OQEP Occupational Health
MEDICAL EVALUATION REPORT - SUMMARY

OQEP-COR-HSE-HEL-FRM-00021	
Classification: External Use	
Review: 03-31/05/2024	

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
5401606	10284	AHMED HILAL SULAIMAN HAMED AL MAQBALI	FORKLIFT OPERATOR

Nationality	Age	Sex	Company	Location
OMANI	43	M	TRUCK OMAN NORTH	HAINA

EXAMINATION TYPE

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

VITAL SIGNS & BODY MEASURES

Blood Pressure Category: 130/80 [✓] Normal [ ] Prehypertension [ ] Hypertension Stage 1 [ ] Hypertension Stage 2 [ ] Hypertension Crises

BMI Category: 30.8 [ ] Underweight [ ] Normal [ ] Overweight [✓] Obese [ ] Morbid Obesity

Remarks:

VISUAL TEST

Visual Acuity Test RT 6/6 LT 6/6 Visual Field Test [✓] Normal [ ] Abnormal

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

Pre-existing condition:

Remarks:

RESPIRATORY SYSTEM

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

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

Remarks:

ENT SYSTEM

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

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

Remarks:

CARDIOVASCULAR SYSTEM

ECG Test [✓] Normal [ ] Abnormal [ ] Not Required Physical Assessment [✓] Normal [ ] Abnormal Framingham [ ] Low [ ] Moderate [ ] Hig

Pre-existing condition:

Remarks:

NEUROLOGICAL SYSTEM

Physical Assessment [✓] Normal [ ] Abnormal

Pre-existing condition:

Remarks:

MUSCULOSKELETAL SYSTEM

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

Pre-existing condition:

Remarks:

LABORATORY INVESTIGATIONS

Lab Tests: [ ] Normal [✓] Abnormal If abnormal, please specify below: Blood Grouping: O+ve

Pre-existing condition:

Remarks:

Glucose Level Category 149 mg/dl [ ] Normal 80 – 100 mg/dl [ ] Pre diabetic 100 – 125 mg/dl [✓] Diabetic > 126 mg/dl

Cholesterol Risk Category 160 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 ON MEDICATION, DLP 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	Doctor Signature & Clinic Stamp	Issue Date
DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078				1-12-2025

OQEP Occupational Health
FITNESS TO WORK CERTIFICATE [CONTRACTOR]

OQEP-COR-HSE-HEL-FRM-00021
Classification: External Use
Review: 03-31/08/2024

EMPLOYEE IDENTIFICATION

Patient:19824 Reg.Dt: 01/11/202
Name: AHMED HILAL SULAIMAN HAMED
Gender: Male Nationality: OMA
Age: 43Y Mar. Status: Marrie
Address:

Company	Identification Number
TRUCKMAN NORTH	

Nationality	Age	Sex	Entry Date	Location	Job Title
			01/11/2025	HAIMA	FORKLIFT OPERATOR

MEDICAL SUITABILITY FOR WORK

Medical Evaluation Type [ ] Pre-employment [✓] Periodic [ ] Exit [ ] Job Transfer [ ] Post-absence [ ] Cause Triggered

Medical Suitability for Work [✓] Fit to Work [ ] Unfit [ ] Fit with Restrictions

FIT

Restrictions

	Working at height		Heavy lifting operation		Pulling, pushing or carrying weight
	Working in confined space		Emergency response duty		Ascend/descend ladders and stairs
	Working with electricity		Manual cargo handling		Walking or standing for long distance/period
	Working near rotating machinery		Deep excavation		Repetitive movements
	Driving vehicles		Food handling		Handling chemical products
	Mobile machinery operation		Working in noise area		Working in extreme heat

Other, specify

Restriction Type [ ] Temporary until _____/_____/_____ [ ] Permanent

Annotations:

Fit to work as per specialist report

Peace Land Clinic Mukhaizna

Doctor Name	Medical License	Hospital	Doctor Signature

DR. HAMMAD MD ISMAIL
GENERAL PRACTITIONER
MOH License No: 20078

OQEP Occupational Health PHYSICAL ASSESSMENT FORM

OQEP-COR-HSE-HEL-FRM-00021
Classification: External Use
Review: 03-31/08/2024

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		Position

Patient:19824 Reg.Dt: 01/11/202
Name: AHMED HILAL SULAIMAN HAMED
Gender: Male Nationality: OMAN
Age: 43Y Mar. Status: Marrie
Address:

Nationality	Age	Sex	Location

VITAL SIGNS

Height: 156 cm | Weight: 75 Kg | BMI: 30.8 | Blood Pressure: 130/80 mmHg

Pulse: 78 /min | Medical Practitioner Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 | 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: 01-11-2025 | Medical Practitioner Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 | 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: | Medical Practitioner Name: | Signature:

[2] Chest Shape and Movment

☑ 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: 01/11/2025 | Physician Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078 | 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
Adiometry Done	☐ Yes ☐ No
Hearing Questionnaire verified	☐ Yes ☐ No

Audiologist Name: | Signature: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078

Land Clinic Muscat

OQEP Occupational Health PHYSICAL ASSESSMENT FORM

OQEP-COR-HSE-HEL-FRM-00021	
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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 Murmurs

- [ ] 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:

Peace Land Clinic Mukhaizna

Date of Examination: 01/11/2025

Physician Name: DR. HAMMAD MD ISMAIL GENERAL PRACTITIONER MOH License No: 20078

Signature:

OQEP Occupational Health
MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

OQEP-COR-HSE-HEL-FRM-00021	
Classification: External Use	
Review: 03-31/08/2024	

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
5401606	10284	FORKLIFT OPERATOR

Nationality	Age	Sex	Location
			HAIMA

Patient:19824 Reg.Dt: 01/11/202
Name: AHMED HILAL SULAIMAN HAMED
Gender: Male Nationality: OMAN
Age: 43Y Mar. Status: Marrie
Address:

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 or 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, G6PD		Yes	✓	No	Experienced unintentional 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
Recurrent headaches or migraine		Yes	✓	No	Allergies e.g. dust, medication, insect bites, chemicals		Yes	✓	No
Epilepsy and recurrent seizures		Yes	✓	No	Disorders of the digestive tract e.g. ulcers, recurrent diarrhea, gastritis		Yes	✓	No
Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope)		Yes	✓	No	Haemorrhoids, fistulae and fissures causing pain, or recurrent bleeding		Yes	✓	No
Sleep disorders, such as insomnia, hypersomnia, sleep apnea, narcolepsy		Yes	✓	No	Liver and pancreas diseases (e.g. pancreatitis, Hepatitis, Jaudice)		Yes	✓	No
Chronic anxiety states and/or recurrent depression		Yes	✓	No	Kidney or bladder diseases e.g. recurrent infection, renal stones		Yes	✓	No
Phobias such as fear of heights, fear of confined spaces, fear of flying		Yes	✓	No	Ear, nose or throat problems (e.g. otitis, hearing loss, tinnitus, sinusitis, tonsilitis)		Yes	✓	No
Lung disease e.g. bronchitis, asthma, dyspnea, Tuberculosis (TB)		Yes	✓	No	Eye disease or visual defect (e.g. glaucoma, color blindness, monocular vision)		Yes	✓	No
Phlegm production (excess mucus production) or tight chest		Yes	✓	No	Treated for infectious diseases (e.g. malaria, COVID19, dengue)	✓	Yes		No
Immuno suppression due to cancer or human immunodeficiency virus		Yes	✓	No	Treated for mental health problems, such as depression, stress, anxiety		Yes	✓	No
Lump in breast or armpit		Yes	✓	No	Treated for substance or alcohol abuse		Yes	✓	No

Any other diseases not mentioned in the above list? [✓] No [ ] Yes, please specify:

Any disabilities and compesations received? [✓] No [ ] Yes, please specify:

List any previous injuries or operations

Previous injuries or operations	Date

Have you visited a doctor in the last year?	✓	Yes		No
Are you taking any medication at present?	✓	Yes		No
Are you pregnant? EDD: ___/___/____		Yes		No

Date: 01/11/2025

Candidate/Employee Signature

OQEP Occupational Health
HEARING CONSERVATION QUESTIONNAIRE

OQEP-COR-HSE-HEL-FRM-00021
Classification: External Use
Review: 03-31/08/2024

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Position
5401606	10284	FORKLIFT OPERATOR

Patient:19824 Reg.Dt: 01/11/202
Name: AHMED HILAL SULAIMAN HAMED
Gender: Male Nationality: OMAN
Age: 43Y Mar. Status: Marrie
Address:

Nationality	Age	Sex	Location
			HAIMA

HEARING CONSERVATION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

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

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

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

[ ] Hunting [ ] Car races [ ] 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? TABMETFORMIN 1000MG, SITAGLIPTIN 100, TAB GLICLAZIDE, TAB AMLODIPINE

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

Peace Land Clinic Muhaisna

Date: 01/11/2025

Candidate/Employee Signature

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	: 19624	Doc No	: 15648
Name	: AHMED HILAL SULAIMAN HAMED AL MAQBALI	Doc Date	: 2025-11-01T11:10:00
Age	: 43Y	Bill No	: 38097
Gender	: Male	Date	: 01/11/2025 11:10 AM
Nationality	: OMANI	Customer	: TRUCKOMAN OIL & GAS SERVICES
GSM No	: 99287117	Ref.by	: DR.HAMMAD ISMAIL

TEST RESULT : OQ-001 OQ MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
OQ MEDICAL CHECKUP			
BLOOD GROUP & Rh TYPING	'O' Positive		
COMPLETE BLOOD COUNT			
RBC	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	49 %	Male 42 -52 % Female 37 -47 %	
MCV	79 fl	76 - 96 fl	
MCH	26 pg	27 - 33 pg	
MCHC	33 %	32 36 %	
WBC COUNT	5600 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	40 %	40-75 %	
LYMPHOCYTE	50 %	20-45 %	
EOSINOPHIL	2 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	1	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	2.5 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	80 u/l	44-147 U/ L	
T. BILIRUBIN	0.5 mg / dl	up to 2.0 mg/dl	
DIRECT BILIRUBIN	0.1 mg / dl	up to 0.4 mg /dl	
INDIRECT BILIRUBIN	0.4 mg / dl	up to 1.6 mg /dl	
S.G.O.T.	15 u/l	Male 0-50 u/l Female 0-41 u/l	
S.G.P.T.	40 u/l	Male 0-45 u/l Female 0-32 u/l	

Reported By:
Lab Technician

Sr. Lab Technologist

Printed at: 01/11/2025 11:14:21

Peace Land Clinic Mukhaizna

Verified By:
Lab Technician

Sr. Lab Technologist

Signed at: 01/11/2025 11:14:20

Approved By:
Lab Technician

Sr. Lab Technologist

Test	Result	Normal Range	Detailed Description
T. PROTEIN	7 g /dl	New born 5.2 - 9.1 g /dl Children 5.4 - 8.7 g /dl Adult 6.7 - 8.7 g /dl	
ALBUMIN	4.5 g / dl	3.6 - 5.5 g/dl	
RENAL FUNCTION TEST			
UREA	16 mg / dl	10-60 mg /dl	
S.CREATININE	0.8 mg / dl	0.7 - 1.2 mg /dl	
S.URIC ACID	6.6 mg / dl	3.4 - 7.2 mg /dl	
LIPID PROFILE			
Total Cholesterol	264 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	63 mg/dl	35.0 - 79.0 mg /dl	
LDL - CHOL	160 mg/dl	< 130 mg/dl	
VLDL	24 mg/dl	2-30 mg/dl	
NON HDL CHOLESTEROL	201 mg/dl	Less than 130mg/dl	
FASTING BLOOD SUGAR	149 mg/dl	70 - 110 mg/dl	
URINE ROUTINE ANALYSIS			
PHYSICAL			
Quantity	5 ml		
Colour	Pale yellow		
Sp. Gravity	1.025		
pH	Acidic		
Appearance	Clear		
CHEMICAL	0		
Nitrite	Negative		
Protein	Negative		
Glucose	Negative		
Ketones	Negative		
Urobilinogen	Normal		
Bilirubin	Negative		
Blood	Negative		
MICROSCOPIC.			
PUS_CELLS	1-2		
EPITHELIAL CELLS.	1-2		
RBCS	1-2		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA.	NIL		
OTHERS.	NIL		
URINE DRUG SCREEN			
OPIATE (URINE)	Negative		
MORPHINE (URINE)	Negative		
COCCAINE (URINE)	Negative		
AMPHETAMINE (URINE)	Negative		
BENZODIAZEPINES (URINE)	Negative		
PHENCYCLIDINE (URINE)	Negative		
METHAMPHETAMINE (URINE)	Negative		

Future Land Clinic Mukhaizna

Test	Result	Normal Range	Detailed Description
TRAMADOL (URINE)	Negative		
BARBITURATES (URINE)	Negative		
TRICYCLIC ANTIDEPRESSANTS (URINE)	Negative		
METHADONE (URINE)	Negative		
ALCOHOL TEST	Negative		

Remarks:

PLMS MUKHAIZNA

<< Conclusions >>

Patient:19824 Reg.Dt: 01/11/202
Name: AHMED HILAL SULAIMAN HAMED
Gender: Male Nationality: OMAN
Age: 43Y Mar. Status: Marrie
Address:

ID:
Operator: PEACELAND MEDICAL SERQT/QTc
Custom1:
Custom2:
Custom3:

Data for reference only:

HR	bpm	:	67
PR Interval	ms	:	174
P Duration	ms	:	101
QRS Duration	ms	:	95
T Duration	ms	:	176
QT/QTc	ms	:	364/385
P/QRS/T Axis	deg	:	61.3/45.6/22.9
R(V5)/S(V1)	mV	:	0.93/0.61
R(V5)+S(V1)	mV	:	1.54

Peace Land Medical Clinic Mukhaizna

Normal Sinus Rhythm;
Cardiac electric axis normal.

Report need physician confirm

Physician:

AUTO 10mm/mV

10mm/mV

I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6

II 10mm/mV

25mm/s AC50Hz+EMG30Hz+DFT0.5Hz

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

PATIENT : 19824

Estimated 10-year Global CVD Risk

9.40%

Risk Category

High Risk

Estimated Vascular Age

54 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)

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UU
UU
UU

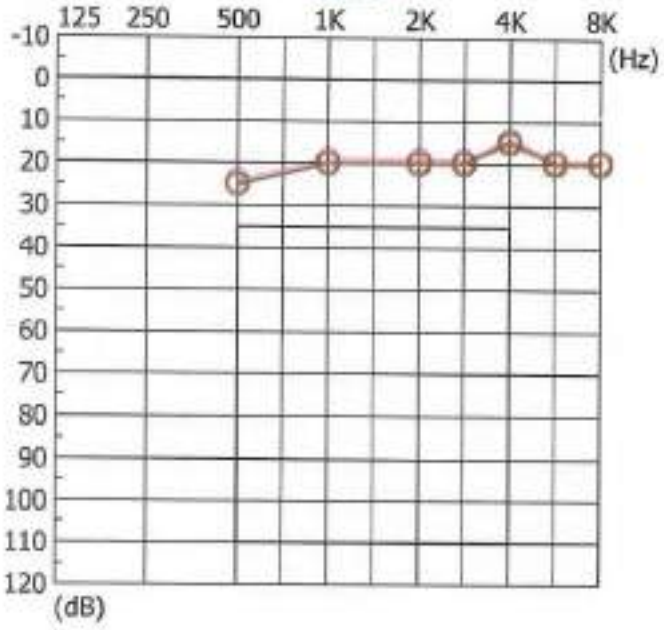
AUDIOMETRY REPORT

Name: AL MAQABALI, AHMED
Age(y): 43
Sex: Man
Height (cm): 0
Weight(Kg): 0
BMI:

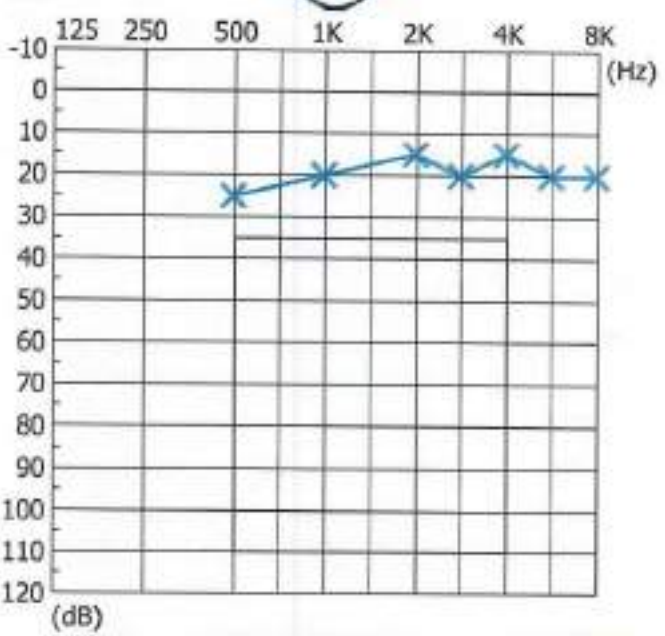
SIBELMED W50

Test date: 01/11/2025
Reference: 5401606
Technician:
Reason:
Origin:
Equipment:
Device serial numb.:
Flash Version:

R.E.



L.E.



No Masking	R.E.	L.E.	With Masking	R.E.	L.E.
Air	O	X	Air	△	□
Bone	<	>	Bone	⊏	⊐
F.Field	@	※			
No response					

MINISTRY OF LABOUR AND SOCIAL AFFAIRS

	R.E.	L.E.
Hearing Loss (%)	0.0	0.0
Average dBs	21.2	20.0
Bilateral Loss (%)	0.0	

Right ear Normal
Left ear Normal

COMMENTS: Normal

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DR. HAMMAD MD ISMAIL
GENERAL PRACTITIONER
MOH License No: 20078

Sibelmed

Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
19824	AHMED HILAL SULAIMAN HAMED AL MAQBALI.	43Y/M	01-11-2025	

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**
-

X-RAY LUMBO-SACRAL SPINE (AP AND LATERAL)

Lumbar curvature appears normal.

Visualized spine shows normal density.

Vertebral bodies appear normal in size and height. No focal lytic sclerotic lesion noted.

Vertebral posterior appendages appear normal in outline. Bony canal is normal.

Pre and paravertebral soft tissue shadows are normal.

IMPRESSION:

- **No significant abnormality detected.**

Dr. WAJDY JARBOU
MD, ABR
SPECIALIST RADIOLOGIST
MOH LIC # 19061

Peace Land Clinic Mukhaizna

Dr. Wajdy Jarbou
MD ABR
Specialist Radiologist
MOH Lic # 19061

nmc specialty hospital, al ghoubra

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

Fitness Certificate

Empno:
Date of Issue : *01/12/2025*

Ref No : *0000028/FIT/NMC/2025*

This is to certify that Mr. / Mrs. *AHMED HILAL SULAIMAN HAMED AL MAQBALI* with file no *1450127* and Resident card no. *5401606* was *Treated* at *nmc specialty hospital, al ghoubra* on *01/12/2025* and will be *FIT FOR WORK* from the medical point of view starting from *01/12/2025*

DIAGNOSIS
E78.5-Hyperlipidemia, Unspecified, E11.65-Type 2 Diabetes Mellitus With Hyperglycemia

Remarks
MEDICATIONS OPTIMIZED. ADVISED STRICT DIET AND LIFESTYLE MODIFICATIONS. FIT FOR WORK. TO REVIEW AT 1 MONTH.

DR ANIL DEVARAJ

Place: *nmc specialty hospital, al ghoubra*

Signature

(Hospital Seal)

nmc specialty hospital, al ghoubra

P.O BOX : 613, Postal Code : 133AL-GHOUBRA
Phone : 24504000
Fax : 24501101
Email : nmc.ghoubra@nmcoman.com

Prescription

File No : **14501271**

Date : **01-12-2025**

Name: **AHMED HILAL SULAIMAN HAMED AL MAQBALI**

Age: **43 Y**

Gender: **Male**

Address :

Omani ID/L.Card No : **5401606**

Company :

Customer : **Truck Oman Llc (Credit)**

Policy No :

Certificate No :

Nationality : **OMANI**

Phone : **99287117**

Sl No	Allergy

No h/o any allergies (NKA/NKDA)

Sl No	Name	Duration	RO Admin	Quantity	Remarks
1	(DAPAGLIFLOZIN (propanediol) 10 m g tablet)DIVINUS 10MG F/C TABLET S	30 Days	Oral	30	Take 1 tablet 1 times in a day for 30 d ays(1-0-0)

01/12/2025 10:52:04

Name of Dr. & Signature

DR ANIL DEVARAJ
GENERAL MEDICINE

nmc specialty hospital

DEPARTMENT OF LABORATORY MEDICINE

File No:	14501271	**Report No:**	1087220		
Name:	AHMED HILAL SULAIMAN HAMED AL MAQBALI	**Sample Date:**	01/12/2025	**Time:**	9:42
Address:		**Received By:**			
Gender:	M **Age:** 43 Y **Nationality:** OMANI	**Received Date:**		**Time:**	
GSM No.:	99287117 **ID Card No.:** 5401608	**Report Date:**	01/12/2025	**Time:**	10:38
Ref. By:	DR ANIL DEVARAJ	**Bill No:**	2737848	**Bill Date:**	01/12/2025
		Report Status:	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
HbA1C	11.60 %	4 - 6

Verified By:

10178
Lab Technologist
MOH License No: 8933

Approved By:

DR ASMA OSMANI
Specialist Pathologist
MOH License No: 5866