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	Shamim Hamdi Khamis Al Qutaiti
Forenames	
Address	
Home telephone number	98808752

Place of examination	Date: 4/5/2009		
If a dependant enter employee's name here: Surname		Forenames	
Birth date: 1/4/1988	Nationality: Omani	Country of birth: Oman	Religion: Al Qutaiti
☐ 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: 4/5/2009 Signature of Applicant:

AL-KHAIR HOSPITAL

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	
✓		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
169	94	32.9	140/80	97		Uncorrected Corrected 6/6 6/6		

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.)
Increased Cholesterol, Advised Strict Diet & Exercises

ASSESSMENT:

☒ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT

Date: 4/5/2023 Name (Block Capitals) Dr. / Nurse: DR. RAKESH YELLA LICENCE NO: 12990 GENERAL PRACTITIONER Signature:

REVIEW/CONSULTATION

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

Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
نحن نعتني بك دائما

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: Ghanim Hamdi Khamis Al Qulaiti

Emp #: 11541752

Date of Assessment: 4/5/2023

1	Age	Years 42	
2	Gender	Female/Male (Male circled)	
3	Total Cholesterol	mmol/L 5.12	
4	HDL Cholesterol	mmol/L 0.820	
5	Smoker	Yes/No (No circled)	
6	Diabetes	Yes/No (No circled)	
7	Systolic Blood pressure	mm Hg 140	
8	Is the patient being treated for High blood pressure?	Yes/No (No circled)	

Framingham Risk score: 9.4 %

Framingham Risk Rating (Circle the appropriate score):

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

Any further action or recommendations?

Assessment or Examination conducted by:

DR. RAMESH YELL[illegible]
GENERAL PRACTITIONER

OMAN AL-KHAIR HOSPITAL L.L.C
AL DHAHIRA GOVERNORATE
Sultanate of Oman

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: ٧١٥٥٩٩٧٧ ٩٦٨+
www.asteroman.com

مستشفى عمان الخير ش.م.م
ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 4/5/2023
Name: Ghanim Mandi Khamis		Department/Company: Oil
I. D No. 1541752	Tel # 99685752	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

0	sitting and reading
0	watching TV
0	sitting inactive in a public place (e.g. theatre or meeting)
0	as a passenger in the car for an hour without a break
0	Lying down to rest in the afternoon when circumstances permit
0	Sitting a talking with someone
1	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total	1

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 Ghanim (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: _____ Date: 4/5/2023

OMAN AL-KHAIR HOSPITAL LLC

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: ٧٧٩٩٥٥١٥+٩٦٨
www.asteroman.com

مستشفى عمان الخير ش.م.م
ص.ب. ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

Fitness to Work Certificate

Employee Data			Date 4/5/2013
Name Shapim Hardi Al Qutaifi			Department/Company T/O
I.D No. 115417553	Age 42/yr		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			
Pulling, 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	Signature	Date 4/5/2013	

DR. RAKESH YADAV
GENERAL PRACTITIONER

DEPARTMENT OF LABORATORY MEDICINE

File No:	0222221	**Report No:**	0657511		
Name:	GHANIM HANDI KHAMIS AL QUTAITI	**Sample Date:**	04/05/2023	**Time:**	9:55
		Received By:	SREERAJ		
Address:		**Received Date:**	04/05/2023	**Time:**	10:07
Gender:	M **Age:** 42 Y **Nationality:** OMANI	**Report Date:**	04/05/2023	**Time:**	11:03
GSM No.:	98808752 **ID Card No.:** 11541752	**Bill No:**	0875386	**Bill Date:**	04/05/2023
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	5.77 mmol/L	3.9 - 6.1
	103.86 mg/dL	70 - 110
Method :- Hexokinase		
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**5.12 mmol/L**	1 - 5.1
	197.94 mg/dl	40 - 200
Method:-Enzymatic		
HDL (HIGH DENSITY LIPOPROTEIN)	0.82 mmol/L	0.777 - 1.813
	31.7 mg/dl	30 - 70
Method:-Enzymatic		
LDL (LOW DENSITY LIPOPROTEIN)	2.91 mmol/L	1.295 - 4.54
	112.25 mg/dl	50 - 172
Method:-Calculation		
VLDL (VERY LOW DENSITY LIPOPROTEIN)	**1.4 mmol/L**	0.259 - 1.036
	53.99 mg/dl	10 - 40
Method:-Calculation		
RATIO (TOTAL CHOL / HDL CHOL)	**6.24**	3.8 - 5.9
Method:-Calculation		
TRIGLYCERIDES	**3.05 mmol/L**	0.564 - 2.146
	269.925 mg/dl	50 - 190
Method : Enzymatic		
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.45 mg/dL	0.1 - 1
	7.7 µmol/L	1 - 17.1
Method : Diazo		
DIRECT BILIRUBIN - SERUM	0.20 mg/dL	0.1 - 0.5
	3.42 µmol/L	1 - 8.55
Method : Diazo		
SGOT (AST)-SERUM (IFCC)	20.40 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	40.00 U/L	Male: 10-50 Female:10-35

Processed By:
SREERAJ
Lab Technologist
MOH License No: 6644

Approved By:
SREERAJ
Lab Technologist

Released By:
SREERAJ
Lab Technologist
MOH License No: 6644

DR. SHAYFA P
Specialist Pathologist
MOH LIC NO:13475
Electronically Signed at: 04/05/2023 11:05:00

Printed at: 04/05/2023 11:05:09 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: ٢٥٦٨٨٢٥٦ ٩٦٨+
نقل: ٧٧٧٩٩٧٧٧ 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:	0222221	**Report No:**	0657511		
Name:	GHANIM HANDI KHAMIS AL QUTAITI	**Sample Date:**	04/05/2023	**Time:**	9:55
		Received By:	SREERAJ		
Address:		**Received Date:**	04/05/2023	**Time:**	10:07
Gender:	M **Age:** 42 Y **Nationality:** OMANI	**Report Date:**	04/05/2023	**Time:**	11:03
GSM No.:	98808752 **ID Card No.:** 11541752	**Bill No:**	0875386	**Bill Date:**	04/05/2023
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	60.39 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)	8.11 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.47 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	**3.64 gm/dL**	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.23	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM Method :-Enzymatic Assay	71.20 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	5.10 mmol/L	1.7 - 8.3
Method : Kinetic Assay	30.63 mg/dL	10.2 - 49.8
CREATININE - SERUM	88.95 µmol/L	44.2 - 123.7
Method :-Jaffé Method	1.01 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	8780 cells/cumm	4000 - 11000 cells/cumm
Method : -Fluorescence Flow Cytometry		
DC (DIFFERENTIAL COUNT)		
Method : -Fluorescence Flow Cytometry		
NEUTROPHILS	40.8 %	40-75%

Processed By:
SREERAJ
Lab Technologist
MOH License No: 6644

Approved By:
SREERAJ
Lab Technologist

Released By:
SREERAJ
Lab Technologist
MOH License No: 6644

DR. SHAYFA P
Specialist Pathologist
MOH LIC NO:13475
Electronically Signed at: 04/05/2023 11:05:00

Printed at: 04/05/2023 11:05:09 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: +٩٦٨ ٢٥٦٨٨٠٧٥
فاكس: +٩٦٨ ٢٥٦٨٨٠٢٥
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:	0222221	**Report No:**	0657511		
Name:	GHANIM HANDI KHAMIS AL QUTAITI	**Sample Date:**	04/05/2023	**Time:**	9:55
		Received By:	SREERAJ		
Address:		**Received Date:**	04/05/2023	**Time:**	10:07
Gender:	M **Age:** 42 Y **Nationality:** OMANI	**Report Date:**	04/05/2023	**Time:**	11:03
GSM No.:	98808752 **ID Card No.:** 11541752	**Bill No:**	0875386	**Bill Date:**	04/05/2023
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
LYMPHOCYTES	38.4 %	20-45%
EOSINOPHILS	9.7 %	2-6 %
MONOCYTES	10.6 %	2-8 %
BASOPHILS	0.5 %	0-1%
HB (HEMOGLOBIN)	15.8 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
Method : -Cyanide-free SLS haemoglobin		
TOTAL RBC COUNT	5.31 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
Method : - Hydrodynamically focussed impedance		
PLATELET COUNT	3.18 lakhs/cumm	1.0 - 4.0 lakhs / cumm
Method : - Hydrodynamically focussed impedance		
PCV (PACKED CELL VOLUME)	47.50 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	89.50 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	29.80 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	33.30 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	05 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		

Processed By:
SREERAJ
Lab Technologist
MOH License No: 6644

Approved By:
SREERAJ
Lab Technologist

Released By:
SREERAJ
Lab Technologist
MOH License No: 6644

DR. SHAYFA P.
Specialist Pathologist
MOH LIC NO:13475
Electronically Signed at: 04/05/2023 11:05:00

Printed at: 04/05/2023 11:05:09 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: ٢٥٦٨٨٢٥+٩٦٨
نقال: ٧٧٩٩٥٧٥٥+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:	0222221	**Report No:**	0657511		
Name:	GHANIM HANDI KHAMIS AL QUTAITI	**Sample Date:**	04/05/2023	**Time:**	9:55
		Received By:	SREERAJ		
Address:		**Received Date:**	04/05/2023	**Time:**	10:07
Gender:	M **Age:** 42 Y **Nationality:** OMANI	**Report Date:**	04/05/2023	**Time:**	11:03
GSM No.:	98806752 **ID Card No.:** 11541752	**Bill No:**	0875386	**Bill Date:**	04/05/2023
Ref. By:	EXTERNAL DOCTOR	**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	NIL /hpf	
YEAST CELLS	NIL /hpf	

Processed By:
SREERAJ
Lab Technologist
MOH License No: 6644

Approved By:
SREERAJ
Lab Technologist

Released By:
SREERAJ
Lab Technologist
MOH License No: 6644

DR. SHAYFA P
Specialist Pathologist
MOH LIC NO:13475
Electronically Signed at: 04/05/2023 11:05:00

Printed at: 04/05/2023 11:05:09 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
D : +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M : +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٧٧٩٩٥٥٧٧+٩٦٨
www.asteroman.com
مستشفى عمان الخير ش.م.م
ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

X-RAY REPORT

Doc No:	0070659
Name:	GHANIM HANDI KHAMIS AL QUTAITI
Age/DOB:	42 Y
Omani ID/ L.Card No::	11541752
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	04/05/2023
X-Ray Filim No:	TRUCOMAN
Bill No:	0875386
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: .....

DR. NI... SPECIALI... MOH Lic... ASTER ... IBRI

Seal

OMAN AL-KHAIR HOSPITAL L.L.C

222221 ghanim al qutaiti 5/4/2023 10:08:45 AM

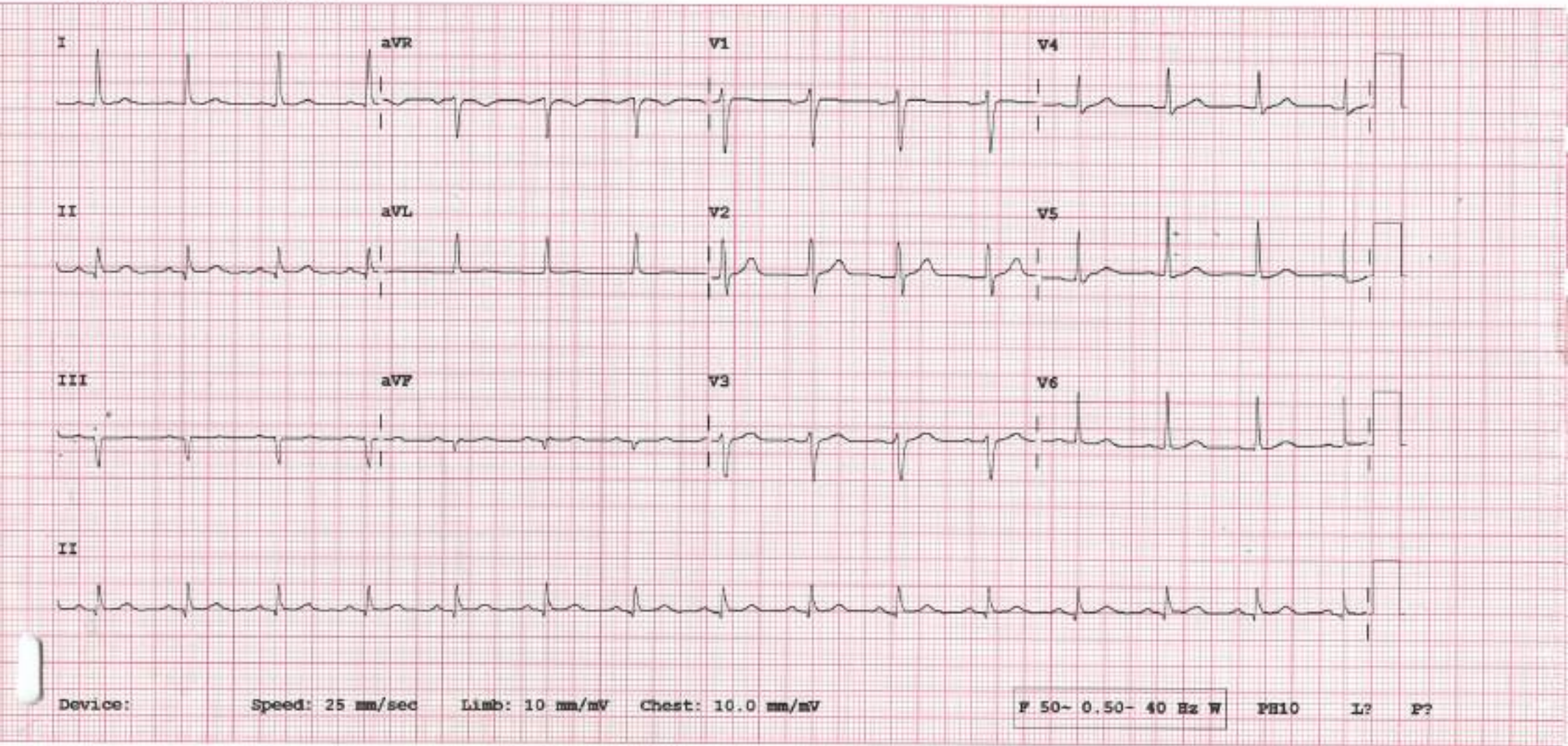
Aster Hospital IBRI
ECG Room
ECG Room

Rate 88

PR 165
QRSD 89
QT 345
QTc 418

--AXIS--
P 50
QRS -5
T 49

12 Lead; Standard Placement



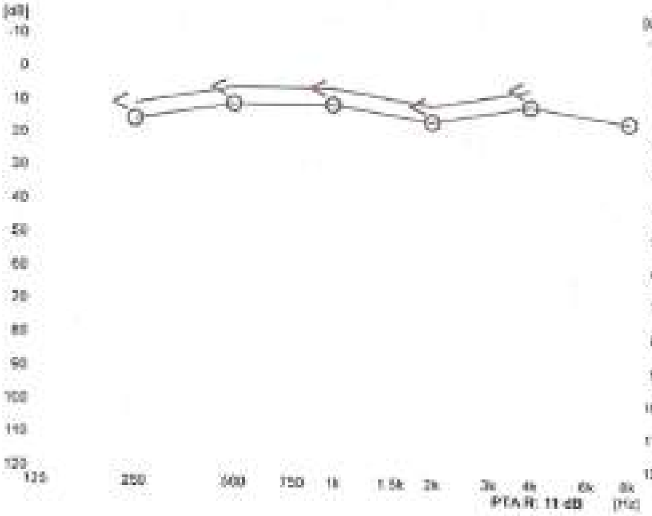
Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.50~ 40 Hz W PH10 L? P?

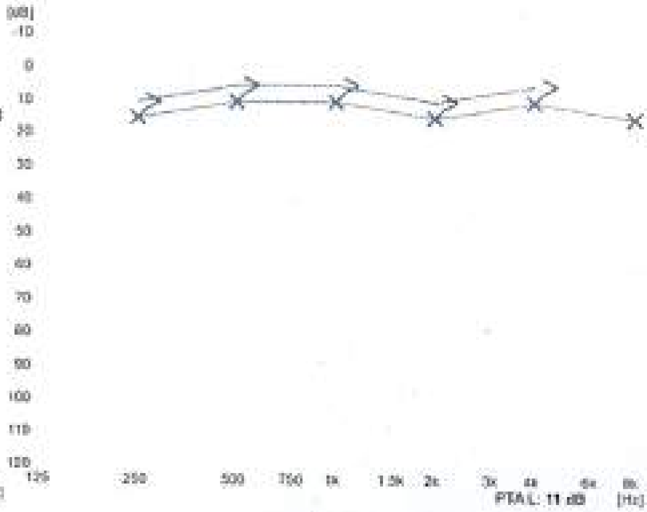
Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
نحن نعتني بك دائما

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code:	Last name , First name	Born:
0875386	GHANIM HANDI , KHAMIS	[illegible]
Test type	**Test date:**	
Tonal audiometry	04.05.2023	





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

Comments
BILATERAL NORMAL HEARING SENSITIVITY

Signature: ______

Date: 4/05/2023

Hello® by Hedera Biomedics 2016 - www.hederabiomedics.com

مركز الجودة الفائقة للسمع والنطق
س.ت رقم: ١٠٩٣٣٩٣
C.R. No: 1093393
PO Box: 2273
Postal Code: 133
Ibri
SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTRE