11.32 Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Petroleum Development Oman
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname: Sulaiman Mohammed Ali Al Salmani
Forenames:
Address:
Home telephone number: 99019926

Place of examination	Date: 5/3/2093

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

Birth date: 27/6/1966 Nationality: Omani Country of birth: Muscat Religion: Isl. Salmani

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

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

Name and address of family doctor	List your last 3 jobs
	(1)
	(2)
Are you a Registered Disabled Person? (UK only) ☐	Do you belong to any Medical Insurance Scheme? ☐

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

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

How much tobacco each day? Average daily alcohol consumption

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

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

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

I declared these statements to be true to the best of my knowledge and belief and I agree that the result of this medical examination in general terms may be revealed to the Company if required, and the details sent to my own doctor if this is considered necessary by the examining medical officer. I am also aware that PDO reserve the right to dismiss me if it was found that I have purposely withheld important medical information.

Date: 5/3/2093 Signature of Applicant:

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

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

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE /mins.	HEARING L / R	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
155	78	32.5	140/80	71		Uncorrected 6/6		6/6			
						Corrected					

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis		✓		7. Audiogram
✓		2. Hb, Bloodcount, ESR				8. Lung Function
✓		3. LFT, RFT, RBS		✓		9. Chest X-Ray
		4. Drug Screen		✓		10. ECG
	✓	5. Lipids (40 years +)				11. CVS risk for 40 yrs. & above
✓		6. Sickle Cell test				12. HIV, Hepatitis screening

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

ASSESSMENT:

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

Date: 5/3/2023 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: Sulaiman Mohammed Ali Al Salmani
Emp #: 407345
Date of Assessment: 5/3/2023

1	Age	Years	56
2	Gender	Female/Male	Male
3	Total Cholesterol	mmol/L	5.42
4	HDL Cholesterol	mmol/L	1.0
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	mm Hg	140
8	Is the patient being treated for High blood pressure?	Yes/No	

Framingham Risk score: 21.6 %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by:

DR. KIRAN RAVICHANDRAN NAIR
GENERAL PRACTITIONER

OMAN AL-KHAIR HOSPITAL L.L.C.
M.O.H LICENCE NO: 2215
AL DHAHIRA GOVERNORATE

Epworth Screening Quest. for Sleep Apnoea

Employee Data:	Date: 5/3/2023
Name: Sulaiman Mohd Al Jamali	Department/Company: To.
I. D No. 140736	Tel # 99019926 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 Sulaiman (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: _____ **Date:** 5/3/2023

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: ٢٥٦٨٨٧٥+٩٦٨
فاكس: ٢٥٦٨٨٢٥+٩٦٨
نقال: ٧١٥٥٩٩٧٧+٩٦٨
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عبري سلطنة عمان

Fitness to Work Certificate

Employee Data			Date 5/3/2023
Name Suleiman Mohammed Al. Salmani			Department/Company T.O.
I.D No. 140734S	Age 56/44		Occupation

Type of Medical Evaluation			Mark those applying √
A1	Aircraft refuelling		
A2	Breathing apparatus		
A3	Business traveller		
A4	Catering and food preparation		
A5	Crane or forklift driving & all heavy vehicles		
A6	Fire / Emergency response team work		
A7	Professional driving		
A8	Remote location work		
A9	Transfers – group A country		
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	Signature	Date 5/3/2023	

MED H LICENCE NO: 3215
C.R. NO: 7515900
AL DHAHIRA GOVERNORATE
WILAYAT IBRI
Sultanate of Oman
AMAL KHAIR HOSPITAL L.L.C

DR. KIRAN RAVEENDRAN
LICENCE NO: 8841

DEPARTMENT OF LABORATORY MEDICINE

File No:	0267967	**Report No:**	0650871		
Name:	SULAIMAN MOHAMMED ALI AL SALMANI	**Sample Date:**	05/03/2023	**Time:**	10:53
		Received By:	SREERAJ		
Address:		**Received Date:**	05/03/2023	**Time:**	12:26
Gender:	M **Age:** 56 Y **Nationality:** OMANI	**Report Date:**	05/03/2023	**Time:**	16:20
GSM No.:	99019926 **ID Card No.:** 1407345	**Bill No:**	0866612	**Bill Date:**	05/03/2023
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	5.05 mmol/L	3.9 - 6.1
Method :- Hexokinase	90.9 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**5.42 mmol/L**	1 - 5.1
Method:-Enzymatic	**209.54 mg/dl**	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.000 mmol/L	0.777 - 1.813
Method:-Enzymatic	38.66 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3.37 mmol/L	1.295 - 4.54
Method:-Calculation	129.99 mg/dl	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	**1.06 mmol/L**	0.259 - 1.036
Method:-Calculation	**40.89 mg/dl**	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	5.42	3.8 - 5.9
Method:-Calculation		
TRIGLYCERIDES	**2.31 mmol/L**	0.564 - 2.146
Method : Enzymatic	**204.435 mg/dl**	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.322 mg/dL	0.1 - 1
Method : Diazo	5.51 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.125 mg/dL	0.1 - 0.5
Method : Diazo	2.14 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	16.75 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	20.87 U/L	Male: 10-50 Female:10-35

THANSILA THA
LAB TECHNICIAN
REG No.: 21

Processed By: **SREERAJ** *Lab Technologist*

Approved By: **181773** *Lab Technologist*

Released By: **JIBI** *Lab Technologist*

MOH License No: 6644

MOH LIC No: 4384

M.O.H LICENCE NO. 2219
OMAN AL-KHAIR HOSPITAL L.L.C
Specialist Pathologist

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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 ٩٩٧٧ ٧١٥٥
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Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	49.45 U/L	Adult : Men -40-129 :Female 35-104 Children:(Aged) 7months - 1Year :- <462 1Year - 3 Years :- <281 4 Years - 6 Years :- <269 7 Years - 12 Years :- <300 13 Years - 17 Years(M) :-<390 13 Years - 17 Years(F) :- <187
TOTAL PROTEIN-SERUM(Colorimetric Assay)	7.50 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.61 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.89 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	**1.6**	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM Method :-Enzymatic Assay	26.47 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	6.34 mmol/L	1.7 - 8.3
Method : Kinetic Assay	38.08 mg/dL	10.2 - 49.8
CREATININE - SERUM	80.96 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.92 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	5080 cells/cumm	4000 - 11000 cells/cumm
Method : -Fluorescence Flow Cytometry		
DC (DIFFERENTIAL COUNT)		
Method : -Fluorescence Flow Cytometry		
NEUTROPHILS	31.2 %	40-75%

Processed By:	*Approved By:*	*Released By:*	
SREERAJ	181773	JIBI	
Lab Technologist	*Lab Technologist*	*Lab Technologist*	*Specialist Pathologist*

MOH License No: 6644 MOH LIC No: 4384

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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
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GSM No.:	99019926 **ID Card No.:** 1407345	**Bill No:**	0866612	**Bill Date:**	05/03/2023
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
LYMPHOCYTES	56.3 %	20-45%
EOSINOPHILS	3.0 %	2-6 %
MONOCYTES	8.5 %	2-8 %
BASOPHILS	1.0 %	0-1%
HB (HEMOGLOBIN)	14.2 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
Method : -Cyanide-free SLS haemoglobin		
TOTAL RBC COUNT	5.71 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
Method : - Hydrodynamically focussed impedance		
PLATELET COUNT	1.99 lakhs/cumm	1.0 - 4.0 lakhs / cumm
Method : - Hydrodynamically focussed impedance		
PCV (PACKED CELL VOLUME)	45.30 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	79.30 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	24.90 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	31.30 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	
Method : -Haemoglobin solubility test		

THASNSILA THAHA
LAB TECHNICIAN

Processed By:	*Approved By:*	*Released By:*	
SREERAJ	**181773**	**JIBI**	
Lab Technologist	*Lab Technologist*	*Lab Technologist*	*Specialist Pathologist*
MOH License No: 6644		MOH LIC No: 4384	

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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
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GSM No.:	99019926 **ID Card No.:** 1407345	**Bill No:**	0866612	**Bill Date:**	05/03/2023
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE ROUTINE		
URINE BIOCHEMISTRY		
Method :- Colorimetric Assay		
GLUCOSE	NIL	
PROTEIN	NIL	
KETONE	NIL	
BILIRUBIN	NIL	
pH	ACIDIC	
UROBILINOGEN	NORMAL	
URINE MICROSCOPY (Centrifugation Method)		
RED BLOOD CELLS (RBC)	NIL /hpf	
PUS CELLS	0-2 /hpf	
EPITHELIAL CELLS	NIL /hpf	
CRYSTALS	NIL /hpf	
CAST	NIL /hpf	
BACTERIA	PRESENT /hpf	
YEAST CELLS	NIL /hpf	

Processed By:	Approved By:	Released By:	
SREERAJ	181773	JIBI	
Lab Technologist	Lab Technologist	Lab Technologist	Specialist Pathologist
MOH License No: 6644		MOH LIC No: 4384	

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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
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X-RAY REPORT

Doc No:	0068946
Name:	SULAIMAN MOHAMMED ALI AL SALMANI
Age/DOB:	56 Y — Omani ID/ L.Card No:: 1407345
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	05/03/2023
X-Ray Filim No:	PDO
Bill No:	0866612
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

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
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E : oakh.ibri@asterhospital.com
[Aster@Home]
M : +968 9830 3232
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267967 sulaiman al salmani 3/5/2023 11:34:01 AM

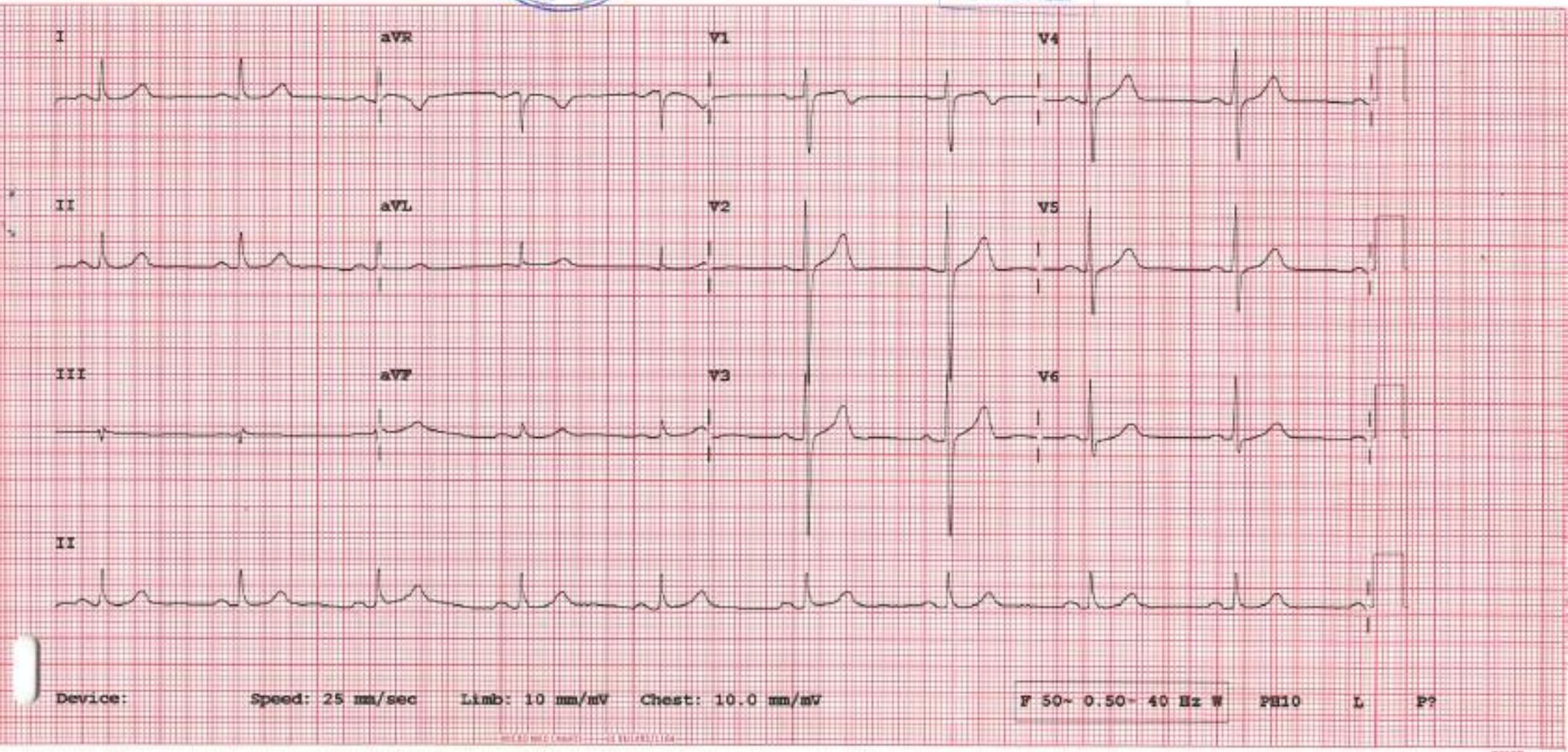
Aster Hospital IBRI
ECG Room
ECG Room

Rate	56
PR	176
QRSD	93
QT	440
QTc	425

--AXIS--

P	41
QRS	31
T	37

12 Lead; Standard Placement

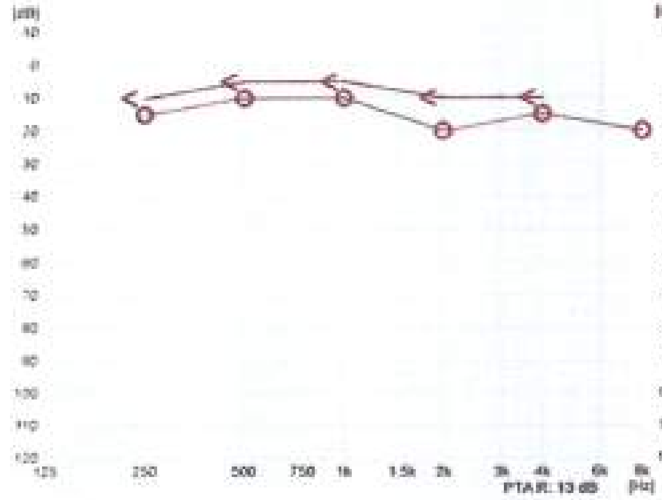


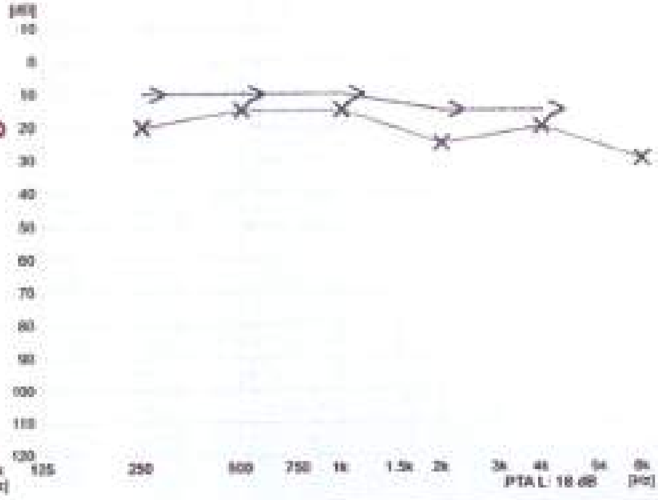
Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.50~ 40 Hz W PB10 L P?

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code:	Last name , First name	Born
0866612	SULAIMAN MOHAMMED [illegible]ALMANI	

Test type	Test date
Tonal audiometry	05.03.2023





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	↓	

Comments

RIGHT NORMAL HEARING SENSITIVITY

LEFT MINIMAL HEARING LOSS

C.R. No: 1023393
PO Box: 2273
Postal Code: 133
Ibri: 2003

Signature:

Date: 5/03/2023

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