T.O.

MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

OQ

Civil ID / Passport #	Company ID #	MOHAMMAD MIRAZ KHAN # 0044457 # 34 Y/M BS&R BI 03672 82788 19-11-23 08:26	...ICATION
108650869			Position: Rigger
Nationality: Bangladesh	Age: 21/12/88	Sex: M	Location

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: [ ] Normal [✓] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crisis

BMI Category: [ ] 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

Pre-existing condition:

Blood Grouping: B+

Remarks:

RBS: 118

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

Cholesterol Risk Category [✓] Low Risk - LDL is less 130 mg/dl [ ] Moderate Risk LDL 130-160 mg/dl [ ] High Risk LDL >160 mg/dl

Routine Urine Analysis [✓] Normal [ ] Abnormal [ ] Not Required

Stool Analysis [ ] Normal [ ] Abnormal [ ] Not Required

QUESTIONNAIRES

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

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

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

SRQ-20 Self-reported Questionnaire [ ] No positive answers [ ] Positive answers Factor I (1 to 6) [ ] Positive answers Factor II (7 to 12) [ ] Positive answers Factor III (13 to 16) [ ] Positive answers Factor IV (17 to 20)

Clinic Doctor Name	License #	Hospital/Polyclinic	Doctor Signature & Clinic Stamp	Issue Date
MOH Lic. No. 21952			C.R. 1108...	20/11/23

OQ-... Form Release ...

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

Civil ID / Passport #	Company ID #		MOHAMMAD MIRAZ KHAN	DN
			# 0044467 # 34 YM BAS-Ne BI 00572	Position: Rigger
Nationality	Age	Sex	02768 dilaab 19-11-23 09:25	Location

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

Cardiology → Echo : LVEF: 72% , normal
FIT
H/o of DM on mail

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
19/11/23	

Medical Review Date	Employee Signature
20/11/23	Miraz Khan

Doctor Name	Medical License	Hospital	Medical Doctor Signature

Dr. [illegible] Occupational Specialist
MOH Lic. No. 21962

PEACE LAND MEDICAL CENTER C.R. 1110819

Form Revision: 03-30/05/2021

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE IDENTIFICATION

Civil ID / Passport #	Company ID #	Nationality	Age	Sex

MOHAMMAD MIRAZ KHAN 00572
0044487 # 34 YM BAS-fw BI
82788 19-11-23 09:26

Position: Rigger

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	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
Anaemias, 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 / No

List any previous injuries or operations

Previous injuries or operations	Date
MIRAZ KHAN	

Date: 19/11/2023

Candidate/Employee Signature

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	MOHAMMAD MIRAZ KHAN	Position
		00572	Rigger
Nationality	**Age**	**Sex**	Location
		19-11-23 09:25	

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: 19/11/23

Candidate/Employee Signature: M MIRAZ KHAN

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position
		MOHAMMAD MIRAZ KHAN # 0044487 @ 34 YMR M/M B] 00572 82786 <Blank> 19-11-23 08:25	Rigger
Nationality	**Age**	**Sex**	**Location**

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: 19/11/23

Candidate/Employee Signature

Miraz Khan

HEARING CONSERVATION QUESTIONNAIRE

MOHAMMAD MIRAZ KHAN
0044087 24 YRS 00572
82768 19-11-23 08:25

Civil ID / Passport #	Company ID #		Position
			Rigger

Nationality	Age	Sex		Location

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 [ ] Asbestos [ ] 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 type: Tab Atorvastatin 20mg, T. Glucophage 500mg

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

Date: 19/11/23

Candidate/Employee Signature
M MIRAZ KHAN

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Nationality	Age	Sex

MOHAMMAD MIRAZ KHAN
00572
82788 19-11-23 08:26

Position: Rigger
Location:

VITAL SIGNS

Height: 1.72 m
Weight: 60 Kg
BMI: 20
Blood Pressure: 130/80 mmHg
Pulse: 70 /min
Medical Practitioner Name:
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 | Inform the Plates # failed | ☑ Normal ☐ Abnormal
Visual Field Test: ☑ Normal ☐ Abnormal
Stereoscopic Vision Test: ☐ Normal ☐ Abnormal

Date of Examination: 20.11.23
Medical Practitioner Name:
Signature:

RESPIRATORY SYSTEM

[1] Spirometry Test

Smoking Status: ☐ Never ☐ Ever Used ☐ Current
Patient's Posture During Test: ☐ Sitting ☐ 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 perform only one good effort ☐ Poor Effort ☐ Cooperation
Date of Examination: 20.11.23
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: 20/11/23
Physician Name:
Signature:

ENT SYSTEM

[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
Audiometry Done: ☐ Yes ☐ No
Audiologist Name:
Signature:
Hearing Questionnaire verified: ☐ Yes ☐ No

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] Normal 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: 20/11/23

Physician Name:

Signature:

OQ - Occupational Health Department

Form Review: 02/10/2021

PRIME MEDICAL CENTER C.R. 117819

Dr. Shirin Sayyedabdollahi Jafar
Cardiology Specialist
MOH Lic. No. 21962

PATIENT DETAILS

COMPANY NAME:

MOHAMMAD MIRAZ KHAN

DATE:

ECG REPORT

ECG COMMENTS:

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

OTHER FINDINGS (IF ANY)

CLINIC SEAL

Dr. Shima Sayed Abdulkhaliq Jafar
Cardiology Specialist
MOH Lic. No. 21962

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:	MOHAMMAD MIRAZ KHAN	**Doc No:**	0040138
Age:	34 Y **Nationality:** BANGLADESHI	**File No:**	0044457
Gender:	M	**Bill No:**	0057293
Ref. By:	DR.SHIMA	**Date:**	19/11/2023
GSM No.:	71226529	**Time:**	15:13

Test	Result	Normal Range
OQ Medical Checkup Package		
COMPLITE BLOOD COUNT		
RBC	4.9 x10^12/L	Male 4.38 -6.0 x 10^12/L Female 4.0- 5.2x10^12/L
HAEMOGLOBIN	16.2 gm %	Male 13 - 17 gm % Female 11 - 14 gm %
HCT	44.7 %	Male 39.30 -50.00 % Female 37 -47 %
MCV	88 fl	84-94 fl
MCH	29.7 pg	27 - 33 pg
MCHC	33.3 g/dl	29.6 - 35.6 %
WBC COUNT	10.1 x 10^9/L	4.0 - 11.0 x 10^9/L
DIFFERENTIAL COUNT		
NEUTROPHIL	65 %	40-75 %
LYMPHOCYTE	30 %	20-45 %
EOSINOPHIL	01 %	1-6 %
MONOCYTE	04 %	2-8%
BASOPHIL	00 %	0-1%
ESR	06	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour
PLATELET	219 x 10^9/L	150 - 450 x 10^9/L
Sickle cells (Screen)		
SICKLE CELL TEST	NEGATIVE	
Lipid profile(CH,TG,HDL,LDL)		
LIPID PROFILE		
Total Cholesterol	138 mg/dl	0.0 - 200 mg/dl
Triglyceride	102.1 mg/dl	0.0 - 150 mg/dl

PEACE LAND MEDICAL CENTER

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Medical Technologist

Peace Land Medical Center
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Test	Result	Normal Range
HDL - CHOL	39.8 mg/dl	35.0 - 79.0 mg/dl
LDL - CHOL	77.8 mg/dl	< 100 mg/dl
VLDL	20.4 mg/dl	2.0 - 30 mg/dl
LIVER FUCTION TEST		
ALKALINE PHOSPHATASE	118 U/L	53 - 128 U/L
S. BILIRUBIN TOTAL	0.56 mg/dl	0 - 2.0 mg/dl
S.G.O.T.	32.4 U/L	0 - 35.0 U/L
S.G.P.T.	43.8 U/L	10 - 45 U/L
ALBUMIN	4.2 g/dl	3.50 - 5.20 g/dl
TOTAL PROTEIN	7.4 g/dl	6 - 8 g/dl
S. BILIRUBIN DIRECT	0.14 mg/dl	0.0 - 0.20 mg/dl
RENAL FUNCTION TEST		
UREA	28.6 mg/dl	18.0 - 55.0 mg/dl
S.CREATININE	0.85 mg/dl	0.70 -1.30 mg/dl
S.URIC ACID	4.7 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	
Albumin	Negative	
Glucose	Negative	

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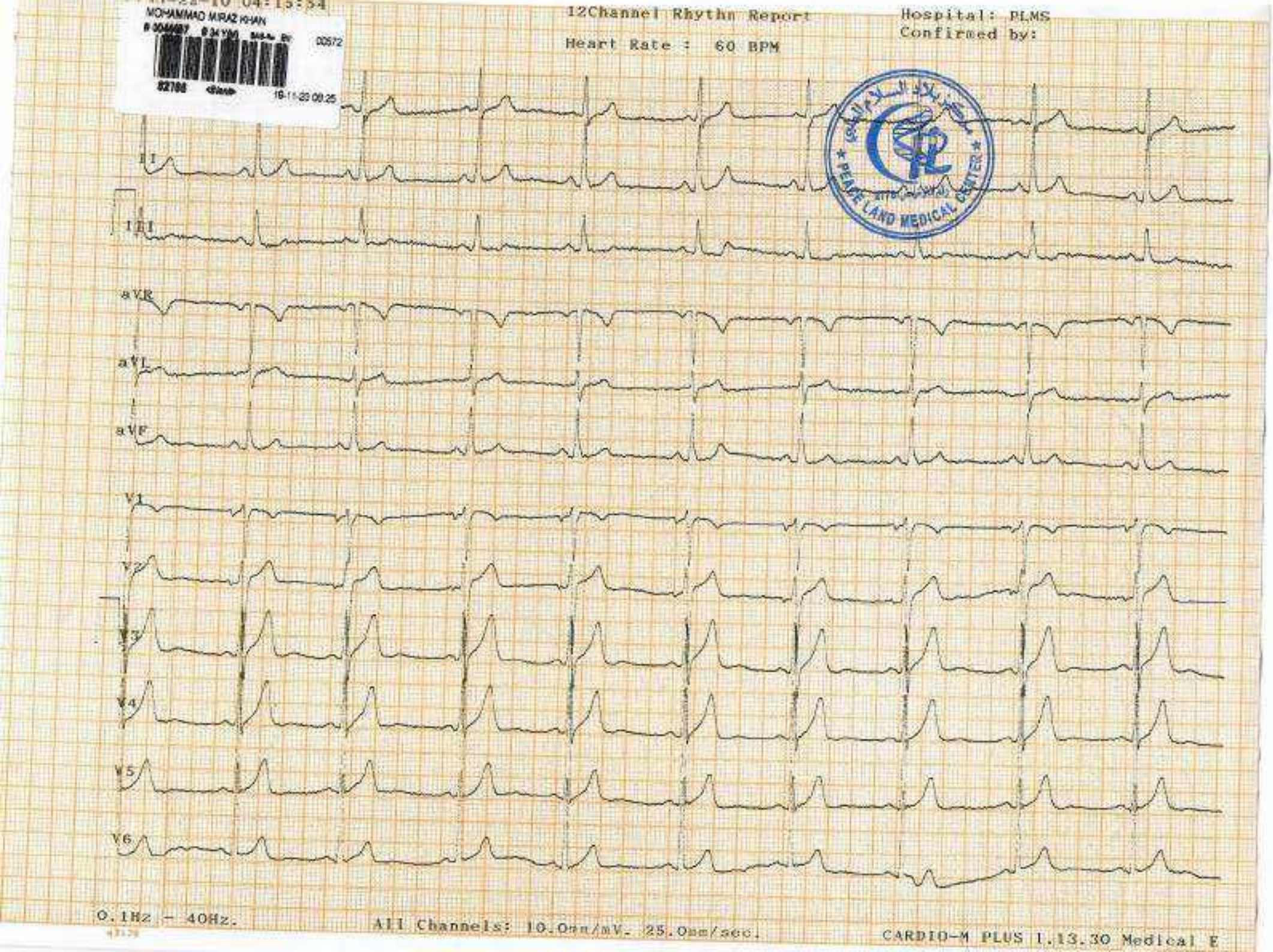
Test	Result	Normal Range
Ketones	Negative	
Urobilinogen	Normal	
Bilirubin	Negative	
Blood	Negative	
MICROSCOPIC		
PUS CELLS	1-3	
EPITHELIAL CELLS	1-2	
RBC'S	0-1	
CASTS	NIL	
CRYSTALS	NIL	
BACTERIA	NIL	
OTHERS	NIL	
BLOOD GROUP & Rh TYPING	'B' Positive	
BLOOD GROUPING AND RH TYPING		
RANDOM BLOOD SUGAR	118.6 mg/dl	80 - 120 mg/dl

Medical Technologist


MOHAMMAD MIRAZ KHAN
00572
12Channel Rhythm Report
Heart Rate : 60 BPM
Hospital: PLMS
Confirmed by:
PEARL LAND MEDICAL CENTER
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
0.1Hz - 40Hz.
All Channels: 10.0mm/mV. 25.0mm/sec.
CARDIO-M PLUS 1.13.30 Medical E

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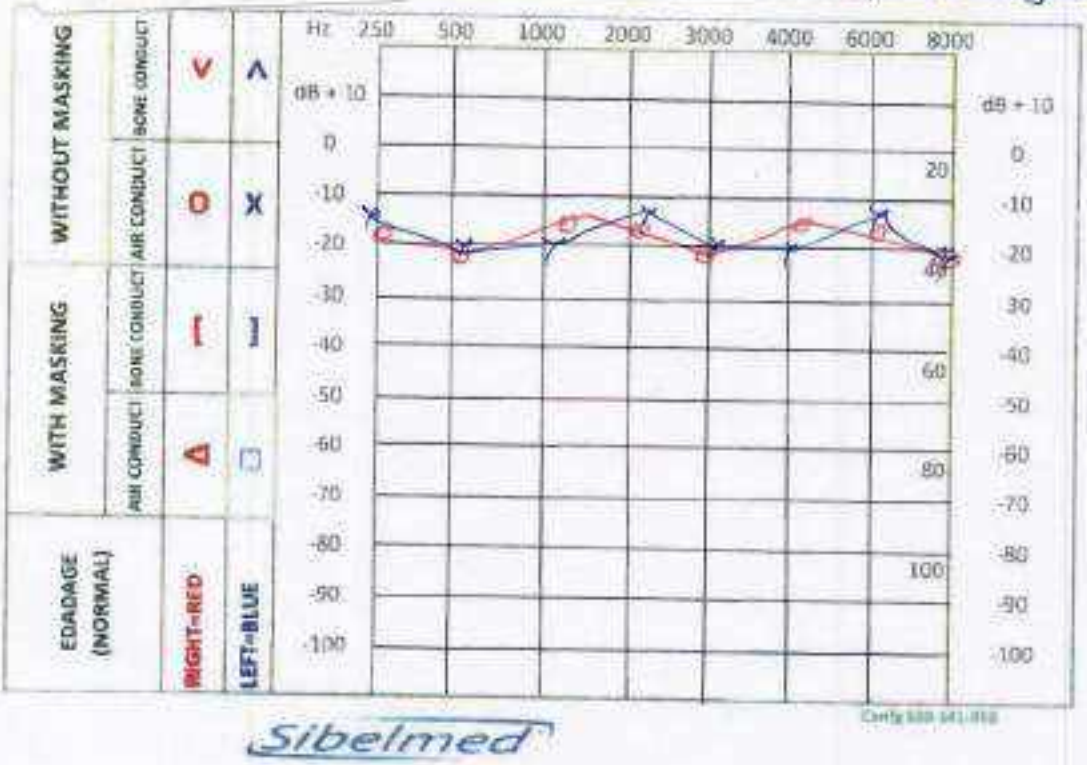
Peace Land Medical Center
Peace Land

MOHAMMAD MIRAZ KHAN

00612

AUDIOMETRY TEST REPORT

COMPANY	TD
OCCUPATION	Rigger
DATE	19/11/23



Sibelmed

INTERPRETATION
X LEFT EAR
O RIGHT EAR

RESULT
- [x] NORMAL
- [ ] HEARING LOSS
- [ ] RIGHT
- [ ] LEFT

مركز بلاد السلام الطبي
PEACE LAND MEDICAL CENTER
(رقم الترخيص 2775)

ص.ب ١٤٠٣ الرمز البريدي ١٣٣ دوار العذيبة مبنى ابراج الصحوة مبنى ٢ سلطنة عمان
P.O. Box 1403, Postal Code : 133, Al Azaiba, Roundabout al Sahwa Tower, Sultanate of Oman
Tel.: 24617117 / 24617148 / 24617149 هاتف ٢٤٦١٧١١٧ / ٢٤٦١٧١٤٨ / ٢٤٦١٧١٤٩

Pulmonary Function Test Results

Visit date 19/11/2023

Patient code 108650869.		Age	34
Surname	MIRAZ KHAN	Gender	Male
Name	MOHAMMAD	Height, cm	172
Date of birth	21/12/1988	Weight, kg	60
Ethnic group	Not defined	BMI	20.28

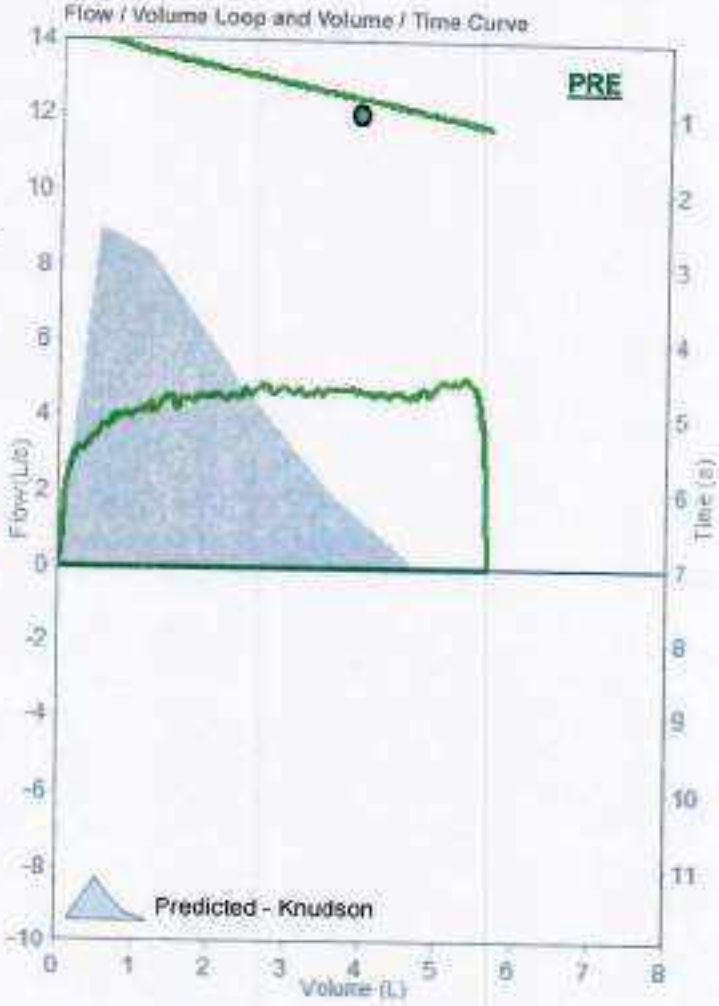
Interpretation

FVC FEV1 FEV1%

Normal Spirometry

Best values from all loops

Parameters		Pred	PRE	%Pred	POST	%Chg
FVC	L	4.72	5.66	120		
FEV1	L	3.93	5.08	129		
FEV1%	%	83.9	89.80	107		
PEF	L/s	8.99	5.07	56		



PRE Trial date 19/11/2023 12:24:11

Parameters		Pred	PRE # 1	%Pred	PRE # 2	PRE # 3	POST#1	%Pred	%Chg
FEV6	L	4.72	**5.66**	120					
FVC	L	4.72	**5.66**	120					
FEV1	L	3.93	**5.08**	129					
FEV1%	%	83.9	**89.8**	107					
PEF	L/s	8.99	**5.07**	56					
FEF2575	L/s	4.21	**4.66**	111					
FIVC	L	4.72							
ELA	Years	34							

BTPS 1.092 25 °C 77 °F

Conclusion / Medical report

Quality Control F

Repeat test and start faster ,
Breathe out for a longer time.

Instrument used
Minispir LT POST S/N K05070

Signature

PEACE LAND MEDICAL CENTER

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
44457	MOHAMMED MIRAZ KHAN	034Y/M	19-11-2023	

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. ROMEL M.HUERTO
MD, DPBR
RADIOLOGIST
MOH LICENSE # 8568

Dr. Romel Masangkay Huerto
MD, DPBR
Radiologist
MOH License # 8568

PEACE LAND MEDICAL CENTER

ABDULLAH HOSPITAL

ID NO. : 23081122	Date :27/08/23
Patient's Name : Md Miraz Khan	Age : 34Y
Ref. by. Prof / Dr. Humayun Kabir MBBS. MD (Cardiology)	
Investigation : Color Doppler Echocardiogram.	

DESCRIPTION

- **Chambers:**
  - RA: Normal RV: Normal
  - LA: Normal
  - LV: Normal
- **Valves:**
  - MV: Normal in morphology.
  - AV: Normal in morphology.
- **Septum:**
  - IAS: Intact
  - IVS: Intact
- **Pericardium**: Normal
- **Mass or vegetation**: Absent
- **COLOUR FLOW IMAGING**
  - Mitral Valve : Normal flow pattern
  - Aortic Valve: Normal flow pattern
  - Pulmonary Valve: Normal flow pattern
  - Tricuspid Valve : Normal flow pattern
  - ASD/VSD/PDA flow: Absent

IMPRESSION: 1.No RWMA at rest.

2. Good LV and RV systolic function (LVEF: 72%) at rest

Professor Dr.Md.Humayun Kabir
MBBS,MCPS,MD (Cardiology)
Professor Cardiology
SBMC,Barishal.,

ABDULLAH HOSPITAL
RUPATOLI, BARISAL.

Exam Date : 27/08/2023

nt ID 1122
dent Name --

Study Date 27/08/2023
Operator