Medical Certificate – Fitness to Work

Declaration by examining Health Care Professional

I ---------- who resides and works in ----------have examined and / or assessed the report of the following employee prior to employment in BP Oman:

DR. NADIA FAHAD
General Practitioner
MOH Lic. No: 17483
nmc specialty hospital, Al Hail

Client Name: JOVITO JR CARILLO ARENDON

Company: TRUCK OMAN EQUIPMENTAL & RENTAL

This certificate of fitness is valid for a period of **two years** from the date below.

The Client is:

A - Fit for employment. FIT

B - Unfit for employment.

Health Care Professional: _____

Signature: _____

DR. NADIA FAHAD
MOH Lic. No: 17483
nmc specialty hospital, Al Hail

Date: 26/2/23

Company stamp:

C.R. No: 1068137
Sultanate of Oman
RECEPTION
nmc specialty hospital, Al Hail

Part one: Declaration

Completing this assessment will assist in determining if reasonable accommodation is necessary for you to perform the proposed job.

BP Privacy Notice

BP International Limited (BP), registered at Chertsey Road, Sunbury on Thames, Middlesex, TW16 7BP company number [ ], will use the information which is contained on this form and additional information collected during your medical assessments ("your information") for the purpose of assessing your fitness to work and/or to assess your suitability to go on an international assignment (if relevant).

Your information will be processed by BP health team staff in the appropriate BP offices and other medical service providers who supply services to BP, who are under a duty of confidentiality. All records are kept in line with BP's Records Retention Schedule.

Since BP operates globally, BP may need to transfer your information to other countries, including countries outside the European Economic Area (EEA). However, we always seek to ensure that your information receives the same level of protection as it would within the EEA. Should you have any questions about the use of Your Information, please contact your BP Health Team.

Declaration

I certify that the information I have provided on this Form is to the best of my knowledge correct and complete. I confirm that I have read and agree to the use of my information as outlined in the BP Privacy Notice above.

I confirm that I understand an opinion will be made on my fitness to work and/or suitability to go on an international assignment (if relevant). I will contact BP health team for advice if there is any change to my health which may affect my fitness to work and/or suitability to go on an international assignment (if relevant).

Signature [signature] Date 15-02-2015 (dd/mm/yyyy)

Name (please print) JOVITO ARELLANO

C.R. No: 1650137
Sultanate of Oman
RECEPTION
nmc specialty hospital, Al Hail

Part Two: Basic Details

Personal Details

Surname	ARENDON	Maiden Name	CARILLO
First Name(s)	JOVITO	Date of Birth	16/02/1966
Gender	Male	Current location	
Home Address			
Postcode / zip		Preferred Contact number	
Email		Mobile number / Cell phone	79154328
BP staff	Yes	(If not please state your Employer)	
Employee ID	AMO		
Proposed Work Country		Proposed Work Site	
Segment / Division / Function			
Business unit			
New Job Title		New Line Manager	

Reason for Health Assessment

Pre-employment	No
Pre-placement / transfer	No
Post absence	No
For cause	No
Periodic	Yes

List of Tasks / Roles

Aircraft Refueller	No
Confined Space Worker	No
Crane Operator	No
Professional Driver	No
Expatriation / Rotation Work	No
Fire and Emergency Crew	No
Offshore Worker	No
Remote Worker	No
SCBA /Respirator User	No
Work at Height / Depth / Embarkation	No
Work in Extreme Cold	No
Work in Extreme Heat	No

Part Three: General Health

To be completed during appointment with Health Practitioner.

Name: JOVITO ARENDON

Date of Birth: 16/02/1956

		Please Provide Details
Do you have any concern about your health that you would like to discuss confidentially with an occupational health professional?	No	

Please answer these questions

		Please Provide Details
Are you able to perform all the tasks required for this job?	Yes	
Do you require any adjustments to enable you to perform all the tasks as above?	No	
Are you currently having or awaiting investigations or treatment for physical or psychological health conditions?	No	
Are you taking any medication(s)?	Yes	for hyperlansion
Do you have any allergies /	No	

Please complete this section if you have ticked any of the tasks / roles.

Do you suffer from or have you had any of the following?		Please Provide Details
Recent surgery (within 6-8 weeks)	No	
Heart disease or angina?	No	
Diabetes? If yes, please specify type.	No	
Chest problems, breathing difficulties, wheezing, recurrent bronchitis or pneumothorax in the last year?	No	
Asthma?	No	
Sinusitis / Persistent ear problems?	No	
Transient ischaemic attacks (TIA) or stroke (CVA) or brain haemorrhage?	No	
Epilepsy?	No	
Balance problems or vertigo?	No	

Part Three: General Health

To be completed during appointment with Health Practitioner.

Name: JOVITO ARENDON

Date of Birth: 16/02/1966

Please answer these questions for ALL tasks / roles.

Do you suffer from or have you had any of the following?		Please provide details
Any infectious disease, malaria, tuberculosis, travellers' diarrhoea or other specific infectious illness?	No	
Are you pregnant at the moment? If so, please specify when the baby is due	No	
A sleep disorder, sleep apnoea or narcolepsy?	No	
Cancer, immunosuppression, or any other significant health condition not mentioned previously?	No	

Please answer these additional questions for the following tasks / roles ONLY: Expatriation / Rotation work, Offshore Worker, Remote Worker, Work in Extreme Cold, Work in Extreme Heat.

Do you suffer from or have you had any of the following?		Please provide details
Removal of your spleen?	No	
Thrombosis (eg blood clot, deep vein thrombosis, pulmonary embolism)?	No	
Kidney or bladder stones?	No	

C.R. No: 1068137
Sultanate of Oman
[RECEPTION]
nmc specialty hospital, AL HAIL

Part Four: Clinical Examination | To be completed by examining Health Practitioner.

Name: JOVITO ARENDON | Date of Birth: 16\02/1966

Please indicate units of measure as applicable						Please provide details
Baseline Assessment	Height		163 cm	ft	ins	
	Weight		66 kg	st	lbs	
	Body Mass Index (BMI)	wt(kg)/ht(m)2	23.11			
	Radial pulse	per minute	49			
	Blood Pressure	Systolic Final Reading Only	Diastolic Final Reading Only			
	* blood pressure to be taken after 5 minutes rest.	140	80			
	Urine Test	Normal: Yes				
	Comments					

Visual Assessment	Right		Comments	Left		Comments
Light reflexes	Normal	Yes		Normal	Yes	
Accommodation	Normal	Yes		Normal	Yes	
Nystagmus	Normal	Yes		Normal	Yes	
Eye movements	Normal	Yes		Normal	Yes	
Peripheral Vision	Normal	Yes		Normal	Yes	
Fundoscopy	Normal	Yes		Normal	Yes	

Visual Assessment	Right Corrected	Right Uncorrected	Left Corrected	Left Uncorrected	Both Corrected	Both Uncorrected
Distance Vision ?/6 ?/20	6/6		6/6		6/6	
Intermediate Vision						normal
Near Vision						normal

Visual Assessment	Normal	Colour recognition if abnormal
Colour Vision - Ishihara Select appropriate	Yes	

C.R. No: 1666137
Sultanate of Oman
RECEPTION
MMC specialty hospital, AL HAIL

Part Four: Clinical Examination — To be completed by examining Health Practitioner.

Name JOVITO ARENDON **Date of Birth** 15/02/1966

		Right		Comments	Left		Comments
Hearing Assessment	Auditory meatus	Normal	Yes		Normal	Yes	
	Tympanic membrane	Normal	Yes		Normal	Yes	
	Hearing (whispered voice)	Normal	Yes		Normal	Yes	
	Rinne (if indicated)	Normal			Normal	Yes	
		Not applicable					
	Weber (if indicated)	Normal			Normal	Yes	
		Not applicable					
		Normal		Comments			
General	Head and Neck		Yes	NORMAL			
	Teeth / gums / oral hygiene		Yes				
	Tongue / Fauces		Yes				
	Thyroid		Yes				
	Lymph glands		Yes				
	Axillae		Yes				
		Normal		Comments			
Cardio-Vascular	Heart murmurs		Yes	NORMAL			
	Heart sounds		Yes				
	Peripheral pulses		Yes				
	Peripheral veins		Yes				
		Normal		Comments			
Respiratory	Nasal Airways		Yes	NORMAL			
	Trachea		Yes				
	Chest shape / movement		Yes				
	Percussion		Yes				
	Breath sounds		Yes				

C.R. No: 1661137
Sultanate of Oman
RECEPTION
one specialty hospital, Al Hail

Part Four: Clinical Examination | To be completed by examining Health Practitioner.

Name: JOVITO ARENDON | Date of Birth: 16/02/1968

		Normal	Comments
Gastro-intestinal / Abdomen	Abdomen	Yes	NORMAL
	Liver	Yes	
	Spleen	Yes	
	Kidneys	Yes	
	Hernial orifices	Yes	

Gastrointestinal System: Abdomen:	Comments
	

		Normal	Comments
Musculoskeletal	Hands / feet	Yes	NORMAL
	Limbs	Yes	
	Back and neck	Yes	
	Joints	Yes	
	Injuries. Any residual disability	Yes	

Part Four Clinical Examination | To be completed by examining Health Practitioner.

Name: JOVITO ARENDON | Date of Birth: 19/02/1963

		Normal	Comments
Nervous	Balance	Yes	NORMAL
	Power	Yes	
	Tone	Yes	
	Co-ordination	Yes	

		BIC	TRI	SUP	KNE	ANK	PLA	Comments
Reflexes Present	Right	Yes	Yes	Yes	Yes	Yes	Yes	
	Left	Yes	Yes	Yes	Yes	Yes	Yes	

		Normal	Comments
Other	Skin	Yes	
	Mental state	Yes	
	Audiometry assessment	Yes	
	Spirometry assessment	Not Examined	NORMAL

Skin	Description	Abnormal Notes

Summary (summarise information relevant to the role)

he is hypertension on medication for last one year .

Part Five: Immunisation History

To be completed by examining Health Practitioner.

Name: JOVITO ARENDON

Date of Birth: 16/02/1966

Please update and give immunisations as appropriate		
Vaccine	Primary Course Completed	Date of Last dose or Date given (dd/mm/yyyy)
BCG / TB Status		NO CLEAR HISTORY
Diphtheria		NO CLEAR HISTORY
Hepatitis A		NO CLEAR HISTORY
Hepatitis B		NO CLEAR HISTORY
Influenza		NO CLEAR HISTORY
Japanese Encephalitis		NO CLEAR HISTORY
Meningitis ACWY		NO CLEAR HISTORY
Polio		NO CLEAR HISTORY
Rabies		NO CLEAR HISTORY
Tetanus		NO CLEAR HISTORY
Tickborne Encephalitis		NO CLEAR HISTORY
Typhoid		NO CLEAR HISTORY
Yellow Fever		NO CLEAR HISTORY
Measles/Mumps/Rubella		NO CLEAR HISTORY
Varicella		NO CLEAR HISTORY

Children: please specify last dose of childhood immunisations and when next dose due	

Additional Comments

NO CLEAR HISTORY.

C.R. No. 1553132
Sultanate of Oman
RECEPTION
nmc specialty hospital

Part Six: Travel Health Advice

CHECKLIST TO BE COMPLETED BY HEALTH CARE PROVIDERS FOR BUSINESS TRAVELLER, EXPATRIATE OR NOTATOR.

Name	JOVITO ARENDON	Date of Birth	16/02/1968
	Travel Health Advice Checklist		Completed

Travel Immunisation Information	No
Food & water precautions	No
Importance of reporting Illness	No
Pregnancy	No
Prevention of travel related Deep Vein Thrombosis	No
Sexual health advice	No
Malaria (malaria tablets discussed and provided for destination	No
Bite avoidance measures	No
Travel Kit	No
Needle & syringe kit	No

Additional Comments

Part Seven: Investigations

APPLIES ONLY IF CLINICALLY INDICATED FOLLOWING HEALTH ASSESSMENT OR FOR EXPATRIATES OR ROTATORS AS PART OF THE HEALTH ASSESSMENT FOR HIGHER RISK COUNTRIES OR FOR VISA OR WORK PERMIT PURPOSES

Name: JOVITO ARENDON Date of Birth: 16/02/1966

Test	Results	Date	Health Professional
BLOOD TESTS			
Full blood count and film	Normal	25/2/23	
Fasting blood sugar	4	4	
Liver Function	4	4	
Blood grouping	O Rh Positive	4	
QuantiFERON			
Other blood tests			
Chest X-Ray			
Other tests based on location specific risks eg hep B serology			
(Please specify)			

Additional Comments

All blood investigations are normal.

C.R. No: [illegible]
Sultanate of Oman
RECEPTION
[illegible] Specialty Hospital

Part Eight: Fitness for Task Health Assessment Outcome

Name: JOVITO ARENDON | Date of Birth: 16/02/1988

Medical Suitability for Work

attended a fitness for task health assessment on: _____ for the following

Aircraft Refueller	No
Confined Space Worker	No
Crane Operator	No
Driver	No
Expatriation / Rotation Work	No
Fire and Emergency Crew	No
Offshore Worker	No
Remote Worker	No
SCBA / Respirator User	No
Work at Height / Depth / Embarkation	No
Work in Extreme Cold	No
Work in Extreme Heat	No

For expatriation this person was considered to be:	For the assigned role / tasks this person was considered to be:
Medically suitable? Yes	Medically suitable? Yes
Please detail restrictions below:	Please detail restrictions below:
Medically unsuitable	Medically unsuitable

Name: DR
Designation: GENERAL PRACTITIONER
Date (dd/mm/yyyy): 28/2/23
Name and Address of Clinic: NMC SPECIALTY HOSPITAL
Telephone Number: 2426-9222/2426-9200

FIT

DEPARTMENT OF LABORATORY MEDICINE

File No:	35083098	**Report No:**	0078313		
Name:	JOVITO JR CARILLO ARENDON	**Sample Date:**	25/02/2023	**Time:**	10:02
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 57 Y **Nationality:** PHILLIPINE	**Report Date:**	25/02/2023	**Time:**	13:07
GSM No.:	79154328 **ID Card No.:** P9357577B	**Bill No:**	0216251	**Bill Date:**	25/02/2023
Ref. By:	DR NADIA FAHAD	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
BP FIT TO WORK - PACKAGE		
COMPLETE BLOOD COUNT		
TOTAL WBC COUNT	4.8 x 10^3 / µL	4.00-11.00 x 10^3 / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	56.7 %	40-75%
LYMPHOCYTE (%)	30.3 %	20-45%
MONOCYTE (%)	6.3 %	2-8%
EOSINOPHIL (%)	6.3 %	1-6%
BASOPHIL (%)	0.4 %	0.1%
HAEMOGLOBIN	13.7 gm/dl	Male : 13 -18 gm/dl Female:11-15 gm /dl childrens upto 1year-11.0 - 13.0 gm /dl upto12years-11.5 - 14.5 gm /dl cord blood:13 -19.5 gm /dl
RBC COUNT	4.49 million/cu	Male :4.5-6.5 million/cu Female:3.9-5.5 million/cu
PLATELET COUNT	163 x 10^3 / µL	150 - 400 x 10^3 / µL
HEMATOCRIT	40.4 %	Male :42 - 52% Female:37- 47%
MCV	90.0 fl	76 - 96 fl
MCH	30.5 pg	27 - 33 pg
MCHC	33.9 gm/dl	32 - 36 gm/dl
FASTING BLOOD SUGAR	5.87 mmol/L	4.11 - 6.05 mmol/L
LIVER FUNCTION TEST		
TOTAL BILIRUBIN	13.55 µ mol/L	Adults:- up to 21 µ mol/L, Children >1 month - up to 17 µ mol/L, Neonates :- 1.7 - 180 µmol/L
DIRECT BILIRUBIN	4.63 µ mol/L	Adults ;- 0 - 5.0 µ mol/L, Neonates:- 0-10 µ mol/L,

Verified By:

10756
Lab Technologist
Electronically signed at: 2/25/2023 1:08:00

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 26/02/2023 9:32:00 AM

C.R. No: 1668137
RECEPTION
nmc specialty hospital

مستشفى ان ام سي التخصصي
nmc specialty hospital

Printed at: 26/02/2023 4:13:23 PM

DEPARTMENT OF LABORATORY MEDICINE

File No:	35083098	**Report No:**	0078313		
Name:	JOVITO JR CARILLO ARENDON	**Sample Date:**	25/02/2023	**Time:**	10:02
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 57 Y **Nationality:** PHILIPINE	**Report Date:**	25/02/2023	**Time:**	13:07
GSM No.:	79154328 **ID Card No.:** P9357577B	**Bill No:**	0216261	**Bill Date:**	25/02/2023
Ref By:	DR NADIA FAHAD	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
TOTAL PROTIEN	75.31 g/L	Adults : 66 - 87 g/L
ALBUMIN	49.21 g/L	38.7 - 48.4 g/L
Globulin	26.1 g/L	23-35g/L
SGOT (AST)	156.04 U/L	MALE : up to 40 U/L, FEMALE : up to 32 U/L
SGPT (ALT)	104.13 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
ALKPO4 (ALP)	68.61 U/L	Adults: MALES: 40 - 129 U/L, FEMALES: 35 - 104 U/L.
Gamma GT (GGT)	17.02 U/L	MALE- 8 - 61 U/L, FEMALE- 5 - 36 U/L
ALCHOHOL CHECK		
ETHANOL	NOT DETECTED g/L	< 0.1 g/L
URINE ROUTINE		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	6.5	4.6-8.0
SPECIFIC GRAVITY	1.010	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	PALE YELLOW	
APPEARANCE	CLEAR	

Verified By.

10756
Lab Technologist
Electronically signed at: 2/25/2023 1:08:00

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No. 10176
Electronically signed at: 26/02/2023 8:49:00 AM

Printed at: 25/02/2023 4:13:23 PM

DEPARTMENT OF LABORATORY MEDICINE

File No:	35083098	**Report No:**	0078313		
Name:	JOVITO JR CARILLO ARENDON	**Sample Date:**	25/02/2023	**Time:**	10:02
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 57 Y **Nationality:** PHILLIPINE	**Report Date:**	25/02/2023	**Time:**	13:07
GSM No.:	79154328 **ID Card No..** P9357577B	**Bill No:**	0216251	**Bill Date:**	25/02/2023
Ref. By:	DR NADIA FAHAD	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE MICROSCOPY		
RBC	0-2 /hpf	0-3
PUSCELLS	0-1 /hpf	0-5
EPITHELIAL CELLS	1-2 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	NIL	NIL
DRUG SCREENING TEST 5 PANEL		
AMPHETAMINE	NEGATIVE	NEGATIVE
BARBITURATES	NEGATIVE	NEGATIVE
COCAINE	NEGATIVE	NEGATIVE
MARIJUANA	NEGATIVE	NEGATIVE
MORPHINE	NEGATIVE	NEGATIVE
BLOOD GROUP & RH TYPING	" O " Rh POSITIVE	

Verified By:

10756
Lab Technologist
Electronically signed at: 2/25/2023 1:06:00

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 26/02/2023 9:32:00 AM

C.R. No. 1660137 Sultanate of Oman RECEIVED nmc specialty hospital, Al Ain

Printed at: 26/02/2023 4:13:23 PM

مستشفى النمسي التخصصي
nmc specialty hospital

NMC Healthcare LLC
C.R.No. 1660137
P.O.Box 224, Block 338
Building No. 612, Al Hili North
Sultanate of Oman
T (+968) 2420 9222
F (+968) 2420 9299
www.nmcoman.com


SULTANATE OF OMAN
RESIDENT CARD
بطاقة
مقيم
CIVIL NUMBER
EXPIRY DATE
DATE OF BIRTH
106731646
06/09/2024
16/02/1966
الاسم
جوفيتو جو كاريلو ارندون
عمل بدون مراقبين


ROYAL OMAN POLICE
CIVIL STATUS
CLASS
NAME
JOVITO JR CARILLO ARENDON
NATIONALITY
PHILIPPINO
IDOMN1067316462<<<<<<<<<<<<<<<
6602163M2409054PHL<<<<<<<<<<<6
JOVITO<JR<CARILLO<ARENDON<<<<<

Vitalograph

Pulmonary Function Report

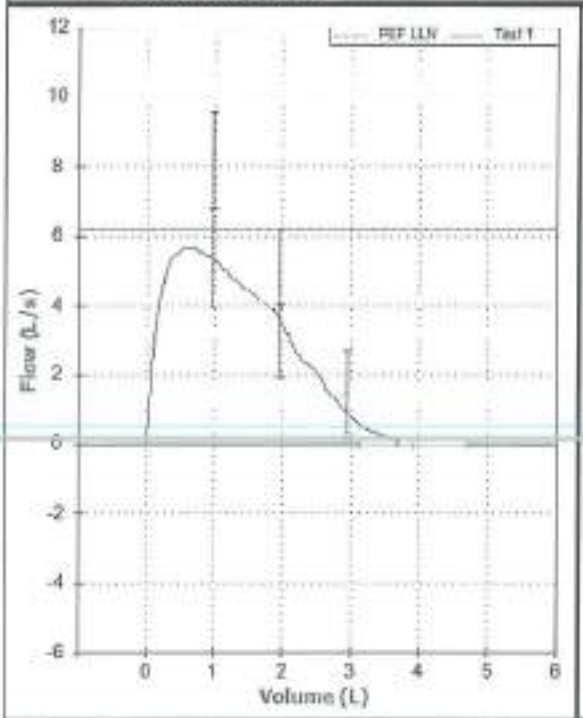
Subject Information

ID:	2023056_111401012	Alternate ID:	35083098		
Last Name:	Arendon	First Name:	Jovito Jr	Middle Name:	Cerillo
Population:	Other	Gender:	Male	Date of Birth:	16/02/1966
Age:	57	Height:	163 cm	Weight:	68.0 kg
BMI:	24.8	Smoking:	Non Smoker		

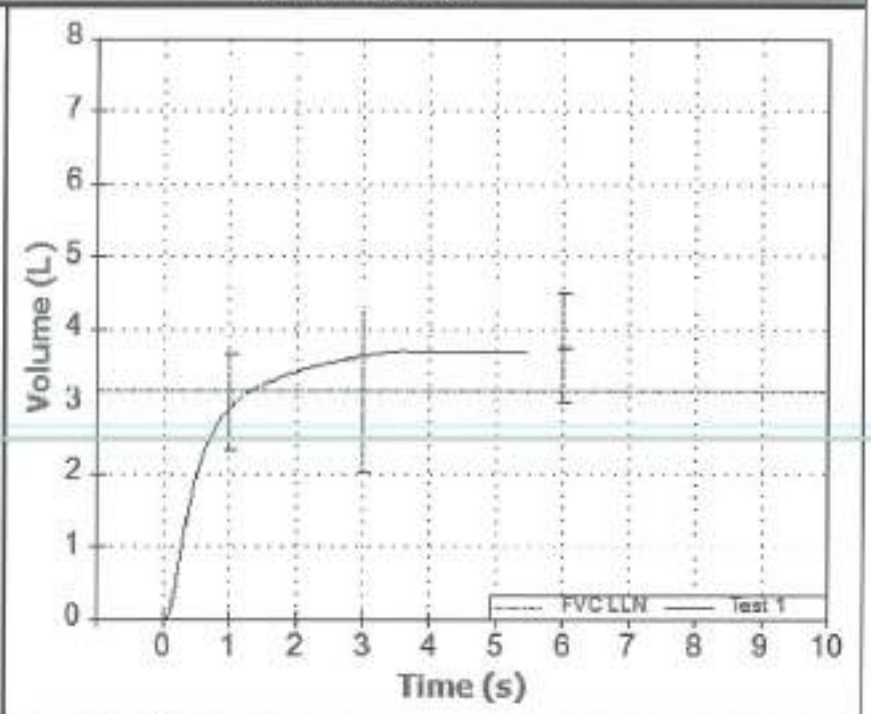
Test Session Information

Test Date:	25/02/2023 11:31	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	3	Accuracy Chk:	30/05/2019 15:42	User:	Administrator
Pred Values:	NHANES C	Pred Factor:	100%	Posture:	Sitting

Flow/Volume Graph



Volume/Time Graph



Results

Parameter	Pred	LLN	Best	% Pred.	Z-Score
FVC (L)	**3.92**	3.14	**3.70**	**94**	-0.46
FEV1 (L)	**3.00**	2.34	**3.00**	**100**	0.00
FEV1 Ratio	**0.76**	0.67	**0.81**	**107**	0.91
FEV6 (L)	**3.74**	2.98	**3.70**	**99**	-0.09
PEF (L/min)	**490**	374	**341***	**70**	-2.11
FEF25-75 (L/s)	**2.60**	1.26	**3.00**	**115**	0.49

Values at BTPS ,*Below lower limit of normality (LLN)

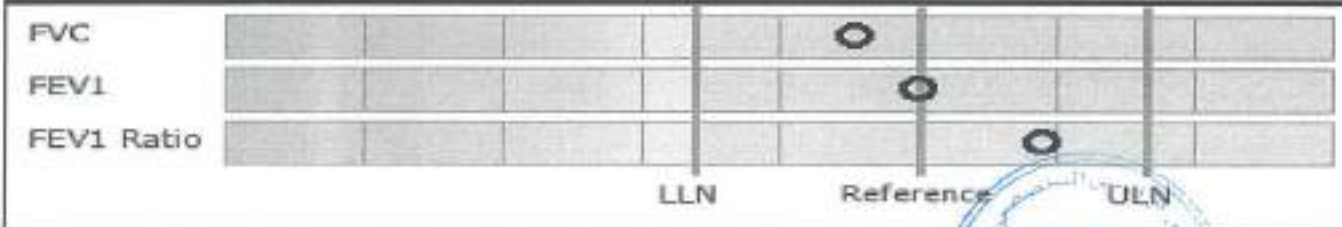
Session Quality and Repeatability Information

FVC Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
C	0.37 L (10.0%)	0.28 L (9.3%)	0 blow(s)	1 blow(s)	0 blow(s)

Computer Suggested Interpretation

Computer interpretations cannot be relied upon for diagnosis. Normal ventilatory function.

Reference Pictogram



AUDIOMETRY REPORT

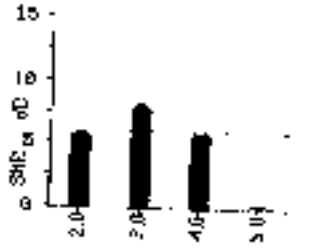
Name of the Patient JOVITO JR CARILLO ARENDAIN

Age 53 yrs Sex M MRN 35083098 Date of Test 25/8/2023

U107.05
25 MAR-23 14:39
DP 45 4 sec avg
SN: GI1005649 GI2010484

MAKE:

Left: Pass

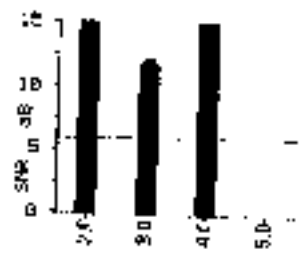


F2	L1	L2	DP	NF	SNR	
2.0	65	62	-5	-11	6	P
3.0	65	57	-8	-20	0	P
4.0	54	52	-11	-17	5	P
5.0	62	53	-20	-20	0	P

U107.05
25-MAR-23 11:43
DP 45 4 sec avg
SN: GI1005649 GI2010484

MAKE:

Right: Pass

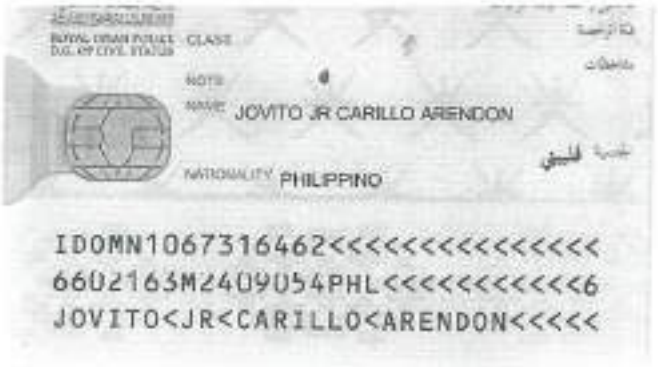


F2	L1	L2	DP	NF	SNR	
2.0	66	56	-5	-16	26	P
3.0	62	49	-8	-16	12	P
4.0	59	56	-11	-20	20	P
5.0	70	63	-20	-15	---	P

NMCOMAN/DOC/NSG/75

Signature of the Technician


SULTANATE OF OMAN
RESIDENT CARD
بطاقة مقيم
106731646
05/09/2024
16/02/1966
JOVITO JR CARILLO ARENDON
PHILIPPINO


ROYAL OMAN POLICE
D.G. OF CIVIL STATUS
CLASS
NOTE
NAME JOVITO JR CARILLO ARENDON
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RECEPTION
nmc specialty hospital, al hail