

Fitness to Work Certificate

Employee Data		Date : 28/4/21	
Name : SHAFI MOORTHY LIZATHIL THANKAPPAN		Department/Company	
I.D No : 9168901	Age : 54y	Occupation : operator	
Type of Medical Evaluation		Mark those applying ✓	
A1 Aircraft refueling		A6 Fire /Emergency response team work	
A2 Breathing apparatus		A7 Professional driving	
A3 Business traveler		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			
Lifting, 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) – Working Conditions (Extreme / Interior Clinic / Confined Work Place / Noisy)			
Temporary Unfit until			
Permanently Unfit		Date : 28/4/21	
Name of health advisor	Signature	Date : 28/4/21	

FIT

[Signature]

Dr.B.VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581



INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)



PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

 Petroleum Development Oman MEDICAL DEPARTMENT		Surname <u>SHAFI NDOHANT UZMA THIL</u> <u>THANKKORON</u>	
PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS		Forenames :	
Place of examination BADR AL SAMAA		Address	
Date <u>28/4/21</u>		Home telephone number	
If a dependant enter employee's name here:			
Surname:		Forenames:	
Birth date: <u>25.03.1967</u>		Nationality:	
Country of birth:		Religion:	
☒ Male ☐ Female ☐ Married ☐ Single ☐ Separated /Divorced		Relationship to employee ☐ Wife ☐ Son ☐ Daughter	
Reason for examination Pre-Employment only ☐		Number of children:	
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 (7) if uncertain exclude minor ailments.)			
	Y	N	Y
1. Sinus trouble		☒	21. Cancer
2. Neck swelling/glands		☒	22. Heart Disease
3. Difficulty in vision		☒	23. Rheumatic fever
4. Any ear discharge		☒	24. Abnormal heartbeat
5. Asthma/bronchitis		☒	25. High blood pressure
6. Hayfever/other significant allergy		☒	26. Stroke
7. Any skin trouble		☒	27. Serious chest pain
8. Tuberculosis		☒	28. Any blood disease
9. Shortness of breath		☒	29. Kidney disease
10. Coughed/vomited blood		☒	30. Blood in urine
11. Severe abdominal pain		☒	31. Diabetes
12. Stomach ulcer		☒	32. Headaches/migraine
13. Recurrent indigestion		☒	33. Dizziness/fainting
14. Jaundice or hepatitis		☒	34. Epilepsy
15. Gall Bladder disease		☒	35. Joints/spinal trouble
16. Marked change in bowel habits		☒	36. Surgical operation
17. Blood in stools (motions)		☒	37. Serious accident/fracture
18. Marked change in weight		☒	38. Tropical disease
19. Varicose veins		☒	39. Fear of heights
20. Lump in breast/womb		☒	
How much tobacco each day? <u>NU</u>		Average daily alcohol consumption <u>NU</u>	
Have you ever taken elicited drugs? (X) PDO test all new/potential employees for elicited/recreational drugs			
FAMILY HISTORY: Diabetes (X) Tuberculosis (X) Epilepsy (X) Asthma (X) Eczema (X) Heart disease (X) High blood pressure (X) Stroke (X) Blood Disease (X) Cancer (X)			
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 in 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: <u>28/4/21</u>		Signature of Applicant: <u>[Signature]</u>	
FOR COMPLETION BY EXAMINING DOCTOR OR NURSE Further details of medical history and recreational activities			

Term x 9 yrs or Paraffin 500-1000

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

Defence - Cancer

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				Colour Vision	Blood Group
175	72.0	23.5	130/82	76/min.	L R	DEXTANT Uncorrected Corrected	NEAR R L R L			(A)	A+
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A				
✓		1. Urinalysis	Tm - negative for S. Typhi J. Shigaei				✓		7. Audiogram	Bilateral hearing sensibility within normal limits with light hearing aid at high freq.	
✓		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.)											
Tm x 9yr or 6yr Jm x 1yr.											
ASSESSMENT:											
 ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT ☐											
Date: 28/4/19 Name (Block Capitals): Dr. / Nurse Signature:											
REVIEW/CONSULTATION											
Date: 28/4/19 Name (Block Capitals): Dr. / Nurse Signature:											

Take ear patient in
noisy environment.

Sigle
SAJILA P.P
MBBS., DNB (ENT), DLO.
Specialist Ent Surgeon
MOH Lic No.: 16387

DR. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581



Appendix 20: (Form SQ5): Epworth Screening Quest. For Sleep Apnoea

Employee Data		Date: 28/4/21
Name: SHAIJ ABDULHAKIM ALKADHAN		Department/Company:
I. D No. 91689901	Tel #	Occupation: operator

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

1 sitting and reading

0 watching TV

0 sitting inactive in a public place (e.g. theatre or meeting)

2 as a passenger in the car for an hour without a break

2 Lying down to rest in the afternoon when circumstances permit

0 Sitting a talking with someone

2 Sitting quietly after lunch without alcohol

0 In a car, while stopped for a few minutes in traffic

Total 8

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: 28/4/21



[Handwritten signature]

Dr. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581



MEDICAL FITNESS CERTIFICATE FOR PREMIER LOGISTICS

NAME	SHAJI MOOTHANT UZHATHIL THANKAPPAN																																		
AGE/D.O.B	49 Y, 25.03.1967	DATE	28.04.2021																																
PASS/ID NO:	91689701	GENDER	MALE																																
VISION-RT-EYE	6/6 WITHOUT GLASSES	HEIGHT	175 CM																																
LT-EYE	6/6 WITHOUT GLASSES	WEIGHT	72 KG																																
HEART	NORMAL	BP	130/82 mmHg																																
LUNGS	NORMAL	PULSE	76/Min																																
ABDOMEN	NORMAL	CNS	NORMAL																																
SKIN	NORMAL	ENT	NORMAL																																
INVESTIGATIONS	<table border="1"> <tr><td>FBS</td><td>NORMAL</td></tr> <tr><td>BLOOD GROUP</td><td>A POSITIVE</td></tr> <tr><td>HAEMOGRAM</td><td>NORMAL</td></tr> <tr><td>ESR</td><td>NORMAL</td></tr> <tr><td>LIPIDPROFILE</td><td>NORMAL</td></tr> <tr><td>RFT</td><td>NORMAL</td></tr> <tr><td>LFT</td><td>NORMAL</td></tr> <tr><td>SICKLING TEST</td><td>NEGATIVE</td></tr> <tr><td>URE</td><td>NORMAL</td></tr> <tr><td>DRUG SCREEN</td><td>NEGATIVE</td></tr> <tr><td>URINE ROUTINE</td><td>NORMAL</td></tr> <tr><td>STOOL ROUTINE</td><td>NORMAL</td></tr> <tr><td>VISION ACUITY</td><td>NORMAL</td></tr> <tr><td>COLOR VISION</td><td>NORMAL</td></tr> <tr><td>CHEST XRAY</td><td>NORMAL</td></tr> <tr><td>ECG</td><td>NORMAL</td></tr> </table>			FBS	NORMAL	BLOOD GROUP	A POSITIVE	HAEMOGRAM	NORMAL	ESR	NORMAL	LIPIDPROFILE	NORMAL	RFT	NORMAL	LFT	NORMAL	SICKLING TEST	NEGATIVE	URE	NORMAL	DRUG SCREEN	NEGATIVE	URINE ROUTINE	NORMAL	STOOL ROUTINE	NORMAL	VISION ACUITY	NORMAL	COLOR VISION	NORMAL	CHEST XRAY	NORMAL	ECG	NORMAL
FBS	NORMAL																																		
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STOOL ROUTINE	NORMAL																																		
VISION ACUITY	NORMAL																																		
COLOR VISION	NORMAL																																		
CHEST XRAY	NORMAL																																		
ECG	NORMAL																																		
FRAMINGHAM SCORE	Normal hearing threshold with slightly sloping SNHL at high frequency Probability of developing cardiovascular disease in next 10 years is 8% To use adequate ear protection in high noise environment																																		
COMMENTS	Known T2DM since 9 years on medication SHT since 1 year on medication																																		
CONCLUSION	MEDICALLY FIT																																		

 **Dr. B. VENKATESH KUMAR**
 CARDIOLOGIST
 MOH NO#14581

FIT



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Barka: 26884910 | Sur: 25546112 | Nizwa: 25447777 | Falaj: 26754131

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 بركاء: 26884910 | صور: 25546112 | نزوى: 25447777 | فالج: 26754131
 البريد الإلكتروني: info@badroman.com



X-RAY REPORT

Doc No:	0045578
Name:	SHAJI MOOTHANT UZHATHIL THANKAPPAN
Age/DOB:	54 Y Omani ID/ L.Card No:: 91689701
Sex:	Male
Referred By:	DR. VENKATESH KUMAR
Clinical Diagnosis:	NORMAL
X-Ray/UltraSound	CHEST X-RAY
Date:	28/04/2021
X-Ray Film No:	36
Bill No:	4133108
Charge Sheet No:	

Both lung fields are normal

Both cp angles are clear

Mediastinal shadow and bony thorax are normal

Cardiac configuration is within normal limits

Conclusion: A normal X-ray appearance

Signature: _____



Seal





File No: 3065410
Name: SHAJI MOOTHANT UZHATHIL THANKAPPAN
Age: 54 Y Sex: M
Nationality: INDIAN
GSM No.: 92019419
Ref. By: DR. VENKATESH KUMAR

Doc No: 3508993
Date: 28/04/2021 Time: 09:04
Bill No: 4133108
Chs No:
ID No:

Test	Result	Normal Range
BLOOD GROUP	A	
Rh	POSITIVE	
HAEMOGRAM		
TOTAL COUNT(W B C)	7.7 K/uL	4.0 - 11.0 K/uL
DIFFERENTIAL COUNT		
NEUTROPHILS	63 %	40- 75 %
LYMPHOCYTES	30 %	20 -45 %
EOSINOPHILS	02 %	01 - 06 %
MONOCYTS	05 %	02 - 10 %
BASOPHILS	00 %	
HAEMOGLOBIN	15.0 gm/dl	Male : 14 - 18 gm/dl Female - 12-16 gm/dl
R B C COUNT	4.7 mil/uL	3.8 - 5.8 mil/uL
PCV	42.5 %	37 - 47 %
M C V	89.9 fL	78 - 93 fL
M C H	31.7 pg	27 - 32 pg
M C H C	35.3 gm/dL	31 - 35 gm/dL
PLATELET COUNT	220 k/UI	150 - 400 k/UI
SICKLING TEST	NEGATIVE	
RENAL FUNCTION TEST		
UREA	4.32 mmol/L (26 mg/dl)	1.66 - 7.47 mmol/L 10 - 45 mg/dl
CREATININE	63.65 umol/L (0.72 mg/dl)	61.88-123.76 umol/L 0.7 - 1.4 mg/dl
URIC ACID	291.45 umol/L (4.9 mg/dl)	Male:202-416 umol/L , Male:3.4-7.0 mg/dl, Female:149-357 umol/L Female:2.5-6.0mg/dl

Medical Technologist
Out of Normal Range

Requisitioning Doctor:



Clinical Pathologist

Collected Date And Time:

Reported Date And Time:

Page: 1 of 1



File No: 3065410
Name: SHAJI MOOTHANT UZHATHIL THANKAPPAN
Age: 54 Y Sex: M
Nationality: INDIAN
GSM No.: 92019419
Ref. By: DR. VENKATESH KUMAR

Doc No: 3508995
Date: 28/04/2021 Time: 09:04
Bill No: 4133108
Chs No:
ID No:

Test	Result	Normal Range	
BLOOD SUGAR[FASTING]	7.77 mmol/L (140 mg/dl)	Normal: upto 5.55 mmol/l, Impaired fasting glucose:5.55-6.99 mmol/l Diabetic : > 6.99 mmol/l	Normal : up to 100 mg/dl Impaired fasting glucose:100-126 mg/dl Diabetic: > 126 mg/dl
E S R	10 mm/hr.	Male : 0 - 12 mm/hr. Female : 0 - 15 mm/hr.	
LIPID PROFILE			
CHOLESTEROL [TOTAL]	4.42 mmol/l (171 mg/dl)	Upto 5.17 mmol/l	Up to 200 mg/dl
CHOLESTEROL [HDL]	0.93 mmol/l (36 mg/dl)	>1.03 mmol/l	> 40 mg/dl
CHOLESTEROL [LDL]	2.64 mmol/l (102.2 mg/dl)	Upto 3.36 mmol/l	Up to 130 mg/dl
CHOLESTEROL [VLDL]	0.85 mmol/l (32.8 mg/dl)	Upto 1.29 mmol/l	Up to 50 mg/dl
TRIGLYCERIDES	1.85 mmol/l (164 mg/dl)	Up to 2.26 mmol/l	Up to 200 mg/dl
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	71 U/L	Male :40 - 129 U/L Female:35 -104 U/L Children:1y-9 y:145-420 U/L 10y-11y:30 -560 U/L	
SGOT (AST)	18 IU/L	Up to 40 IU / L	
SGPT (ALT)	29 IU/L	Up to 41 IU / L	
TOTAL BILIRUBIN	25.82 umol/L (1.51 mg/dl)	Up to 17 umol/l	Up to 1.0 mg/dl
DIRECT BILIRUBIN	5.98 umol/L (0.35 mg/dl)	Up to 5 umol/l	Up to 0.3 mg/dl
INDIRECT BILIRUBIN	19.84 umol/L (1.16 mg/dl)	Upto 12 umol/L	Up to 0.7 mg/dl
PROTEIN TOTAL	80 gm/L (8.0 gm/dl)	60 - 83 gm/L	6.0 - 8.3 gm/d l
ALBUMIN	46 gm/L (4.6 gm/dl)	32 - 50 gm/L	3.2 - 5.0 gm/dl
GLOBULIN	34 gm/L (3.4 gm/dl)	23 - 35 gm /L	2.3 - 3.5 gm/dl

Medical Technologist
Out of Normal Range

Out of Critical Range Requisitioning Doctor:



Clinical Pathologist

Collected Date And Time:

Reported Date And Time:

Page : 1 of 2

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File No: 3065410
Name: SHAJI MOOTHANT UZHATHIL THANKAPPAN
Age: 54 Y **Sex:** M
Nationality: INDIAN
GSM No.: 92019419
Ref. By: DR. VENKATESH KUMAR

Doc No: 3508996
Date: 28/04/2021 **Time:** 09:05
Bill No: 4133108
Chs No:
ID No:

Test	Result
DRUG SCREEN IN URINE	
BENZODIAZEPINE	NEGATIVE
AMPHETAMINES	NEGATIVE
METHAMPHETAMINE	NEGATIVE
MARIJUANA	NEGATIVE
MORPHINE	NEGATIVE
URINE ROUTINE EXAMINATION	
PHYSICAL & CHEMICAL EXAMINATION	
COLOUR	Yellow
SP. GRAVITY	1.015
REACTION	Acidic(6.0)
PROTEIN	Nil
SUGAR	Nil
KETONE	Nil
UROBILINOGEN	Negative
BILIRUBIN	Nil
NITRATE	NEGATIVE
MICROSCOPIC EXAMINATION	
R.B.Cs	Nil / HPF
PUS CELLS	0-2 / HPF
EPITHELIAL CELLS	1-3 / HPF
CASTS	Nil / HPF
CRYSTALS	Nil/HPF
PARASITES	Nil/HPF
OTHER FINDINGS	Nil/ HPF

Medical Technologist
Out of Normal Range

Out of Critical Range

Requisitioning Doctor:

Collected Date And Time:

Reported Date And Time:



Page: 1 of 1



File No: 3065410
Name: SHAJI MOOTHANT UZHATHIL THANKAPPAN
Age: 54 Y **Sex:** M
Nationality: INDIAN
GSM No.: 92019419
Ref. By: DR. VENKATESH KUMAR

Doc No: 3508997
Date: 28/04/2021 **Time:** 09:05
Bill No: 4133108
Chs No:
ID No:

Test	Result
------	--------

STOOL EXAMINATION

PHYSICAL & CLINICAL EXAMINATION

Colour	Brownish
Odour	Offensive
Consistency	Soft
PH	Alkaline
Mucus	Nil
Blood	Nil
Adult Parasites	Nil

MICROSCOPIC EXAMINATION

Ova	Nil/HPF
Cyst	Nil /HPF
Vegetative forms	Nil /HPF
Pus Cells	2-3 /HPF
R B C s	Nil /HPF
Food residues	Nil /HPF
Other findings	Nil /HPF

Medical Technologist
Out of Normal Range

Requisitioning Doctor:
Out of Critical Range

Clinical Pathologist

Collected Date And Time:

Reported Date And Time:



Page 1 of 1

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البريد الإلكتروني : info@badrasamamahospitals.com



Name: SHAJI MOOTHANT UZHATHIL THANKAPPAN
Patient ID: 3065410
Gender: Male
Birthdate: 17/04/1968
Age: 53 years

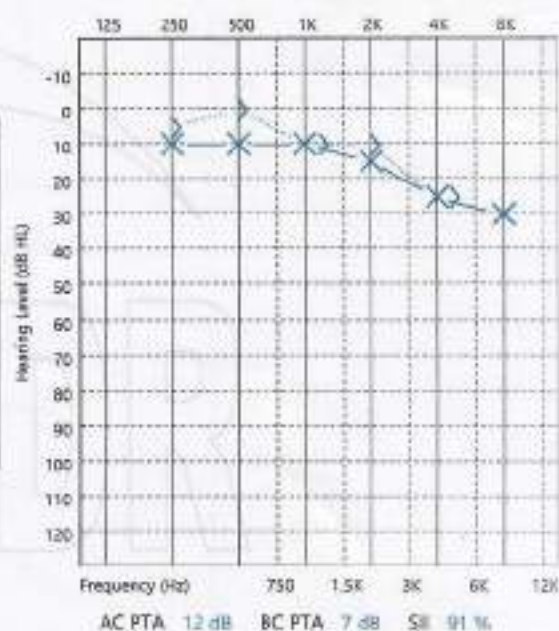
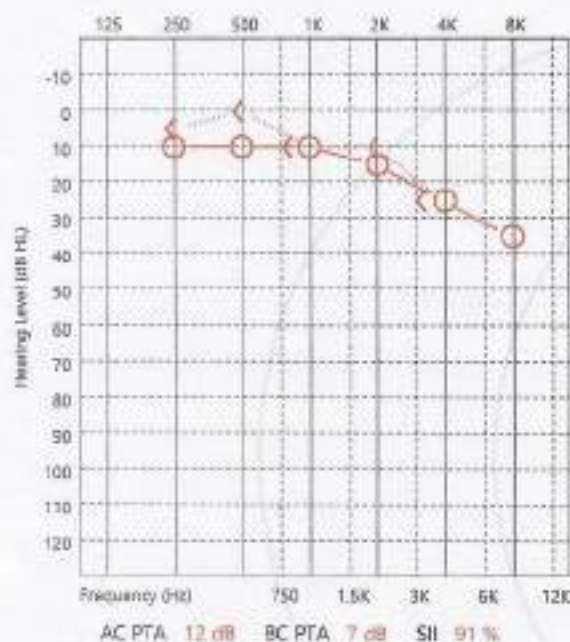
Report Date/Time
28/04/2021 10:52 AM

Audiogram Graph

DD45

Audiogram Graph

DD45



Clinical Comments

BILATERAL HEARING SENSITIVITY ESSENTIALLY WITHIN NORMAL LIMITS WITH SLIGHTLY SLOPING SENSORINEURAL HEARING LOSS AT HIGH FREQUENCY.

Examiner: SRUTHI JINOY

License Number

16261

Signed By:

SRUTHI JINOY
AUDILOGIST
MOH LIC. 16261

Signed On Date:

28/04/2021



Headquarters:

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Barka : 26884910 | Sur : 25546112 | Nizwa : 25447777 | Falaj : 26754131

Email: info@badrsamahospitals.com

المقر الرئيسي:

ب. ن. ١٦٩٣٨٠٨، ص. ب. ٤٤٣، المنطقة البريد ١١٢،

رومي، سلطنة عمان، هاتف: ٢٤٧٩٩٧٦٠، فاكس: ٢٤٧٩٩٧٦٥

الخور، ٢٤٤٨٨٣٢٢ | صور، ٢٥٥٤٦٦٦٩ | الخوض، ٢٤٥٤٦٠٩٩ | السلالة، ٢٥٢٩١٣٣٠

بركاء، ٢٦٨٨٤٩١٠ | سحر، ٢٥٥٤٦١١٢ | نزوى، ٢٥٤٤٧٧٧٧ | فج، ٢٦٧٥٤١٣١

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