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: Rauf Muhammad Mohammad Yaqoob
Forenames:
Address:
Home telephone number: 96350033

Place of examination: | Date: 21/12/2011

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

Birth date: 4/11/1984 | Nationality: Pakistani | Country of birth: Pakistan | Religion: Muslim

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

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: 21/12/2011 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	WNL
✓		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 L / NEAR R L	Colour Vision	Blood Group
182	94	28.4	130/80	76		Uncorrected 6/9 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.)

overweight, Advised weight reduction.

ASSESSMENT:

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

Date: 31/12/2021 Name (Block Capitals): Dr. / MANDANA PANIDI Signature:

DR. MANDANA PANIDI
GENERAL PRACTITIONER

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr. / 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: Rauf Mohammad. Mohammad. Yogoo

Emp #: 105680974.

Date of Assessment: 31/12/2.21

1	Age	Years 40	
2	Gender	Female/Male (Male circled)	
3	Total Cholesterol	mmol/L	5.54
4	HDL Cholesterol	mmol/L	0.395
5	Smoker	Yes/No (No circled)	
6	Diabetes	Yes/No (No circled)	
7	Systolic Blood pressure	mm Hg 130	
8	Is the patient being treated for High blood pressure?	Yes/No (No circled)	

Framingham Risk score: 9.4. %

Framingham Risk Rating (Circle the appropriate score):

✓ **Low** **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by:

DR. VANDANA PAWAR
LICENCE NO: 12972
GENERAL PRACTITIONER

OMAN AL KHAIR HOSPITAL L.L.C

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 31/12/2022
Name: Rauf Mohammed Yoosuf		Department/Company: IC
I. D No. 10568077	Tel # 96350933	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

3	sitting and reading
3	watching TV
3	sitting inactive in a public place (e.g. theatre or meeting)
3	as a passenger in the car for an hour without a break
1	Lying down to rest in the afternoon when circumstances permit
3	Sitting a talking with someone
3	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total	19

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

Signature: _____ Date: 31/12/2022

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M : +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٧١٥٥٩٩٧٧+٩٦٨
www.asteroman.com
مستشفى عمان الخير ش.م.م
ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

Fitness to Work Certificate

Employee Data			Date 31/12/2024
Name Rauf Muhammad Yousaf			Department/Company TO
I.D No. 10568097H	Age 40/yr		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 Dr Nandana P	Signature	Date 31/12/2024	

DR. NANDANA PAMIDI
LICENSE NO: 118.3
GENERAL PRACTITIONER

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : + 968 2568 8075
F : + 968 2568 8025
M : +968 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M : +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٧١٥٥٩٩٧٧+٩٦٨
www.asteroman.com
مستشفى عمان الخير ش.م.م
ص.ب: ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

DEPARTMENT OF LABORATORY MEDICINE

File No: 0264161
Name: RAUF MUHAMMAD MUHAMMAD YAQOOB
Address:
Gender: M **Age:** 40 Y **Nationality:** PAKISTANI
GSM No.: 96350033 **ID Card No.:** 105680974
Ref. By: EXTERNAL DOCTOR

Report No: 0643617
Sample Date: 31/12/2022 **Time:** 10:29
Received By: 181773
Received Date: 31/12/2022 **Time:** 10:52
Report Date: 31/12/2022 **Time:** 11:53
Bill No: 0857895 **Bill Date:** 31/12/2022
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	5.68 mmol/L	3.9 - 6.1
	102.24 mg/dL	70 - 110
Method :- Hexokinase		
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**5.54 mmol/L**	1 - 5.1
	214.18 mg/dl	40 - 200
Method:-Enzymatic		
HDL (HIGH DENSITY LIPOPROTEIN)	0.895 mmol/L	0.777 - 1.813
	34.6 mg/dl	30 - 70
Method:-Enzymatic		
LDL (LOW DENSITY LIPOPROTEIN)	3.64 mmol/L	1.295 - 4.54
	140.46 mg/dl	50 - 172
Method:-Calculation		
VLDL (VERY LOW DENSITY LIPOPROTEIN)	1.01 mmol/L	0.259 - 1.036
	39.12 mg/dl	10 - 40
Method:-Calculation		
RATIO (TOTAL CHOL / HDL CHOL)	**6.19**	3.8 - 5.9
Method:-Calculation		
TRIGLYCERIDES	**2.21 mmol/L**	0.564 - 2.146
	195.585 mg/dl	50 - 190
Method : Enzymatic		
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.589 mg/dL	0.1 - 1
	10.07 µmol/L	1 - 17.1
Method : Diazo		
DIRECT BILIRUBIN - SERUM	0.101 mg/dL	0.1 - 0.5
	1.73 µmol/L	1 - 8.55
Method : Diazo		
SGOT (AST)-SERUM (IFCC)	38.00 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	38.10 U/L	Male: 10-50 Female:10-35

THANSILA THAHA
LAB TECHNICIAN
REG No.: 21829

Processed By:
JIBI
Lab Technologist
MOH LIC No: 4384

Approved By:
181773
Lab Technologist

Released By:
181773
Lab Technologist
MOH License No: 21829

DR SHAYFA P
Specialist Pathologist
MOH LIC NO:13475
Electronically Signed at: 31/12/2022 11:53:00 AM

Printed at: 31/12/2022 11:53:59 AM

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M : +968 9830 3232
هاتف: ٢٥٦٨٠٧٥ ٩٦٨+
فاكس: ٢٥٦٨٠٢٥ ٩٦٨+
نقال: ٧٧٧٩٩٧٧٥ ٩٦٨+
www.asteroman.com
مستشفى عمان الخير ش.م.م
ص.ب - ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

DEPARTMENT OF LABORATORY MEDICINE

File No: 0264161
Name: RAUF MUHAMMAD MUHAMMAD YAQOOB
Address:
Gender: M **Age:** 40 Y **Nationality:** PAKISTANI
GSM No.: 96350033 **ID Card No.:** 105680974
Ref. By: EXTERNAL DOCTOR

Report No: 0643617
Sample Date: 31/12/2022 **Time:** 10:29
Received By: 181773
Received Date: 31/12/2022 **Time:** 10:52
Report Date: 31/12/2022 **Time:** 11:53
Bill No: 0857895 **Bill Date:** 31/12/2022
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	65.90 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)	7.79 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.58 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3.21 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.43	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM Method :-Enzymatic Assay	40.45 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	4.00 mmol/L	1.7 - 8.3
Method : Kinetic Assay	24.02 mg/dL	10.2 - 49.8
CREATININE - SERUM	81.53 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.92 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	6820 cells/cumm	4000 - 11000 cells/cumm
Method : -Fluorescence Flow Cytometry		
DC (DIFFERENTIAL COUNT)		
Method : -Fluorescence Flow Cytometry		
NEUTROPHILS	49.2 %	40-75%

THANSILA THAHA
LAB TECHNICIAN
REG No : 21829

Processed By: JIBI, *Lab Technologist*, MOH LIC No: 4384
Approved By: 181773, *Lab Technologist*
Released By: 181773, *Lab Technologist*, MOH License No: 21829
DR. SHAYFA P, *Specialist Pathologist*, MOH LIC NO:13475
Electronically Signed at: 31/12/2022 11:53:00 AM

Printed at: 31/12/2022 11:53:59 AM

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 7155 9977
D : +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M : +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٧٧٩٩٥٥٧٧+٩٦٨
www.asteroman.com
مستشفى عمان الخير ش.م.م
ص.ب. ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

DEPARTMENT OF LABORATORY MEDICINE

File No:	0264161	**Report No:**	0643617		
Name:	RAUF MUHAMMAD MUHAMMAD YAQOOB	**Sample Date:**	31/12/2022	**Time:**	10:29
		Received By:	181773		
Address:		**Received Date:**	31/12/2022	**Time:**	10:52
Gender:	M **Age:** 40 Y **Nationality:** PAKISTANI	**Report Date:**	31/12/2022	**Time:**	11:53
GSM No.:	96350033 **ID Card No.:** 105680974	**Bill No:**	0857895	**Bill Date:**	31/12/2022
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
LYMPHOCYTES	40.3 %	20-45%
EOSINOPHILS	1.5 %	2-6 %
MONOCYTES	8.7 %	2-8 %
BASOPHILS	0.3 %	0-1%
HB (HEMOGLOBIN)	15.6 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
Method : -Cyanide-free SLS haemoglobin		
TOTAL RBC COUNT	5.51 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
Method : - Hydrodynamically focussed impedance		
PLATELET COUNT	2.17 lakhs/cumm	1.0 - 4.0 lakhs / cumm
Method : - Hydrodynamically focussed impedance		
PCV (PACKED CELL VOLUME)	48.40 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	87.80 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	28.30 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	32.20 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	05 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		

THANSILA THAHA
LAB TECHNICIAN
REG No. : 21829

Processed By:	*Approved By:*	*Released By:*	
JIBI	181773	181773	DR. SHAYFA P
Lab Technologist	*Lab Technologist*	*Lab Technologist*	*Specialist Pathologist*
MOH LIC No: 4384		MOH License No: 21829	MOH LIC NO:13475

Electronically Signed at: 31/12/2022 11:53:00 AM

Printed at: 31/12/2022 11:53:59 AM

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : + 968 2568 8075
F : + 968 2568 8025
M : +968 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M : +968 9830 3232
مستشفى عمان الخير ش.م.م
ص.ب. ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان
هاتف: ٢٥٦٨٨٠٧٥ ٩٦٨+
فاكس: ٢٥٦٨٨٠٢٥ ٩٦٨+
نقال: ٧١٥٥٩٩٧٧ ٩٦٨+
www.asteroman.com

DEPARTMENT OF LABORATORY MEDICINE

File No:	0264161	**Report No:**	0643617		
Name:	RAUF MUHAMMAD MUHAMMAD YAQOOB	**Sample Date:**	31/12/2022	**Time:**	10:29
		Received By:	181773		
Address:		**Received Date:**	31/12/2022	**Time:**	10:52
Gender:	M **Age:** 40 Y **Nationality:** PAKISTANI	**Report Date:**	31/12/2022	**Time:**	11:53
GSM No.:	96350033 **ID Card No.:** 105680974	**Bill No:**	0857895	**Bill Date:**	31/12/2022
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	

THANSILA THAHA
LAB TECHNICIAN
REG No. 21829

Processed By:	*Approved By:*	*Released By:*	
JIBI	181773	181773	DR. SHAYFA P
Lab Technologist	*Lab Technologist*	*Lab Technologist*	*Specialist Pathologist*
MOH LIC No: 4384		MOH License No: 21829	MOH LIC NO:13475

Electronically Signed at: 31/12/2022 11:53:00 AM

Printed at: 31/12/2022 11:53:59 AM

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 7155 9977
D : +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M : +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٧١٥٥٩٩٧٧+٩٦٨
www.asteroman.com
مستشفى عمان الخير ش.م.م
ص.ب. ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
نحن نعتني بك دائما

X-RAY REPORT

Doc No:	0066989
Name:	RAUF MUHAMMAD MUHAMMAD YAQOOB
Age/DOB:	40 Y — Omani ID/ L.Card No:: 105680974
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	31/12/2022
X-Ray Filim No:	PDO
Bill No:	0857895
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 CU
SPECIALIST RADIOLOGY
MOH Licence: 21058
ASTER HOSPITAL IBRI

Seal

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman

T : + 968 2568 8075
F : + 968 2568 8025
M : +968 7155 9977
@ : +968 7155 9977
E : oakh.ibri@asterhospital.com

[Aster@Home]
M: +968 9830 3232

هاتف: ٢٥٦٨٨٧٥+٩٦٨
فاكس: ٢٥٦٨٨٢٥+٩٦٨
نقال: ٧٦٥٥٩٩٧٧+٩٦٨
www.asteroman.com

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

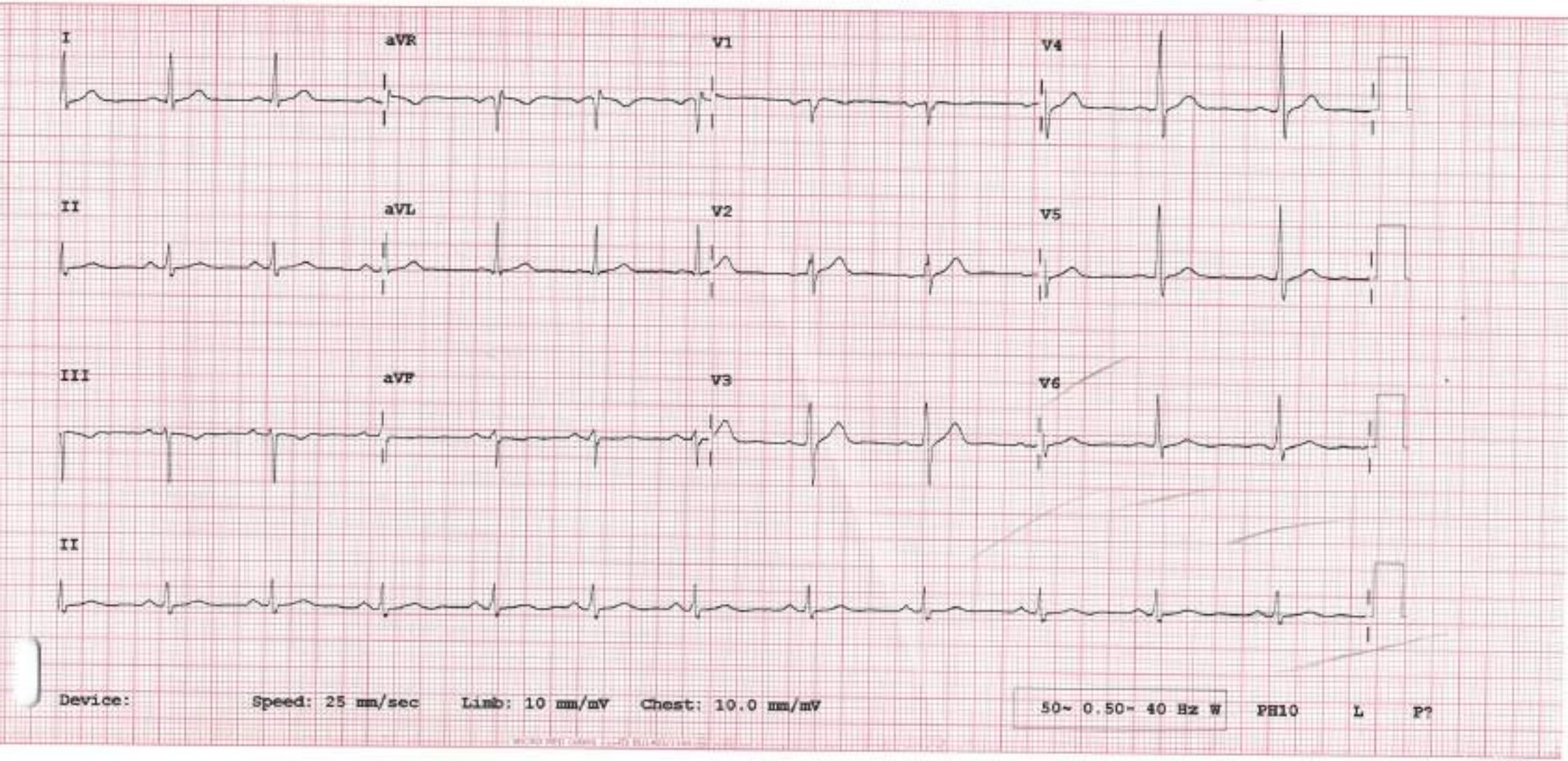
264161 RAUF MOHD YAQOOB 12/31/2022 02:34:53 AM

Nasser Hospital IBRI
ECG Room
ECG Room

Rate 71

PR 166
QRSD 85
QT 364
QTc 396

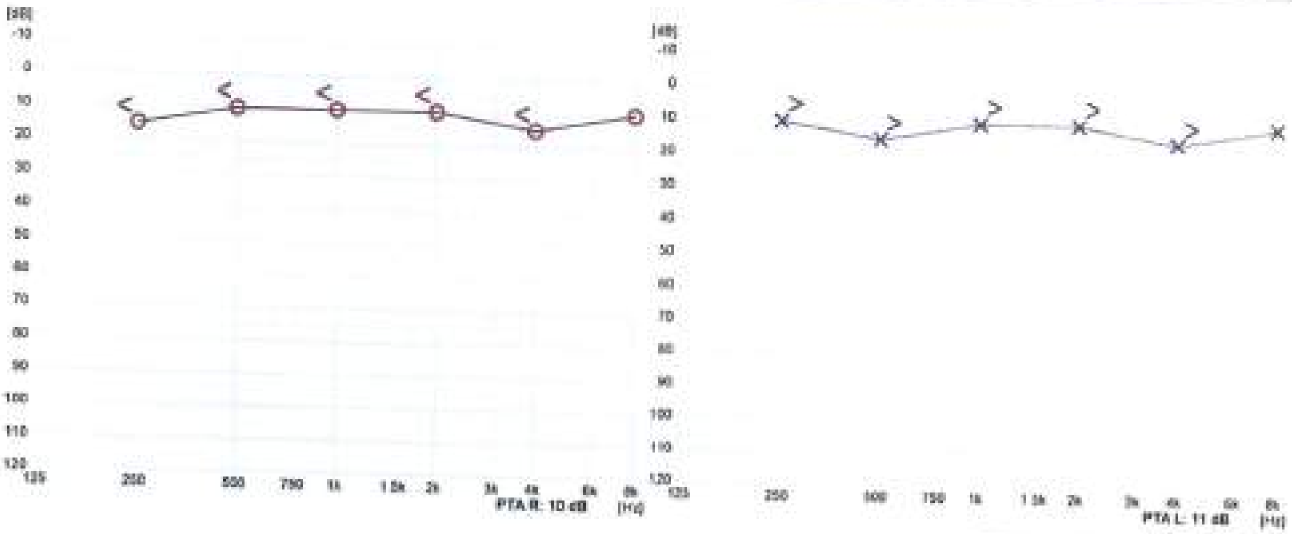
--AXIS--
P 9
QRS -19
T -1
12 Lead; Standard Placement



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

SUPER QUALITY HEARING AID
AND SPEECH THERAPY CENTER

Code: 0857896	Last name , First name RAUF MUHAMMAD , MUHAMMAD[illegible]OOB	Born:
Test type Tonal audiometry	Test date: 31.12.2022	



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

PTA
Right: 10dBHL
Left: 11dBHL

Comments

BILATERAL NORMAL HEARING SENSITIVITY

Signature:

Date: 31/12/2022