## 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: Deepak Kumar Sat parkash
Forenames:
Address:
Home telephone number: 72590977

Place of examination | Date: 11/4/2015

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

Birth date: 4/6/1976 | 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)
(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 reserves the right to dismiss me if it was found that I have purposely withheld important medical information.

Date: 11/4/2015 Signature of Applicant

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

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

| HEIGHT cm | WEIGHT kg | BMI | B.P. | PULSE | HEARING | VISION DISTANT R L | VISION NEAR R L | Colour Vision | Blood Group |
|---|---|---|---|---|---|---|---|---|---|
| 170 | 97 | 33.6 | 120/80 | 80/mins. | L<br>R | Uncorrected 6/6 6/6<br>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.)

Borderline DM; Advised low fat diet and exercise control. Review after 3 months for check up.

ASSESSMENT:

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

Date: 10/4/2023 Name (Block Capitals): Dr. / Nurse RAKESH Signature:

REVIEW/CONSULTATION

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

OMAN AL-KHAIR HOSPITAL L.L.C

DR. RAKESH YELLA
LICENSE NO: 12208
GENERAL PRACTITIONER

## 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: Deepak. Kumar. Sat paul.
Emp #: 87243357
Date of Assessment: 1/4/2023

| | | | |
|---|---|---|---|
| 1 | Age | Years<br>47 | |
| 2 | Gender | Female/Male | |
| 3 | Total Cholesterol | mmol/L<br>4.48 | |
| 4 | HDL Cholesterol | mmol/L<br>0.979 | |
| 5 | Smoker | Yes/No | |
| 6 | Diabetes | Yes/No | |
| 7 | Systolic Blood pressure | mm Hg<br>132 | |
| 8 | Is the patient being treated for High blood pressure? | Yes/No | |

**Framingham Risk score:** 6.5 %

Framingham Risk Rating (Circle the appropriate score):

**Low** **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by:

Dr. Rakesh

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
مستشفى عمان الخير ش.م.م
ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٧١٥٥٩٩٧٧+٩٦٨
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## Epworth Screening Quest. for Sleep Apnoea

| Employee Data | | Date: 11/4/2023 |
|---|---|---|
| Name: Deepak · Kumar · Sat | | Department/Company: Tech |
| I. D No. 87243357 | Tel # 71570477 | 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 |
| 1 | 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 | 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 [redacted] (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: [redacted] Date: 11/4/2023

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
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M : +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
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عبري سلطنة عمان

# Fitness to Work Certificate

| Employee Data | | | Date | 11/4/2013 |
|---|---|---|---|---|
| Name | Deepak Kumar Satpal | | Department/Company | T.O. |
| I.D No. | 87243857 | Age 47 | Occupation | |

| Type of Medical Evaluation | | | Mark those applying √ | | |
|---|---|---|---|---|---|
| A1 | Aircraft refuelling | | A6 | Fire / Emergency response team work | |
| A2 | Breathing apparatus | | A7 | Professional driving | |
| A3 | Business traveller | | A8 | Remote location work | |
| A4 | Catering and food preparation | | A9 | Transfers – group A country | |
| A5 | Crane or forklift driving & all heavy vehicles | | A10 | Transfers – group B country | |

**Health Advisor Statement : The above named person has been examined according to the statements laid down in "Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work". At this time his/her fitness to work status for the above tasks is as follows.**

| | | | |
|---|---|---|---|
| **Fit with no restrictions** | | | ✓ |
| **Fit with following restriction(s)** | | | |
| ***The employee is fit for above work but should avoid the following task(s)*** | ***Temporary restriction*** | ***Permanent restriction*** | |
| Work near moving machinery or sharp edges | | | |
| Working at height | | | |
| Puling, pushing, or carrying weight over ____ Kg | | | |
| Ascend/descend ladders or stairs | | | |
| Operate motor vehicles, forklifts or heavy machinery | | | |
| Use of a respirator | | | |
| Repetitive twisting of valves or wrenches | | | |
| Flying | | | |
| Other (Specify) | | | |
| **Temporary Unfit until** | | | |
| **Permanently Unfit** | | | **Date** |
| **Name of health advisor** | **Signature** | **Date** | |

Dr. Rakesh Yelle — 1/4/2013

OMAN AL KHAIR HOSPITAL L.L.C

DR. RAKESH YELLE

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

T : + 968 2568 8025
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
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ص.ب: ٤٠٠ الرمز البريدي: ٥١١
عبري، سلطنة عمان

## DEPARTMENT OF LABORATORY MEDICINE

| | | | | | |
|---|---|---|---|---|---|
| **File No:** | 0221917 | **Report No:** | 0655175 | | |
| **Name:** | DEEPAK KUMAR | **Sample Date:** | 11/04/2023 | **Time:** | 9:15 |
| | | **Received By:** | 181773 | | |
| **Address:** | | **Received Date:** | 11/04/2023 | **Time:** | 9:29 |
| **Gender:** | M **Age:** 47 Y **Nationality:** INDIAN | **Report Date:** | 11/04/2023 | **Time:** | 11:05 |
| **GSM No.:** | 95277931 **ID Card No.:** 87243357 | **Bill No:** | 0872234 | **Bill Date:** | 11/04/2023 |
| **Ref. By:** | EXTERNAL DOCTOR | **Report Status:** | Final | | |

| INVESTIGATION | RESULT | REFERENCE RANGE |
|---|---|---|
| PDO MEDICAL CHECK UP ABOVE 40( truckoman) | | |
| FBS (FASTING BLOOD SUGAR) | 6.01 mmol/L | 3.9 - 6.1 |
| Method :- Hexokinase | 108.18 mg/dL | 70 - 110 |
| LIPID PROFILE - SERUM | | |
| CHOLESTEROL (TOTAL) | 4.48 mmol/L | 1 - 5.1 |
| Method:-Enzymatic | 173.2 mg/dl | 40 - 200 |
| HDL (HIGH DENSITY LIPOPROTEIN) | 0.974 mmol/L | 0.777 - 1.813 |
| Method:-Enzymatic | 37.65 mg/dl | 30 - 70 |
| LDL (LOW DENSITY LIPOPROTEIN) | 2.14 mmol/L | 1.295 - 4.54 |
| Method:-Calculation | 82.8 mg/dl | 50 - 172 |
| VLDL (VERY LOW DENSITY LIPOPROTEIN) | **1.37 mmol/L** | 0.259 - 1.036 |
| Method:-Calculation | **52.75 mg/dl** | 10 - 40 |
| RATIO (TOTAL CHOL / HDL CHOL) | 4.6 | 3.8 - 5.9 |
| Method:-Calculation | | |
| TRIGLYCERIDES | **2.98 mmol/L** | 0.564 - 2.146 |
| Method : Enzymatic | **263.73 mg/dl** | 50 - 190 |
| LIVER FUNCTION TEST - SERUM | | |
| TOTAL BILIRUBIN - SERUM | 0.768 mg/dL | 0.1 - 1 |
| Method : Diazo | 13.13 µmol/L | 1 - 17.1 |
| DIRECT BILIRUBIN - SERUM | 0.215 mg/dL | 0.1 - 0.5 |
| Method : Diazo | 3.68 µmol/L | 1 - 8.55 |
| SGOT (AST)-SERUM (IFCC) | 24.20 U/L | Male: up to 40.0<br>Female: up to32.0 |
| SGPT (ALT)-SERUM (IFCC) | 27.50 U/L | Male: 10-50<br>Female:10-35 |

THANSILA T... LAB TECHNICIAN REG No. : 21...

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

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

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

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

Electronically Signed at: 11/04/2023 11:06:00 AM

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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
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E : oakh.ibri@asterhospital.com
[Aster@Home]
M : +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥ +٩٦٨
فاكس: ٢٥٦٨٨٠٢٥ +٩٦٨
نقال: ٧٧٥٥٩٩٧٧ +٩٦٨
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ص.ب ٤٠٠ الرمز البريدي: ٥١١
عبري سلطنة عمان

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| **Ref. By:** | EXTERNAL DOCTOR | **Report Status:** | Final | | |

| INVESTIGATION | RESULT | REFERENCE RANGE |
|---|---|---|
| ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC) | 75.06 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) | 6.89 gm/dL | 6.6 - 8.7 |
| ALBUMIN - SERUM (Colorimetric Assay) | **4.97 gm/dL** | 3.9 - 4.9 |
| GLOBULIN - SERUM (Calculation) | **1.92 gm/dL** | 2.3 - 3.5 |
| ALBUMIN / GLOBULIN RATIO - Calculation | **2.59** | 1.2 - 1.5 |
| GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM | 89.92 U/L | Men : 8-61<br>Female : 5-36 |
| Method :-Enzymatic Assay | | |
| RENAL FUNCTION TEST (UREA - CREATININE) | | |
| UREA - SERUM | 3.50 mmol/L | 1.7 - 8.3 |
| Method : Kinetic Assay | 21.02 mg/dL | 10.2 - 49.8 |
| CREATININE - SERUM | 75.87 µmol/L | 44.2 - 123.7 |
| Method :-Jaffé Method | 0.86 mg/dl | 0.5 - 1.4 |
| CBC (COMPLETE BLOOD COUNT) | | |
| TOTAL WBC COUNT | 4780 cells/cumm | 4000 - 11000 cells/cumm |
| Method : -Fluorescence Flow Cytometry | | |
| DC (DIFFERENTIAL COUNT) | | |
| Method : -Fluorescence Flow Cytometry | | |
| NEUTROPHILS | 51.7 % | 40-75% |

THANSILA THAHA
LAB TECHNICIAN
REG No.: 21829

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

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Oman Al Khair Hospital LLC
P.O. Box 600, 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
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www.asteroman.com
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| **Ref. By:** | EXTERNAL DOCTOR | **Report Status:** | Final | | |

| INVESTIGATION | RESULT | REFERENCE RANGE |
|---|---|---|
| LYMPHOCYTES | 38.7 % | 20-45% |
| EOSINOPHILS | 1.7 % | 2-6 % |
| MONOCYTES | 7.3 % | 2-8 % |
| BASOPHILS | 0.6 % | 0-1% |
| HB (HEMOGLOBIN) | 14.1 gm/dl | Male-13 - 18 gm/dl<br>Female-11- 15 gm/dl |
| Method : -Cyanide-free SLS haemoglobin | | |
| TOTAL RBC COUNT | 4.97 million/cu | MALE: 4.5-6.5million/cu<br>FEMALE: 3.9-5.5million/cu |
| Method : - Hydrodynamically focussed impedance | | |
| PLATELET COUNT | 2.23 lakhs/cumm | 1.0 - 4.0 lakhs / cumm |
| Method : - Hydrodynamically focussed impedance | | |
| PCV (PACKED CELL VOLUME) | 43.80 % | Males : 42% - 52%<br>Females : 37% - 47% |
| MCV (MEAN CORPUSCULAR VOLUME) | 88.10 FL | 76 - 96 FL |
| MCH (MEAN CORPUSCULAR HEMOGLOBIN) | 28.40 PG | 27 - 33 PG |
| MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION) | 32.20 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<br>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: | Approved By: | Released By: |
|---|---|---|
| 181773 | 181773 | 181773 |
| Lab Technologist | Lab Technologist | Lab Technologist |
| MOH License No: 21829 | MOH License No: 21829 | MOH License No: 21829 |

THANSILA TURRA
LAB TECHNICIAN
FEQ No : 218

DR. SHAYFA P
Specialist Pathologist
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T : +968 2568 8075
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[Aster@Home]
M : +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
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مستشفى عمان الخير ش.م.م
ص.ب: ٤٠٠ الرمز البريدي ١١
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| 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 T... LAB TECHNICIAN REG No.: 21...

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

Electronically Signed at: 11/04/2023 11:06:00 AM

Printed at: 11/04/2023 11:07:03 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: ٧٦٥٥٩٩٧٧+٩٦٨
www.asteroman.com
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ص.ب: ٤٠٠ الرمز البريدي: ٥١١
عبري سلطنة عمان

# X-RAY REPORT

| | |
|---|---|
| Doc No: | 0070087 |
| Name: | DEEPAK KUMAR |
| Age/DOB: | 47 Y |
| Omani ID/ L.Card No:: | 87243357 |
| Sex: | Male |
| Referred By: | EXTERNAL DOCTOR |
| Clinical Diagnosis: | |
| X-Ray/UltraSound | CHEST X-RAY |
| Date: | 11/04/2023 |
| X-Ray Filim No: | TRAUCOMAN |
| Bill No: | 0872234 |
| 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 L.L.C.

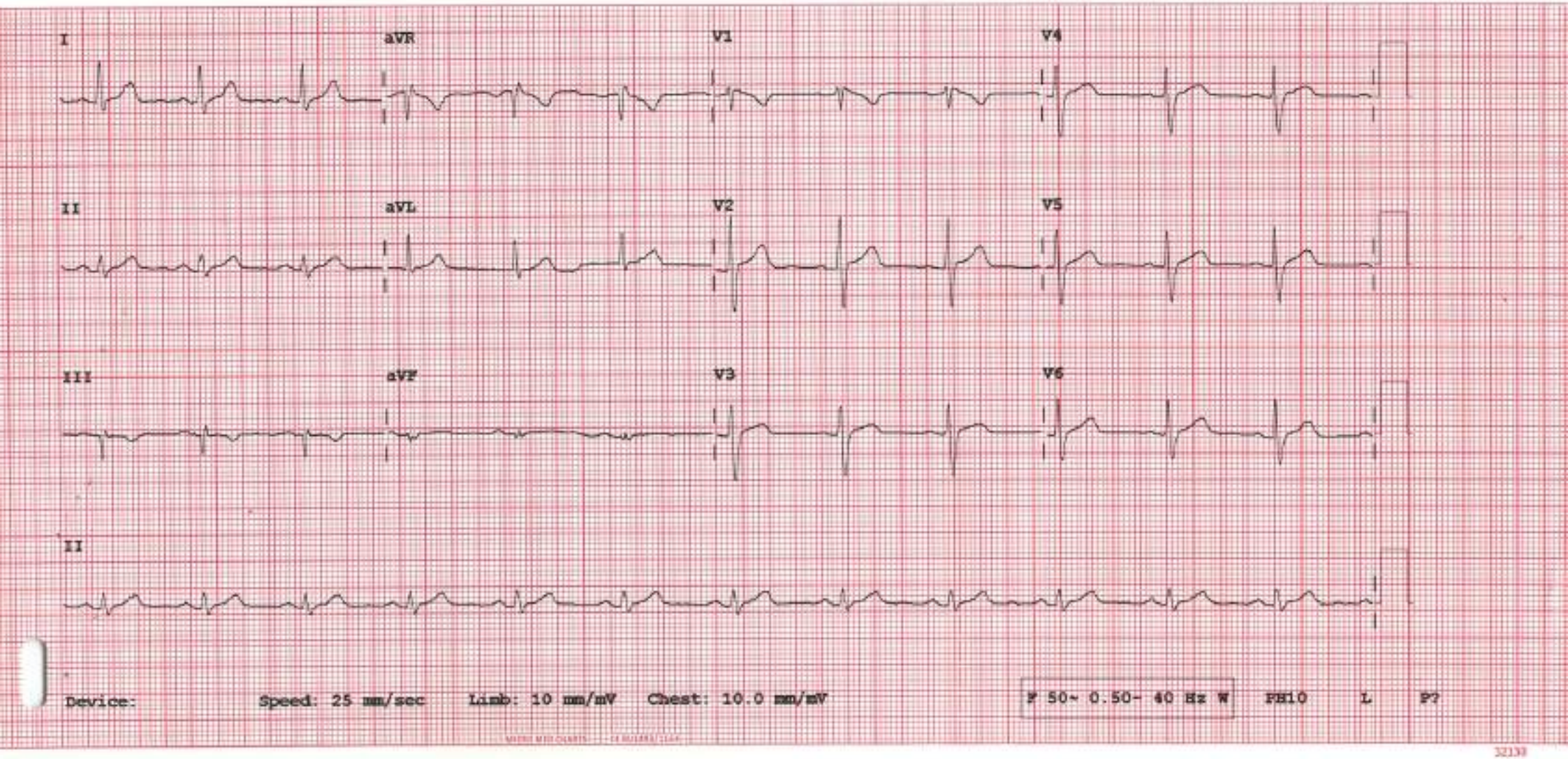
221917 deepak kumar 4/11/2023 09:51:35 AM

Aster Hospital IBRI
ECG Room
ECG Room

Rate 74

PR 160
QRSD 104
QT 375
QTc 416

--AXIS--
P 50
QRS 0
T 14
12 Lead; Standard Placement

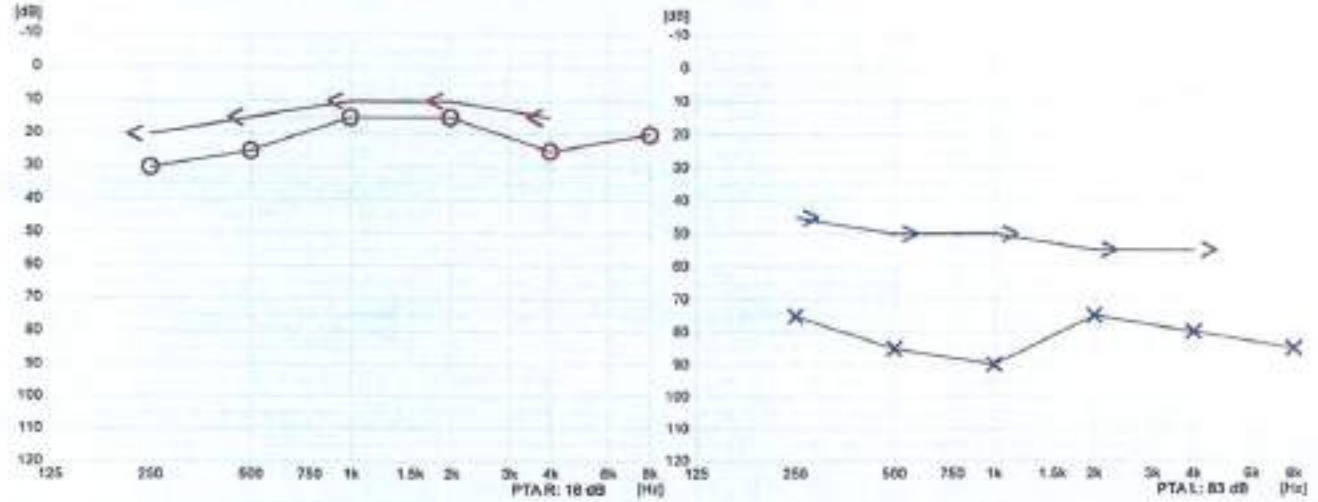



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.50- 40 Hz W FH10 L P?

32133

# SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

| Code: | Last name , First name | Born: |
|---|---|---|
| 0872234 | DEEPAK , KUMAR | 11.04.2023 |
| **Test type** | **Test date:** | |
| Tonal audiometry | 11.04.2023 | |




| Legend | R | L |
|---|---|---|
| Air | O | X |
| AirMasked | △ | □ |
| Bone | < | > |
| BoneMasked | [ | ] |
| MCL | M | M |
| UCL | m | m |
| Free Field | Ø | % |
| Free FieldAided | A | A |
| Binaural | | B |
| No response | | ∤ |

**Comments**
RIGHT:MINIMAL HEARING LOSS
LEFT:SEVERE MIXED HEARING LOSS

C.R. No: 1003393
PO Box: 2273
Postal Code: 133

**Signature:**

**Date:** 11/04/2023