11.32 Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Petroleum Development Oman
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname: Syed Abdul Qadir
Forenames:
Address: Khk. Oman
Home telephone number: 99625808

Place of examination | Date: 20/12/22

If a dependant enter employee's name here:
Surname: | Forenames:

Birth date: 5/1/1980 | Nationality: Pakistan | Country of birth: Pakistan | Religion: Muslim

☑ Male ☐ Female ☐ Married ☐ Single ☐ Separated /Divorced | Relationship to employee: ☐ Wife ☐ Son ☐ Daughter | Number of children:

Reason for examination: Pre-Employment ☐ Job:
Pre-Overseas ☐ Area:

Name and address of family doctor

List your last 3 jobs
(1)
(2)

Are you a Registered Disabled Person? (UK only) ☐

Do you belong to any Medical Insurance Scheme? ☐

DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)

	Y	N		Y	N		Y	N
1. Sinus trouble		✓	21. Cancer		✓	HAVE YOU EVER BEEN:-		
2. Neck swelling/glands		✓	22. Heart Disease		✓	40. Rejected for employment or insurance for medical reasons		✓
3. Difficulty in vision		✓	23. Rheumatic fever		✓			
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	41. Awarded benefits for industrial injury/illness		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓			
6. Hayfever /other significant allergy		✓	26. Stroke		✓	42. Treated for a mental condition, e.g. depression		✓
7. Any skin trouble		✓	27. Serious chest pain		✓			
8. Tuberculosis		✓	28. Any blood disease		✓	43. Treated for problem drinking or drug abuse		✓
9. Shortness of breath		✓	29. Kidney disease		✓			
10. Coughed/vomited blood		✓	30. Blood in urine		✓	44. Exposed to toxic substance or noise		✓
11. Severe abdominal pain		✓	31. Diabetes		✓			
12. Stomach ulcer		✓	32. Headaches/migraine		✓	FOR WOMEN ONLY		
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓	Have you ever had:-		
14. Jaundice or hepatitis		✓	34. Epilepsy		✓	45. An abnormal smear		
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓	46. Any gynaecological treatment		
16. Marked change in bowel habits		✓	36. Surgical operation		✓			
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓	47. Are you pregnant?		
18. Marked change in weight		✓	38. Tropical disease		✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
19. Varicose veins		✓	39. Fear of heights		✓			
20. Lump in breast/armpit		✓						

How much tobacco each day?

Average daily alcohol consumption

Have you ever taken elicited drugs? ( ) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes ( ) Tuberculosis ( ) Epilepsy ( ) Asthma ( ) Eczema ( )
Heart disease ( ) High blood pressure ( ) Stroke ( ) Blood Disease ( ) Cancer ( )

PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-

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: 20/12/2022 Signature of Applicant:

OMAN AL-KHAIR HOSPITAL L.L.C

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

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
✓		1. Eyes & Pupils	
✓		2. E.N.T.	
✓		3. Teeth & Mouth	
✓		4. Lungs & Chest	
✓		5. Cardiovascular System	
✓		6. Abdo. Viscera	
✓		7. Hernial Orifices	
✓		8. Anus & Rectum	
✓		9. Genito-urinary	
✓		10. Extremities	
✓		11. Musculo-skeletal	
✓		12. Skin & Varicose Vns.	
✓		13. C.N.S.	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE /mins.	HEARING L / R	VISION DISTANT R L / NEAR R L	Colour Vision	Blood Group
170	73	25.2	104 / 70	60		Uncorrected 6/6 6/6 Corrected		

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis				7. Audiogram
✓		2. Hb, Bloodcount, ESR		✓		8. Lung Function
✓		3. LFT, RFT, RBS		✓		9. Chest X-Ray
		4. Drug Screen		✓		10. ECG
✓		5. Lipids (40 years +)				11. CVS risk for 40 yrs. & above
✓		6. Sickle Cell test				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: 20/12/22 Name (Block Capitals): Dr. / NIRMALDANIA PANICKER Signature:

REVIEW/CONSULTATION

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

Framingham Risk Assessment form

Framingham Risk Assessment (For all professional drivers, crane operators, forklift operator or other employees who are above 40 years of age):

Employee Name: Syed Abdul Qadeer.
Emp #: 88279589.
Date of Assessment: 20/12/2021

1	Age	Years	42
2	Gender	Female/Male	Male.
3	Total Cholesterol	mmol/L	5.03
4	HDL Cholesterol	mmol/L	1.02
5	Smoker	(Yes)/No	
6	Diabetes	Yes/(No)	
7	Systolic Blood pressure	mm Hg	104
8	Is the patient being treated for High blood pressure?	Yes/(No)	

Framingham Risk score: 7.9 %

Framingham Risk Rating (Circle the appropriate score):

(Low) **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by:

OMAN AL-KHAIR HOSPITAL L.L.C

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 20/12/22.
Name: Syed Abdul Qadeer		Department/Company: Tazdeeman Hotels
I. D No. 88279589	Tel # 97625808	Occupation :

This questionnaire will help identify if you have any health condition which may need a more detailed medical assessment as part of your fitness to work determination. If you have any queries please contact your local Health Services staff. All information provided on this form and during consultations remains strictly confidential. When further clinical evaluation is required following completion of a screening questionnaire, the details should be recorded on Q1 and E1 forms.

How likely are you to fall asleep in the following situations? (use 0 to 3 score as shown below)

0 Would never doze

1 Slight chance of dozing

2 Moderate chance of dozing

3 High chance of dozing

—	sitting and reading
—	watching TV
—	sitting inactive in a public place (e.g. theatre or meeting)
—	as a passenger in the car for an hour without a break
—	Lying down to rest in the afternoon when circumstances permit
—	Sitting a talking with someone
\	Sitting quietly after lunch without alcohol
—	In a car, while stopped for a few minutes in traffic
Total	\

If you score a total of 15 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

Declaration: I Syed Abdul (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: 20/12/2022

OMAN AL-KHAIR HOSPITAL

Fitness to Work Certificate

Employee Data			Date 20/12/2022.
Name Syed Abdul Kadeer.			Department/Company Housekeeping Manpower
I.D No. 88279567	Age 42 y		Occupation

Type of Medical Evaluation			Mark those applying √	
A1	Aircraft refuelling		A6 Fire / Emergency response team work	
A2	Breathing apparatus		A7 Professional driving	
A3	Business traveller		A8 Remote location work	
A4	Catering and food preparation		A9 Transfers – group A country	
A5	Crane or forklift driving & all heavy vehicles		A10 Transfers – group B country	

Health Advisor Statement : The above named person has been examined according to the statements laid down in "Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work". At this time his/her fitness to work status for the above tasks is as follows.

Fit with no restrictions ✓			
Fit with following restriction(s)			
The employee is fit for above work but should avoid the following task(s)	*Temporary restriction*	*Permanent restriction*	
Work near moving machinery or sharp edges			
Working at height			
Puling, pushing, or carrying weight over ___ Kg			
Ascend/descend ladders or stairs			
Operate motor vehicles, forklifts or heavy machinery			
Use of a respirator			
Repetitive twisting of valves or wrenches			
Flying			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			Date
Name of health advisor Dr. Nandana P	Signature	Date 20/12/2022	

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
(Aster@Home)
M : +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٧٦٥٥٩٩٧٧+٩٦٨
www.asteroman.com
مستشفى عمان الخير ش.م.م
ص.ب. ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

DEPARTMENT OF LABORATORY MEDICINE

File No:	0223647	**Report No:**	0642315		
Name:	SYED ABDUL QADEER	**Sample Date:**	20/12/2022	**Time:**	10:09
		Received By:	SREERAJ		
Address:		**Received Date:**	20/12/2022	**Time:**	10:18
Gender:	M **Age:** 42 Y **Nationality:** PAKISTANI	**Report Date:**	20/12/2022	**Time:**	11:32
GSM No.:	TONY **ID Card No.:** 88279589	**Bill No:**	0856372	**Bill Date:**	20/12/2022
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	6.0 mmol/L	3.9 - 6.1
Method :- Hexokinase	108 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	5.03 mmol/L	1 - 5.1
Method:-Enzymatic	194.46 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.02 mmol/L	0.777 - 1.813
Method:-Enzymatic	39.43 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3.34 mmol/L	1.295 - 4.54
Method:-Calculation	129.01 mg/dl	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.67 mmol/L	0.259 - 1.036
Method:-Calculation	26.02 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	4.93	3.8 - 5.9
Method:-Calculation		
TRIGLYCERIDES	1.47 mmol/L	0.564 - 2.146
Method : Enzymatic	130.095 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.60 mg/dL	0.1 - 1
Method : Diazo	10.26 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.25 mg/dL	0.1 - 0.5
Method : Diazo	4.28 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	13.80 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	17.40 U/L	Male: 10-50 Female:10-35

Processed By:	*Approved By:*	*Released By:*	
JIBI	**SREERAJ**	**SREERAJ**	**DR. SHAYFA P**
Lab Technologist	*Lab Technologist*	*Lab Technologist*	*Specialist Pathologist*
MOH LIC No: 4384		MOH License No: 6844	MOH LIC NO:13475

Printed at: 20/12/2022 11:33:54 AM

Electronically Signed at: 20/12/2022 11:33:00 AM

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M : +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٩٦٨ ٧١٥٥٩٩٧٧+
www.asteroman.com
مستشفى عمان الخير ش.م.م
ص.ب: ٤٠٠ الرمز البريدي: ٥١١
عبري سلطنة عمان

DEPARTMENT OF LABORATORY MEDICINE

File No:	0223647	**Report No:**	0642315		
Name:	SYED ABDUL QADEER	**Sample Date:**	20/12/2022	**Time:**	10:09
		Received By:	SREERAJ		
Address:		**Received Date:**	20/12/2022	**Time:**	10:18
Gender:	M **Age:** 42 Y **Nationality:** PAKISTANI	**Report Date:**	20/12/2022	**Time:**	11:32
GSM No.:	TONY **ID Card No.:** 88279589	**Bill No:**	0856372	**Bill Date:**	20/12/2022
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	74.13 U/L	Adult : Men -40-129 :Female 35-104 Children:(Aged) 7months - 1Year :- <462 1Year - 3 Years :- <281 4 Years - 6 Years :- <269 7 Years - 12 Years :- <300 13 Years - 17 Years(M) :-<390 13 Years - 17 Years(F) :- <187
TOTAL PROTEIN-SERUM(Colorimetric Assay)	7.98 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.65 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3.33 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.4	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	20.16 U/L	Men : 8-61 Female : 5-36
Method :-Enzymatic Assay		
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	4.10 mmol/L	1.7 - 8.3
Method : Kinetic Assay	24.62 mg/dL	10.2 - 49.8
CREATININE - SERUM	84.77 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.96 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	6860 cells/cumm	4000 - 11000 cells/cumm
Method : -Fluorescence Flow Cytometry		
DC (DIFFERENTIAL COUNT)		
Method : -Fluorescence Flow Cytometry		
NEUTROPHILS	59.3 %	40-75%

Processed By:	*Approved By:*	*Released By:*	
JIBI	**SREERAJ**	**SREERAJ**	**DR. SHAYFA P**
Lab Technologist	*Lab Technologist*	*Lab Technologist*	*Specialist Pathologist*
MOH LIC No: 4384		MOH License No: 6644	MOH LIC NO:13475

Electronically Signed at: 20/12/2022 11:33:00 AM

Printed at: 20/12/2022 11:33:54 AM

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M: +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٩٦٨٧٧٧٥٥٩٩+
www.asteroman.com
مستشفى عمان الخير ش.م.م
ص.ب: ٤٠٠ الرمز البريدي: ٥١١
عبري سلطنة عمان

DEPARTMENT OF LABORATORY MEDICINE

File No:	0223647	**Report No:**	0642315
Name:	SYED ABDUL QADEER	**Sample Date:**	20/12/2022 **Time:** 10:09
Address:		**Received By:**	SREERAJ
Gender:	M **Age:** 42 Y **Nationality:** PAKISTANI	**Received Date:**	20/12/2022 **Time:** 10:18
GSM No.:	TONY **ID Card No.:** 88279589	**Report Date:**	20/12/2022 **Time:** 11:32
Ref. By:	EXTERNAL DOCTOR 79316622	**Bill No:**	0856372 **Bill Date:** 20/12/2022
		Report Status:	Final

INVESTIGATION	RESULT	REFERENCE RANGE
LYMPHOCYTES	28.0 %	20-45%
EOSINOPHILS	4.2 %	2-6 %
MONOCYTES	7.6 %	2-8 %
BASOPHILS	0.9 %	0-1%
HB (HEMOGLOBIN)	16.6 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
Method : -Cyanide-free SLS haemoglobin		
TOTAL RBC COUNT	5.80 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
Method : - Hydrodynamically focussed impedance		
PLATELET COUNT	2.54 lakhs/cumm	1.0 - 4.0 lakhs / cumm
Method : - Hydrodynamically focussed impedance		
PCV (PACKED CELL VOLUME)	51.40 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	88.60 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	28.60 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	32.30 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	06 mm/ 1st hr	MALE:0-9 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
Capillary Photometry Technology		
Measures the kinetics of red cells aggregation.Clinical Laboratory and Standard Institute (CLSI) procedure for the ESR Test.		
SICKLE CELL	NEGATIVE	
Method : -Haemoglobin solubility test		

OMAN AL-KHAIR HOSPITAL L.L.C

Processed By:	Approved By:	Released By:	
JIBI	SREERAJ	SREERAJ	DR. SHAYFA P
Lab Technologist	Lab Technologist	Lab Technologist	Specialist Pathologist
MOH LIC No: 4384		MOH License No: 6644	MOH LIC NO:13475

Printed at: 20/12/2022 11:33:54 AM

Electronically Signed at: 20/12/2022 11:33:00 AM

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 7155 9977
@ : +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M : +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥ +٩٦٨
فاكس: ٢٥٦٨٨٠٢٥ +٩٦٨
نقال: ٧٧٧٩٩٧٧٥ +٩٦٨
www.asteroman.com
مستشفى عمان الخير ش.م.م
ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

DEPARTMENT OF LABORATORY MEDICINE

File No:	0223647	**Report No:**	0642315
Name:	SYED ABDUL QADEER	**Sample Date:**	20/12/2022 **Time:** 10:09
Address:		**Received By:**	SREERAJ
Gender:	M **Age:** 42 Y **Nationality:** PAKISTANI	**Received Date:**	20/12/2022 **Time:** 10:18
GSM No.:	TONY **ID Card No.:** 88279589	**Report Date:**	20/12/2022 **Time:** 11:32
Ref. By:	EXTERNAL DOCTOR	**Bill No:**	0856372 **Bill Date:** 20/12/2022
		Report Status:	Final

INVESTIGATION	RESULT	REFERENCE RANGE
URINE ROUTINE		
URINE BIOCHEMISTRY		
Method :- Colorimetric Assay		
GLUCOSE	NIL	
PROTEIN	NIL	
KETONE	NIL	
BILIRUBIN	NIL	
pH	ACIDIC	
UROBILINOGEN	NORMAL	
URINE MICROSCOPY (Centrifugation Method)		
RED BLOOD CELLS (RBC)	NIL /hpf	
PUS CELLS	1-2 /hpf	
EPITHELIAL CELLS	NIL /hpf	
CRYSTALS	NIL /hpf	
CAST	NIL /hpf	
BACTERIA	PRESENT /hpf	
YEAST CELLS	NIL /hpf	

Processed By:	Approved By:	Released By:	
JIBI	SREERAJ	SREERAJ	DR. SHAYFA P
Lab Technologist	Lab Technologist	Lab Technologist	Specialist Pathologist
MOH LIC No: 4384		MOH License No: 6644	MOH LIC NO:13475

Printed at: 20/12/2022 11:33:54 AM

Electronically Signed at: 20/12/2022 11:33:00 AM

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M: +968 7155 9977
O: +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M: +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥ +٩٦٨
فاكس: ٢٥٦٨٨٠٢٥ +٩٦٨
نقال: ٧٥٥٥٩٩٧٧ +٩٦٨
www.asteroman.com
مستشفى عمان الخير ش.م.م
ص.ب - ٤ الرمز البريدي: ٥١١
عبري سلطنة عمان

Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
نحن نعتني بك دائما

X-RAY REPORT

Doc No:	0066636
Name:	SYED ABDUL QADEER
Age/DOB:	42 Y
Omani ID/ L.Card No::	88279589
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	20/12/2022
X-Ray Filim No:	TO
Bill No:	0856372
Charge Sheet No:	

Both lung fields are normal

Both cp angles are clear

Mediastinal shadow and bony thorax are normal

Cardiac configuration is within normal limits

Conclusion: A normal X-ray appearance

Signature: .....

Seal

DR. NITHINMON CU
SPECIALIST RADIOLOGY
MOH Licence: 21058
ASTER HOSPITAL IBRI

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M : +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٢٥+٩٦٨
نقال: ٧١٥٥٩٩٧٧+٩٦٨
www.asteroman.com
مستشفى عمان الخير ش.م.م
ص.ب: ٤٠٠ الرمز البريدي: ٥١١
عبري سلطنة عمان

223647 SYED ABDUL QADEER 12/20/2022 02:44:10 AM

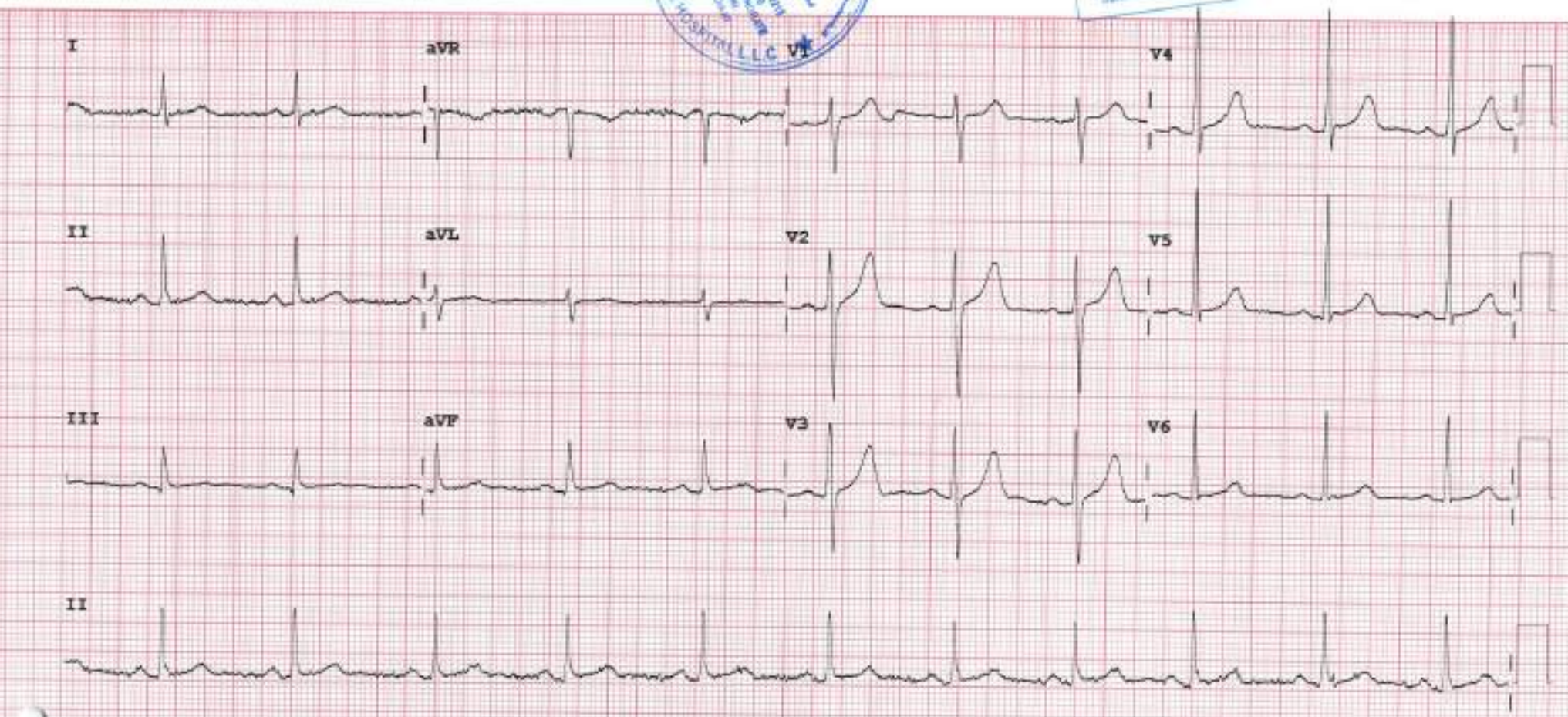
Aster Hospital IBRI
ECG Room
ECG Room

Rate	68
PR	170
QRSD	89
QT	408
QTc	434

--AXIS--

P	66
QRS	69
T	45

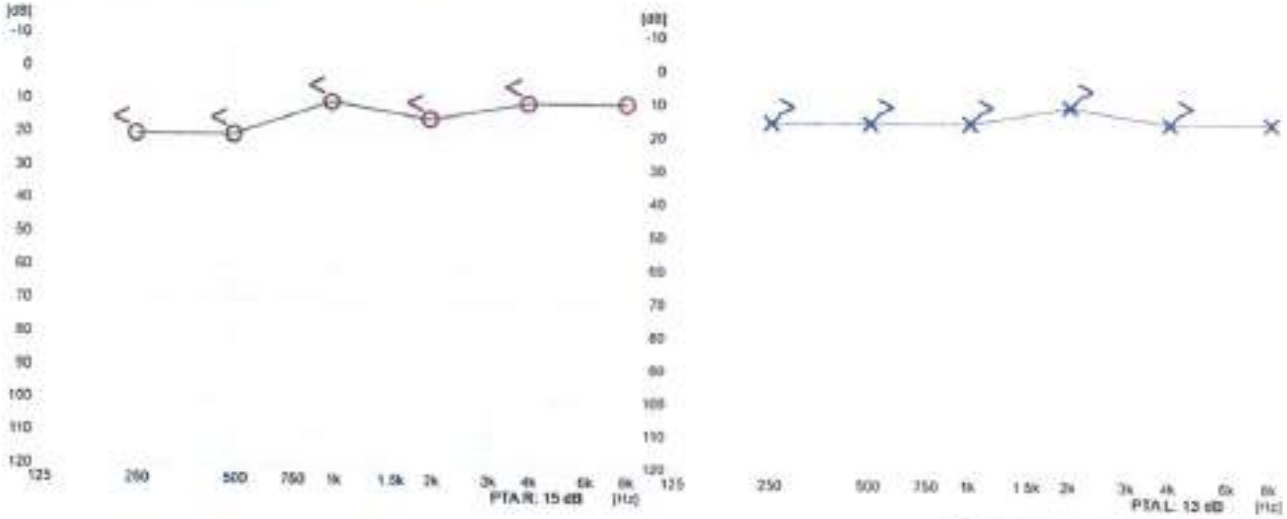
12 Lead; Standard Placement



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV 50~ 0.50- 40 Hz W PH10 L P?

SUPER QUALITY HEARING AID
AND SPEECH THERAPY CENTER

Code:	Last name , First name	Born:
0856372	SYED ABDUL , QADEER	20.12.2022
Test type:	Test date:	
Tonal audiometry	20.12.2022	



Legend	R	L
Air	O	X
Air/Masked	△	□
Bone	<	>
Bone/Masked	[	]
MCL	M	M
UCL	m	m
Free Field	Ø	%
Free Field/Aided	A	A
Binaural		B
No response		∎

PTA

Right: 15dBHL

left: 13dBHL

Comments
BILATERAL NORMAL HEARING SENSITIVITY

Signature:

Date: 20/12/2022