	☒ No	13. Do you get scared easily?	☐ Yes	☒ No
4. Is your daily work 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: 18/01/2025



Candidate/Employee Signature:

RESPIRATORY PROTECTION QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	16102000		Position	
10882657	1628			HD DRIVER	
Nationality	Age	Sex	Location		
PAKISTANI		M	HAIMA		

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? ☐ YES ☒ NO What type: ☐ Disposable mask ☐ Cartridge Mask ☐ SCBA

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? ☐ YES ☒ NO

2. Have you ever had any of the following conditions?

☐ YES ☐ NO a. Seizures	☐ YES ☐ NO b. 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. Emphysema	☐ 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: 18/01/2025

Candidate/Employee Signature:



HEARING CONSERVATION QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	160200		Position	
168826671	1628			HD DRIVER	
Nationality	Age	Sex	Date of Birth		Location
PAKISTANI		M			HAIMA

HEARING CONSERVATION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

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

1 - Have you been out of noise for the past 14-16 hours? ☐ YES ☒ NO
 If NO, did you use hearing protection while in the noise? ☐ YES ☒ NO

2 - Check ALL of the following activities that you have done or do:

☐ Hunting	☐ Car races	☐ Steel shooting	☐ Woodwork	☐ Target shooting
☐ Power tools	☐ Mower	☐ Concerts / Band	☐ Welding	☐ Air compressor
☐ Construction	☐ Scuba diving	☒ Tractor (open or closed cab)		

Have you ALWAYS used hearing protection when participating in the above activities? ☐ YES ☒ NO

3 - Check ALL that you have experienced:

☐ Ear Fullness	☐ Ear Infections	☐ Ear Surgery	☐ Head injury	☐ Chemotherapy
☐ Ringing in the ears	☐ Ear Pain	☐ Earwax buildup	☐ Intravenous Antibiotics	☐ Hole in the Eardrum
☐ Ear Drainage	☐ Dizziness			

4 - Check ALL that you have had/suffered from:

☐ Meningitis	☐ Diabetes	☐ Measles	☐ Syphilis	☐ Chickenpox	☐ Mumps	☐ Chronic ear infections
☐ Hypertension	☐ Renal Failure	☐ Tuberculosis	☐ Previous surgery	☐ Thyroid Problems	☐ Trauma to head/ ear canal / tympanic membrane	

5 - Check ALL that you are currently suffering from:

☐ Sinusitis	☐ Cold/Flu	☐ Ear Infection	☐ Allergic rhinitis
------------------------------------	-----------------------------------	--	--

6 - Do you have documented Hearing Loss? ☐ YES ☒ NO
 If Yes: Which Ear(s)? ☐ Right Ear ☐ Left Ear ☐ Both Ear Who performed your hearing test?

7 - Have you EVER worn Hearing Aids? ☐ YES ☒ NO
 If Yes: Which Ear(s)? ☐ Right Ear ☐ Left Ear ☐ Both Ear
 What Size? ☐ Behind-the-ear ☐ In-the-ear ☐ In-the-canal ☐ Completely-in-the-canal
 What Type? ☐ Analog ☐ Digital
 Who fit your hearing aids? ☐ Licensed Audiologist ☐ Hearing Aid Dealer ☐ Don't Know
 When did you receive your hearing aids?

8 - Have you ever served in the military? ☐ YES ☒ NO
 If yes, check division: ☐ Arm ☐ Navy ☐ Air Force ☐ Marines ☐ National Guard Date: / /
 Do you have medical disability through the Veterans Administration (VA) for hearing loss or tinnitus? ☐ YES ☒ NO
 If yes, how much? % What is your TOTAL VA disability? %

9 - Are you currently using any medication? ☐ YES ☒ NO Which one?

10 - What kind of transport do you regularly use? ☐ Car ☒ Bus ☐ Motorcycle ☐ Walking

Date:

18/01/2025



Candidate/Employee Signature

[Signature]

PHYSICAL ASSESSMENT FORM



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #	16102 009		Position	
16882661	1628			HD DRIVER	
Nationality	Age	Sex	Location		
PAKISTANI		M	HAIMA		

VITAL SIGNS					
Height	175 cm	Weight	78 Kg	BMI	25.5
Pulse	66 /min	Blood Pressure	130/80 mmHg		

Medical Practitioner Name	DR. HASHIM ABDALLAH	Signature	[Signature]
MOH License No: 9087			

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

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

Date of Examination:	18/01/2025	Medical Practitioner Name:	DR. HASHIM ABDALLAH	Signature:	[Signature]
		MOH License No: 9087			

(1) Spirometry Test					
Smoking Status:	☐ Never	☐ Ever Used	☐ Current	Patient's Posture During Test:	☐ Standing ☐ Sitting
Diagnosis:	☐ Asthma	☐ COPD	☐ Other	Nose Clips Used:	☐ Yes ☐ No

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

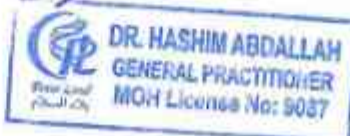
The Patient Demonstrated:	☐ Good Effort	☐ Difficulty following instructions	☐ Ability to obtain only one good effort	☐ Poor Effort	☐ Cooperation
Date of Examination:		Medical Practitioner Name:		Signature:	

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

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

Date of Examination:	18/01/2025	Physician Name:	DR. HASHIM ABDALLAH	Signature:	[Signature]
		MOH License No: 9087			

(1) Otoscopy				(2) Hearing Test			
Ear Canal Collapse	Right: ☐ Yes ☒ No ☐ Not Exam	Left: ☐ Yes ☒ No ☐ Not Exam	Eardrum Position	Right: ☒ Normal ☐ Retracted ☐ Bulging ☐ Not Exam	Left: ☒ Normal ☐ Retracted ☐ Bulging ☐ Not Exam	Whisper Test	☒ Normal ☐ Abnormal ☐ Not Exam
Drainage	Right: ☐ Yes ☒ No ☐ Not Exam	Left: ☐ Yes ☒ No ☐ Unknown	Eardrum Vascularity	Right: ☒ Normal ☐ Considerable ☐ Mild ☐ Not Exam	Left: ☒ Normal ☐ Considerable ☐ Mild ☐ Not Exam	Rinne Test	☐ Normal ☐ Abnormal ☐ Not Exam
Perforation	Right: ☐ Yes ☒ No ☐ Not Exam	Left: ☐ Yes ☒ No ☐ Not Exam				Weber Test	☒ Normal ☐ Abnormal ☐ Not Exam
Cerumen	Right: ☒ None ☐ Some ☐ A lot	Left: ☒ None ☐ Some ☐ A lot				Adometry Done	☒ Yes ☐ No
						Hearing Questionnaire verified	☐ Yes ☒ No



PHYSICAL ASSESSMENT FORM

16402082

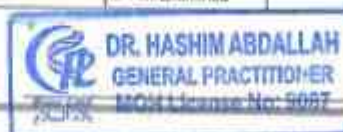
DATE: 18/01/2025
 TIME: 10:30 AM
 NAME: N/A
 SEX: N/A
 AGE: N/A
 SIGNATURE: N/A



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

Date of Examination: 18/01/2025 Physician Name: N/A

OQ - Occupational Health Department



Signature: [Handwritten Signature]

Date: 18/01/2025



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

PATIENT DETAILS :

Patient ID	: 16102	Doc No	: 11958
Name	: ILYAS HUSSAIN	Doc Date	: 2025-01-18T11:09:00
Age	: 41Y	Bill No	: 33335
Gender	: Male	Date	: 18/01/2025 11:09 AM
Nationality	: PAKISTANI	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 93353196	Ref by	: DR.HASHIM ABDALLAH

TEST RESULT : OQ-001 OQ MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
OQ MEDICAL CHECKUP			
BLOOD GROUP & Rh TYPING	'O' Positive		
COMPLETE BLOOD COUNT			
RBC	5.2 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	14.6 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	44 %	Male 42 -52 % Female 37 -47 %	
MCV	83 fl	76 - 96 fl	
MCH	28 pg	27 - 33 pg	
MCHC	33 %	32 -36 %	
WBC COUNT	6800 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	59 %	40-75 %	
LYMPHOCYTE	31 %	20-45 %	
EOSINOPHIL	1 %	1-6 %	
MONOCYTE	9 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	5	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	2.9 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	68 u/l	44-147 U/ L	
T. BILIRUBIN	0.4 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.1 mg / dl	up to 0.4 mg /dl	
INDIRECT BILIRUBIN	0.3 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	40 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	44 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	15 mg / dl	10-50 mg /dl	
S.CREATININE	0.7 mg / dl	0.7 - 1.2 mg /dl	

Reported By:
Lab Technician

Verified By:
Lab Technician

Approved By:
Lab Technician

Sr. Lab Technologist

Sr. Lab Technologist

Sr. Lab Technologist

Printed at: 18/01/2025 11:11:53

Test	Result	Normal Range	Detailed Description
S.URIC ACID	5.8 mg / dl	3.4 - 7.2 mg /dl	
LIPID PROFILE			
Total Cholesterol	254 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	245 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	64 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	194 mg/dl	< 130 mg/dl	
FASTING BLOOD SUGAR	100 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.020		
pH	Acidic		
Appearance	Clear		
CHEMICAL			
	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		
COCAINE (URINE)	Negative		
AMPHETAMINE (URINE)	Negative		
BENZODIAZEPINES (URINE)	Negative		
PHENCYCLIDINE (URINE)	Negative		
METHAMPHETAMINE (URINE)	Negative		
TRAMADOL (URINE)	Negative		
BARBITURATES (URINE)	Negative		
TRICYCLIC ANTIDEPRESSANTS (URINE)	Negative		
METHADONE (URINE)	Negative		
ALCOHOL TEST	Negative		

Remarks:

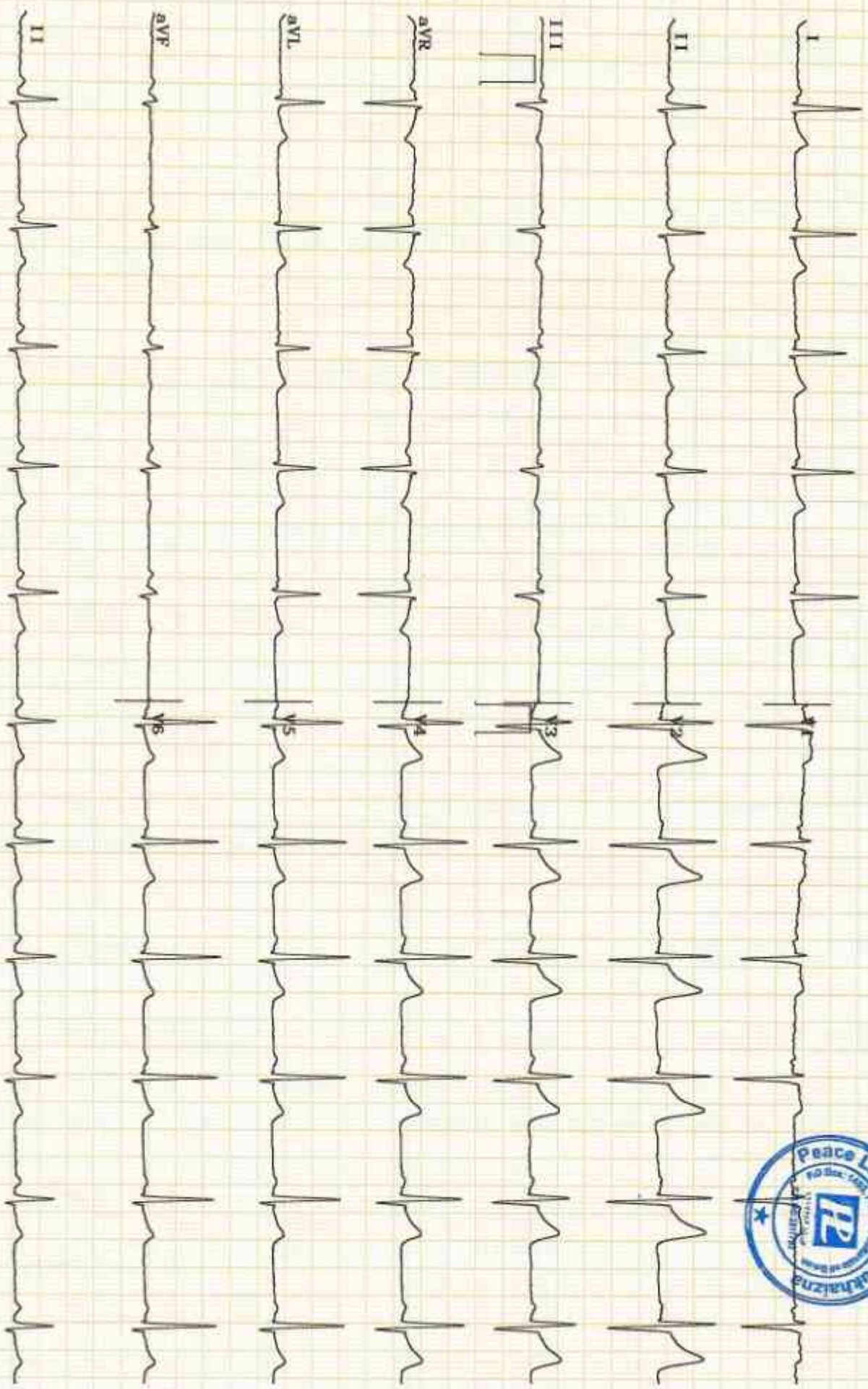


16102004

Age: 67
Sex: Male
Height: 1.70 m
Weight: 70 kg

Heart Rate: 67 bpm
PR/RR Int.: 130/896 ms
QRS Dur: 100 ms
QT/QTc: 392/410 ms
P-R-T axes: 58 7 13
SV1/RV5/R+S: 0.96/1.29/2.25 mV

Analysis Result # (To be finally confirmed by physician)
[Normal Sinus Rhythm
[Normal ECG]



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: 16102

Estimated 10-year Global CVD Risk

5.60%

Risk Category

Low Risk

Estimated Vascular Age

45 Years

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)

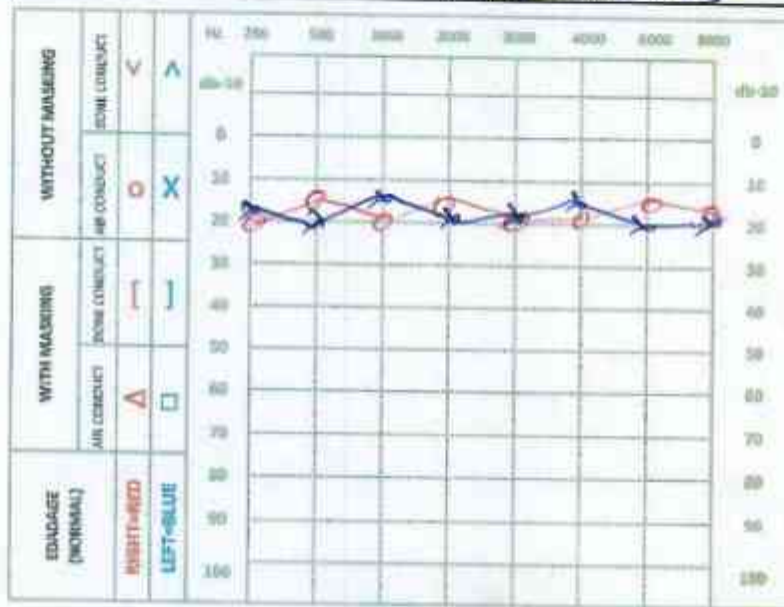
TChol <5 mmol/L (<194 mg/dL)





مركز بلاد السلام الطبي Peace Land Medical Center

AUDIOMETRY TEST REPORT			
NAME: <u>ILYAS HUSSAIN</u>		COMPANY: <u>TON</u>	
AGE: <u>41 yrs</u>	GENDER: <u>MTF</u>	OCCUPATION: <u>HD DRIVER</u>	
REF. BY:		DATE: <u>10/12/2025</u>	



Sibelmed



Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
16102	ILYAS. HUSSAIN	41Y/M	18-01-2025	

DIGITAL X-RAY CHEST PA VIEW

FINDINGS:

Trachea and mediastinum in midline.

Both lung fields show normal bronchovascular markings.

Cardiothoracic ratio is within normal limits.

Both cardiophrenic and costophrenic angles are free.

Both domes of diaphragm are normally placed.

Bony ribcage and soft tissue structures appear normal.

IMPRESSION:

- NO ABNORMALITIES DETECTED




Dr. K. VIJAYAKUMAR
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 Radiologist
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