Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
نحن نعتني بك دائما

Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname	Humeid Salem
Forenames	Shaqbaat Suwad.
Address:	Al Jabni
Home telephone number	Tbn. 99654336

Place of examination: Aster Hospital,Ibri	Date: 7/3/22	If a dependant enter employee's name here:	
Project: Inucloman			
Birth date: 30-12-1981	Nationality: Omani	Country of birth: Oman	Religion: Al Jabri

☒ 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		✓			
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: 07-03-2022 **Signature of Applicant:**

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8076
M : +968 7195 9977
O : +968 2595 9977
E : oakh.ibri@asterhospital.com
(Aster@Home)
M: +968 9830 3232

مستشفى عمان الخير ش.م.م
ص.ب. ٤٠٠ الرمز البريدي: ٥١١
عبري، سلطنة عمان
هاتف: ٢٥٦٨ ٨٠٧٥ ٩٦٨+
فاكس: ٢٥٦٨ ٨٠٧٦ ٩٦٨+
نقال: ٧١٩٥ ٩٩٧٧ ٩٦٨+
www.asteroman.com

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		
172cm	91.9kg	31.1	120/70 mm	56/mins.	L	Uncorrected	G/G	G/G				
					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 +)	Borderline ↑ total cholesterol and LDL		✓	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.)

Diet and exercise advised.

ASSESSMENT:

☑ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ EMPORARY UNFIT ☐ UNFIT

Date: 7/2/21 Name (Block Capitals): Dr. RAKESH YELLA Signature:

DR. RAKESH YELLA
رقم الترخيص: ١١٢٠٨
LICENSE NO: 12208
طبيب عام
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: ٧٧٩٩٥٥٧٧+٩٦٨
www.asteroman.com

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

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: Ahmed Al Jabri
Emp #: 575e809
Date of Assessment: 07-03-2022

1	Age	Years 40	
2	Gender	Female/Male	
3	Total Cholesterol	mmol/L 7.95	
4	HDL Cholesterol	mmol/L 1.710	
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	mm Hg 120	
8	Is the patient being treated for High blood pressure?	Yes/No	

Framingham Risk score: 4.7 %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by:

Dr. RAJEEV TRIVA

DR. NAKEEB YELLA
LICENSE NO: 12101
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: ٢٥٦٨٨٥٦٧+٩٦٨
فاكس: ٢٥٦٨٨٥٦٥+٩٦٨
نقال: ٩٩٧٧٧٥٥٩+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: 7/3/22
Name: Humaid Salem		Department/Company: Truck driver
I. D No. 5750809	Tel # 99654336	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, Humaid (*Print Name*) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: _____ **Date:** 07-3-2022

Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
نحن نعتني بك دائما

Fitness to Work Certificate

Employee Data			Date 07-03-2022
Name	Hamad Salem Al Jabri		Department/Company Telekomen
I.D No.	575809	Age 40Y	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. RAKESH VELLA	**Signature**	**Date** 07-03-2022	

DR. RAKESH VELLA
LICENCE NO: 12289

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: ٢٥٦٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٠٢٥+٩٦٨
نقال: ٧٧٩٩٥٥٧+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:	0246936	**Report No:**	0604737		
Name:	HUMAID SALEEM SHAQBOOT SUIAD ALJABRI	**Sample Date:**	07/03/2022	**Time:**	10:11
		Received By:	ASHWINI		
Address:		**Received Date:**	07/03/2022	**Time:**	10:15
Gender:	M **Age:** 40 Y **Nationality:** OMANI	**Report Date:**	07/03/2022	**Time:**	11:24
GSM No.:	99654336 **ID Card No.:** 5750809	**Bill No:**	0813351	**Bill Date:**	07/03/2022
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	5.42 mmol/L	3.9 - 6.1
Method :- Hexokinase	97.56 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**7.25 mmol/L**	1 - 5.1
Method:-Enzymatic	**280.29 mg/dl**	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.710 mmol/L	0.777 - 1.813
" "	66.11 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	**4.85 mmol/L**	1.295 - 4.54
" "	**187.1**	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.7 mmol/L	0.259 - 1.036
" "	27.08 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	4.24	3.8 - 5.9
TRIGLYCERIDES	1.53 mmol/L	0.564 - 2.146
Method : Enzymatic	135.405 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.821 mg/dL	0.1 - 1
Method : Diazo	14.04 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.163 mg/dL	0.1 - 0.5
Method : Diazo	2.79 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	20.67 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	16.18 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	58.89 U/L	Adult : Men -40-129

Processed By:	*Approved By:*	*Released By:*	
181773	**ASHWINI**	**ASHWINI**	
Lab Technologist	*Lab Technologist*	*Lab Technologist*	*Specialist Pathologist*

MOH License No: 16064

Printed at: 07/03/2022 11:24:53 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: 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: 0246936
Name: HUMAID SALEEM SHAQBOOT SUIAD ALJABRI
Address:
Gender: M **Age:** 40 Y **Nationality:** OMANI
GSM No.: 99654336 **ID Card No.:** 5750809
Ref. By: EXTERNAL DOCTOR

Report No: 0604737
Sample Date: 07/03/2022 **Time:** 10:11
Received By: ASHWINI
Received Date: 07/03/2022 **Time:** 10:15
Report Date: 07/03/2022 **Time:** 11:24
Bill No: 0813351 **Bill Date:** 07/03/2022
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)	7.48 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	**5.01 gm/dL**	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.47 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	**2.03**	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	20.76 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	5.91 mmol/L	1.7 - 8.3
Method : Kinetic Assay	35.5 mg/dL	10.2 - 49.8
CREATININE - SERUM	100.89 µmol/L	44.2 - 123.7
Method :-Jaffé Method	1.14 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	5030 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	42.5 %	40-75%
LYMPHOCYTES	46.1 %	20-45%
EOSINOPHILS	3.4 %	2-6 %
MONOCYTES	7.4 %	2-8 %

Processed By: 181773 *Lab Technologist*
Approved By: ASHWINI *Lab Technologist*
Released By: ASHWINI *Lab Technologist*
Specialist Pathologist

MOH License No: 16064

Printed at: 07/03/2022 11:24:53 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: ٢٥٦٨٨٧٥ ٩٦٨+
فاكس: ٢٥٦٨٨٢٥ ٩٦٨+
نقال: ٩٩٧٧٧٥٥٧ 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:	0246936	**Report No:**	0804737		
Name:	HUMAID SALEEM SHAQBOOT SUIAD ALJABRI	**Sample Date:**	07/03/2022	**Time:**	10:11
		Received By:	ASHWINI		
Address:		**Received Date:**	07/03/2022	**Time:**	10:15
Gender:	M **Age:** 40 Y **Nationality:** OMANI	**Report Date:**	07/03/2022	**Time:**	11:24
GSM No.:	99654336 **ID Card No.:** 5750809	**Bill No:**	0813351	**Bill Date:**	07/03/2022
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.6 %	0-1%
HB (HEMOGLOBIN)	14.9 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.55 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	1.65 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	47.00 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	84.70 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	26.80 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	31.70 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	

Processed By:
181773
Lab Technologist

Approved By:
ASHWINI
Lab Technologist

Released By:
ASHWINI
Lab Technologist

Specialist Pathologist

MOH License No: 16064

Printed at: 07/03/2022 11:24:53 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: 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:	0246936	**Report No:**	0604737		
Name:	HUMAID SALEEM SHAQBOOT SUIAD ALJABRI	**Sample Date:**	07/03/2022	**Time:**	10:11
		Received By:	ASHWINI		
Address:		**Received Date:**	07/03/2022	**Time:**	10:15
Gender:	M **Age:** 40 Y **Nationality:** OMANI	**Report Date:**	07/03/2022	**Time:**	11:24
GSM No.:	99654336 **ID Card No.:** 5750809	**Bill No:**	0813351	**Bill Date:**	07/03/2022
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
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:
181773
Lab Technologist

Approved By:
ASHWINI
Lab Technologist

Released By:
ASHWINI
Lab Technologist

Specialist Pathologist

MOH License No: 16084

Printed at: 07/03/2022 11:24:53 AM

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
: +968 2568 8025
F : +968 7155 9977
M : +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M : +968 9830 3232
هاتف: +٩٦٨ ٢٥٦٨ ٨٠٧٥
فاكس: +٩٦٨ ٧١٥٥ ٩٩٧٧
نقال:
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

X-RAY REPORT

Doc No:	0060994
Name:	HUMAID SALEEM SHAQBOOT SUIAD ALJABRI
Age/DOB:	40 Y
Omani ID/ L.Card No::	5750809
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	07/03/2022
X-Ray Filim No:	TRUCK
Bill No:	0813351
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. KALESHA SHAIK
Specialist Radiology
MOH Reg. No. 17925

Seal

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: ٧٧٧٥٥٩٩٧ +٩٦٨
www.asteroman.com

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

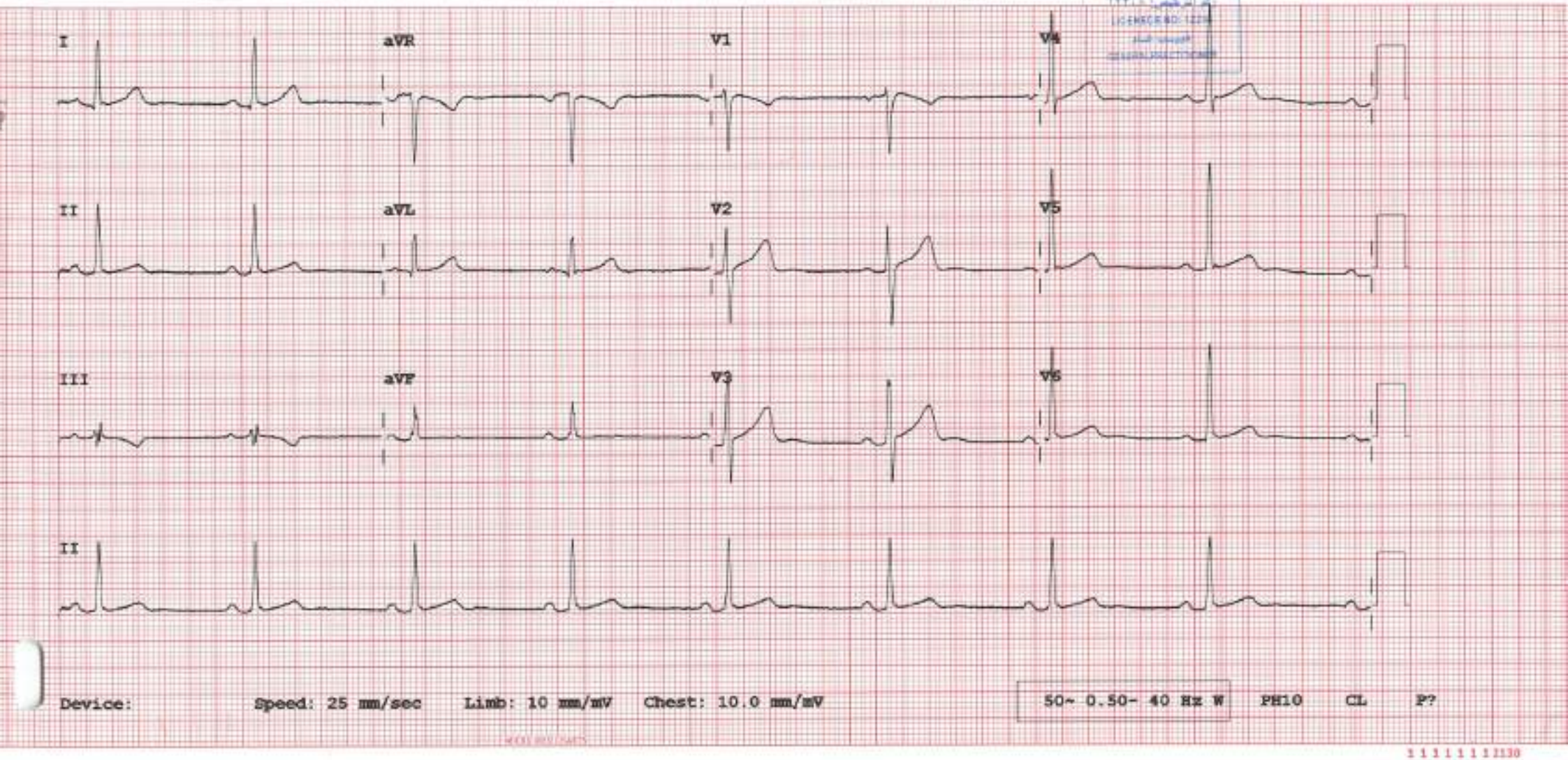
246936 HUMAID SALEEM 07-Mar-22 10:17:02 AM
40 Years Male ASTER HOSPITAL IBRI (Emergency)

Rate	50
RR	1200
PR	177
QRSD	90
QT	434
QTc	396

--AXIS--

P	29
QRS	32
T	3

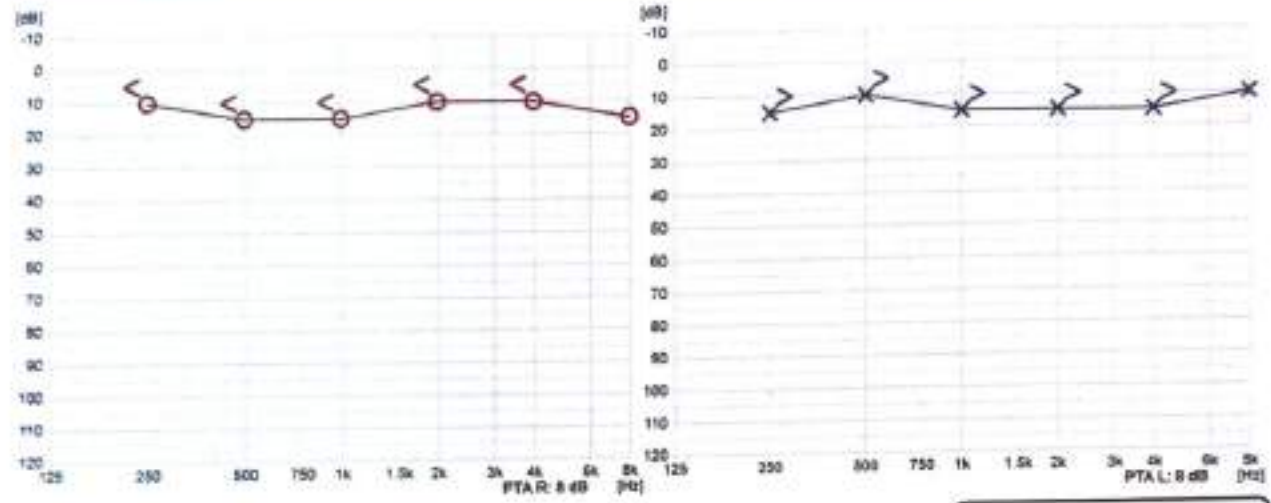
12 Lead; Standard Placement



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:
0813351	HUMAID , SALIM	07.03.2022
Test type	**Test date:**	
Tonal audiometry	07.03.2022	



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

PTA

Right :- 13dBHL

left: 13dBHL

Comments
BILATERAL NORMAL HEARING SENSITIVITY

Signature:

Date: 7/3/2022