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MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY



CANDIDATE / EMPLOYEE IDENTIFICATION				
Civil ID / Passport #	Company ID #	Name		Position
624606531497		NARINDER JIT SINGH		HD DRIVER
Nationality	Age	Sex	Company	Location
INDIAN	50	M	TRUCKER	HAINA
EXAMINATION TYPE				
Examination	☐ Pre-employment ☒ Periodic ☐ Exit			
VITAL SIGNS & BODY MEASURES				
Blood Pressure Category:	120/80	☐ Normal ☐ Prehypertension ☐ Hypertension Stage 1 ☐ Hypertension Stage 2 ☐ Hypertension Crisis		
BMI Category:	23.2	☐ Underweight ☐ Normal ☒ Overweight ☐ Obese ☐ Morbid Obesity		
Remarks:				
VISUAL TEST				
Visual Acuity Test	RT 6/6	LT 6/6	☒ Normal ☐ Abnormal	
Colour Vision Test	☒ Normal ☐ Abnormal ☐ Not Required		☒ Normal ☐ Abnormal	
Pre-existing condition:	☐ Normal ☐ Abnormal ☐ Not Required			
Remarks:				
RESPIRATORY SYSTEM				
Spirometry Test	☒ Normal ☐ Abnormal ☐ Not Required		☒ Normal ☐ Abnormal ☐ Not Required	
Pre-existing condition:	☒ Normal ☐ Abnormal ☐ Not Required			
Remarks:				
ENT SYSTEM				
Audiometry Test	☐ Normal ☐ Abnormal ☒ Not Required		☒ Normal ☐ Abnormal ☐ Not Required	
Pre-existing condition:	☒ Normal ☐ Abnormal ☐ Not Required			
Remarks:				
CARDIOVASCULAR SYSTEM				
ECG Test	☒ Normal ☐ Abnormal ☐ Not Required		☒ Normal ☐ Abnormal	
Pre-existing condition:	☒ Normal ☐ Abnormal			
Remarks: TMT DONE.				
NEUROLOGICAL SYSTEM				
Physical Assessment	☒ Normal ☐ Abnormal		☒ Normal ☐ Abnormal	
Pre-existing condition:	☒ Normal ☐ Abnormal			
Remarks:				
MUSCULOSKELETAL SYSTEM				
Physical Assess.	☒ Normal ☐ Abnormal		☒ Normal ☐ Abnormal ☐ Not Required	
Pre-existing condition:	☒ Normal ☐ Abnormal ☐ Not Required			
Remarks:				
LABORATORY INVESTIGATIONS				
Lab Tests:	☒ Normal ☐ Abnormal		☒ Normal ☐ Abnormal	
Pre-existing condition:	☒ Normal ☐ Abnormal			
Remarks:				
Glucose Level Category				
☒ Normal 80 - 100 mg/dl ☐ Pre-diabetic 100 - 125 mg/dl ☐ Diabetic > 125 mg/dl				
Cholesterol Risk Category				
☒ 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				
Blood 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			
BRO-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 #	Doctor Signature & Clinic Stamp	Issue Date	
DR. HASHIM ABDULLAH			23-10-2024	
MOH License No: 3337				

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS



EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #			Position	
02460653	1497			H.D. DRIVER	
Nationality	Age	Sex			Location
INDIAN	50	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			
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 arise	☐ 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				
19/10/2024					
Medical Review Date	Employee Signature				
	Medical License	Hospital	Medical Doctor Signature		

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #			Position	
C2460559	1492			HD DRIVER	
Nationality	Age	Sex	Location		
INDIAN	50	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
Haemorrhage disorders i.e. bleeding disorders	☐ Yes	☒ No	Informed about being overweight or obese	☐ Yes	☒ No
Leukemia, polycythemia 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, tonsillitis)	☐ 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

Date: 19/10/2024



List any previous injuries or operations

Previous injuries or operations	Date

Candidate/Employee Signature

[Signature]

SCREENING QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION			
Civil ID / Passport #	Company ID #	Position	
62460655	1497	HD DRIVER	
Nationality	Age	Sex	Location
INDIAN	50	M	HAJMA

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	☐ 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 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		
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 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: 19/10/2024

Candidate/Employee Signature

[Signature]



RESPIRATORY PROTECTION QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION			
Civil ID / Passport #	Company ID #	Position	
62460653	1497	HD DRIVER	
Nationality	Age	Sex	Location
INDIAN	50	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	c. 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. Sickle cell	☐ 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	n. 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: 19/10/2024



Candidate/Employee Signature

[Signature]

HEARING CONSERVATION QUESTIONNAIRE



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #			Position	
62460058	1497			HD DRIVER	
Nationality	Age	Sex	Location		
INDIAN	50	M	HAIRAO		

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
☐ 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: 19/10/2024



Candidate/Employee Signature

[Signature]

PHYSICAL ASSESSMENT FORM



CANDIDATE / EMPLOYEE IDENTIFICATION					
Civil ID / Passport #	Company ID #			Position	
Q2460853	1A07			HD DRIVER	
Nationality	Age	Sex			Location
INDIAN	50	M			HARMA
VITAL SIGNS					
Height	170 cm	Weight	78 kg	BMI	27.0
Pulse	62 /min	Medical Practitioner Name:		Blood Pressure: 120/80 mmHg	
			DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087		Signature: [Signature]
VISUAL SYSTEM					
Right Uncorrected	Left Uncorrected	Right Corrected	Left Corrected	Both Uncorrected	Both Corrected
6/6	6/6			6/6	
Colour Vision Test (Ishihara)	# of Plates passed	Inform the Plates # failed	Normal	Abnormal	Visual Field
			☒ Normal	☐ Abnormal	☒ Normal
Date of Examination: 19/10/24			Medical Practitioner Name:		Stethoscopic Vision Test
			DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087		☐ Normal
					☐ Abnormal
RESPIRATORY SYSTEM					
[1] Spirometry Test					
Smoking Status:		Patient's Posture During Test:		Noise Clips Used:	
☐ Never ☐ Ever Used ☐ Current		☐ Standing ☐ Sitting		☐ Yes ☐ No	
Diagnosis:					
☐ Asthma ☐ COPD ☐ Other					
Acceptability Criteria (select all that is applicable)		Repeatability Criteria (select all that is applicable)			
☐ Free from artifacts		☐ Satisfactory exhalation			
☐ Good start		☐ NOT satisfactory			
		☐ >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:		Ability to obtain only one good effort			
☐ Good Effort ☐ Difficulty following instructions		☐ Poor Effort ☐ Cooperation			
Date of Examination:		Medical Practitioner Name:			
19/10/24		DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087			
		Signature: [Signature]			
[2] Chest Shape and Movement					
☒ Normal		If abnormal, describe below:			
☐ Abnormal					
☐ Not Examined					
[3] Chest Percussion					
☒ Normal		If abnormal, describe below:			
☐ Abnormal					
☐ Not Examined					
[4] Air Entry in Both Lungs					
☒ Normal		If abnormal, describe below:			
☐ Abnormal					
☐ Not Examined					
[5] Breath sounds					
☒ Normal		If abnormal, describe below:			
☐ Abnormal					
☐ Not Examined					
Date of Examination: 19/10/24		Physician Name:			
		DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087			
		Signature: [Signature]			
[1] Otoscopy					
Right	Left	Ear Drum Position		[2] Hearing Test	
☐ Yes	☐ Yes	☐ Normal ☐ Retracted		Whisper Test	
☒ No	☒ No	☐ Bulging ☐ Not Exam		☐ Normal ☐ Abnormal	
☐ Not Exam	☐ Not Exam			☐ Not Exam	
Right	Left	Ear Drum Vascularity		Rinne Test	
☐ Yes	☐ Yes	☐ Normal ☐ Retracted		☐ Normal ☐ Abnormal	
☒ No	☒ No	☐ Bulging ☐ Not Exam		☐ Not Exam	
☐ Not Exam	☐ Not Exam				
Right	Left	Cerumen		Weber Test	
☐ Yes	☐ Yes	☐ Normal ☐ Considerable		☐ Normal ☐ Abnormal	
☒ No	☒ No	☐ Mild ☐ Not Exam		☐ Not Exam	
☐ Not Exam	☐ Not Exam				
Right	Left	Adiometry Done		Hearing Questionnaire	
☐ None	☐ None	☐ Yes ☐ No		☐ Yes ☐ No	
☐ Some	☐ Some				
☐ A bit	☐ Impacted				
☐ Not Exam	☐ Not Exam				
Date of Examination: 19/10/24		Physician Name:			
		DR. HASHIM ABDALLAH GENERAL PRACTITIONER MOH License No: 9087			
		Signature: [Signature]			

PHYSICAL ASSESSMENT FORM

DATE: 14/10/24
TIME: 10:00 AM



ENT SYSTEM			
(1) Nose Assessment		(3) 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: 14/10/24

Physician Name:



DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9097

Signature:

OQ - Outpatient (Health Department)



14-36110-2017



Peace Land Medical Service LLC, Mukhalzna
CR No.: 2/13627/9, P.O.Box: 1483,
Postal Code: 133,
Occidental Camp Mukhalzna, Sultanate of Oman

PATIENT DETAILS :

Patient ID	: 15113	Doc No	: 10617
Name	: NARINDERJIT SINGH	Doc Date	: 2024-10-19T16:32:00
Age	: 50Y	Bill No	: 31447
Gender	: Male	Date	: 19/10/2024 16:32 PM
Nationality	: INDIAN	Customer	: TRUCKOMAN OIL & GAS SERVICES
SSN No	: 93198086	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	'A' Positive		
COMPLETE BLOOD COUNT			
RBC	4.9 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	14.3 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	43 %	Male 42 - 52 % Female 37 - 47 %	
MCV	82 fl	76 - 98 fl	
MCH	29 pg	27 - 33 pg	
MCHC	34 %	32 - 36 %	
WBC COUNT	5200 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	53 %	40-75 %	
LYMPHOCYTE	23 %	20-45 %	
EOSINOPHIL	6 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	4	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	2 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	0.9 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.4 mg / dl	up to 0.4 mg /dl	
INDIRECT BILIRUBIN	0.5 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	10 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	10 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	

Reported By:
AHMED ALHAG

Sr. Lab Technologist

Printed at: 19/10/2024 16:34:16



Verified By:
AHMED ALHAG

Sr. Lab Technologist

Signed at: 19/10/2024 16:34:16

Specialist Pathologist:
AHMED ALHAG

Sr. Lab Technologist

Test	Result	Normal Range	Detailed Description
RENAL FUNCTION TEST			
UREA	18 mg / dl	10-50 mg /dl	
S.CREATININE	0.7 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	5.2 mg / dl	3.4 - 7.2 mg /dl	
LIPID PROFILE			
Total Cholesterol	149 mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl	
Triglyceride	106 mg/dl	Normal 0,0 - 150 mg/dl	
HDL - CHOL	62 mg/dl	35.0 - 79,0 mg /dl	
LDL - CHOL	76 mg/dl	< 130 mg/dl	
VLDL	21 mg/dl	2-30 mg/dl	
FASTING BLOOD SUGAR	94 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		

Remarks:





	Result	Normal Range
URINE DRUG TEST :		
OPIATE (URINE)	Negative	
AMPHETAMINES(URINE)	Negative	
MORPHINE (URINE)	Negative	
COCAINE (URINE)	Negative	
PHENCYCLIDINE (URINE)	Negative	
METHAMPHETAMINE (URINE)	Negative	
TRAMADOL (URINE)	Negative	
BARBITURATES (URINE)	Negative	
BENZODIAZEPINES (URINE)	Negative	
MEDTHODONE (URINE)	Negative	
TRICYCLIC ANTIDEPRESSANTS (URINE)	Negative	
ALCOHOL TEST	Negative	



Remark



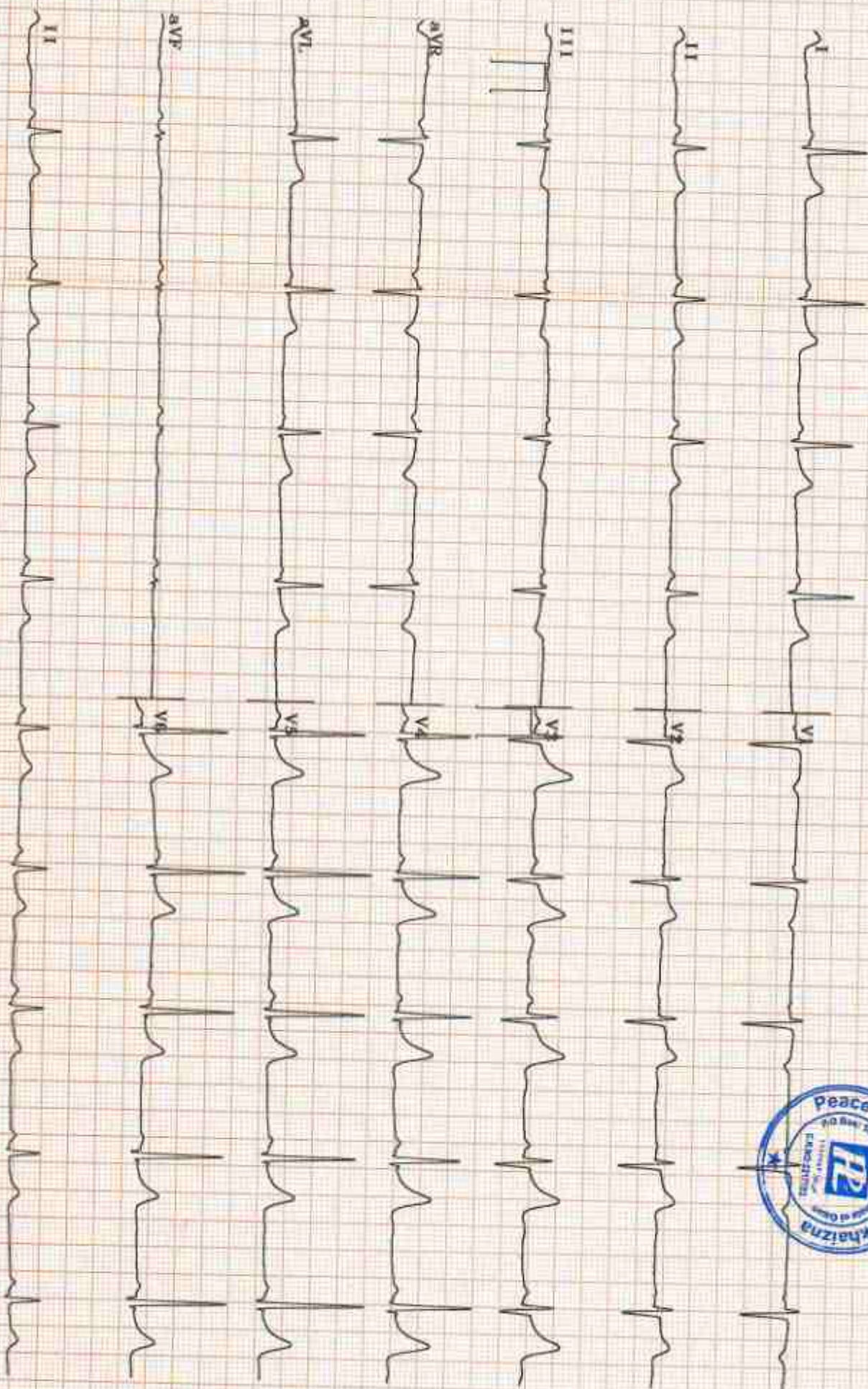
Heart Rate: 56 bpm

o Channel + 1 Rhythm Report

Нормы:

QRS Dur: 96 ms
QT/QTc: 428/410 ms
P-R-T axes: 56 4 7
SV1/RV5/R+S: 0.90/1.64/2.20

Analysis: Result ## (To be finally confirmed by physician)
Sinus Bradycardia(HR:50-59)
[Minimally Abnormal or Normal Variation ECG]



Base: 0.2Hz 1PF: 0.1F/AC: 50Hz 1MG: 0.1F

10. $\text{Ohm}/\pi\text{V}$	25. Ohm/sec
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FKG2000 6.00/3.24 Blonnet Co., Ltd.



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

PATIENT ID: 16113

Estimated 10-year Global CVD Risk

4.70%

Risk Category

Low Risk

Estimated Vascular Age

42Years

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)

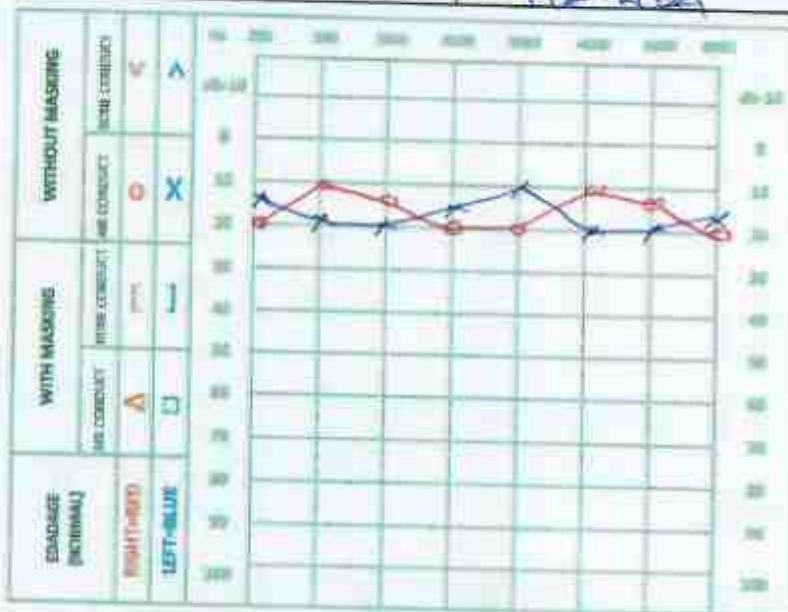
TChol <5 mmol/L (<194 mg/dL)





مركز بلاد السلام الطبي Peace Land Medical Center

AUDIOMETRY TEST REPORT			
NAME: NARINDERJIT SINGH		COMPANY: TON	
AGE: 50 Y/m	GENDER: M/F	OCCUPATION: HD DRIVER	
REF. BY:		DATE: 11/12/2024	



Sibelmed



Signature of Dr. Hashim Abdallah

DR. HASHIM ABDALLAH
GENERAL PRACTITIONER
MOH License No: 9087

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
16113	NARINDERJIT SINGH	50Y/M	19-10-2024	

DIGITAL X-RAY CHEST PA VIEW**FINDINGS:**

Trachea and mediastinum in midline.

Both lung fields show normal bronchovascular markings.

Cardiothoracic ratio is within normal limits.

Both cardiophrenic and costophrenic angles are free.

Both domes of diaphragm are normally placed.

Bony ribcage and soft tissue structures appear normal.

IMPRESSION:

- NO ABNORMALITIES DETECTED



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

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



nmc specialty hospital, al ghoubra

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

Fitness Certificate

Empno:

Date of issue : 22/10/2024

Ref No : 0000177/FIT/NMC/2024

This is to certify that Mr. / Mrs. *NARINDERJIT SINGH* with file no *14460536* and Resident card no. *62460653* was *Examined* at *nmc specialty hospital, al ghoubra* on *22/10/2024* and will be *FIT TO WORK* from the medical point of view starting from *22/10/2024*

DIAGNOSIS

Z00.00-Encounter For General Adult Medical Examination Without Abnormal Findings

Remarks

Fit to work

DR MUHAMMAD SIDDIQUI

Place: *nmc specialty hospital, al ghoubra*

(Hospital Seal)

Signature



