Patient 21961 Reg.Dt [illegible]
Name [illegible]
Gender Male Nationality [illegible]
Age 47Y Marital status [illegible]

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
5602068	10285	YASIR HODEB AL SADI	RNS

Nationality	Age	Sex	Company	Location
OMANI	47	M	TRUCKOMAN NORTH	HAIMA

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: 32.7 [ ] Underweight [ ] Normal [ ] Overweight [✓] Obese [ ] Morbid Obesity

Remarks:

VISUAL TEST

Visual Acuity Test: RT 6/6 LT 6/6

Visual Field Test: [✓] Normal [ ] Abnormal

Colour Vision Test: [✓] Normal [ ] Abnormal [ ] Not Required

Stereoscopic Vision Test: [ ] Normal [ ] Abnormal [ ] Not Required

Pre-existing condition:

Remarks:

RESPIRATORY SYSTEM

Spirometry Test: [✓] Normal [ ] Abnormal [ ] Not Required

Chest X-Ray: [✓] Normal [ ] Abnormal [ ] Not Required

Physical Assessment: [✓] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

ENT SYSTEM

Audiometry Test: [✓] Normal [ ] Abnormal [ ] Not Required

Otoscopy: [✓] Normal [ ] Abnormal [ ] Not Required

Physical Assessment: [✓] Normal [ ] Abnormal (Whisper, Weber & Rinne Tests)

Pre-existing condition:

Remarks:

CARDIOVASCULAR SYSTEM

ECG Test: [✓] Normal [ ] Abnormal [ ] Not Required

Physical Assessment: [✓] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

NEUROLOGICAL SYSTEM

Physical Assessment: [✓] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

MUSCULOSKELETAL SYSTEM

Physical Assess: [✓] Normal [ ] Abnormal

Lumbar X-Ray: [ ] Normal [ ] Abnormal [✓] Not Required

Pre-existing condition:

Remarks:

LABORATORY INVESTIGATIONS

Lab Tests: [ ] Normal [✓] Abnormal If abnormal, please specify below:

Blood Grouping: B+VE

Pre-existing condition:

Remarks:

Glucose Level Category: 209 mg/dl [ ] Normal: 80 – 100 mg/dl [ ] Pre diabetic: 100 – 125 mg/dl [✓] Diabetic > 126 mg/dl

Cholesterol Risk Category: 129 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: DM AND HYPERTENSION ON MEDICATION
[ ]	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 #	Hospital/Polyclinic	Doctor Signature & Clinic Stamp	Issue Date
			for MNJ	25/3/2025

FIT

Dr. MOHAMMOD ULLAH
General Practitioner
MOH License No. : 7790

peace Dr. Mukhaizna

OQ [illegible]

Form Review - 03-Jun-2021

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
5602068	10285	RMS

Nationality	Age	Sex	Location
OMANI	47	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	[ ] 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

Internal medicine specialist fitness Report attached

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
20/02/2025	

Medical Review Date	Employee Signature

Doctor Name	Medical License	Hospital	Medical Doctor Signature
FIT Dr. MOHAMMOD ULLAH General Practitioner MOH License No. : 7790		Peace Land Medical Center	for

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
5602068	10285	RMS
Nationality	**Age** / **Sex**	**Location**
OMANI	47 / 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		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
Immune 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	1	No

List any previous injuries or operations

Previous injuries or operations	Date

Date: 20/02/2025

Candidate/Employee Signature

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
56020681 0285		RMS
Nationality	**Age** / **Sex**	**Location**
OMANI	47 / M	HAIMA

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: 20/02/2025

Peace Land Clinic Mukhaizna

Candidate/Employee Signature

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #
5602068	10285

Nationality	Age	Sex
OMANI	47	M

Position: RMS

Location: HAIMA

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? [ ] YES [✓] NO What type: ☐ Disposible mask ☐ Cartidge Mask ☐ SCBA

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? [ ] YES [✓] NO

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

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

3. Have you ever had any of the following pulmonary or lung problems?

[ ] YES [ ] NO a. Asbestosis
[ ] YES [ ] NO b. Asthma
[ ] YES [ ] NO c. Chronic bronchitis
[ ] YES [ ] NO d. Emphysema
[ ] YES [ ] NO e. Pneumonia
[ ] YES [ ] NO f. Tuberculosis
[ ] YES [ ] NO g. Silicosis
[ ] YES [ ] NO h. Lung cancer
[ ] YES [ ] NO i. Broken ribs
[ ] YES [ ] NO j. Pneumothorax (collapsed lung)
[ ] YES [ ] NO k. Any chest injuries or surgeries
[ ] YES [ ] NO l. Any other lung problem that you have been told about

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

[ ] YES [ ] NO a. Shortness of breath
[ ] YES [ ] NO b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline
[ ] YES [ ] NO c. Shortness of breath when walking with other people at an ordinary pace on level ground
[ ] YES [ ] NO d. Have to stop for breath when walking at your own pace on level ground
[ ] YES [ ] NO e. Shortness of breath when washing or dressing yourself
[ ] YES [ ] NO f. Shortness of breath that interferes with your job
[ ] YES [ ] NO g. Coughing that produces phlegm (thick sputum)
[ ] YES [ ] NO h. Coughing that wakes you early in the morning
[ ] YES [ ] NO i. Coughing that occurs mostly when you are lying down
[ ] YES [ ] NO j. Coughing up blood in the last month
[ ] YES [ ] NO k. Wheezing
[ ] YES [ ] NO l. Wheezing that interferes with your job
[ ] YES [ ] NO m. Chest pain when you breathe deeply
[ ] YES [ ] NO n. Any other symptoms that you think may be related to lung problems

5. Have you ever had any of the following cardiovascular or heart problems?

[ ] YES [ ] NO a. Heart attack
[ ] YES [ ] NO b. Stroke
[ ] YES [ ] NO c. Angina
[ ] YES [ ] NO d. Heart failure
[ ] YES [ ] NO e. Swelling in your legs or feet (not caused by walking)
[ ] YES [ ] NO f. Heart arrhythmia
[✓] YES [ ] NO g. High blood pressure
[ ] YES [ ] NO h. Any other heart problems that you've been told about

6. Have you ever had any of the following cardiovascular or heart symptoms?

[ ] YES [ ] NO a. Frequent pain or tightness in your chest
[ ] YES [ ] NO b. Pain or tightness in your chest during physical activity
[ ] YES [ ] NO c. Pain or tightness in your chest that interferes with your job
[ ] YES [ ] NO d. In the past two years, have you noticed your heart skipping or missing a beat
[ ] YES [ ] NO e. Heartburn or indigestion that is not related to eating
[ ] YES [ ] NO f. Any other symptoms that you think might be related to heart

7. Do you currently take medication for any of the following problems?

[ ] YES [ ] NO a. Breathing or lung problems
[ ] YES [ ] NO b. Heart trouble
[✓] YES [ ] NO c. Blood pressure
[ ] YES [ ] NO d. Seizures (fits)

8. If you've used a respirator, have you ever had any of the following problems?

[ ] YES [ ] NO a. Eye irritation
[ ] YES [ ] NO b. Skin allergies or rashes
[ ] YES [ ] NO c. Anxiety
[ ] YES [ ] NO d. General weakness or fatigue
[ ] YES [ ] NO e. Any other problem that interfere with your use of a respirator

Date: 20/02/2025

Candidate/Employee Signature

Peace Lane Clinic Muhaisnah

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
5602068	10285	RMS
Nationality	**Age** / **Sex**	**Location**
OMANI	47 M	HAIMA

Patient 23941 Reg.Dt 20/02/2025
Name [redacted]
Gender Male Nationality OMAN
Age 47Y Marcutus Married

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? TAB GLICLAZIDE SUMG -4-0-0, TAB SITAGLIPTIN 50mg 1-0-0, TAB ATENOLOL 50MG 1-0-0, TAB LISINOPRILMG 2-0-0. TAB ATORVASTATIN 10mg. 0-0-1

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

Date: 20/02/2025

Peace Land Clinic Mukhaizna

Candidate/Employee Signature

ACP

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
5602068	10285	RMS
Nationality	**Age** / **Sex**	**Location**
OMANI	47 / M	HAIMA

Patient ID: 10285 Reg.Dt: 20/02/2025
Name: [redacted]
Gender: Male Nationality: OMAN
Age: 47Y Marital status: Married

VITAL SIGNS

Height: 165 cm | Weight: 89 Kg | BMI: 32.7 | Blood Pressure: 130/82 mmHg
Pulse: 68 /min | Medical Practitioner Name: Dr. MOHAMMOD ULLAH General Practitioner MOH License No.: 7790 | 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: 20/02/2025 | Medical Practitioner Name: Dr. MOHAMMOD ULLAH General Practitioner MOH License No.: 7790 | 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 ☐ Satisfactory exhalation
☑ Good start ☐ NOT satisfactory

Repeatability Criteria (select all what is applicable)
☐ >3 acceptable curves FEV1 values AND FVC values within 0.15L (150 ml)
☐ Total of THREE to EIGHT tests performed
☐ The patient CAN NOT or SHOULD NOT continue

The Patient Demonstrated: ☑ Good Effort ☐ Difficulty following instructions ☐ Ability to obtain only one good effort ☐ Poor Effort ☐ Cooperation
Date of Examination: 20/02/2025 | Medical Practitioner Name: Dr. MOHAMMOD ULLAH General Practitioner MOH License No.: 7790 | 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: 20/02/2025 | Physician Name: Dr. MOHAMMOD ULLAH General Practitioner MOH License No.: 7790 | Signature:

ENT SYSTEM

[1] Otoscopy

	Right	Left		Right	Left
Ear Canal Collapse	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☑ No ☐ Not Exam	Eardrum Position	☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam	☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam
Drainage	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☑ No ☐ Unknown			
Perforation	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☑ No ☐ Not Exam	Eardrum Vascularity	☑ Normal ☐ Considerable ☐ Mild ☐ Not Exam	☑ Normal ☐ Considerable ☐ Mild ☐ Not Exam
Cerumen	Right: ☑ None ☐ Some	☐ A lot ☐ Impacted	☐ Not Exam		
	Left: ☑ None ☐ Some	☐ A lot ☐ Impacted	☐ 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 Nukhaizna P.O. Box: [redacted] C.R.NO: 2217783

Dr. MOHAMMOD ULLAH General Practitioner MOH License No.: 7790

PHYSICAL ASSESSMENT FORM

Patient [illegible] Reg.Dt [illegible]
Name [illegible]
Gender [illegible] Nationality [illegible]
Age [illegible] Maritalstat [illegible]

ENT SYSTEM

[2] Nose Assessment
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[3] Throat Assessment
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

CARDIOVASCULAR SYSTEM

[1] Heart Sounds
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[2] Heart Murmure
- [ ] Present
- [x] Absent
- [ ] Not Examined

If present, describe below:

[3] Peripheral Pulses
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[4] Peripheral Veins
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

NEUROLOGICAL SYSTEM

[1] Mental Status
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[2] Cranial Nerves
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[3] Motor System
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[4] Reflexes
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[5] Sensory System
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

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

If abnormal, describe below:

MUSCULOSKELETAL SYSTEM

[1] Hand and Wrist
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[2] Elbow and Shoulder
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[3] Hip
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[4] Knees
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[5] Foot and Ankle
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[6] Spine and Back
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

OTHER

[1] Skin, Extremities
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[2] Head & Neck
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[3] Mouth and Teeth
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[4] Hernial Orifices
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[5] Abdominal Organs
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[6] Lymph Nodes
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

Date of Examination: 20/02/2025 Physician Name: Dr. MOHAMMOD ULLAH, General Practitioner, MOH License No. : 7790 Signature:

Peace Land Clinic Mukhaizna

GD - Occupational Health Department

Form Review - 02-30/05/2021

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	: 21041	Doc No	: 12381
Name	: YASIR HEDEB THANI AL SADI	Doc Date	: 2025-02-20T10:34:00
Age	: 47Y	Bill No	: 33916
Gender	: Male	Date	: 20/02/2025 10:34 AM
Nationality	: OMANI	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 72038677	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	16 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	50 %	Male 42 -52 % Female 37 -47 %	
MCV	81 fl	76 - 96 fl	
MCH	27 pg	27 - 33 pg	
MCHC	33 %	32 36 %	
WBC COUNT	5700 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	48 %	40-75 %	
LYMPHOCYTE	40 %	20-45 %	
EOSINOPHIL	2 %	1-6 %	
MONOCYTE	10 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	1	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	2.6 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	66 u/l	44-147 U/ L	
T. BILIRUBIN	0.7 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.1 mg / dl	up to 0.4 mg /dl	
IINDIRECT BILIRUBIN	0.6 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	14 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	17 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	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	31 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: 20/02/2025 10:38:16

Peace Land Clinic Mukhaizna

Verified By:
Lab Technician

Sr. Lab Technologist

Signed at: 20/02/2025 10:37:06

Approved By:
Lab Technician

Sr. Lab Technologist

Test	Result	Normal Range	Detailed Description
S.URIC ACID	5 mg / dl	3.4 - 7.2 mg /dl	
LIPID PROFILE			
Total Cholesterol	200 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	120 mg/dl	Normal 0.0 - 150 mg/dl	
HDL - CHOL	69 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	129 mg/dl	< 130 mg/dl	
VLDL	24 mg/dl	2-30 mg/dl	
NON HDL CHOLESTEROL	130 mg/dl	Less than 130mg/dl	
FASTING BLOOD SUGAR	209 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	(+)		
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		

Remarks:

Peace Land Clinic Mukhaizna

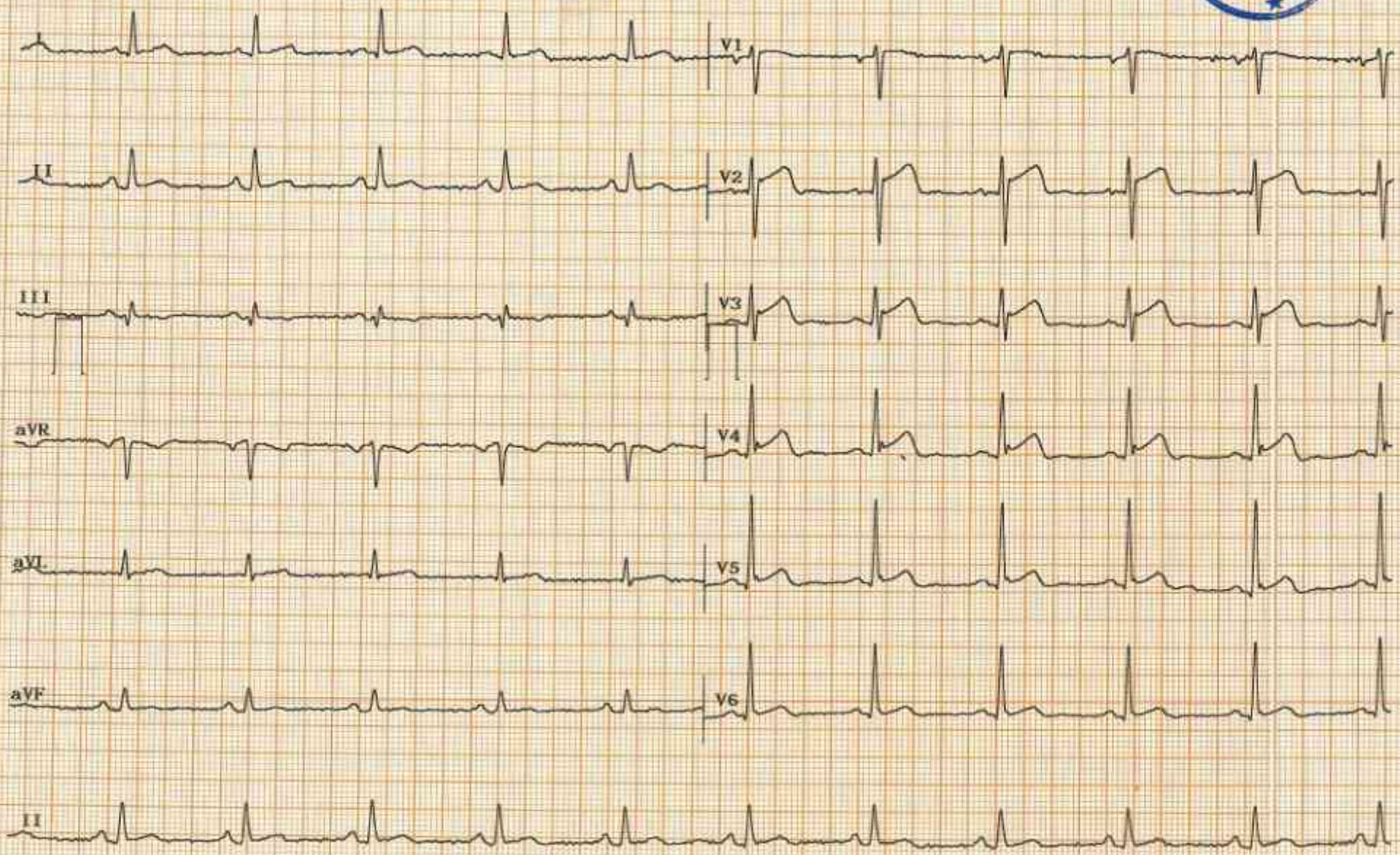
1970-01-02 00:25:26 6 Channel + 1 Rhythm Report Hosp:

Prescribed by:

Heart Rate: 66 bpm
PR/RR Int.:148/909 ms
QRS Dur: 102 ms
QT/QTc: 388/404 ms
P-R-T axes: 65 37 24
SV1/RV5/R+S:0.75/1.49/2.24mV

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

kg



Base:0.2Hz LPF:100Hz AC:50Hz EMG:On 10.0mm/mV 25.0mm/sec FX2000 6.00/3.24 Bionet Co., Ltd.

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

PATIENT ID: 21041

Estimated 10-year Global CVD Risk

13.20%

Risk Category

High Risk

Estimated Vascular Age

60 Years

Treatment Guidelines

ATP-III (2004)

Treatment Targets

LDL <100 mg/dL (<2.59 mmol/L)
Non-HDL <130 mg/dL (<3.37 mmol/L)

CCS (2009)

Treatment Targets

LDL <2 mmol/L (<77 mg/dL) or ≥50 % decrease in LDL-C
apoB <0.8 g/L (80 mg/dL)

ESC (2007, see Info for more)

Treatment Targets

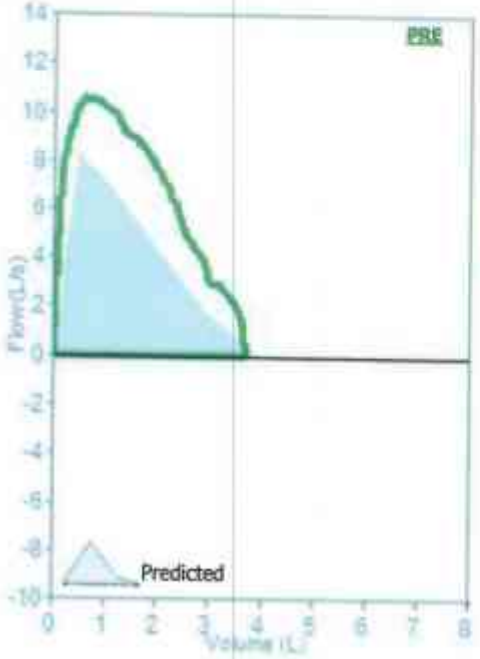
LDL <2-2.5 mmol/L (<80-100 mg/dL)
TChol <4-4.5 mmol/L (<155-175 mg/dL)

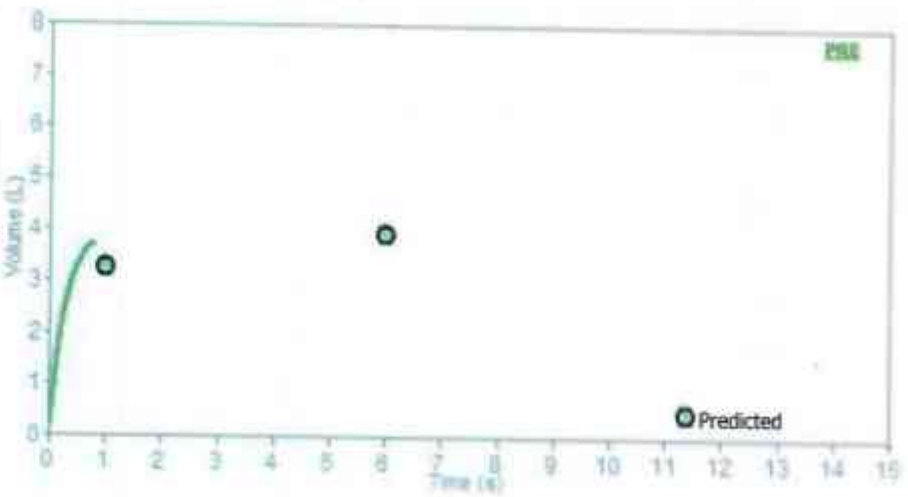
Pulmonary Function Test Results

Visit date 20/02/2025

Patient code	5602068	Age	47
Surname	AL SADI	Gender	Male
Name	YASIR HEDEB	Height, cm	165
Date of birth	04/04/1977	Weight, kg	89
Ethnic group	Caucasian	BMI	32.69
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 20/02/2025 09:06:00

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	2.94	3.94	3.70*	94	-0.40	3.70			*		
FEV1	L	2.40	3.24	3.70*	114	0.90	3.70			*		
FEV1/FVC	%	67.0	78.8	100.0*	127	2.96	100.0			*		
PEF	L/s	6.27	8.26	10.80*	131	2.10	10.80			*		
ELA	Years		47	47	100		47					
FEF2575	L/s	2.17	3.88	7.22	186	3.21	7.22					
FET	s		6.00	0.79	13		0.79					
FIVC	L	2.94	3.94									
FEV1/VC	%	67.0	78.8									

*Best values from all loops - BTPS 1.087 26 °C (78.8 °F) - Predicted ERS (ECCS) / Zapletal

Conclusion / Medical report

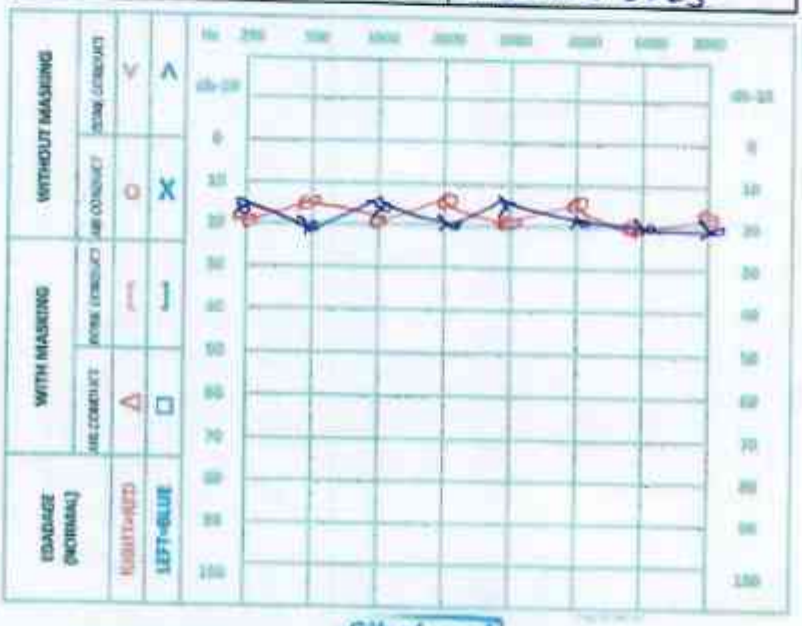
Signature

Peace Land Clinic Mukhaizna

Instrument used
Minispir S S/N C16043

AUDIOMETRY TEST REPORT

NAME: YASIR HEDEB THANI AL SADI	COMPANY: TON
AGE: 47 Y GENDER: M/F	OCCUPATION: RMS
REF. BY:	DATE: 20/02/2025



INTERPRETATION
O RIGHT EAR
X LEFT EAR

RESULT
☑ NORMAL
HEARING LOSS
☐ RIGHT
☐ LEFT

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
21041.	YASIR HEDEB THANI AL SADI	47Y/M	20-02-2025	

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**

Peace Land Clinic Mukhaizna

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

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

nmc

nmc specialty hospital,al-hail

PO BOX 613, Postal Code : 133
al-hail
24269222

Medical Report

Ref.No: 0000022/MED/NMC/2025

NAME : YASIR HEDER THANI AL SADI			
AGE : 47	DOB : 04/04/1977		
FILE NO : 30218642	ResidentCardNo : 3602085	GENDER : M	NATIONALITY : OMANI
		Emp No :	

To Whom it may Concern

This is to inform that Mr YASIR HEDER THANI AL SADI was found to have high blood sugar during his work related health checkup at Peace Land Medical center. He is on treatment for DM, HTN and DLP. Now his HbA1c is 8.8%. His OHA medication is modified now along with advice regarding diet and life style modification. Continue other medications. Need to be under regular follow up. No absolute contraindication for continuing his work, provided adhering to treatment plans

ON EXAMINATION:

INVESTIGATION:

DIAGNOSIS:
Essential (Primary) Hypertension; Hyperlipidemia; Type 2 Diabetes Mellitus

TREATMENT GIVEN:

FURTHER PLAN:

DR NISANTH KALLINKEEL
GENERAL MEDICINE
(Name with seal)

DR NISANTH KALLINKEEL
Specialist - Internal Medicine
MOH Lic. No. 16547

27/03/2025

Place : nmc specialty hospital,al-hail