MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

T.O.

OQ

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #			Position
108911429			ALI ABBAS #0042187 ... 34 Y(M) ... B2 ... 0051? 78471 ... 20/06/23 08 27	H.D.D.
Nationality	**Age**	**Sex**		**Location**
pakistan	23/3/89			

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category 118/70 [✓] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crisis

BMI Category 28 [ ] Underweight [ ] Normal [✓] Overweight [ ] Obese [ ] Morbid Obesity

Remarks

VISUAL TEST

Visual Acuity Test RT ✓ LT ✓ — Visual Field Test [✓] Normal [ ] Abnormal

Colour Vision Test [✓] Normal [ ] Abnormal [ ] Not Required — Stereoscopic Vision Test [ ] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition

Remarks

RESPIRATORY SYSTEM

Spirometry Test [✓] Normal [ ] Abnormal [ ] Not Required — Chest X-Ray [✓] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition — Physical Assessment [✓] Normal [ ] Abnormal

Remarks

ENT SYSTEM

Audiometry Test [✓] Normal [ ] Abnormal [ ] Not Required — Otoscopy [ ] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition — Physical Assessment [✓] Normal [ ] Abnormal (Whisper, Weber & Rinne Tests)

Remarks

CARDIOVASCULAR SYSTEM

ECG Test [✓] Normal [ ] Abnormal [ ] Not Required — Physical Assessment [✓] Normal [ ] Abnormal

Pre-existing condition

Remarks

NEUROLOGICAL SYSTEM

Physical Assessment [✓] Normal [ ] Abnormal

Pre-existing condition

Remarks

MUSCULOSKELETAL SYSTEM

Physical Assess [✓] Normal [ ] Abnormal — Lumbar X-Ray [ ] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition

Remarks

LABORATORY INVESTIGATIONS

Lab Tests [✓] Normal [ ] Abnormal If abnormal, please specify below — Blood Grouping B+

Pre-existing condition

Remarks

Glucose Level Category 98 [✓] Normal 60 - 100 mg/dl [ ] Pre-diabetic 100 - 125 mg/dl [ ] Diabetic > 126 mg/dl

Cholesterol Risk Category 129 [✓] 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 [ ] Not use of alcohol [ ] Screening negative [ ] Clinically significant

SRQ-20 Self-reported Questionnaire [ ] No positive answers [ ] Positive answers Factor I ... [ ] Positive answers Factor I ... (7 to 12)

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

Clinic Doctor Name	License #	Hospital/Polyclinic	Doctor Signature & Clinic Stamp	Start Date
		PEACE LAND MEDICAL	Dr. MOHAMMED AKBAR KHAN General Practitioner MOH Lic. No. 4404	21/6/23

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE INFORMATION

ALI ABBAS
0043187 8 34 Y(M) 20512
71471 2006/23 08:27

GSM ID / Passport #	Company ID #		Position
			1/·2·2
Nationality	**Age**	**Sex**	**Location**

EXAMINATION TYPE

[✓] Pre-employment Examination (PEE)	[ ] 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 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 extended period
[ ] Working near rotating machinery	[ ] Repetitive movements
[ ] Working in noise area	[ ] Mobile machinery operation
[ ] Working at 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
20/6/23	Lsm – Diet exercise, + wt advised.

Medical Review Date	Employee Signature
	[signature]

Doctor Name	Medical License	Hospital	Medical Doctor Signature
			[signature]

Stamp: PEACE LAND MEDICAL
Stamp: Dr. MOHAMMED AKBAR KHAN General Practitioner MOH Lic. No. 4404

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

ALI ABBAS
0042187
78471
20/06/23 08:27

IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
		H.S.D
Nationality	**Age**	**Sex**	**Location**

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
Myocardial insufficiency or infarction (heart attack)	Yes	No
Coronary bypass surgery (CABG) and angioplasty	Yes	No
Heart arrhythmias (heart beats too fast, too slow or irregularly)	Yes	No
High blood pressure (hypertension)	Yes	No
Shortness of breath after exertion	Yes	No
Varicose veins associated with varicose eczema, ulcers or other complications	Yes	No
Ankle oedema or other vascular disease	Yes	No
Anaemia, especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia	Yes	No
Haemorrhage disorders i.e. bleeding disorders	Yes	No
Leukemias, polycythemia and disorders of the lymphatic and blood system	Yes	No
G6PD (Glucose 6-Phosphate Dehydrogenase) Deficiency	Yes	No
Recurrent headaches or migraine	Yes	No
Epilepsy and recurrent seizures	Yes	No
Blackouts, dizziness, fainting, memory loss, mental or stress (e.g. hypoglycemia)	Yes	No
Sleep disorders such as insomnia, hypersomnia, sleep apnea, narcolepsy	Yes	No
Chronic anxiety states and/or recurrent depression	Yes	No
Phobias such as fear of heights, fear of confined spaces, fear of flying	Yes	No
Lung disease e.g. bronchitis, asthma, dyspnea, TB	Yes	No
Phlegm production (excess mucus production) or wheezing	Yes	No
Immune suppression, malignancies or tumours, lymphoma	Yes	No
Muscle problems e.g. weakness of your limbs or twitchy muscles	Yes	No
Joint problems e.g. replacements, joint pain or swelling	Yes	No
Problems with any limb or spinal mobility	Yes	No
Extremities (feet or hands) deformities or problems	Yes	No
Experienced back problems, arthritis, slipped disc	Yes	No
Pain in neck or back or hands or legs	Yes	No
Thyroid disease any other glandular diseases	Yes	No
Diabetes mellitus or Hypoglycemia	Yes	No
Experienced weight loss or gain > 5kg over the past year	Yes	No
Informed about being overweight or obese	Yes	No
Skin disorders e.g. severe acne, dermatitis, eczema or allergy	Yes	No
Allergies e.g. dust, medication, insect bites	Yes	No
Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gastritis	Yes	No
Haemorrhoids, hernia and fissures causing pain or recurrent bleeding	Yes	No
Liver and infectious diseases (e.g. jaundice, Hepatitis B)	Yes	No
Kidney or bladder diseases e.g. recurrent infection, renal stones	Yes	No
Ear, nose or throat problems e.g. loss hearing loss, sinusitis, tonsillitis	Yes	No
Eye disease or visual defect e.g. glaucoma, colour blindness, impaired vision	Yes	No
Treated for infectious diseases (e.g. malaria, COVID-19)	Yes	No
Treated for depression, stress	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

Date 20/6/23

List any previous injuries or operations

Previous injuries or operations	Date

Candidate/Employee Signature

Ali Abbas

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		ALI ABBAS # 0041187 # 34 YRS 00512	H.D.D
Nationality	**Age**	**Sex**	Location
		78471 20/06/23 05:27	

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 (SDD) drinking?	☐ Yes	☐ No
Do people bother you because they criticize the way you drink?	☐ Yes	☐ No
Do you feel guilty or ashamed 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 as usual	☐ Yes	☑ No				
Did you feel tired or with lack of energy doing things you like to do	☐ 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 vomit usually?	☐ Yes	☐ No	
4 Is your daily work a suffering?	☐ Yes	☐ No		14 Do you feel no appetite?	☐ 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 enjoyment in activities?	☐ Yes	☐ No		17 Has the thought of ending your life been on your mind?	☐ Yes	☐ No	
8 Do you feel lack of energy?	☐ Yes	☐ No		18 Do you find 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 you tremble?	☐ Yes	☐ No		20 Do you feel you're worthless?	☐ Yes	☐ No	

Date: 20/6/23

Candidate/Employee Signature:

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		ALI ABBAS # 0042187 # 24 YRS 30512 78471 2006/07/23 08 27	Position H.D.D
Nationality	Age	Sex		Location

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? [ ] YES [ ] NO ✓ What type: Disposable mask / Cartridge mask / None

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? *No*
   - [ ] YES [ ] NO a. Seizures
   - [ ] YES [ ] NO b. Diabetes (sugar disease)
   - [ ] YES [ ] NO c. Allergic reactions that interfere with your breathing
   - [ ] YES [ ] NO d. Claustrophobia (fear of closed-in places)
   - [ ] YES [ ] NO e. Trouble smelling odors

3. Have you ever had any of the following pulmonary or lung problems? *No*
   - [ ] 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've been told about

4. Do you currently have any of the following symptoms of pulmonary or lung illness? *No*
   - [ ] 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? *No*
   - [ ] 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 problem that you've been told about

6. Have you ever had any of the following cardiovascular or heart symptoms? *No*
   - [ ] 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 may be related to heart

7. Do you currently take medication for any of the following problems? *No*
   - [ ] 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 interferes with your use of a respirator

Date: *20/6/23*

Candidate/Employee Signature: *[signature]*

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		ALI ABBAS 00512	H.D.D
Nationality	**Age**	**Sex**	**Location**
		78471 2008/03 08:27	

HEARING CONSERVATION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

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

1 - Have you been exposed to 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 racing	[ ] Skeet shooting	[ ] Woodworking	[ ] Target shooting
[ ] Power tools	[ ] Mower	[ ] Concerts / Band	[ ] Welding	[ ] Air conditioner
[ ] Construction	[ ] Sound Jamming	[ ] 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 Tumors	[ ] Ear Infections	[ ] Ear Surgery	[ ] Head Injury	[ ] Chemotherapy
[ ] Ringing in my ears	[ ] Ear Pain	[ ] Foreign objects	[ ] Intravenous Antibiotics	[ ] Holes in the Eardrum
[ ] Ear Drainage	[ ] Dizziness			

4 - Check ALL that you have history/hx of:

[ ] Meningitis	[ ] Diabetes	[ ] Measles	[ ] Syphilis	[ ] Chickenpox	[ ] Mumps	[ ] Chronic ear infections
[ ] Hypertension	[ ] Renal Failure	[ ] Meningitis	[ ] Previous surgery	[ ] Thyroid Problems	[ ] Trauma to head or ear / tympanic membrane	

5 - Check ALL that you are currently suffering from:

[ ] Sinusitis	[ ] Cold/Flu	[ ] Ear Infection	[ ] Allergies due to

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
Are they working well? [ ] Overhead Audiologist [ ] Hearing Aid Dealer [ ] Don't Know
What did you receive your evaluation?

8 - Have you ever served in the military? [ ] YES [ ] NO
If yes, check the type [ ] Army [ ] Navy [ ] Air Force [ ] Marines [ ] National Guard Date: / /
Do you have medical disability through the Veterans Administration (VA) for hearing loss or tinnitus? [ ] YES [ ] NO
If yes, how much? ___% Weighted plus TOTAL VA percentage? _____%

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 20/6/23

Candidate/Employee Signature

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		ALI ABBAS 00512	H.D.D
Nationality	**Age**	**Sex**	**Location**
		78471 20/06/23 08:27	

VITAL SIGNS

Height: 159 cm | Weight: 72. Kg | BMI: 28 | Blood Pressure: 118/70 mmHg

Pulse: 92 /min | Medical Practitioner name: Dr. MOHAMMED AKBAR KHAN General Practitioner MOH Lic. No. 4404 | Signature:

VISUAL SYSTEM

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

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

Visual Field Test: ☑ Normal ☐ Abnormal

Stereopsis Vision Test: ☑ Normal ☐ Abnormal

Date of Examination: 20/6/23 | Medical Practitioner Name | Signature:

RESPIRATORY SYSTEM

[1] Spirometry Test

Smoking Status: ☑ Never ☐ Ex-smoker ☐ Current | Patient Forced During Test: ☐ Standing ☐ Sitting | Nose Clip Used: ☐ Yes ☑ No

Diagnosis: ☐ Normal ☐ COPD Other: _____

Acceptability Criteria (select all that applies)
- ☑ Free from artifacts
- ☑ Good start
- ☑ Satisfactory Exhalation
- ☐ NOT Satisfactory

Repeatability Criteria (select all that applies)
- ☐ 3 acceptable curves FEV1 values AND FVC values within 150 ml
- ☐ Total of THREE to EIGHT tests performed
- ☐ The patient CAN NOT or SHOULD NOT continue

The Patient Co-operated: ☑ Good Effort ☐ Poor Effort Following Instructions | Ability to Understand and Co-operate: ☐ Poor Effort ☐ Poor Co-operation

Date of Examination: 20/6/23 | 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: 20/6/23 | Medical Practitioner Name | Signature:

ENT SYSTEM

[1] Otoscopy

	Right	Left		Right		Right	
Ear Canal Collapse	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☐ No ☐ Not Exam	Eardrum Position	☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam	Whisper Test	☑ Normal ☐ Abnormal ☐ Not Exam	
Discharge	☐ Yes ☐ No ☐ Not Exam	☐ Yes ☑ No ☐ Unknown		Left ☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam	Tuning Fork Test	☑ Normal ☐ Abnormal ☐ Not Exam	
Perforation	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☐ No ☐ Not Exam	Eardrum Movement	Right ☑ Normal ☐ Immobile ☐ Not Exam	Romberg Test	☑ Normal ☐ Abnormal ☐ Not Exam	
Cerumen	Right ☑ None ☐ Some ☐ A bit ☐ Impacted ☐ Not Exam			Left ☑ Normal ☐ Immobile ☐ Not Exam	Audiometry Done	☐ Yes ☐ No	
	Left ☑ None ☐ Some ☐ A bit ☐ Impacted ☐ Not Exam				Hearing Aid Recommended	☐ Yes ☐ No	

Audiologist Name: | Signature:

PEACE LAND MEDICAL CENTER

PHYSICAL ASSESSMENT FORM

ENT SYSTEM

[2] Nose Assessment
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below

[3] Throat Assessment
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below

CARDIOVASCULAR SYSTEM

[1] Heart Sounds
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below

[2] Heart Murmurs
- ☐ Present
- ☑ Absent
- ☐ Not Examined

If present, describe below

[3] Peripheral Pulses
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below

[4] Peripheral Veins
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below

NEUROLOGICAL SYSTEM

[1] Mental Status
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below

[2] Cranial Nerves
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below

[3] Motor System
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below

[4] Reflexes
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below

[5] Sensory System
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below

[6] Coordination, Station, Gait
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below

MUSCULOSKELETAL SYSTEM

[1] Hand and Wrist
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below

[2] Elbow and Shoulder
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below

[3] Hip
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below

[4] Knees
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below

[5] Foot and Ankle
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below

[6] Spine and Back
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below

OTHER

[1] Skin, Extremities
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below

[2] Head & Neck
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below

[3] Mouth and Teeth
- ☑ Normal
- ☐ Abnormal
- ☐ Not Examined

If abnormal, describe below

[4] Human 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: 2016/6/23

Physician Name:

Signature:

DR. MOHAMMED AKRAM KHAN
General Practitioner
MOH Lic. No. 4404

PEACE LAND MEDICAL CENTER

COMPANY NAME:

RESIDENT/CIVIL ID:

DATE:

ECG REPORT

ECG COMMENTS:

- NORMAL SINUS RHYTHM
- NORMAL QRS COMPLEX
- NO SIGNIFICANT ST/T CHANGES

OTHER FINDINGS (IF ANY):

Dr. MOHAMMED AKBAR KHAN
General Practitioner
MOH Lic. No. 4404

PEACE LAND MEDICAL CLINIC

Peace Land Medical Center
P.O. Box 1403, Postal Code: 133, Al Azaiba, Roundabout Al Sahwa Tower
Sultanate of Oman
Tel 24617117/24617148/24617149

LAB RESULT

Name:	ALI ABBAS	**Doc No:**	0034400
Age:	34 Y **Nationality:** PAKISTANI	**File No:**	0043157
Gender:	M	**Bill No:**	0051248
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	20/06/2023
GSM No.:	94367278	**Time:**	12:17

Test	Result	Normal Range
OQ Medical Checkup Package		
COMPLITE BLOOD COUNT		
RBC	5.2 x10^12/L	Male 4.36 -6.0 x 10^12/L Female 4.0- 5 2x10^12/L
HAEMOGLOBIN	16.0 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	44 5 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	84 fl	84-94 fl
MCH	30.3 pg	27 - 33 pg
MCHC	34 5 g/dl	29.6 - 35.6 %
WBC COUNT	5 1 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	50 %	40-75 %
LYMPHOCYTE	44 %	20-45 %
EOSINOPHIL	02 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	08	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	257 x 10^9/L	150 - 450 x 10^9/L
FASTING BLOOD SUGAR	98 6 mg/dl	74 - 100 mg/dl
Sickle cells (Screen)		
SICKLE CELL TEST	NEGATIVE	
Lipid profile(CH,TG,HDL,LDL)		
LIPID PROFILE		
Total Cholesterol	206 mg/dl	0.0 - 200 mg/dl

Medical Technologist

Peace Land Medical Center
P.O. Box 1403, Postal Code: 133, Al Azaiba Roundabout Al Sahwa Tower
Sultanate of Oman
Tel: 24817117/24817148/24817149

LAB RESULT

Name:	ALI ABBAS	**Doc No:**	0034400
Age:	34 Y **Nationality:** PAKISTANI	**File No:**	0043157
Gender:	M	**Bill No:**	0051248
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	20/06/2023
GSM No.:	94367278	**Time:**	12:17

Test	Result	Normal Range
Triglycende	**104.0 mg/dl**	0.0 - 150 mg/dl
HDL - CHOL	**56.0 mg/dl**	35.0 - 79.0 mg/dl
LDL - CHOL	**129.2 mg/dl**	< 100 mg/dl
VLDL	**20.8 mg/dl**	2.0 - 30 mg/dl
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	83 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	**0.74 mg/dl**	0 - 2.0 mg/dl
S.G.O.T.	**24.1 U/L**	0 - 35.0 U/L
S.G.P.T	**36.0 U/L**	10 - 45 U/L
ALBUMIN	**4.4 g/dl**	3.50 - 5.20 g/dl
TOTAL PROTEIN	**7.7 g/dl**	6 - 8 g/dl
S. BILIRUBIN DIRECT	**0.19 mg/dl**	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	**19.8 mg/dl**	16.0 - 55.0 mg/dl
S.CREATININE	**1.0 mg/dl**	0.70 - 1.30 mg/dl
S URIC ACID	**5.9 mg/dl**	3.5 - 7.2 mg/dl
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	**5 ml**	
Colour	Yellow	
Sp. Gravity	1.015	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Nitrite	Negative	
Protein	Negative	
Glucose	Negative	

Medical Technologist

Peace Land Medical Center
P.O. Box 1403, Postal Code. 133. Al Azaiba, Roundabout Al Sahwa Tower
Sultanate of Oman
Tel: 24617117/24617148/24617149

LAB RESULT

Name:	ALI ABBAS	**Doc No:**	0034400
Age:	34 Y **Nationality:** PAKISTANI	**File No:**	0043157
Gender:	M	**Bill No:**	0051248
Ref. By:	DR. MOHAMMED AKBAR KHAN	**Date:**	20/06/2023
GSM No.:	94367278	**Time:**	12:17

Test	Result	Normal Range
Ketones	Negative	
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-3	
EPITHELIAL CELLS	0-1	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
BLOOD GROUP & Rh TYPING	'B' Positive	
BLOOD GROUPING AND RH TYPING		
DRUG TESTING		
AMPHETAMINES(AMP)	NEGATIVE	
MORPHINE(MOP)	NEGATIVE	
COCAINE(COC)	NEGATIVE	
PHENCYCLIDINE(PCP)	NEGATIVE	
METHAMPHETAMINE(MET)	NEGATIVE	
TRAMADOL(TRA)	NEGATIVE	
BARBITURATES(BAR)	NEGATIVE	
BENZODIAZEPINES(BZO)	NEGATIVE	
MEDTHODONE(MED)	NEGATIVE	
TRICYCLIC ANTIDEPRESSANTS	NEGATIVE	
MARIJUANA(THC)	NEGATIVE	

PEACE LAND MEDICAL CENTER

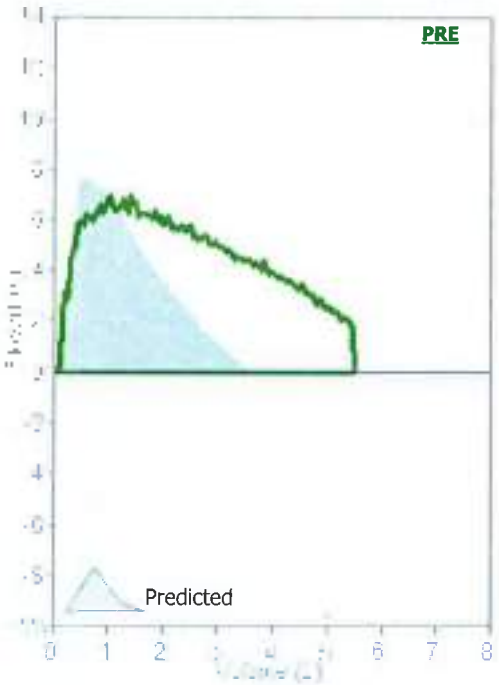
Medical Technologist

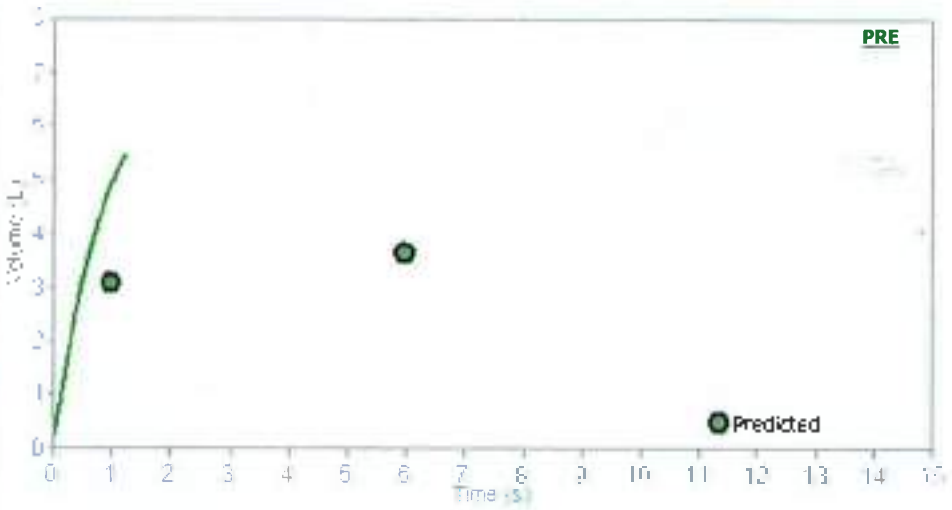
Pulmonary Function Test Results

FVC FEV1 FEV1/%

Visit date 20/06/2023

Patient code	1089111429	Age	34
Surname	ABBAS	Gender	Male
Name	ALI	Height, cm	159
Date of birth	23/03/1989	Weight, kg	72
Ethnic group	Not defined	BMI	28.48
Smoke		Pack-Year	
Patient group			





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 20/06/2023 11:18:26

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	2.57	3.62	5.46*	151	2.88	5.46			*		
FEV1	L	2.20	3.07	4.97*	162	3.63	4.97			*		
FEV1/FVC	%	75.3	85.4	91.0*	106	0.90	91.0			*		
PEF	L/s	4.34	7.76	6.98*	90	-0.38	6.98			*		
EVA	Years		34	34	100		34					
FEF2575	L/s	1.67	3.45	5.13	149	1.55	5.13					
FET	s		6.00	1.24	21		1.24					
FIVC	L	2.57	3.62	*								
FEV1/VC	%	75.3	85.4									

*Best values from all loops - BTPS 1.097 24 °C (75.2 °F) - Predicted Knudson

Conclusion / Medical report

Signature

PEACE LAND MEDICAL CENTER

Instrument used
Minispir S S/N 011507
Last calibration check 01/11/2021 09:35:10

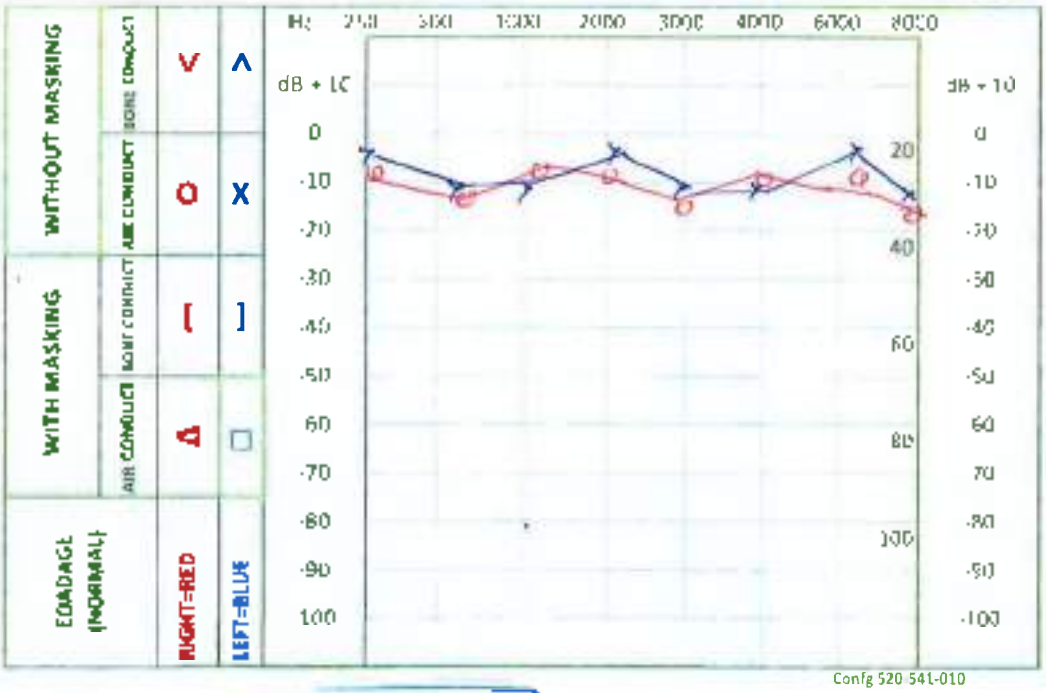
MIR

مركز بلاد السلام الطبي
Peace Land Medical Center

AL ABRAB
78471 <Blank> 20/06/22 08:27

DIOMETRY TEST REPORT

COMPANY	1.0
OCCUPATION	H.O
DATE	20/6/22



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
☑ NORMAL
☐ HEARING LOSS
☐ RIGHT
☐ LEFT

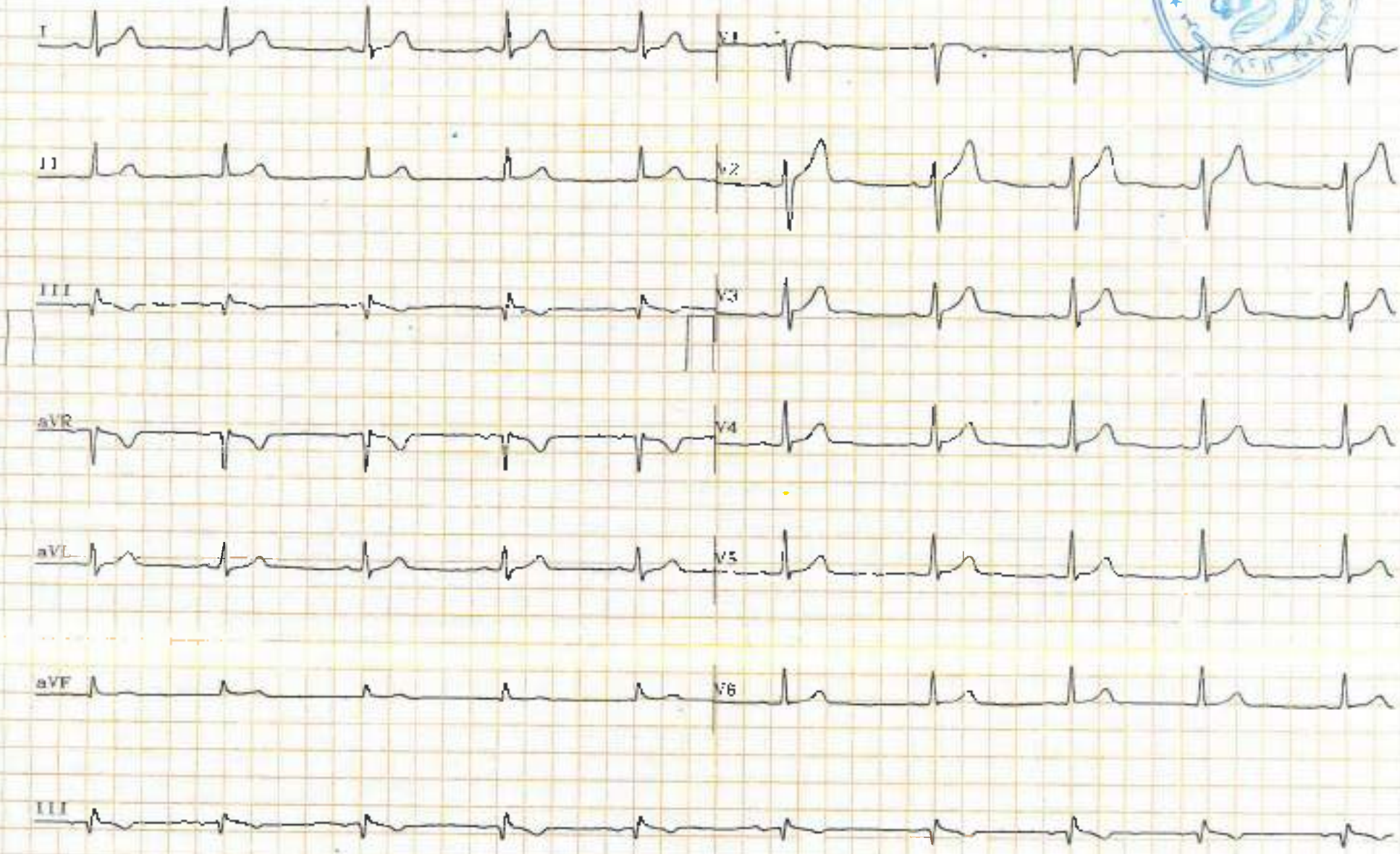
ص.ب ١٤٠٣ الرمز البريدي ١٣٣ بوار العقدية عمارة أبراج الصحوة مبنى ٢ سلطنة عمان
P.O. Box 1403, Postal Code 133, Al Azaiba, No. in data not at Sahwa Tower, Sultanate of Oman
Tel.: 24617147 / 24617148 / 24617149

2023-06-20 08:49:06 6 Channel * 1 Rhythm Report

Hospital:
Prescribed by:

ID :
Name :

Heart Rate: 59bpm ** Analysis Result ** (To be finally confirmed by cardiologist)
PR Int.: 158 ms Sinus Bradycardia(HR:50-59)
QRS Dur.: 82 ms Normal Axis
T/QTc: 390/383 ms [Minimally Abnormal or Normal Variation ECG]
P-R-T axes:
-13 24 9



مركز فرح للخدمات الطبية

FARAH MEDICAL SERVICE CENTER

عضو مجموعة سلطان الطبية

Member of Sultan Medical Group

X-RAY REPORT

Doc No.	PAT009940
Date	20-06-23
Name	ALI ABBAS
Sex	MALE
Referred By:	DR SHIMA
Age/DOB	20-Mar-1989
X-Ray	CHEST PA

REPORT

Normal heart size

Normal lung fields

Normal pleural spaces

Impression:

NORMAL STUDY

Signature.

Seal

مركز فرح للخدمات الطبية

FARAH MEDICAL SERVICE CENTER

عضو مجموعة سلطان الطبية

Member of Sultan Medical Group

X-RAY REPORT

Doc No.	PAT009940
Date:	20-06-23
Name.	ALI ABBAS
Sex:	MALE
Referred By:	DR. SHIMA
Age/DOB	20-Mar-1989
X-Ray.	LUMBOSACRAL SPINE AP/L

REPORT

Normal vertebral body height.

Maintained intervertebral disc spaces.

No fractures.

Gaseous bowel loops.

Signature:

Seal