

## Appendix 32: EX1 Form (Initial Examination Report)

### INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                                                                                                                          |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------|
|  <b>Petroroleum Development Oman<br/>MEDICAL DEPARTMENT</b><br>PLEASE COMPLETE YOUR PERSONAL<br>DETAILS IN BLOCK CAPITALS                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           | Surname <b>CARILLO ARENDON</b><br>Forenames <b>JOVITO JR</b><br>Address _____<br>Home telephone number _____             |                               |
| Place of examination <b>NML AL HAIL</b> Date <b>25/02/2023</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                           |                                                                                                                          |                               |
| If a dependent enter employee's name here:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           |                                                                                                                          |                               |
| Surname _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           | Forenames _____                                                                                                          |                               |
| Birth date: <b>16/02/1966</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Nationality: <b>PHILIPPINO</b>                                                                                            | Country of birth: _____                                                                                                  | Religion: _____               |
| <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated / Divorced | Relationship to employee<br><input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter | Number of children: _____     |
| Reason for examination<br>Pre-Employment <input type="checkbox"/> Job:<br>Pre-Overseas <input type="checkbox"/> Area: _____                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           |                                                                                                                          |                               |
| Name and address of family doctor _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           | List your last 3 jobs<br>(1) _____<br>(2) _____                                                                          |                               |
| Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                           | Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>                                                  |                               |
| DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           |                                                                                                                          |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Y                                                                                                                         | N                                                                                                                        | Y N                           |
| 1. Sinus trouble                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                           | ✓                                                                                                                        | 21. Cancer                    |
| 2. Neck swelling/glands                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           | ✓                                                                                                                        | 22. Heart Disease             |
| 3. Difficulty in vision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           | ✓                                                                                                                        | 23. Rheumatic fever           |
| 4. Any ear discharge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                           | ✓                                                                                                                        | 24. Abnormal heartbeat        |
| 5. Asthma/bronchitis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                           | ✓                                                                                                                        | 25. High blood pressure       |
| 6. Hayfever /other significant allergy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                           | ✓                                                                                                                        | 26. Stroke                    |
| 7. Any skin trouble                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                           | ✓                                                                                                                        | 27. Serious chest pain        |
| 8. Tuberculosis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           | ✓                                                                                                                        | 28. Any blood disease         |
| 9. Shortness of breath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                           | ✓                                                                                                                        | 29. Kidney disease            |
| 10. Coughed/vomited blood                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                           | ✓                                                                                                                        | 30. Blood in urine            |
| 11. Severe abdominal pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                           | ✓                                                                                                                        | 31. Diabetes                  |
| 12. Stomach ulcer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                           | ✓                                                                                                                        | 32. Headaches/migraine        |
| 13. Recurrent indigestion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                           | ✓                                                                                                                        | 33. Dizziness/fainting        |
| 14. Jaundice or hepatitis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                           | ✓                                                                                                                        | 34. Epilepsy                  |
| 15. Gall Bladder disease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                           | ✓                                                                                                                        | 35. Joints/spinal trouble     |
| 16. Marked change in bowel habits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                           | ✓                                                                                                                        | 36. Surgical operation        |
| 17. Blood in stools (motions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           | ✓                                                                                                                        | 37. Serious accident/fracture |
| 18. Marked change in weight                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           | ✓                                                                                                                        | 38. Tropical disease          |
| 19. Varicose veins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                           | ✓                                                                                                                        | 39. Fear of heights           |
| 20. Lump in breast/armpit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                           |                                                                                                                          |                               |
| How much tobacco each day? <b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                           | Average daily alcohol consumption <b>Occasionally</b>                                                                    |                               |
| Have you ever taken illicit drugs? ( ) PDO test all new/potential employees for illicit/recreational drugs                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           |                                                                                                                          |                               |
| <b>FAMILY HISTORY:</b> Diabetes ( <input checked="" type="checkbox"/> ) Tuberculosis ( <input checked="" type="checkbox"/> ) Epilepsy ( <input checked="" type="checkbox"/> ) Asthma ( <input checked="" type="checkbox"/> ) Eczema ( <input checked="" type="checkbox"/> )<br>Heart disease ( <input checked="" type="checkbox"/> ) High blood pressure ( <input checked="" type="checkbox"/> ) Stroke ( <input checked="" type="checkbox"/> ) Blood Disease ( <input checked="" type="checkbox"/> ) Cancer ( <input checked="" type="checkbox"/> ) |                                                                                                                           |                                                                                                                          |                               |
| <b>PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT.</b><br>I declared these statements to be true to the best of my knowledge and belief and I agree that the result of this medical examination in general terms may be revealed to the Company if required, and the details sent to my own doctor if this is considered necessary by the examining medical officer. I am also aware that PDO reserve the right to dismiss me if it was found that I have purposely withheld important medical information.                     |                                                                                                                           |                                                                                                                          |                               |
| Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           | Signature of Applicant: _____                                                                                            |                               |



FOR COMPLETION BY EXAMINING DOCTOR OR NURSE  
Further details of medical history and recreational activities

N = Normal A = Abnormal (please describe)

## PHYSICAL EXAMINATION

| N                                   | A |                          |
|-------------------------------------|---|--------------------------|
| <input checked="" type="checkbox"/> |   | 1. Eyes & Pupils         |
| <input checked="" type="checkbox"/> |   | 2. E.N.T.                |
| <input checked="" type="checkbox"/> |   | 3. Teeth & Mouth         |
| <input checked="" type="checkbox"/> |   | 4. Lungs & Chest         |
| <input checked="" type="checkbox"/> |   | 5. Cardiovascular System |
| <input checked="" type="checkbox"/> |   | 6. Abdo. Viscera         |
| <input checked="" type="checkbox"/> |   | 7. Hemial Orifices       |
| <input checked="" type="checkbox"/> |   | 8. Anus & Rectum         |
| <input checked="" type="checkbox"/> |   | 9. Genito-urinary        |
| <input checked="" type="checkbox"/> |   | 10. Extremities          |
| <input checked="" type="checkbox"/> |   | 11. Musculo skeletal     |
| <input checked="" type="checkbox"/> |   | 12. Skin & Varicose Vns. |
| <input checked="" type="checkbox"/> |   | 13. C.N.S.               |

| HEIGHT<br>cm | WEIGHT<br>kg | BMI   | B.P.      | PULSE   | HEARING     | VISION                   | DISTANT<br>R L | NEAR<br>R L | Colour<br>Vision | Blood<br>Group |
|--------------|--------------|-------|-----------|---------|-------------|--------------------------|----------------|-------------|------------------|----------------|
| 163 cm       | 66 kg        | 23.11 | 140<br>89 | 44/min. | L3<br>R (N) | Uncorrected<br>Corrected | 6/6 4/6        | (N) (N)     | (N)              |                |

| N                                   | A |                        | LABORATORY AND OTHER<br>SPECIAL INVESTIGATIONS | N                                   | A |                                  |
|-------------------------------------|---|------------------------|------------------------------------------------|-------------------------------------|---|----------------------------------|
| <input checked="" type="checkbox"/> |   | 1. Urinalysis          |                                                | <input checked="" type="checkbox"/> |   | 7. Audiogram                     |
| <input checked="" type="checkbox"/> |   | 2. Hb, Bloodcount, ESR |                                                | <input checked="" type="checkbox"/> |   | 8. Lung Function                 |
| <input checked="" type="checkbox"/> |   | 3. LFT, RFT, RBS       |                                                | <input checked="" type="checkbox"/> |   | 9. Chest X-Ray                   |
| <input checked="" type="checkbox"/> |   | 4. Drug Screen         |                                                | <input checked="" type="checkbox"/> |   | 10. ECG                          |
| <input checked="" type="checkbox"/> |   | 5. Lipids (40 years +) |                                                | <input checked="" type="checkbox"/> |   | 11. CVS risk for 40 yrs. & above |
| <input checked="" type="checkbox"/> |   | 6. Sickle Cell test    |                                                | <input checked="" type="checkbox"/> |   | 12. HIV, Hepatitis screening     |

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

## ASSESSMENT:



FIT ALL AREAS



FIT WITH RESTRICTION



TEMPORARY UNFIT



UNFIT

Date: Name (Block Capitals): Dr. / Nurse

## REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr. / Nurse

Signature:

# DEPARTMENT OF LABORATORY MEDICINE

|                                                                  |                                                      |
|------------------------------------------------------------------|------------------------------------------------------|
| <b>File No:</b> 35083098                                         | <b>Report No:</b> 0078312                            |
| <b>Name:</b> JOVITO JR CARILLO ARENDON                           | <b>Sample Date:</b> 25/02/2023 <b>Time:</b> 10:12    |
| <b>Address:</b>                                                  | <b>Received By:</b>                                  |
| <b>Gender:</b> M <b>Age:</b> 57 Y <b>Nationality:</b> PHILLIPINE | <b>Received Date:</b> <b>Time:</b>                   |
| <b>GSM No.:</b> 79154328 <b>ID Card No.:</b> P9357577B           | <b>Report Date:</b> 25/02/2023 <b>Time:</b> 12:58    |
| <b>Ref. By:</b> DR NADIA FAHAD                                   | <b>Bill No:</b> 0216258 <b>Bill Date:</b> 25/02/2023 |
|                                                                  | <b>Report Status:</b> Final                          |

| INVESTIGATION                                                                                                           | RESULT                             | REFERENCE RANGE                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| PDO Package – 2 (Above 50 yrs)                                                                                          |                                    |                                                                                                                                                       |
| <b>COMPLETE BLOOD COUNT</b>                                                                                             |                                    |                                                                                                                                                       |
| TOTAL WBC COUNT                                                                                                         | 4.80 x 10 <sup>3</sup> / $\mu$ L   | 4.00-11.00 x 10 <sup>3</sup> / $\mu$ L                                                                                                                |
| DIFFERENTIAL COUNT                                                                                                      |                                    |                                                                                                                                                       |
| NEUTROPHIL (%)                                                                                                          | 56.70 %                            | 40-75%                                                                                                                                                |
| LYMPHOCYTE (%)                                                                                                          | 30.30 %                            | 20-45%                                                                                                                                                |
| MONOCYTE (%)                                                                                                            | 6.30 %                             | 2-8%                                                                                                                                                  |
| EOSINOPHIL (%)                                                                                                          | 6.30 %                             | 1-6%                                                                                                                                                  |
| BASOPHIL (%)                                                                                                            | 0.40 %                             | 0-1%                                                                                                                                                  |
| HAEMOGLOBIN                                                                                                             | 13.70 gm/dl                        | Male : 13 -18 gm/dl<br>Female:11-15 gm /dl<br>childrens upto 1year-11.0 - 13.0 gm /dl<br>upto12years-11.5 - 14.5 gm /dl<br>cord blood:13 -19.5 gm /dl |
| RBC COUNT                                                                                                               | 4.49 million/cu                    | Male :4.5-6.5 million/cu<br>Female:3.9-5.5 million/cu                                                                                                 |
| PLATELET COUNT                                                                                                          | 163.00 x 10 <sup>3</sup> / $\mu$ L | 150 - 400 x 10 <sup>3</sup> / $\mu$ L                                                                                                                 |
| HEMATOCRIT                                                                                                              | 40.40 %                            | Male :42 - 52%<br>Female:37- 47%                                                                                                                      |
| MCV                                                                                                                     | 90.00 fl                           | 76 - 96 fl                                                                                                                                            |
| MCH                                                                                                                     | 30.50 pg                           | 27 - 33 pg                                                                                                                                            |
| MCHC                                                                                                                    | 33.90 gm/dl                        | 32 - 36 gm/dl                                                                                                                                         |
| SICKLE CELL                                                                                                             | NEGATIVE                           |                                                                                                                                                       |
| Method : Solubility test<br>( If Positive , Hb Electrophoresis / HPLC to be done to confirm Sick cell anaemia / Trait). |                                    |                                                                                                                                                       |
| <b>LIVER FUNCTION TEST</b>                                                                                              |                                    |                                                                                                                                                       |
| TOTAL BILIRUBIN                                                                                                         | 13.55 $\mu$ mol/L                  | Adults:- up to 21 $\mu$ mol/L,<br>Children >1 month - up to 17 $\mu$ mol/L,<br>Neonates :- 1.7 - 180 $\mu$ mol/L                                      |

Verified By:

Approved By:







10756

DR ROSE MARY

Lab Technologist

Specialist Pathologist

MOH License No: 18178

Electronically signed at: 2/25/2023 12:58:00 Electronically signed at: 25/02/2023 1:00:00 PM

Printed at: 25/02/2023 4:12:55 PM

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مستشفى النعيمي  
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# DEPARTMENT OF LABORATORY MEDICINE

|                                                                  |                                                      |
|------------------------------------------------------------------|------------------------------------------------------|
| <b>File No:</b> 35083098                                         | <b>Report No:</b> 0078312                            |
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| <b>Address:</b>                                                  | <b>Received By:</b>                                  |
| <b>Gender:</b> M <b>Age:</b> 57 Y <b>Nationality:</b> PHILIPPINE | <b>Received Date:</b> <b>Time:</b>                   |
| <b>GSM No.:</b> 79154328 <b>ID Card No.:</b> P9357577B           | <b>Report Date:</b> 25/02/2023 <b>Time:</b> 12:58    |
| <b>Ref. By:</b> DR NADIA FAHAD                                   | <b>Bill No:</b> 0216258 <b>Bill Date:</b> 25/02/2023 |
|                                                                  | <b>Report Status:</b> Final                          |

| INVESTIGATION              | RESULT             | REFERENCE RANGE                                                                                        |
|----------------------------|--------------------|--------------------------------------------------------------------------------------------------------|
| DIRECT BILIRUBIN           | 4.63 $\mu$ mol/L   | Adults : - 0 - 5.0 $\mu$ mol/L,<br>Neonates: - 0-10 $\mu$ mol/L,                                       |
| TOTAL PROTEIN              | 75.31 g/L          | Adults : 66 - 87 g/L                                                                                   |
| ALBUMIN                    | 49.21 g/L          | 39.7 - 49.4 g/L                                                                                        |
| Globulin                   | 26.1 g/L           | 23-35g/L                                                                                               |
| SGOT (AST)                 | 108.04 U/L         | MALE : up to 40 U/L,<br>FEMALE : up to 32 U/L                                                          |
| SGPT (ALT)                 | 104.13 U/L         | MALE : up to 41 U/L,<br>FEMALE : up to 33 U/L                                                          |
| ALKP04 (ALP)               | 68.64 U/L          | Adults:<br>MALES: 40 - 129 U/L,<br>FEMALES: 35 - 104 U/L                                               |
| Gamma GT (GGT)             | 17.92 U/L          | MALE- 8 - 61 U/L,<br>FEMALE- 5 - 36 U/L                                                                |
| <b>RENAL FUNCTION TEST</b> |                    |                                                                                                        |
| URIC ACID                  | 434.78 $\mu$ mol/L | MALE: 202.3 - 416.5 $\mu$ mol/L,<br>FEMALE: 142.8 - 339.2 $\mu$ mol/L                                  |
| CREATININE                 | 85.44 $\mu$ mol/L  | Adults:<br>MALE: 62 - 106 $\mu$ mol/L<br>FEMALE: 44 - 80 $\mu$ mol/L                                   |
| UREA                       | 4.93 mmol/L        | 2.76 - 8.07 mmol/L                                                                                     |
| <b>LIPID PROFILE</b>       |                    |                                                                                                        |
| TOTAL CHOLESTEROL          | 4.94 mmol/L        | < 5.18 mmol/L                                                                                          |
| HDL                        | 1.45 mmol/L        | > 1.5 mmol/L                                                                                           |
| TRIGLYCERIDES              | 0.78 mmol/L        | Desirable : <2.083 mmol/L<br>Borderline high : 2.83 - 5.67 mmol/L<br>Hypertriglyceridemia >5.65 mmol/L |
| LDL                        | 3.25 mmol/L        | < 2.6 mmol/L                                                                                           |
| VLDL                       | 0.35 mmol/L        | 0.128-0.645mmol/L                                                                                      |

Verified By:

Approved By:



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10756  
**Lab Technologist**  
Electronically signed at: 2/25/2023 12:59:00

DR ROSE MARY  
**Specialist Pathologist**  
MOH License No: 18178  
Electronically signed at: 25/02/2023 1:00:00 PM

Printed at: 26/02/2023 4:12:55 PM

## DEPARTMENT OF LABORATORY MEDICINE

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|                                                                  | <b>Report Status:</b> Final                          |

| INVESTIGATION       | RESULT      | REFERENCE RANGE    |
|---------------------|-------------|--------------------|
| FASTING BLOOD SUGAR | 5.87 mmol/L | 4.11 - 6.05 mmol/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       |                    |
| 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                |

Verified By:

Approved By:




10756

DR ROSE MARY

Lab Technologist

Specialist Pathologist

MOH License No: 18178

Electronically signed at: 2/25/2023 12:59:00 Electronically signed at: 25/02/2023 1:00:00 PM

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Page: 3 of 3



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ARENDON, JOVITO JR CARILLO  
35083098

Patient Information

2/25/2023 10:44:57 AM

Brucce

ID: 35083098

Secord ID:

Admission ID:

Date of Birth:

Height: 169 cm

Gender: Male

Age: 57 Years

Weight: 66 kg

Race: Unknown

Indications

Medications  
Antihypertensive

Referring Physician: DR ERFAN

Location: NMC AL HAIL

Procedure Type: TMT

Attending Phys: DR ERFAN

Target HR: 143 bpm (87%)

Reasons for end: Target HR

Technician: ROBY

Max HR (%IPHR): 143 bpm (87%)

Symptoms: NO CHEST PAIN

Diagnosis

Notes

Conclusions

The patient was tested using the Bruce protocol for a duration of 09:00 mins and achieved 12.1 METS. A maximum heart rate of 143 bpm with a target predicted heart rate of 102% was obtained at 09:10. A maximum systolic blood pressure of 209/116 was obtained at 07:51 and a maximum diastolic blood pressure of 209/116 was obtained at 07:51. A maximum ST depression of -0.9 mm in AVR occurred at 10:00. A maximum ST elevation of +2.6 mm in V2 occurred at 10:00. The patient reached target heart rate with appropriate heart rate and blood pressure response to exercise.

Reviewed by:

UNCONFIRMED REPORT

Signed by:

Date:



**ARENDRON, JOVITO JR CARILLO**  
36083098

# Exam Summary

2/25/2023 10:44:57 AM

Druce

## Summary

Exercise Time: 09:05

Leads with 16-lead ST II, V2, V3

PVCS: 0

Duke Treadmill Score: 51

## Max ST

ST elevation: 2.8 mm in V2 at 10:00

ST depression: -0.9 mm in aVR at 10:00

## Max Values

Speed: 4.2 MPH

Grade: 16 %

METS: 12.1

HR: 143 bpm

HR/BDP: 209/116 bpm/mHg

ST/HR Index: 1.32 uV/100b/min aVR at 00:30

HR: 143 bpm

SBP: 209/116 mmHg

DBP: 209/116 mmHg

## Max ST Changes

ST elevation change: 0.7 mm in V3 at 10:00

ST depression change: -3.7 mm in II at 09:10

## STAGE SUMMARY

ST Measurement taken on J180cm

## ST LEVEL (mm)

|                | Speed (mph) | Grade (%) | HR (bpm) | BP (mmHg) | METS | HR/BDP  | I   | II  | III | aVR  | aVL  | aVF | V1  | V2  | V3  | V4  | V5   | V6   |
|----------------|-------------|-----------|----------|-----------|------|---------|-----|-----|-----|------|------|-----|-----|-----|-----|-----|------|------|
| BP             | 0.0         | 0.0       | 45       | 154/94    | 11.3 | 209/116 | 0.1 | 0.7 | 0.5 | -0.5 | -0.3 | 0.5 | 0.6 | 1.9 | 1.2 | 0.4 | 0.1  | 0    |
| START EXE      | 0.0         | 0.0       | 47       | 160/92    | 11.3 | 209/116 | 0.1 | 0.7 | 0.5 | -0.5 | -0.3 | 0.7 | 0.6 | 1.9 | 1.2 | 0.4 | 0    | 0    |
| BP             | 1.7         | 10.0      | 84       | 160/92    | 4.7  | 108/24  | 0.3 | 0.8 | 0.4 | -0.8 | -0.1 | 0.8 | 0.3 | 1.7 | 1.5 | 0.7 | 0.2  | 0.1  |
| STAGE 1        | 1.7         | 10.0      | 84       | 160/92    | 4.7  | 108/24  | 0.2 | 0.6 | 0.4 | -0.5 | -0.1 | 0.5 | 0.3 | 1.6 | 1.4 | 0.7 | 0.3  | 0.1  |
| BP             | 2.5         | 12.0      | 97       | 174/88    | 11.1 | 160/87  | 0.2 | 0.3 | 0.1 | -0.3 | 0    | 0.2 | 0.4 | 1.6 | 1.3 | 0.6 | 0.1  | 0    |
| STAGE 2        | 3.4         | 14.0      | 97       | 174/88    | 11.1 | 160/87  | 0.2 | 0.1 | 0.1 | -0.3 | 0.1  | 0   | 0.4 | 1.6 | 1.3 | 0.6 | 0.2  | 0    |
| BP             | 3.4         | 14.0      | 114      | 208/116   | 11.5 | 208/26  | 0.2 | 0.2 | 0.1 | -0.3 | 0.1  | 0.1 | 0.4 | 1.7 | 1.3 | 0.5 | 0.1  | -0.1 |
| STAGE 3        | 4.2         | 16.0      | 116      | 208/116   | 11.5 | 208/26  | 0.2 | 0.2 | 0.1 | -0.3 | 0.1  | 0.1 | 0.4 | 1.7 | 1.3 | 0.5 | 0.1  | -0.1 |
| Peak           | 4.2         | 16.0      | 142      | 208/116   | 11.5 | 208/26  | 0.2 | 0.2 | 0.1 | -0.3 | 0.1  | 0.1 | 0.4 | 1.7 | 1.3 | 0.5 | 0.1  | -0.1 |
| Treadmill Stop | 0.0         | 0.0       | 143      | 195/102   | 11.1 | 195/102 | 0.2 | 0.3 | 0.1 | -0.4 | 0    | 0.3 | 0.2 | 1.4 | 1.1 | 0.2 | -0.4 | -0.4 |
| BP             | 0.0         | 0.0       | 98       | 160/83    | 11.3 | 160/83  | 0.4 | 0.4 | 0.1 | -0.5 | -0.1 | 0.6 | 0.4 | 1.9 | 1.3 | 0.5 | 0.1  | 0    |
| BP             | 0.0         | 0.0       | 87       | 150/81    | 11.3 | 150/81  | 0.4 | 0.4 | 0.1 | -0.5 | -0.1 | 0.6 | 0.4 | 1.9 | 1.3 | 0.5 | 0.1  | 0    |
| BP             | 0.0         | 0.0       | 80       | 148/82    | 11.3 | 148/82  | 0.4 | 0.4 | 0.1 | -0.5 | -0.1 | 0.6 | 0.4 | 1.9 | 1.3 | 0.5 | 0.1  | 0    |
| BP             | 0.0         | 0.0       | 80       | 148/82    | 11.3 | 148/82  | 0.4 | 0.4 | 0.1 | -0.5 | -0.1 | 0.6 | 0.4 | 1.9 | 1.3 | 0.5 | 0.1  | 0    |
| END REC        | 0.0         | 0.0       | 80       | 148/82    | 11.3 | 148/82  | 0.4 | 0.4 | 0.1 | -0.5 | -0.1 | 0.6 | 0.4 | 1.9 | 1.3 | 0.5 | 0.1  | 0    |





## Pulmonary Function Report

## Subject Information

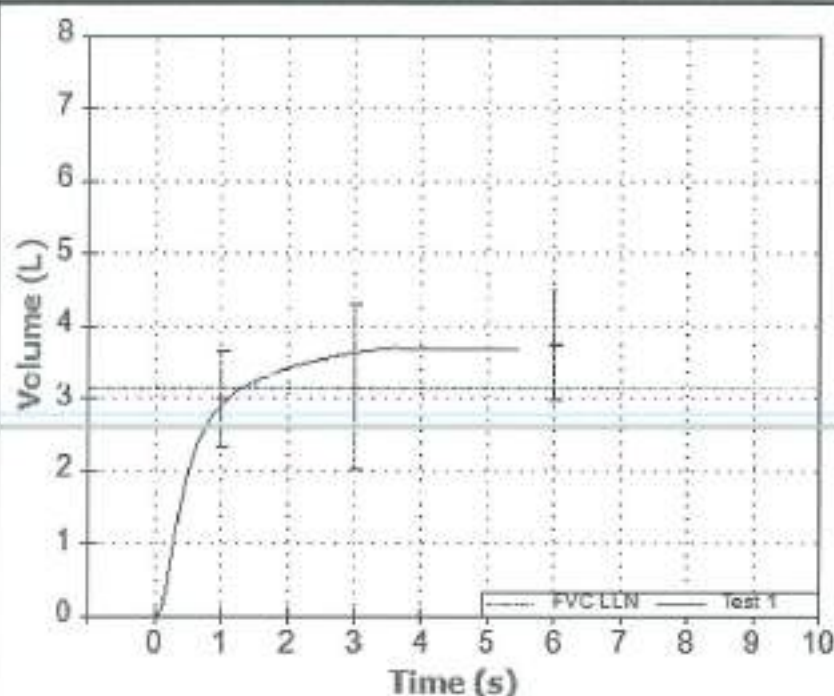
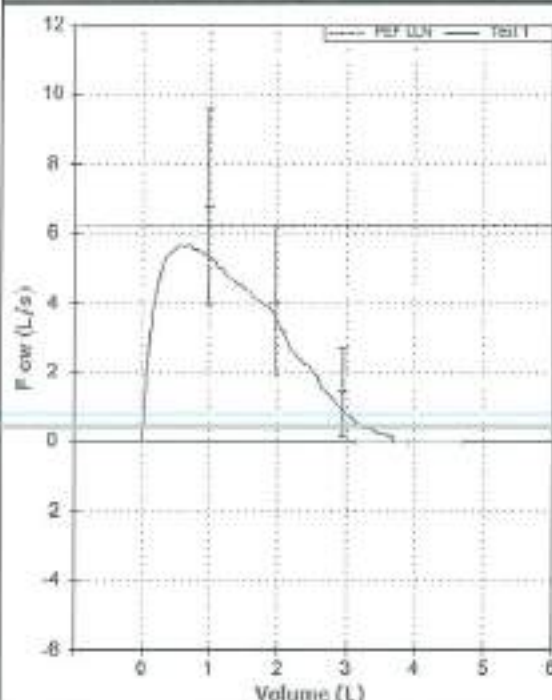
|             |                   |               |            |                |            |
|-------------|-------------------|---------------|------------|----------------|------------|
| ID:         | 2023056_111401012 | Alternate ID: | 35083098   | Middle Name:   | Carillo    |
| Last Name:  | Arendon           | First Name:   | Jovito Jr  | Date of Birth: | 16/02/1966 |
| Population: | Other             | Gender:       | Male       | Weight:        | 86.0 kg    |
| Age:        | 57                | Height:       | 183 cm     |                |            |
| 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

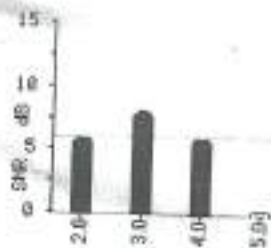
Name of the Patient JOVITO JR CARILLO ARENDO

Age 37yr Sex M MRN 35083098 Date of Test 25/2/2023

U107.05  
25 MAR-23 14:38  
DP 4s 4 sec avg  
SN: G11005649 G12010484

NAME:

Left: Pass

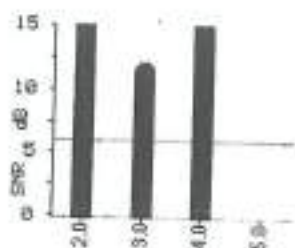


| F2  | L1 | L2 | DP  | NF  | SNR | P |
|-----|----|----|-----|-----|-----|---|
| 2.0 | 65 | 56 | -11 | -11 | 6   | p |
| 3.0 | 65 | 57 | -11 | -20 | 8   | p |
| 4.0 | 64 | 52 | -11 | -17 | 6   | p |
| 5.0 | 62 | 53 | -20 | -20 | 5   | p |

U107.05  
25-MAR-23 11:43  
DP 4s 4 sec avg  
SN: G11005649 G12010484

NAME:

Right: Pass



| F2  | L1 | L2 | DP  | NF  | SNR | P |
|-----|----|----|-----|-----|-----|---|
| 2.0 | 66 | 56 | -10 | -16 | 26  | p |
| 3.0 | 62 | 49 | -10 | -16 | 12  | p |
| 4.0 | 59 | 56 | -10 | -23 | 20  | p |
| 5.0 | 70 | 63 | -15 | -15 | 20  | p |

NMCOMAN/DOC/NSG/75



Signature of the Technician

JOVITO JR. CARRILLO ARENDOON

35083098

Bruce

Team Start

2/25/2023 10:44:00 AM

Thru Time:

Male

Date of Birth:

Weight:

— MPH

RATE 53

— %

BP ---/---

