



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

## INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

Petroleum Development Oman  
MEDICAL DEPARTMENTPLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                           |                                                                                              |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------|
| Surname                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                           | Abmad Saif Hamad Al.                                                                         |                                     |
| Forenames                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           | Jassosi                                                                                      |                                     |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                           |                                                                                              |                                     |
| Home telephone number                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           | 99383140                                                                                     |                                     |
| Place of examination                                                                                                                                                                                                                                                                                                                                                                                                                               | Date                                                                                                                      | 9/1/2013                                                                                     |                                     |
| If a dependant enter employee's name here                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           |                                                                                              |                                     |
| Surname                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                           |                                                                                              |                                     |
| Birth date                                                                                                                                                                                                                                                                                                                                                                                                                                         | Nationality                                                                                                               | Forenames                                                                                    | Country of birth                    |
| 1/1/1980                                                                                                                                                                                                                                                                                                                                                                                                                                           | Omani                                                                                                                     |                                                                                              | Oman                                |
| Religion                                                                                                                                                                                                                                                                                                                                                                                                                                           | Al. Jassosi                                                                                                               |                                                                                              |                                     |
| <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                                                                     |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                           | <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter |                                     |
| Reason for examination                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                           | Number of children                                                                           |                                     |
| Pre-Employment <input type="checkbox"/> Job:                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                           |                                                                                              |                                     |
| Pre-Overseas <input type="checkbox"/> Area:                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           |                                                                                              |                                     |
| Name and address of family doctor                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                           | List your last 3 jobs                                                                        |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                           | (1)                                                                                          |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                           | (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                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/>                                                                                       | 21. Cancer                                                                                   | <input checked="" type="checkbox"/> |
| 2. Neck swelling/glands                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/>                                                                                       | 22. Heart Disease                                                                            | <input checked="" type="checkbox"/> |
| 3. Difficulty in vision                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/>                                                                                       | 23. Rheumatic fever                                                                          | <input checked="" type="checkbox"/> |
| 4. Any ear discharge                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/>                                                                                       | 24. Abnormal heartbeat                                                                       | <input checked="" type="checkbox"/> |
| 5. Asthma/bronchitis                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/>                                                                                       | 25. High blood pressure                                                                      | <input checked="" type="checkbox"/> |
| 6. Hayfever /other significant allergy                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/>                                                                                       | 26. Stroke                                                                                   | <input checked="" type="checkbox"/> |
| 7. Any skin trouble                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/>                                                                                       | 27. Serious chest pain                                                                       | <input checked="" type="checkbox"/> |
| 8. Tuberculosis                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/>                                                                                       | 28. Any blood disease                                                                        | <input checked="" type="checkbox"/> |
| 9. Shortness of breath                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/>                                                                                       | 29. Kidney disease                                                                           | <input checked="" type="checkbox"/> |
| 10. Coughed/vomited blood                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/>                                                                                       | 30. Blood in urine                                                                           | <input checked="" type="checkbox"/> |
| 11. Severe abdominal pain                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/>                                                                                       | 31. Diabetes                                                                                 | <input checked="" type="checkbox"/> |
| 12. Stomach ulcer                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/>                                                                                       | 32. Headaches/migraine                                                                       | <input checked="" type="checkbox"/> |
| 13. Recurrent indigestion                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/>                                                                                       | 33. Dizziness/fainting                                                                       | <input checked="" type="checkbox"/> |
| 14. Jaundice or hepatitis                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/>                                                                                       | 34. Epilepsy                                                                                 | <input checked="" type="checkbox"/> |
| 15. Gall Bladder disease                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/>                                                                                       | 35. Joints/spinal trouble                                                                    | <input checked="" type="checkbox"/> |
| 16. Marked change in bowel habits                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/>                                                                                       | 36. Surgical operation                                                                       | <input checked="" type="checkbox"/> |
| 17. Blood in stools (motions)                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/>                                                                                       | 37. Serious accident/fracture                                                                | <input checked="" type="checkbox"/> |
| 18. Marked change in weight                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/>                                                                                       | 38. Tropical disease                                                                         | <input checked="" type="checkbox"/> |
| 19. Varicose veins                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/>                                                                                       | 39. Fear of heights                                                                          | <input checked="" type="checkbox"/> |
| 20. Lump in breast/armpit                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/>                                                                                       |                                                                                              |                                     |
| How much tobacco each day?                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                           | Average daily alcohol consumption                                                            |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                           |                                                                                              |                                     |
| Have you ever taken illicit drugs? ( ) PDO test all new/potential employees for illicit/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 reserves the right to dismiss me if it was found that I have purposely withheld important medical information. |                                                                                                                           |                                                                                              |                                     |
| Date:                                                                                                                                                                                                                                                                                                                                                                                                                                              | Signature of Applicant                                                                                                    |                                                                                              |                                     |
| 21/9/2013                                                                                                                                                                                                                                                                                                                                                                                                                                          | [Signature]                                                                                                               |                                                                                              |                                     |

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. Hemial Orifices       |
| ✓ |   | 8. Anus & Rectum         |
| ✓ |   | 9. Genito-urinary        |
| ✓ |   | 10. Extremities          |
| ✓ |   | 11. Musculo-skeletal     |
| ✓ |   | 12. Skin & Vascular Vns. |
| ✓ |   | 13. C.N.S.               |

| HEIGHT<br>cm | WEIGHT<br>kg | BMI  | B.P.      | PULSE   | HEARING<br>L | VISION<br>DISTANT        | NEAR               | Colour<br>Vision | Blood<br>Group |
|--------------|--------------|------|-----------|---------|--------------|--------------------------|--------------------|------------------|----------------|
| 166          | 104          | 37.7 | 120<br>78 | 72/min. | R            | Uncorrected<br>Corrected | 6/6 6/6<br>6/6 6/6 |                  |                |

| N | A |                        | LABORATORY AND OTHER<br>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. Hepatitis screening          |

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

High BMI. Advised diet and weight reduction.

## ASSESSMENT:

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

Date:

Name (Block Capitals): Dr. Nurse

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: Ahmed Saif - Hamad Salim Al-Jagson

Emp #:

Date of Assessment: 4/24/2023  
9/9/2023

|   |                                                       |             |      |
|---|-------------------------------------------------------|-------------|------|
| 1 | Age                                                   | Years       | 43   |
| 2 | Gender                                                | Female/Male | Male |
| 3 | Total Cholesterol                                     | mmol/L      | 4.92 |
| 4 | HDL Cholesterol                                       | mmol/L      | 1.08 |
| 5 | Smoker                                                | Yes/No      | No   |
| 6 | Diabetes                                              | Yes/No      | No   |
| 7 | Systolic Blood pressure                               | mm Hg       | 128  |
| 8 | Is the patient being treated for High blood pressure? | Yes/No      | No   |

Framingham Risk score: 5-6 %

Framingham Risk Rating (Circle the appropriate score):

Low

Medium

High

Any further action or recommendations?

Assessment or Examination conducted by:

Dr. Rashed



**Epworth Screening Quest. for Sleep Apnoea**

|                             |                |                          |
|-----------------------------|----------------|--------------------------|
| Employee Data               |                | Date: 21/2/2023          |
| Name: Ahmed Saif Al. Jassas |                | Department/Company: T.O. |
| I.D No. 4246206             | Tel # 99383140 | 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, Ahmed Saif Al. Jassas, do hereby certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: [Signature] Date: 21/2/2023

### Fitness to Work Certificate

|                                                                                                                                                                                                                                                                          |                                   |                                        |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|------|
| Employee Data                                                                                                                                                                                                                                                            |                                   | Date <b>21/9/2023</b>                  |      |
| Name <b>Ahmed Saif Hamad Al-Jassir</b>                                                                                                                                                                                                                                   |                                   | Department/Company <b>T.O.</b>         |      |
| I.D No. <b>4246206</b>                                                                                                                                                                                                                                                   | Age <b>43/4</b>                   | 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                                                                                                                                                                                                                                                 |                                   | <input checked="" type="checkbox"/>    |      |
| 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                                                                                                                                                                                                                                                        |                                   |                                        |      |
| Name of health advisor <b>Dr. D. Al-Jassir</b>                                                                                                                                                                                                                           | Signature <b>Dr. D. Al-Jassir</b> | Date <b>21/9/2023</b>                  | Date |





DEPARTMENT OF LABORATORY MEDICINE

File No: 0220062  
Name: AHMED SAIF HAMED AL JASSASI  
Address:  
Gender: M Age: 43 Y Nationality: OMANI  
GSM No.: 99383140 ID Card No.: 4246206  
Ref. By: EXTERNAL DOCTOR

Report No: 0649359  
Sample Date: 21/02/2023 Time: 9:32  
Received By: 181773  
Received Date: 21/02/2023 Time: 9:52  
Report Date: 21/02/2023 Time: 11:02  
Bill No: 0864808 Bill Date: 21/02/2023  
Report Status: Final

| INVESTIGATION | RESULT | REFERENCE RANGE |
|---------------|--------|-----------------|
|---------------|--------|-----------------|

|                                           |              |                                        |
|-------------------------------------------|--------------|----------------------------------------|
| PDO MEDICAL CHECK UP ABOVE 40( truckoman) |              |                                        |
| FBS (FASTING BLOOD SUGAR)                 | 5.28 mmol/L  | 3.9 - 6.1                              |
| Method :- Hexokinase                      | 95.04 mg/dL  | 70 - 110                               |
| LIPID PROFILE - SERUM                     |              |                                        |
| CHOLESTEROL (TOTAL)                       | 4.92 mmol/L  | 1 - 5.1                                |
| Method:-Enzymatic                         | 190.21 mg/dl | 40 - 200                               |
| HDL (HIGH DENSITY LIPOPROTEIN)            | 1.08 mmol/L  | 0.777 - 1.813                          |
| Method:-Enzymatic                         | 41.75 mg/dl  | 30 - 70                                |
| LDL (LOW DENSITY LIPOPROTEIN)             | 3.36 mmol/L  | 1.295 - 4.54                           |
| Method:-Calculation                       | 129.7 mg/dl  | 50 - 172                               |
| VLDL (VERY LOW DENSITY LIPOPROTEIN)       | 0.49 mmol/L  | 0.259 - 1.036                          |
| Method:-Calculation                       | 18.76 mg/dl  | 10 - 40                                |
| RATIO (TOTAL CHOL / HDL CHOL)             | 4.56         | 3.8 - 5.9                              |
| Method:-Calculation                       |              |                                        |
| TRIGLYCERIDES                             | 1.06 mmol/L  | 0.564 - 2.146                          |
| Method : Enzymatic                        | 93.81 mg/dl  | 50 - 190                               |
| LIVER FUNCTION TEST - SERUM               |              |                                        |
| TOTAL BILIRUBIN - SERUM                   | 0.700 mg/dL  | 0.1 - 1                                |
| Method : Diazo                            | 11.97 µmol/L | 1 - 17.1                               |
| DIRECT BILIRUBIN - SERUM                  | 0.213 mg/dL  | 0.1 - 0.5                              |
| Method : Diazo                            | 3.64 µmol/L  | 1 - 8.55                               |
| SGOT (AST)-SERUM (IFCC)                   | 20.90 U/L    | Male: up to 40.0<br>Female: up to 32.0 |
| SGPT (ALT)-SERUM (IFCC)                   | 38.77 U/L    | Male: 10-50<br>Female: 10-35           |

Processed By:  
JIBI  
Lab Technologist  
MOH LIC No: 4384

Approved By:  
181773  
Lab Technologist

Released By:  
181773  
Lab Technologist

DR. SHAYFA P  
Specialist Pathologist  
MOH LIC NO: 13475

Printed at: 21/02/2023 11:37:38 AM

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Electronically Signed at: 21/02/2023 11:37:00 AM

DEPARTMENT OF LABORATORY MEDICINE

File No: 0220062  
Name: AHMED SAIF HAMED AL JASSASI  
Address:  
Gender: M Age: 43 Y Nationality: OMANI  
GSM No.: 99383140 ID Card No.: 4246206  
Ref. By: EXTERNAL DOCTOR

Report No: 0649359  
Sample Date: 21/02/2023 Time: 9:32  
Received By: 181773  
Received Date: 21/02/2023 Time: 9:52  
Report Date: 21/02/2023 Time: 11:02  
Bill No: 0864808 Bill Date: 21/02/2023  
Report Status: Final

| INVESTIGATION                              | RESULT          | REFERENCE RANGE                                                                                                                                                                                                                              |
|--------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)    | 65.60 U/L       | Adult : Men -40-129<br>:Female 35-104<br>Children:(Aged)<br>7months - 1Year :- <462<br>1Year - 3 Years :- <281<br>4 Years - 6 Years :- <269<br>7 Years - 12 Years :- <300<br>13 Years - 17 Years(M) :-<390<br>13 Years - 17 Years(F) :- <187 |
| TOTAL PROTEIN-SERUM(Colorimetric Assay)    | 7.66 gm/dL      | 6.6 - 8.7                                                                                                                                                                                                                                    |
| ALBUMIN - SERUM (Colorimetric Assay)       | 4.71 gm/dL      | 3.9 - 4.9                                                                                                                                                                                                                                    |
| GLOBULIN - SERUM (Calculation)             | 2.95 gm/dL      | 2.3 - 3.5                                                                                                                                                                                                                                    |
| ALBUMIN / GLOBULIN RATIO - Calculation     | 1.6             | 1.2 - 1.5                                                                                                                                                                                                                                    |
| GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM | 34.56 U/L       | Men : 8-61<br>Female : 5-36                                                                                                                                                                                                                  |
| Method :-Enzymatic Assay                   |                 |                                                                                                                                                                                                                                              |
| RENAL FUNCTION TEST (UREA - CREATININE)    |                 |                                                                                                                                                                                                                                              |
| UREA - SERUM                               | 5.90 mmol/L     | 1.7 - 8.3                                                                                                                                                                                                                                    |
| Method : Kinetic Assay                     | 35.44 mg/dL     | 10.2 - 49.8                                                                                                                                                                                                                                  |
| CREATININE - SERUM                         | 83.48 µmol/L    | 44.2 - 123.7                                                                                                                                                                                                                                 |
| Method :-Jaffé Method                      | 0.94 mg/dl      | 0.5 - 1.4                                                                                                                                                                                                                                    |
| CBC (COMPLETE BLOOD COUNT)                 |                 |                                                                                                                                                                                                                                              |
| TOTAL WBC COUNT                            | 5410 cells/cumm | 4000 - 11000 cells/cumm                                                                                                                                                                                                                      |
| Method :-Fluorescence Flow Cytometry       |                 |                                                                                                                                                                                                                                              |
| DC (DIFFERENTIAL COUNT)                    |                 |                                                                                                                                                                                                                                              |
| Method :-Fluorescence Flow Cytometry       |                 |                                                                                                                                                                                                                                              |
| NEUTROPHILS                                | 38.6 %          | 40-75%                                                                                                                                                                                                                                       |

Processed By:  
JIBI  
Lab Technologist  
MOH LIC No: 4384

Approved By:  
181773  
Lab Technologist

THANSILA THAB  
LAB TECHNICIAN  
FSG No.: 2  
Released By:  
181773  
Lab Technologist

MOH License No: 21829

DR. SHAYFA P  
Specialist Pathologist  
MOH LIC NO: 13475

Printed at: 21/02/2023 11:37:38 AM

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Electronically Signed at: 21/02/2023 11:37:00 AM



DEPARTMENT OF LABORATORY MEDICINE

File No: 0220062  
Name: AHMED SAIF HAMED AL JASSASI  
Address:  
Gender: M Age: 43 Y Nationality: OMANI  
GSM No.: 99383140 ID Card No.: 4246206  
Ref. By: EXTERNAL DOCTOR

Report No: 0649359  
Sample Date: 21/02/2023 Time: 9:32  
Received By: 181773  
Received Date: 21/02/2023 Time: 9:52  
Report Date: 21/02/2023 Time: 11:02  
Bill No: 0864808 Bill Date: 21/02/2023  
Report Status: Final

| INVESTIGATION                                   | RESULT          | REFERENCE RANGE                                      |
|-------------------------------------------------|-----------------|------------------------------------------------------|
| LYMPHOCYTES                                     | 48.1 %          | 20-45%                                               |
| EOSINOPHILS                                     | 5.9 %           | 2-6 %                                                |
| MONOCYTES                                       | 6.7 %           | 2-8 %                                                |
| BASOPHILS                                       | 0.7 %           | 0-1%                                                 |
| HB (HEMOGLOBIN)                                 | 15.4 gm/dl      | Male-13 - 18 gm/dl<br>Female-11- 15 gm/dl            |
| Method : -Cyanide-free SLS haemoglobin          |                 |                                                      |
| TOTAL RBC COUNT                                 | 5.05 million/cu | MALE: 4.5-6.5million/cu<br>FEMALE: 3.9-5.5million/cu |
| Method : - Hydrodynamically focussed impedance  |                 |                                                      |
| PLATELET COUNT                                  | 2.53 lakhs/cumm | 1.0 - 4.0 lakhs / cumm                               |
| Method : - Hydrodynamically focussed impedance  |                 |                                                      |
| PCV (PACKED CELL VOLUME)                        | 47.20 %         | Males : 42% - 52%<br>Females : 37% - 47%             |
| MCV (MEAN CORPUSCULAR VOLUME)                   | 93.50 FL        | 76 - 96 FL                                           |
| MCH (MEAN CORPUSCULAR HEMOGLOBIN)               | 30.50 PG        | 27 - 33 PG                                           |
| MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION) | 32.60 g/dl      | 32 - 36 g/dl                                         |
| ESR (ERYTHROCYTE SEDIMENTATION RATE)            | 04 mm/ 1st hr   | MALE:0-9 mm/ 1st hr<br>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:  
JIBI  
Lab Technologist  
MOH LIC No: 4384

Approved By:  
181773  
Lab Technologist

THANSILAH  
LAB TECHNOLOGIST  
REG No.: 21829  
Released By:  
181773  
Lab Technologist  
MOH License No: 21829

DR. SHAYFA P  
Specialist Pathologist  
MOH LIC NO:13475

Printed at: 21/02/2023 11:37:38 AM

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Electronically Signed at: 21/02/2023 11:37:00 AM



DEPARTMENT OF LABORATORY MEDICINE

**File No:** 0220082  
**Name:** AHMED SAIF HAMED AL JASSASI  
**Address:**  
**Gender:** M **Age:** 43 Y **Nationality:** OMANI  
**GSM No.:** 99383140 **ID Card No.:** 4246206  
**Ref. By:** EXTERNAL DOCTOR

**Report No:** 0649359  
**Sample Date:** 21/02/2023 **Time:** 9:32  
**Received By:** 181773  
**Received Date:** 21/02/2023 **Time:** 9:52  
**Report Date:** 21/02/2023 **Time:** 11:02  
**Bill No:** 0864808 **Bill Date:** 21/02/2023  
**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                                | 0-2 /hpf     |                 |
| EPITHELIAL CELLS                         | NIL /hpf     |                 |
| CRYSTALS                                 | NIL /hpf     |                 |
| CAST                                     | NIL /hpf     |                 |
| BACTERIA                                 | PRESENT /hpf |                 |
| YEAST CELLS                              | NIL /hpf     |                 |

*Signature*

**Processed By:**  
JIBI  
Lab Technologist  
MOH LIC No: 4384

**Approved By:**  
181773  
Lab Technologist

**THANSILA THAHA**  
LAB TECHNICIAN  
REG No: 218

**Released By:**  
181773  
Lab Technologist  
MOH License No: 21829

**DR. SHAYFA P**  
Specialist Pathologist  
MOH LIC NO:13475

Printed at: 21/02/2023 11:37:38 AM

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**X-RAY REPORT**

|                     |                                    |
|---------------------|------------------------------------|
| Doc No:             | 0068570                            |
| Name:               | AHMED SAIF HAMED AL JASSASI        |
| Age/DOB:            | 43 Y Omani ID/ L.Card No:: 4246206 |
| Sex:                | Male                               |
| Referred By:        | EXTERNAL DOCTOR                    |
| Clinical Diagnosis: |                                    |
| X-Ray/UltraSound    | CHEST X-RAY                        |
| Date:               | 21/02/2023                         |
| X-Ray Film No:      | TO                                 |
| Bill No:            | 0864808                            |
| 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. NITHINMON C.U.  
SPECIALIST RADIOLOGY  
MOH Licence: 21058  
ASTER HOSPITAL IBRI





0220062

ahmed saif hamed

2/21/2023 09:52:34 AM

Aster Hospital IBRI  
ECG Room  
ECG Room

Rate 73

PR 151

QRS 90

QT 388

QTc 428

--AXIS--

P 58

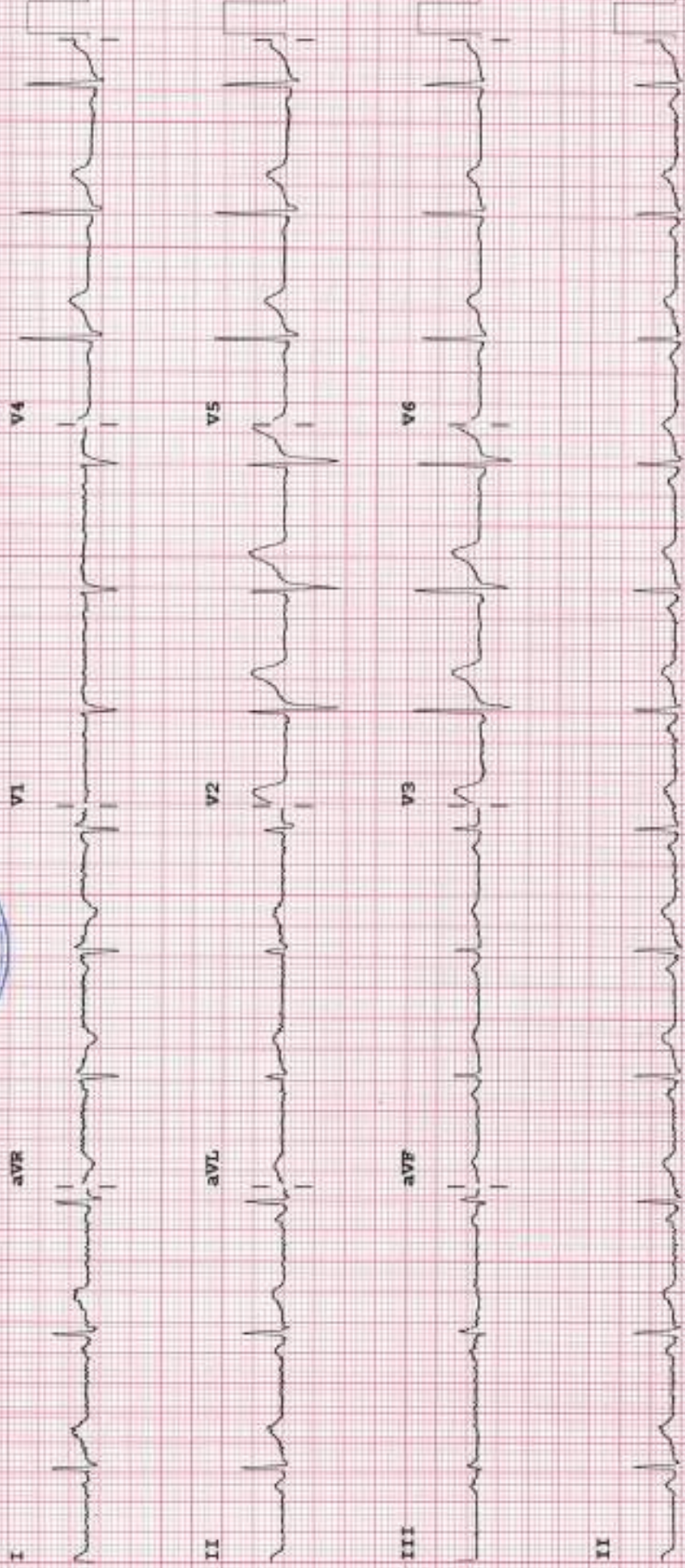
QRS 48

T 23

12 Lead; Standard Placement



د. رakesh Vella  
DR. RAKESH VELLA  
رئيس التمريض: أ. أ. أ.  
LICENCE NO: 1206  
طب القلب  
GENERAL PRACTITIONER



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

50~ 0.50~ 40 Hz W

PH10

L

P7

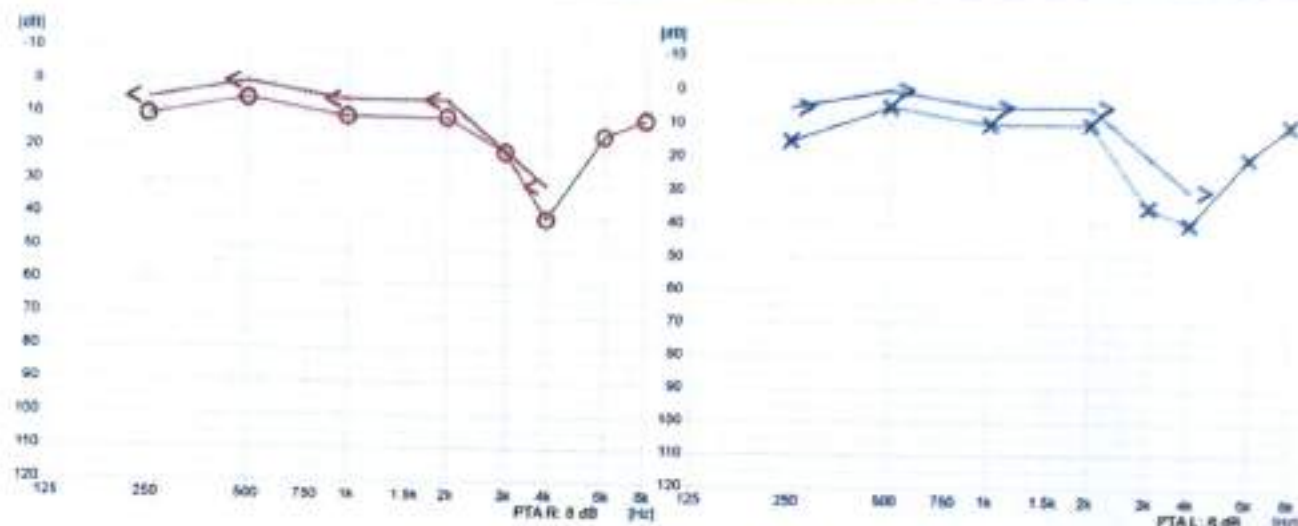


# SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

IBRI

22349191

|                                      |                                                         |                            |
|--------------------------------------|---------------------------------------------------------|----------------------------|
| Code<br><b>0864808</b>               | Last name - First name<br><b>AHMED SAIF HAMED , ALI</b> | Birth<br><b>08/08/1981</b> |
| Test type<br><b>Tonal audiometry</b> | Test date<br><b>21.02.2023</b>                          |                            |



| Legend          | R | L |
|-----------------|---|---|
| Air             | ○ | × |
| AirMasked       | △ | □ |
| Bone            | < | > |
| BoneMasked      | [ | ] |
| MCL             | M | M |
| UCL             | m | m |
| Free Field      | ⊙ | ⊗ |
| Free FieldAided | A | A |
| Binaural        | B |   |
| No response     | I |   |

## Comments

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS WITH NOTCH AT 4KHz

Signature:

Held by Hadera Biomedics Srl 2015 - www.haderabiomedics.it



Date: 21/02/2023