Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
نحن نعتني بك دائما

Initial Medical Examination Report

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Surname	Joseph Crasge Crasge
Forenames	
Address:	
Home telephone number	96289305

Place of examination: Aster Hospital Ibri	**Date:** 23/09/2021	If a dependant enter employee's name here:	**Project:** Turk Oman
Birth date: 12/5/1965	**Nationality:** Indian	**Country of birth:** Indian	**Religion:**

☐ Male ☐ Female ☐ Married ☐ Single ☐ Separated /Divorced

Relationship to employee ☐ Wife ☐ Son ☐ Daughter

Number of children:

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

Name and address of family doctor

List your last 3 jobs
(1)

Are you a Registered Disabled Person? (UK only) ☐

Do you belong to any Medical Insurance Scheme? ☐

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

	Y	N		Y	N		Y	N
1. Sinus trouble		✓	21. Cancer		✓	**HAVE YOU EVER BEEN:-**		
2. Neck swelling/glands		✓	22. Heart Disease		✓	40. Rejected for employment or insurance for medical reasons		✓
3. Difficulty in vision		✓	23. Rheumatic fever		✓			
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: 23/09/2021 **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 8025
M : +968 9139 9073 / 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
www.asterhospital.com

مستشفى عمان الخير ش.م.م
ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان
هاتف: ٢٥٦٨ ٢٥٦٨ ٩٦٨+
فاكس: ٢٥٦٨ ٢٥٦٨ ٩٦٨+
نقال: ٧٧٩٩٧٧٧٧ / ٧١٥٥٩٩٧٧ ٩٦٨+

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	WNL
✓		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	
181	80.8	24.4	130/80	85 /mins.	L	Uncorrected	6/6		6/6		
					R	Corrected			(with glas		

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

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

ASSESSMENT:

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

FIT WITH MEDICATIONS

Date: 25/09/2021 Name (Block Capitals): Dr. NANDANA Signature:

DR. NANDANA PAWOH
LICENCE NO: 13872
GENERAL PRACTITIONER

REVIEW/CONSULTATION

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

OMAN AL-KHAIR HOSPITAL L.L.C

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 9139 9073 / 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
www.asterhospital.com

هاتف: ٢٥٦٨٨٠٧٥ +٩٦٨
فاكس: ٢٥٦٨٨٠٢٥ +٩٦٨
نقال: ٧٧٥٥٩٩٧٧ / ٧١٥٥٩٩٧٧ +٩٦٨

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: Joseph George George
Emp #: 745 74578
Date of Assessment: 25/09/22

1	Age	Years 56	
2	Gender	Female/Male	
3	Total Cholesterol	mmol/L 5.87	
4	HDL Cholesterol	mmol/L 0.790	
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	mm Hg 120/80	
8	Is the patient being treated for High blood pressure?	Yes/No	

Framingham Risk score: 25-3 %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by:

OMAN AL-KHAIR HOSPITAL L.L.C

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 9139 9073 / 7155 9977
D : +968 7155 9977
E : oakh.ibri@asterhospital.com
www.asterhospital.com

مستشفى عمان الخير ش.م.م
ص.ب - ٤٠٠ الرمز البريدي ١١١
عبري سلطنة عمان
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
تنقل: ٩٦٨ ٩٢٣٩٠٧٣/٧١٥٥٩٩٧٧+

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 25/09/2021
Name: Joseph Craig George		Department/Company: Tekfen Oman
I. D No. 7857/4558	Tel # 96282305	Occupation : Driver

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
01	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
0	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total	01

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

Signature: _____ **Date:** 25/09/2021

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 9139 9073 / 7155 9977
@ : +968 7155 9977
E : oakh.ibri@asterhospital.com
www.asterhospital.com

مستشفى عمان الخير ش.م.م
ص.ب -٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان
هاتف: ٢٥٦٨٨٠٧٥ ٩٦٨+
فاكس: ٢٥٦٨٨٠٢٥ ٩٦٨+
نقال: ٧٧٧٥٥٩٩٧/٧١٥٥٩٩٧٧ ٩٦٨+

Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
نحن نعتني بك دائما

Fitness to Work Certificate

Employee Data		**Date**	25/09/2021
Name	Joseph George George	**Department/Company**	Truck Driver
I.D No.	74574558 **Age** 56	**Occupation**	Driver

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 MEDICATION			
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. NIMMY **Signature** **Date** 25/09/2021			

M.O.H LICENSE NO: 0216
C.R. NO. 3112069
AL KHAIR HOSPITAL L.L.C
WILAYAT IBRI
Sultanate of Oman

DR. [illegible]
LICENSE NO: 12472
DENTAL 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 9139 9073 / 7155 9977
D : +968 7155 9977
E : oakh.ibri@asterhospital.com
www.asterhospital.com

هاتف: +٩٦٨ ٢٥٦٨ ٨٠٧٥
فاكس: +٩٦٨ ٢٥٦٨ ٨٠٢٥
نقال: +٩٦٨ ٩٨٣٩ ٧٣٠٧/٧١٥٥ ٩٩٧٧

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

DEPARTMENT OF LABORATORY MEDICINE

File No:	0236310	**Report No:**	0583601		
Name:	JOSEPH GEROGE GEORGE	**Sample Date:**	25/09/2021	**Time:**	9:58
		Received By:	JIBI		
Address:		**Received Date:**	25/09/2021	**Time:**	10:01
Gender:	M **Age:** 56 Y **Nationality:** INDIAN	**Report Date:**	25/09/2021	**Time:**	12:50
GSM No.:	96282305 **ID Card No.:** 74574558	**Bill No:**	0785868	**Bill Date:**	25/09/2021
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	**18.90 mmol/L**	3.9 - 6.1
Method :- Hexokinase	**340.2 mg/dL**	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**5.87 mmol/L**	1 - 5.1
Method:-Enzymatic	**226.93 mg/dl**	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	0.790 mmol/L	0.777 - 1.813
" "	30.54 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3.99 mmol/L	1.295 - 4.54
" "	153.91	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	**1.1 mmol/L**	0.259 - 1.036
" "	**42.48 mg/dl**	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	7.43	3.8 - 5.9
TRIGLYCERIDES	**2.40 mmol/L**	0.564 - 2.146
Method : Enzymatic	**212.4 mg/dl**	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.658 mg/dL	0.1 - 1
Method : Diazo	11.25 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.236 mg/dL	0.1 - 0.5
Method : Diazo	4.04 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	145.28 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	269.27 U/L	Male: 10-50 Female:10-35
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	109.13 U/L	Adult : Men -40-129

Processed By:
JIBI
Lab Technologist

Approved By:
SREERAJ
Lab Technologist

SREERAJ Medical Lab. Technologist

Released By:
SREERAJ
Lab Technologist

Specialist Pathologist

MOH LIC No: 4384

MOH License No: 6644

Printed at: 25/09/2021 12:51:39 PM

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 9139 9073 / 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
www.asterhospital.com

مستشفى عمان الخير ش.م.م
ص.ب. ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٩٦٨٩٩٩٧٣/٧١٥٥٩٩٧٧+

DEPARTMENT OF LABORATORY MEDICINE

File No:	0236310	**Report No:**	0583601		
Name:	JOSEPH GEROGE GEORGE	**Sample Date:**	25/09/2021	**Time:**	9:58
		Received By:	JIBI		
Address:		**Received Date:**	25/09/2021	**Time:**	10:01
Gender:	M **Age:** 56 Y **Nationality:** INDIAN	**Report Date:**	25/09/2021	**Time:**	12:50
GSM No.:	96282305 **ID Card No.:** 74574558	**Bill No:**	0785868	**Bill Date:**	25/09/2021
Ref. By:	EXTERNAL DOCTOR	**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)	8.11 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.69 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3.42 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.37	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	229.39 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	5.04 mmol/L	1.7 - 8.3
Method : Kinetic Assay	30.27 mg/dL	10.2 - 49.8
CREATININE - SERUM	88.91 µmol/L	44.2 - 123.7
Method :-Jaffé Method	1.01 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	6980 cells/cumm	4000 - 11000 cells/cumm
DC (DIFFERENTIAL COUNT)		
NEUTROPHILS	44.5 %	40-75%
LYMPHOCYTES	37.8 %	20-45%
EOSINOPHILS	4.7 %	2-6 %
MONOCYTES	12.3 %	2-8 %

Processed By:
JIBI
Lab Technologist
MOH LIC No: 4384

Approved By:
SREERAJ
Lab Technologist

Released By:
SREERAJ
Lab Technologist
MOH License No: 6644

Specialist Pathologist

Printed at: 25/09/2021 12:51:39 PM

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 9139 9073 / 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
www.asterhospital.com

مستشفى عمان الخير ش.م.م
ص.ب ٤٠٠، الرمز البريدي ٥١١
عبري سلطنة عمان
هاتف: ٢٥٦٨ ٢٥٦٨ ٩٦٨+
فاكس: ٢٥٦٨ ٢٥٦٨ ٩٦٨+
نقال: ٧١٥٥٩٩٧٧/٧١٥٥٩٩٧٧ ٩٦٨+

DEPARTMENT OF LABORATORY MEDICINE

File No:	0236310	**Report No:**	0583601		
Name:	JOSEPH GEROGE GEORGE	**Sample Date:**	25/09/2021	**Time:**	9:58
		Received By:	JIBI		
Address:		**Received Date:**	25/09/2021	**Time:**	10:01
Gender:	M **Age:** 56 Y **Nationality:** INDIAN	**Report Date:**	25/09/2021	**Time:**	12:50
GSM No.:	96282305 **ID Card No.:** 74574558	**Bill No:**	0785868	**Bill Date:**	25/09/2021
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
BASOPHILS	0.7 %	0-1%
HB (HEMOGLOBIN)	15.8 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
TOTAL RBC COUNT	5.05 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
PLATELET COUNT	1.77 lakhs/cumm	1.0 - 4.0 lakhs / cumm
PCV (PACKED CELL VOLUME)	46.30 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	91.70 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	31.30 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	34.10 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	03 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	'+++'	
PROTEIN	NIL	
KETONE	NIL	
BILIRUBIN	NIL	
pH	ACIDIC	

Processed By:	*Approved By:*	*Released By:*
JIBI	**SREERAJ**	**SREERAJ**
Lab Technologist	*Lab Technologist*	*Lab Technologist*

Medical Lab. Technologist

★ *Specialist Pathologist*

MOH LIC No: 4384 MOH License No: 6644

Printed at: 25/09/2021 12:51:39 PM

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 9139 9073 / 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
www.asterhospital.com

مستشفى عمان الخير ش.م.م
ص.ب. ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٧٧٥٥٩٩٧٧/٧٢٣٩٩٧٧٧+٩٦٨

DEPARTMENT OF LABORATORY MEDICINE

File No:	0236310	**Report No:**	0583601		
Name:	JOSEPH GEROGE GEORGE	**Sample Date:**	25/09/2021	**Time:**	9:58
		Received By:	JIBI		
Address:		**Received Date:**	25/09/2021	**Time:**	10:01
Gender:	M **Age:** 56 Y **Nationality:** INDIAN	**Report Date:**	25/09/2021	**Time:**	12:50
GSM No.:	96282305 **ID Card No.:** 74574558	**Bill No:**	0785868	**Bill Date:**	25/09/2021
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:
JIBI
Lab Technologist
MOH LIC No: 4384

Approved By:
SREERAJ
Lab Technologist

Released By:
SREERAJ
Lab Technologist
MOH License No: 6644

Specialist Pathologist

Printed at: 25/09/2021 12:51:39 PM

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 9139 9073 / 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
www.asterhospital.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:	0058415
Name:	JOSEPH GEROGE GEORGE
Age/DOB:	56 Y — Omani ID/ L.Card No:: 74574558
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	25/09/2021
X-Ray Filim No:	TO
Bill No:	0785868
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

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 9139 9073 / 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
www.asterhospital.com

مستشفى عمان الخير ش.م.م
ص.ب ٤٠٠ الرمز البريدي: ٥١١
عبري سلطنة عمان
هاتف: ٢٥٦٨٨٠٧٥ +٩٦٨
فاكس: ٢٥٦٨٨٠٢٥ +٩٦٨
نقال: ٩٩٩٧٧٧٧/٧١٥٥٩٩٧٧ +٩٦٨

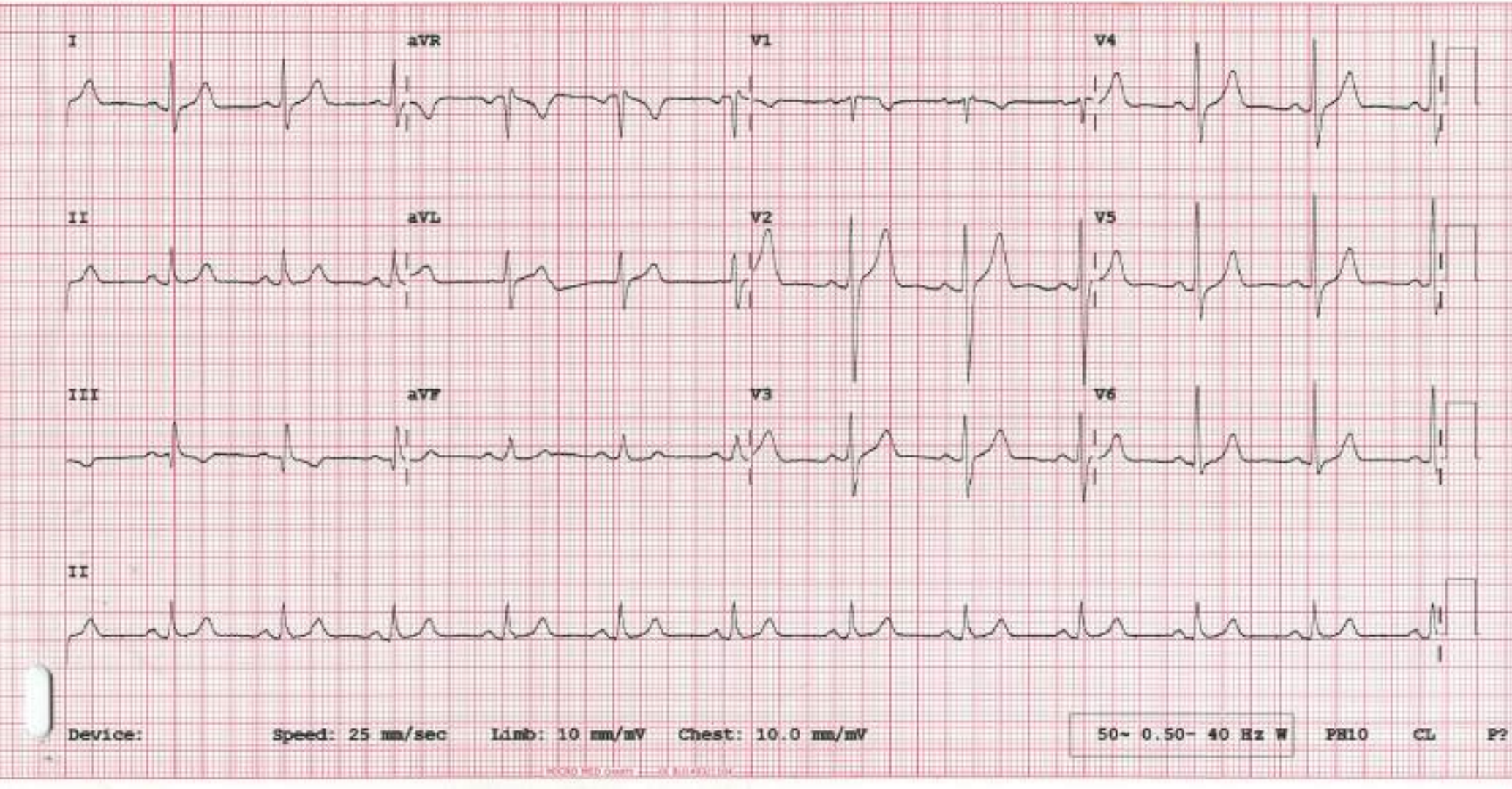
236310 JOSEPH GEROGE GEORGE 25-Sep-21 09:58:29 AM
56 Years Male ASTER HOSPITAL IBRI (Emergency)

Rate	72
RR	833
PR	153
QRSD	103
QT	389
QTc	426

--AXIS--

P	52
QRS	65
T	12

12 Lead; Standard Placement



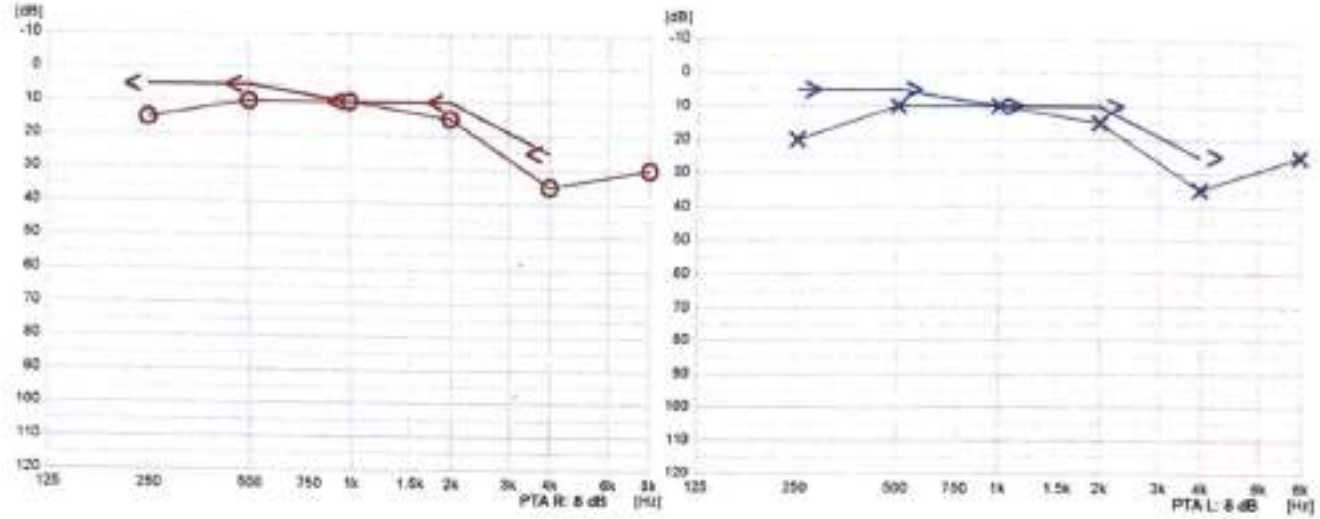
Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV 50~ 0.50- 40 Hz W PH10 CL P?

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

IBRI

22349191

Code:	Last name , First name	Born:
0785868	GEORGE , JOSEPH GEOR	09/2021
Test type	Test date:	
Tonal audiometry	25/09/2021	



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

PTA
Right:- 11.6 dBHL
Left:- 11.6 dBHL

Comments
BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS WITH NOTCH AT 4KHz

Signature:

Date: 25/09/2021