Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
نحن نعتني بك دائما

Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname	Pradeesh Vinuvit
Forenames	Nadarajan
Address:	
Home telephone number	95131945

Place of examination: Aster Hospital, Ibri	Date: 18/4/2022		
If a dependant enter employee's name here:		Project: Yaax, Oman	
Birth date: 21/5/1989	**Nationality:** Indian	**Country of birth:** Indien	**Religion:**
☐ 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)	
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		✓	41. Awarded benefits for industrial injury/illness		✓
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	42. Treated for a mental condition, e.g. depression		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓	43. Treated for problem drinking or drug abuse		✓
6. Hayfever /other significant allergy		✓	26. Stroke		✓	44. Exposed to toxic substance or noise		✓
7. Any skin trouble		✓	27. Serious chest pain		✓	**FOR WOMEN ONLY** Have you ever had:-		
8. Tuberculosis		✓	28. Any blood disease		✓	45. An abnormal smear		
9. Shortness of breath		✓	29. Kidney disease		✓	46. Any gynaecological treatment		
10. Coughed/vomited blood		✓	30. Blood in urine		✓	47. Are you pregnant?		
11. Severe abdominal pain		✓	31. Diabetes		✓	48. **Have you had an illness not mentioned above**		
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? | 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: 18/4/22 **Signature of Applicant** 18/4/2022

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: ٩٦٨٧٧٧٧٥٥٧+
www.asteroman.com

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

Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
نحن نعتني بك دائما

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	HEARING	VISION				Colour Vision	Blood Group
						DISTANT		NEAR			
						R	L	R	L		
173	83	28	134/79	76 /mins.	L	Uncorrected	6/6		6/6		
					R	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 ☐ EMPORARY UNFIT ☐ UNFIT

Date: 18/4/2021 Name (Block Capitals): Dr. NANDANA PAMIDI Signature:

DR. NANDANA PAMIDI
LICENCE NO: 13572
GENERAL PRACTITIONER

REVIEW/CONSULTATION

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

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: 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			
Name: Pradeesh U.N		Date: 18/4/2022	
I. D No. 118773263	Tel # 95131948	Department/Company: Turk Oman	
		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, Pradeesh *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: _____ **Date:** 18/4/22

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 -E. الرمز البريدي -اه
عبري سلطنة عمان

Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
نحن نعتني بك دائما

Fitness to Work Certificate

Employee Data		Date	18/4/2022
Name	Pradeesh. U. N	Department/Company	Truck Oman
I.D No.	118773263	Age 39yrs	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. Vandana Pamidi Signature Date 18/4/2022

د. ثندانا باميدي
DR. NANDANA PAMIDI
رقم الترخيص: ١٣٤٧٢
LICENSE NO: 13472
طبيب عام
GENERAL PRACTITIONER

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: ٧١٥٥٩٩٧٧+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:	0220442	**Report No:**	0610334
Name:	PRADEESH	**Sample Date:**	18/04/2022 **Time:** 12:09
		Received By:	181773
Address:		**Received Date:**	18/04/2022 **Time:** 12:12
Gender:	M **Age:** 39 Y **Nationality:** INDIAN	**Report Date:**	18/04/2022 **Time:** 13:05
GSM No.:	95131945 **ID Card No.:** 118773263	**Bill No:**	0819263 **Bill Date:** 18/04/2022
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	4.80 mmol/L	3.9 - 6.1
Method :- Hexokinase	86.4 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	3.58 mmol/L	1 - 5.1
Method:-Enzymatic	138.4 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	0.970 mmol/L	0.777 - 1.813
" "	37.5 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	2.04 mmol/L	1.295 - 4.54
" "	78.6	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.58 mmol/L	0.259 - 1.036
" "	22.3 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	3.69	3.8 - 5.9
TRIGLYCERIDES	1.26 mmol/L	0.564 - 2.146
Method : Enzymatic	111.51 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.689 mg/dL	0.1 - 1
Method : Diazo	11.78 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.211 mg/dL	0.1 - 0.5
Method : Diazo	3.61 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	22.50 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	35.29 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	106.69 U/L	Adult : Men -40-129

ASHWINI RATHEESAN

Processed By:	*Approved By:*	*Released By:*	
ASHWINI	**ABHILASH**	**ABHILASH**	
Lab Technologist	*Lab Technologist*	*Lab Technologist*	*Specialist Pathologist*

MOH License No: 16084 MOH LIC NO : 11015

Printed at: 18/04/2022 1:06:16 PM

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: ٢٥٦٨٨٠٥٥ +٩٦٨
نقال: ٧١٥٥٩٩٧٧ +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: 0220442
Name: PRADEESH
Address:
Gender: M **Age:** 39 Y **Nationality:** INDIAN
GSM No.: 95131945 **ID Card No.:** 118773263
Ref. By: EXTERNAL DOCTOR

Report No: 0610334
Sample Date: 18/04/2022 **Time:** 12:09
Received By: 181773
Received Date: 18/04/2022 **Time:** 12:12
Report Date: 18/04/2022 **Time:** 13:05
Bill No: 0819263 **Bill Date:** 18/04/2022
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
		: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)	7.90 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.57 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3.33 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.37	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	22.73 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	3.87 mmol/L	1.7 - 8.3
Method : Kinetic Assay	23.24 mg/dL	10.2 - 49.8
CREATININE - SERUM	85.80 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.97 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	9090 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	50.7 %	40-75%
LYMPHOCYTES	38.4 %	20-45%
EOSINOPHILS	1.9 %	2-6 %
MONOCYTES	8.4 %	2-8 %

ASHWINI RATHEESH

Processed By: **ASHWINI** *Lab Technologist*
Approved By: **ABHILASH** *Lab Technologist*
Released By: **ABHILASH** *Lab Technologist*
Specialist Pathologist

MOH License No: 16064
MOH LIC NO : 11015

Printed at: 18/04/2022 1:06:16 PM

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: ٢٥٦٨٨٧٥+٩٦٨
فاكس: ٢٥٦٨٨٢٥+٩٦٨
جوال: ٧٧٧٩٩٧٥٥+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:	0220442	**Report No:**	0610334		
Name:	PRADEESH	**Sample Date:**	18/04/2022	**Time:**	12:09
		Received By:	181773		
Address:		**Received Date:**	18/04/2022	**Time:**	12:12
Gender:	M **Age:** 39 Y **Nationality:** INDIAN	**Report Date:**	18/04/2022	**Time:**	13:05
GSM No.:	95131945 **ID Card No.:** 118773263	**Bill No:**	0819263	**Bill Date:**	18/04/2022
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.6 %	0-1%
HB (HEMOGLOBIN)	14.7 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	4.84 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	2.31 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	44.40 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	91.70 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	30.40 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	33.10 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	04 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	
URINE ROUTINE		
URINE BIOCHEMISTRY		
GLUCOSE	NIL	
PROTEIN	NIL	
KETONE	NIL	
BILIRUBIN	NIL	
pH	ACIDIC	

ASHWINI RATHEESAN

Processed By:	*Approved By:*	*Released By:*	
ASHWINI	**ABHILASH**	**ABHILASH**	
Lab Technologist	*Lab Technologist*	*Lab Technologist*	*Specialist Pathologist*

MOH License No: 16064 MOH LIC NO : 11015

Printed at: 18/04/2022 1:06:16 PM

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 ٢٥٦٨ ٨٠٧٥
فاكس: +٩٦٨ ٢٥٦٨ ٨٠٢٥
نقال: +٩٦٨ ٧١٥٥ ٩٩٧٧
www.asteroman.com
مستشفى عمان الخير ش.م.م
ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

DEPARTMENT OF LABORATORY MEDICINE

File No: 0220442
Name: PRADEESH
Address:
Gender: M **Age:** 39 Y **Nationality:** INDIAN
GSM No.: 95131945 **ID Card No.:** 118773263
Ref. By: EXTERNAL DOCTOR

Report No: 0610334
Sample Date: 18/04/2022 **Time:** 12:09
Received By: 181773
Received Date: 18/04/2022 **Time:** 12:12
Report Date: 18/04/2022 **Time:** 13:05
Bill No: 0819263 **Bill Date:** 18/04/2022
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
UROBILINOGEN	NORMAL	
URINE MICROSCOPY (Centrifugation Method)		
RED BLOOD CELLS (RBC)	NIL /hpf	
PUS CELLS	0-2 /hpf	
EPITHELIAL CELLS	NIL /hpf	
CRYSTALS	NIL /hpf	
CAST	NIL /hpf	
BACTERIA	PRESENT /hpf	
YEAST CELLS	NIL /hpf	

Processed By:
ASHWINI
Lab Technologist

Approved By:
ABHILASH
Lab Technologist

Released By:
ABHILASH
Lab Technologist

Specialist Pathologist

MOH License No: 16064

MOH LIC NO : 11015

Printed at: 18/04/2022 1:06:16 PM

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: ٧٧٧٩٥٥٧٥ +٩٦٨
www.asteroman.com
مستشفى عمان الخير ش.م.م
ص.ب -٤ الرمز البريدي ١١١
عبري سلطنة عمان

Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
نحن نعتني بك دائما

X-RAY REPORT

Doc No:	0061761
Name:	PRADEESH
Age/DOB:	39 Y
Omani ID/ L.Card No::	118773263
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	18/04/2022
X-Ray Filim No:	TRUCKOMAN
Bill No:	0819263
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: ٢٥٦٨٨٧٥+٩٦٨
فاكس: ٢٥٦٨٨٢٥+٩٦٨
نقال: ٧٧٧٩٩٧٧٥+٩٦٨

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

www.asteroman.com

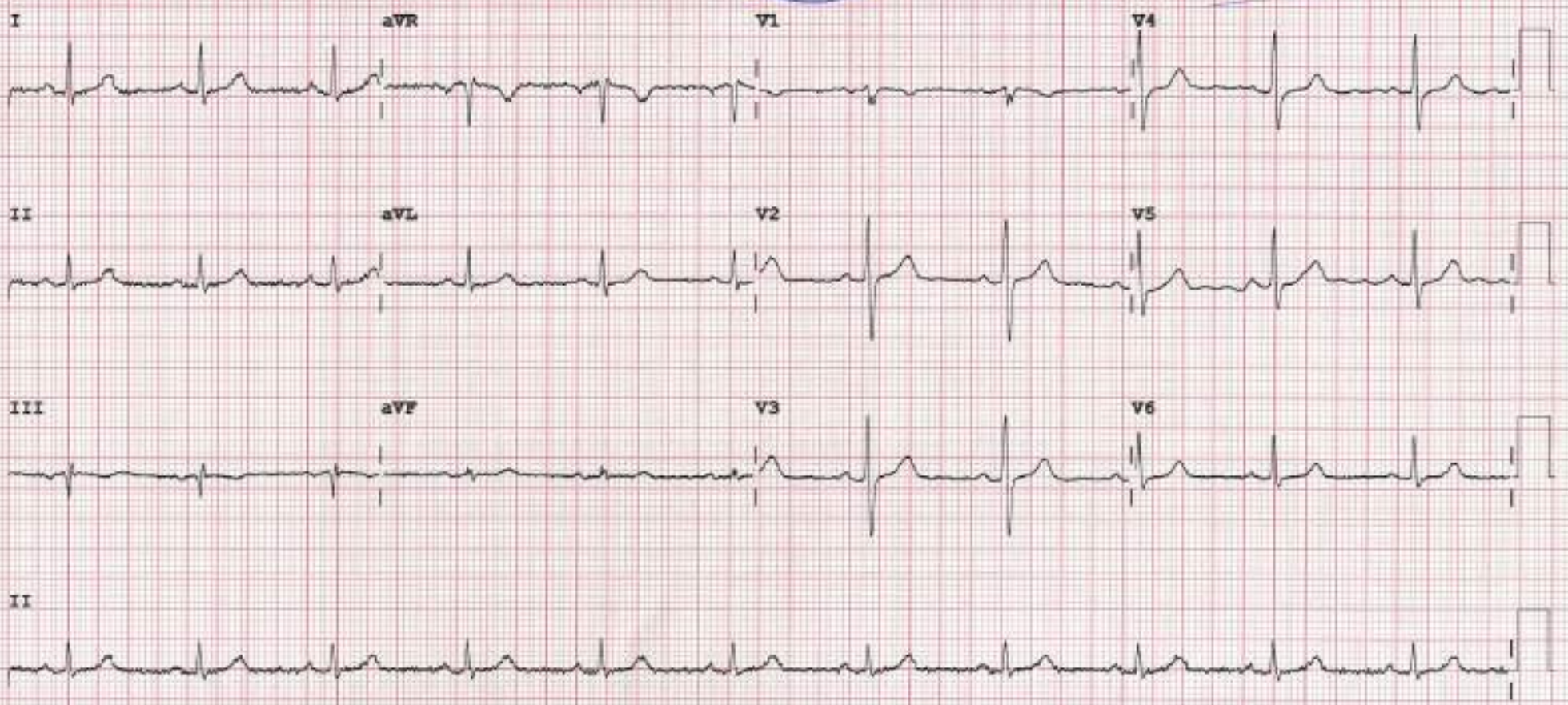
0819263 PRADEESH 18-Apr-22 11:48:28 AM
39 Years Male ASTER HOSPITAL IBRI (Emergency)

Rate	67
RR	896
PR	
QRSD	100
QT	391
QTc	413

--AXIS--

P	
QRS	6
T	17

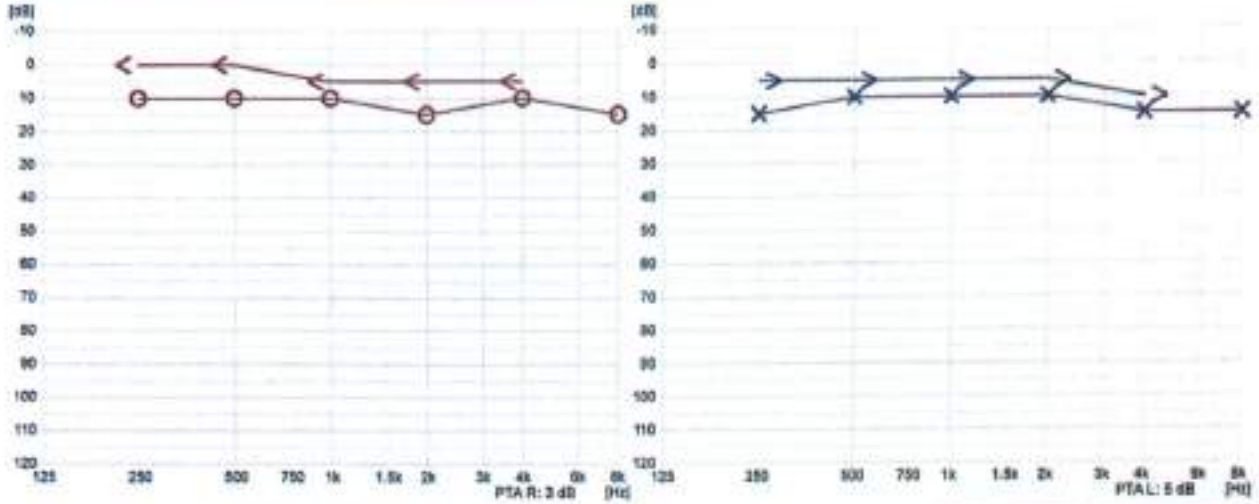
12 Lead; Standard Placement



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

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code	Last name , First name	Born
0819263	PRADEESH , .	18.04.2022
Test type	**Test date**	
Tonal audiometry	18.04.2022	



Legend	R	L
Air	O	X
AirMasked	Δ	□
Bone	<	>
BoneMasked	[	]
MCL	M	M
UCL	m	m
Free Field	⊘	⊠
Free FieldAided	A	A
Binaural	B	
No response		↓

PTA

Right: 13dB HL

Left: 10dB HL.

Comments
BILATERAL NORMAL HEARING SENSITIVITY

Signature:

Date: 18/04/2022