

**Medical Fitness Certificate**

Name of the Examined employee: SHAKIM KHAN

Age: 51

ID NUMBER:

Job Title:

Date of Medical Examination: 23.01.2022

Examining Physician: DR. DIPALI

Medical Centre: APOLLO HOSPITAL MUSCAT

Company:

**Assessment Result:****Fit to work without restrictions**

*This Certificate is valid for 2 years from the date of medical examination*

**Fitness Classifications:**

- Fit to work without restrictions
- Fit to work with restriction
- Unfit to work Temporarily or Definitely

**Restrictions List:**

- R1: Unfit to work offshore, on marine vessels and in remote locations.  
R2: Unfit for Lifting and strenuous efforts.  
R3: Unfit to work in certain countries, check with geomarkethealth advisor.  
R4: Unfit to work in jobs requiring precise color vision.  
R5: Unfit to work in job with high level of noise.  
R6: Unfit to work in high risk of malaria countries.  
R7: Unfit to work in extreme heat.  
R8: Unfit to work in extreme cold.  
R9: Contact Geomarket health advisor/international medical coordinator – there exist specific restriction.  
R10: Unfit to work for a temporarily of time until further notice.  
R11: Unfit to work in jobs requiring good visual acuity ( eg: driving company vehicle ).  
R12: Fit only for defined period of time ( 1, 3 or 6 months ) and must be reassessed and fitness redefined.  
R13: Unfit to drive company vehicle.  
R14: Unfit to fly long haul flights.  
R15: Unfit to work in heights and confined spaces.

Examining Physician Stamp and signature

Hospital/Clinic Seal



## CONFIDENTIAL MEDICAL TO BE COMPLETED BY THE EMPLOYEE

|                                                                                                                                                                                                                                                                                                                                 |                                                                                                                           |                                     |                               |   |                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------|---|-------------------------------------|
| Med-check History Form                                                                                                                                                                                                                                                                                                          |                                                                                                                           | Name:                               | SHAKIM KHAN                   |   |                                     |
|                                                                                                                                                                                                                                                                                                                                 |                                                                                                                           | GIN #                               |                               |   |                                     |
| Place of examination<br>Atm                                                                                                                                                                                                                                                                                                     | Date 23-1-2022                                                                                                            | Mobile #                            | 95594914                      |   |                                     |
| Age: 51                                                                                                                                                                                                                                                                                                                         | Nationality: INDIAN                                                                                                       | Blood Group                         |                               |   |                                     |
| <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated / Divorced | Number of children:                 | 3                             |   |                                     |
| 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? ( )                                                                                                                                                                                                                                                                                          |                                                                                                                           |                                     |                               |   |                                     |
| FAMILY HISTORY: Diabetes ( ) Tuberculosis ( ) Epilepsy ( ) Asthma ( ) Eczema ( )<br>Heart disease ( ) High blood pressure ( ) Stroke ( ) Blood Disease ( ) Cancer ( )                                                                                                                                                           |                                                                                                                           |                                     |                               |   |                                     |
| PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-<br>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's Doctors, and the details sent to them by the examining Doctor. |                                                                                                                           |                                     |                               |   |                                     |
| Date: 23-1-22                                                                                                                                                                                                                                                                                                                   |                                                                                                                           |                                     |                               |   |                                     |
| Signature of Applicant: Shakim Khan                                                                                                                                                                                                                                                                                             |                                                                                                                           |                                     |                               |   |                                     |

PHYSICAL EXAMINATION IF ABNORMAL, PLEASE DETAIL

| Visual Fields:           |            | Color Vision:             | N                  |           |
|--------------------------|------------|---------------------------|--------------------|-----------|
| Speech:                  |            | Whisper test:             |                    |           |
| Near Vision Right eye:   | N/6        | Near Vision Left eye:     | N/6                |           |
| Distant Vision Left eye: | 6/6        | Distant Vision Right eye: | 6/6                |           |
| Height: 164              | Weight: 81 | BMI: 30.1                 | BP: 130/80         | Pulse: 57 |
| Body System/Organ        | N          | A                         | Abnormality if any |           |
| Eyes and pupils          | /          |                           |                    |           |
| Ear/nose/throat          | /          |                           |                    |           |
| Teeth and mouth          | /          |                           |                    |           |
| Lungs and chest          | /          |                           |                    |           |
| Cardiovascular           | /          |                           |                    |           |
| Abdomen                  | /          |                           |                    |           |
| Hernial orifices         | /          |                           |                    |           |
| Anus and rectum          | /          |                           |                    |           |
| Genito-urinary           | /          |                           |                    |           |
| Extremities              | /          |                           |                    |           |
| Musculoskeletal          | /          |                           |                    |           |
| Skin/varicose viens      | /          |                           |                    |           |
| Neurological             | /          |                           |                    |           |
| Mental fitness           | /          |                           |                    |           |
| Breast                   |            |                           |                    |           |

### TO BE COMPLETED BY THE EXAMINING PHYSICIAN

|                          |                |               |          |      |
|--------------------------|----------------|---------------|----------|------|
| Name: <u>Shakim Khan</u> | Age: <u>51</u> | Sex: <u>M</u> | Company: | GIN: |
|--------------------------|----------------|---------------|----------|------|

|                       |              |
|-----------------------|--------------|
| Past Medical History: | Blood Group: |
|-----------------------|--------------|

|               |                           |                  |  |
|---------------|---------------------------|------------------|--|
| Allergies:    |                           |                  |  |
| Vaccination   | Date of Initial Injection | Booster Due Date |  |
| Hepatitis A:  |                           |                  |  |
| Hepatitis B:  |                           |                  |  |
| Typhoid Fever |                           |                  |  |
| Influenza     |                           |                  |  |

| Tests Results |                 |
|---------------|-----------------|
| Audiogram:    | <u>Normal</u>   |
| DSU 5 Panel   | <u>Negative</u> |

|             |            |
|-------------|------------|
| ECG:        | <u>WNL</u> |
| Chest X-Ray | <u>WNL</u> |

| Blood Investigations: |              |                                           |               |                     |                                              |
|-----------------------|--------------|-------------------------------------------|---------------|---------------------|----------------------------------------------|
| RBCs                  | <u>4.64</u>  | 4.20-5.30 X10 <sup>6</sup> /UL            | SGOT          | <u>22.40</u>        | Male: 10-90<br>Female: 10-90 U/L             |
| WBCs                  | <u>10.78</u> | 4.0-11.0 X10 <sup>3</sup> /UL             | SGPT          | <u>20.00</u>        | Male: Up to 41<br>Female: 10-35 U/L          |
| NEUTRO                | <u>64.20</u> | 37-72%                                    | GGT           | <u>24.00</u>        | 0-50 U/L                                     |
| EOSINO                | <u>6.40</u>  | 0-6%                                      | FBS:          | <u>89.50</u>        | 80-110 mg/dl                                 |
| BAZO                  | <u>1.20</u>  | 0-1%                                      | CHOLESTEROL:  | <u>191.30</u>       | Up to 200 mg/dl                              |
| LYMPHO                | <u>21.80</u> | 10-50%                                    | HDL           | <u>48.60</u>        | 20-60 mg/dl                                  |
| MONO                  | <u>6.40</u>  | 0-14%                                     | LDL           | <u>124.94</u>       | Up to 130 mg/dl                              |
| HEMATOCRIT            | <u>42.70</u> | 37-51%                                    | TRIGLYCERIDES | <u>88.80</u>        | 35-175 mg/dl                                 |
| HEMOGLOBIN            | <u>14.20</u> | Male: 13.5-18.0<br>Female: 11.5-16.0 g/dl | CREATININE    | <u>0.67</u>         | Male: 0.7-1.2 mg/dl<br>Female: 0.3-0.9 mg/dl |
| ESR                   | <u>05</u>    | Male: 0-10 mm/hr<br>Female: 0-20 mm/hr    | URIC ACID     | <u>Sickle - Nym</u> | Male: 3.6-7.7 mg/dl<br>Female: 2.6-6.3 mg/dl |

| Urine Analysis |                 |        |                 |
|----------------|-----------------|--------|-----------------|
| Blood          | <u>Normal</u>   | Sugar  | <u>Negative</u> |
| Albumin        | <u>Negative</u> | Others | <u>Normal</u>   |

| Stool Analysis |           |        |           |
|----------------|-----------|--------|-----------|
| Parasites      | <u>Ny</u> | Blood: | <u>Ny</u> |

|          |                                |
|----------|--------------------------------|
| Comments | <u>Framingham Score = 3.9%</u> |
|----------|--------------------------------|

Examining Physician:

Hospital/Clinic Seal



Schlumberger-Private



DEPARTMENT OF LABORATORY SERVICES

File No: 0289546  
Name: SHAKIM KHAN  
Address:  
Gender: M Age: 51 Y Nationality: INDIAN  
GSM No.: 96594914 ID Card No.: 76338568  
Doctor: DR. HANEEN MUDHER

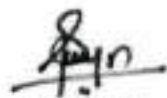
Report No: 0498362  
Sample Date: 23/01/2022 Time: 11:44  
Received Date: 23/01/2022 Time: 11:44  
Report Date: 23/01/2022 Time: 12:53  
Bill No: 1045264 Bill Date: 23/01/2022  
Company: TRUCK OMAN LLC

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

TRUCK OMAN PRE-EMPLOYMENT CHECK ABOVE  
50Yrs+TMT

|                       |                 |                                                                                          |
|-----------------------|-----------------|------------------------------------------------------------------------------------------|
| Fasting Blood Glucose | 89.50 mg/dL     | ADA Guidelines<br>Normal <100 mg/dl<br>Pre Diabetes 100-125 mg/dl<br>Diabetes >126 mg/dl |
| ESR                   | 05 mm/hr        | Male : 0-10 mm/hour<br>Female: 0-20 mm/hour                                              |
| Sickle cells (Screen) | Negative        |                                                                                          |
| S.Creatinine          | 0.67 mg/dL      | Male : 0.7 - 1.2 mg/dl<br>Female : 0.5 - 0.9 mg/dl                                       |
| CBC                   |                 |                                                                                          |
| WBC COUNT             | 10.78 $10^3/uL$ | 4.0-11.0x $10^3/mm^3$                                                                    |
| RBC                   | 4.64 $10^6/uL$  | 4.20 - 6.30 $10^6/uL$                                                                    |
| HGB                   | 14.20 g/dl      | male 13.5 -18.0 g/dl<br>female 11.5 -16.0 g/dl                                           |
| HCT                   | 42.70 %         | 37.0 - 51.0 %                                                                            |
| MCV                   | 92.00 fL        | 80.0 - 97.0 fL                                                                           |
| MCH                   | 30.60 pg        | 26.0 - 32.0 pg                                                                           |
| MCHC                  | 33.30 g/dL      | 31.0 - 36.0 g/dL                                                                         |
| RDW                   | 14.30 %         | 11.0 - 14.5 %                                                                            |
| NEUT#                 | 6.92 $10^3/uL$  | 1.50 - 7.00 $10^3/uL$                                                                    |
| LYMPH#                | 2.35 $10^3/uL$  | 0.60 - 4.10 $10^3/uL$                                                                    |
| MONO#                 | 0.69 $10^3/uL$  | 0.00 - 0.70 $10^3/uL$                                                                    |
| EOS#                  | 0.69 $10^3/uL$  | 0.00 - 0.40 $10^3/uL$                                                                    |

Reported By:



Soumya

Lab Technologist

MOH License No:

Printed at: 01/02/2022 17:19:05

Verified By:



Dr. Mohammed Atif Syed

Specialist Pathologist

MOH License No: 20491

Page : 1 of 4

DEPARTMENT OF LABORATORY SERVICES

File No: 0289546  
Name: SHAKIM KHAN

Address:  
Gender: M Age: 51 Y Nationality: INDIAN  
GSM No.: 96594914 ID Card No.: 76338568  
Doctor: DR. HANEEN MUDHER

Report No: 0498362  
Sample Date: 23/01/2022 Time: 11:44  
Received Date: 23/01/2022 Time: 11:44  
Report Date: 23/01/2022 Time: 12:53  
Bill No: 1045264 Bill Date: 23/01/2022  
Company: TRUCK OMAN LLC

| INVESTIGATION      | RESULT           | REFERENCE RANGE                             |
|--------------------|------------------|---------------------------------------------|
| BASO#              | 0.13 $10^3/uL$   | 0.00 - 0.10 $10^3/uL$                       |
| NEUT%              | 64.20 %          | 37.0 - 72.0 %                               |
| LYMPH%             | 21.80 %          | 10.0 - 58.5 %                               |
| MONO%              | 6.40 %           | 0.0 - 14.0 %                                |
| EOS%               | 6.40 %           | 0.0 - 6.0 %                                 |
| BASO%              | 1.20 %           | 0.0 - 1.0 %                                 |
| PLATELET           | 172.00 $10^3/uL$ | 140 - 440 $10^3/uL$                         |
| LFT                |                  |                                             |
| AST (SGOT)         | 22.40 U/L        | Men : 10 - 50 U/L<br>Female : 10 - 35 U/L   |
| ALT (SGPT)         | 20.00 U/L        | Men : Up to 41 U/L<br>Female : 10 - 35 U/L  |
| GGT                | 24.00 U/L        | 0 - 50 U/L                                  |
| Total Bilirubin    | 0.77 mg/dL       | Up to 1.1 mg/dL                             |
| Direct Bilirubin   | 0.14 mg/dL       | Up to 0.3 mg/dL                             |
| Indirect Bilirubin | 0.63 mg/dL       | 0.2 - 0.8 mg/dL                             |
| ALP                | 73.00 U/L        | Men : 40 - 129 U/L<br>Female : 35 - 104 U/L |
| Total Protein      | 7.20 g/dL        | 6.6 - 8.7 g/dL                              |
| Albumin            | 4.20 g/dL        | 3.4 - 4.8 g/dL                              |
| Globulin           | 3 g/dL           | 1.8 - 3.6 g/dL                              |
| A:G Ratio          | 1.4              | 1.1-1.8                                     |
| LIPID PROFILE      |                  |                                             |
| Total Cholesterol  | 191.30 mg/dL     | < 200 mg/dL                                 |

Reported By:



Soumya

Lab Technologist

MOH License No:

Printed at: 01/02/2022 17:19:06

Verified By:



Dr. Mohammed Atif Syed

Specialist Pathologist

MOH License No: 20491

Page: 2 of 4

|                |                |            |            |
|----------------|----------------|------------|------------|
| Report No:     | 0498362        |            |            |
| Sample Date:   | 23/01/2022     | Time:      | 11:44      |
| Received Date: | 23/01/2022     | Time:      | 11:44      |
| Report Date:   | 23/01/2022     | Time:      | 12:53      |
| Bill No:       | 1045264        | Bill Date: | 23/01/2022 |
| Company:       | TRUCK OMAN LLC |            |            |

Verified By:



Page : 3 of 4

DEPARTMENT OF LABORATORY SERVICES

File No: 0289546  
Name: SHAKIM KHAN

Address:

Gender: M Age: 51 Y Nationality: INDIAN

GSM No.: 96594914 ID Card No.: 76338568

Doctor: DR. HANEEN MUDHER

Report No: 0498362

Sample Date: 23/01/2022 Time: 11:44

Received Date: 23/01/2022 Time: 11:44

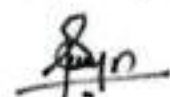
Report Date: 23/01/2022 Time: 12:53

Bill No: 1045264 Bill Date: 23/01/2022

Company: TRUCK OMAN LLC

| INVESTIGATION          | RESULT          | REFERENCE RANGE |
|------------------------|-----------------|-----------------|
| Nitrite                | Negative        | Negative        |
| Leucocytes             | Negative        | Negative        |
| MICROSCOPIC            |                 |                 |
| Pus Cells              | 2 - 4 Cells/hpf | 0-5 cells/hpf   |
| RBC                    | NIL             | 0-2 cells/hpf   |
| Epithelial Cells       | 0 - 1 Cells/hpf | 0-8 cells/hpf   |
| Casts                  | NIL             | Nil             |
| Crystals               | NIL             | Nil             |
| Others                 | NIL             | Nil             |
| STOOL ROUTINE ANALYSIS |                 |                 |
| PHYSICAL               |                 |                 |
| Colour                 | Brownish        |                 |
| Consistency            | Soft            |                 |
| Reaction               | Alkaline        |                 |
| MICROSCOPIC            |                 |                 |
| Ova:                   | NIL             |                 |
| Cyst:                  | NIL             |                 |
| Pus Cells:             | 1 - 2 Cells/hpf |                 |
| RBCs                   | NIL Cells/hpf   |                 |
| Others                 | NIL             |                 |

Reported By:



SOUMYA

Lab Technologist

MOH License No:

Printed at: 01/02/2022 17:19:06

Verified By:



Dr. Mohammed Atif Syed

Specialist Pathologist

MOH License No: 20491

Page : 4 of 4

# AUDIOGRAM EXAMINATION SHEET

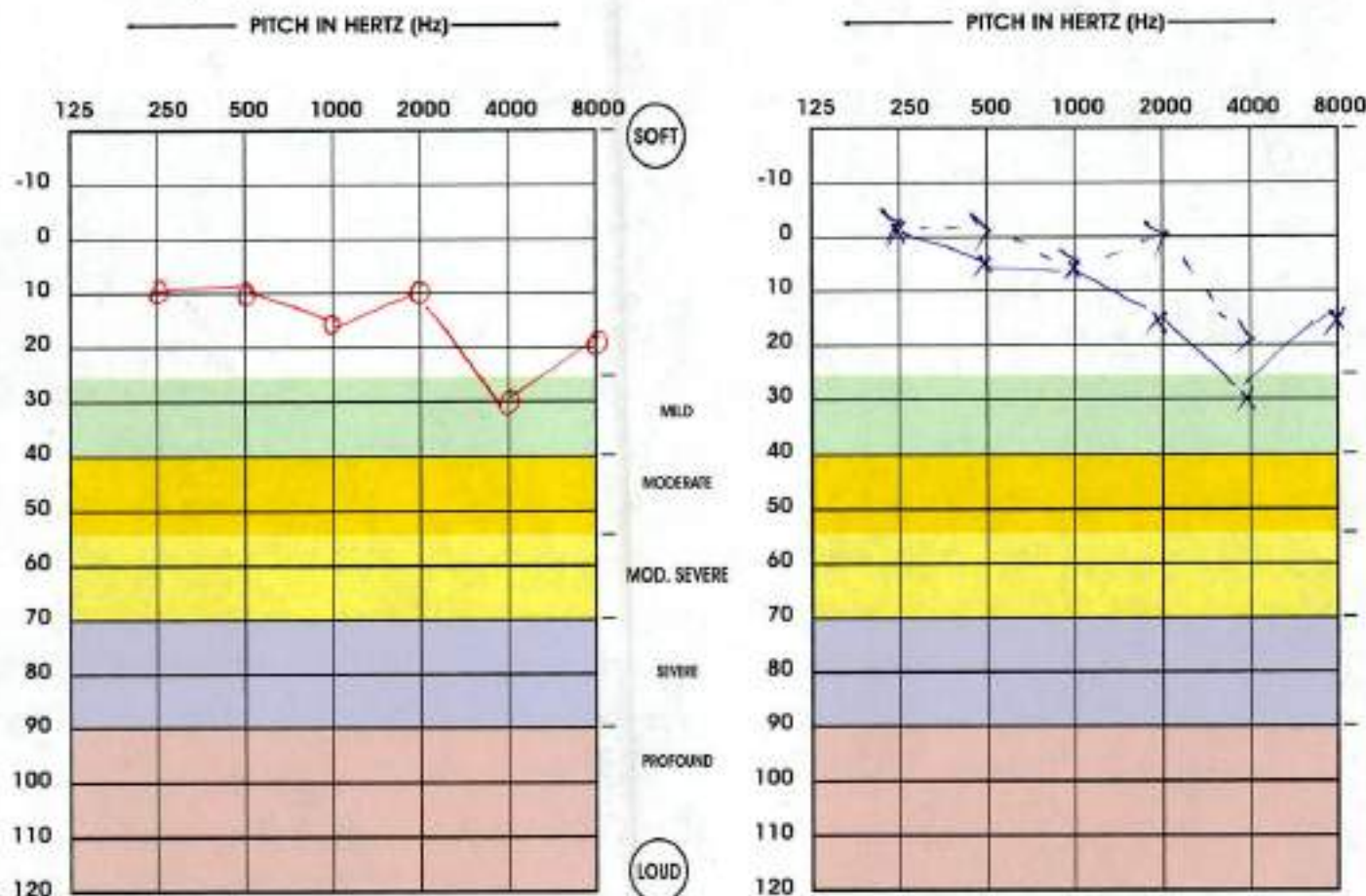
0705

FILE NO.: 0289546 BILL NO.: DATE: 23/1/2022

NAME: SHAKIM KHAN AGE / SEX: 5 YRS / M

COMPANY: DOB:

CONSULTANT (REF):



|       |       |  |  |  |  |
|-------|-------|--|--|--|--|
| WEBER | RIGHT |  |  |  |  |
|       | LEFT  |  |  |  |  |

|       |      |     |         |     |     | SPECIAL TESTS |     |         |     |
|-------|------|-----|---------|-----|-----|---------------|-----|---------|-----|
| dBHL  | PTA  | SRT | SIS (%) | MCL | UCL | SISI          | TDT | MLB/BLB | OAE |
| RIGHT | 11.6 | 2   |         |     |     |               |     |         |     |
| LEFT  | 8.3  | 1   |         |     |     |               |     |         |     |

INTERPRETATION: HEARING SENSITIVITY WITHIN NORMAL LIMITS WITH DIP AT 4KHz IN BOTH THE EARS.

RECOMMENDATION:.

→ USE EAR PROTECTION DEVICES

SUKU SOMAN  
AUDIOLOGIST  
MSc in Audiology  
Apollo Hospitals  
Audiologist

|            |                           |            |                       |
|------------|---------------------------|------------|-----------------------|
| NAME       | : SHAKIM KHAN             | AGE        | : 51 Y(01/02/1971)    |
| GENDER     | : Male                    | PATIENT ID | : 289546              |
| COMPANY    | : TRUCK OMAN LLC (Credit) | DATE       | : 23/01/2022 17:31 PM |
| CONSULTANT | : DR. HANEEN MUDHER       | BILL NO    | : 1045264             |
| BILL DATE  | : 23/01/2022              |            |                       |
| TEST NAME  | : CHEST PA                |            |                       |

### X-RAY CHEST PA VIEW

Bilateral lung fields are clear. No mass lesion or opacification.

Trachea is mid line.

Bilateral hilar shadows are symmetrical and normal in size .

Cardiac silhouette is normal. No signs suggestive of cardiac enlargement .

Bony thoracic cage appears normal.

No Soft tissue mass or calcification can be seen

Bilateral costophrenic angles are clear.

### IMPRESSION:

Normal radiograph of the chest.

Please correlate clinically & other investigation.

*Please note: This is a imaging study and has its own limitations. This is a opinion based on image interpretation and it is not a diagnose on itself. Impression should be considered as professional opinion & correlated with clinical evidence ,reconfirmed by further investigations and relevant data as indicated . If possible the findings should be reconfirmed on higher resolution imaging ,spiral sections and sequences and with other modalities.*

**DR. WASSAN A KHUDHAIR AL SAEDI**

Dr. WASSAN ABDUL REHMAN  
SPECIALIST - RADIOLOGIST  
MOH Licence No : 14683  
Apollo Hospital Muscat

<http://apollosrv/Radiology/DiagnosisReport.aspx?action=ViewVisitSummary&flg=0&visitdate=23-Ja...>