

EMPLOYEE IDENTIFICATION

Company TON		Identification Number		Name	
Nationality	Age	Sex	Entry Date	Location	Job Title
OMANI	48Y	M	11/02/2024	HAIMA	SUPERVISOR

Patient: **21041** Reg. Dt: **11/02/2024**
 Name: **YASIR HEDEB THANI AL SADI**
 Gender: **Male** Nationality: **OMANI**
 Age: **48Y** Mar. Status: **Married**
 Address:

MEDICAL SUITABILITY FOR WORK

Medical Evaluation Type: Pre-employment Periodic Exit Job Transfer Post-absence Cause Triggered

Medical Suitability for Work: Fit to Work Unfit Fit with Restrictions



Restrictions

<input type="checkbox"/> Working at height	<input type="checkbox"/> Heavy lifting operation	<input type="checkbox"/> Pulling, pushing or carrying weight
<input type="checkbox"/> Working in confined space	<input type="checkbox"/> Emergency response duty	<input type="checkbox"/> Ascend/descend ladders and stairs
<input type="checkbox"/> Working with electricity	<input type="checkbox"/> Manual cargo handling	<input type="checkbox"/> Walking or standing for long distance/period
<input type="checkbox"/> Working near rotating machinery	<input type="checkbox"/> Deep excavation	<input type="checkbox"/> Repetitive movements
<input type="checkbox"/> Driving vehicles	<input type="checkbox"/> Food handling	<input type="checkbox"/> Handling chemical products
<input type="checkbox"/> Mobile machinery operation	<input type="checkbox"/> Working in noise area	<input type="checkbox"/> Working in extreme heat

Other, specify _____

Restriction Type: Temporary until ____/____/____ Permanent

Annotations:

Fit to work as per specialist report -

Doctor Name: **DR. TAHAMAD MD ISMAEL**
 GENERAL PRACTITIONER
 MOH License No: **20076**

Medical License



Doctor Signature

[Signature]

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport # 562068	Company ID # 10285	Patient: 21041 Reg. Dt: 11/02/2016 Name: YASIR HEDEB THANI AL SADI Gender: Male Nationality: OMANI Age: 48Y Mar. Status: Married Address: 	Position SUPER VISOR,
Nationality	Age		Sex

VITAL SIGNS

Height: **168** cm Weight: **83** Kg BMI: **29.41%** Blood Pressure: **140/80** mmHg
Pulse: **66** /min Medical Practitioner Name: **DR. HAMMAD MD ISMAIL** Signature: 

VISUAL SYSTEM

Right Uncorrected	Left Uncorrected	Right Corrected	Left Corrected	Both Uncorrected	Both Corrected
6/6	6/6			6/6	

Colour Vision Test (Ishihara) # of Plates passed: Inform the Plates # failed: Normal Abnormal
Visual Field Test: Normal Abnormal
Stereoscopic Vision Test: Normal Abnormal

Date of Examination: **11/02/2026** Medical Practitioner Name: **DR. HAMMAD MD ISMAIL** Signature: 

RESPIRATORY SYSTEM

[1] Spirometry Test
Smoking Status: Never Ever Used Current Patient's Posture During Test: Standing Lying Nose Clips Used: Yes No
Diagnosis: Asthma COPD Other

Acceptability Criteria (select all that is applicable):
 Free from artifacts Satisfactory exhalation
 Good start NOT satisfactory

Repeatability Criteria (select all that is applicable):
 >3 acceptable curves FEV1 values AND FVC values within 0.15L (150 ml)
 Total of THREE to EIGHT tests performed
 The patient CAN NOT or SHOULD NOT continue

The Patient Demonstrated: Good Effort Difficulty following instructions Ability to obtain only one good effort Poor Effort Cooperation
Date of Examination: **11/02/2026** Medical Practitioner Name: **DR. HAMMAD MD ISMAIL** Signature: 

[2] Chest Shape and Movement
 Normal If abnormal, describe below:
 Abnormal Not Examined

[3] Chest Percussion
 Normal If abnormal, describe below:
 Abnormal Not Examined

[3] Air Entry in Both Lungs
 Normal If abnormal, describe below:
 Abnormal Not Examined

[4] Breath sounds
 Normal If abnormal, describe below:
 Abnormal Not Examined

Date of Examination: **11/02/2026** Physician Name: **DR. HAMMAD MD ISMAIL** Signature: 

[1] Otoscopy

Ear Canal Collapse	Right: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Exam	Left: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Exam	Eardrum Position	Right: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Retracted <input type="checkbox"/> Bulging <input type="checkbox"/> Not Exam	Left: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Retracted <input type="checkbox"/> Bulging <input type="checkbox"/> Not Exam	Whisper Test	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Exam
Drainage	Right: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Exam	Left: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Eardrum Vasculature	Right: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Considerable <input type="checkbox"/> Mild <input type="checkbox"/> Not Exam	Left: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Considerable <input type="checkbox"/> Mild <input type="checkbox"/> Not Exam	Rinne Test	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Exam
Perforation	Right: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Exam	Left: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Exam				Weber Test	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Exam
Cerumen	Right: <input checked="" type="checkbox"/> None <input type="checkbox"/> Some	Left: <input checked="" type="checkbox"/> None <input type="checkbox"/> Some				Audiometry Done	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Hearing Questionnaire verified: Yes No



ENT SYSTEM
DR. HAMMAD MD ISMAIL
GENERAL PRACTITIONER
NO: 20076

DR. HAMMAD MD ISMAIL
GENERAL PRACTITIONER
NO: 20076
Signature: 

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #		
5602068	10285	<div style="border: 1px solid black; padding: 5px; text-align: center;"> Patient: 21041 Reg. Dt: 11/02/2026 Name: YASIR HEDEB THANI AL SADI Gender: Male Nationality: OMANI Age: 45Y Mar. Status: Married Address: </div>	Position SCOPERVISOR
Nationality	Age	Sex	Location HAJMA

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? YES NO What type: Disposable mask Cartridge Mask SCBA

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? YES NO

2. Have you ever had any of the following conditions?

<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO a. Seizures	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. Trouble smelling odors	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO e. Claustrophobia (fear of closed in places)
<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. Diabetes (sugar disease)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO d. Allergic reactions that interfere with your breathing	

3. Have you ever had any of the following pulmonary or lung problems?

<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO a. Asbestosis	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO e. Pneumonia	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO i. Broken ribs
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. Asthma	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO f. Tuberculosis	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO j. Pneumothorax (collapsed lung)
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. Chronic bronchitis	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO g. Silicosis	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO k. Any chest injuries or surgeries
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO d. Emphysema	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO h. Lung cancer	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO l. Any other lung problem that you have been told about

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO a. Shortness of breath	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO h. Coughing that wakes you early in the morning
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO i. Coughing that occurs mostly when you are lying down
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. Shortness of breath when walking with other people at an ordinary pace on level ground	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO j. Coughing up blood in the last month
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO d. Have to stop for breath when walking at your own pace on level ground	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO k. Wheezing
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO e. Shortness of breath when washing or dressing yourself	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO l. Wheezing that interferes with your job
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO f. Shortness of breath that interferes with your job	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO m. Chest pain when you breathe deeply
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO g. Coughing that produces phlegm (thick sputum)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO n. Any other symptoms that you think may be related to lung problems

5. Have you ever had any of the following cardiovascular or heart problems?

<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO a. Heart attack	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO e. Swelling in your legs or feet (not caused by walking)
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. Stroke	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO f. Heart arrhythmia
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. Angina	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO g. High blood pressure
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO d. Heart failure	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO h. Any other heart problems that you've been told about

6. Have you ever had any of the following cardiovascular or heart symptoms?

<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO a. Frequent pain or tightness in your chest	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO e. Heartburn or indigestion that is not related to eating
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. Pain or tightness in your chest during physical activity	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO f. Any other symptoms that you think might be related to heart
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. Pain or tightness in your chest that interferes with your job	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO d. In the past two years, have you noticed your heart skipping or missing a beat	

7. Do you currently take medication for any of the following problems?

<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO a. Breathing or lung problems	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. Blood pressure
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. Heart trouble	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO d. Seizures (fits)

8. If you've used a respirator, have you ever had any of the following problems?

<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO a. Eye irritation	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO d. General weakness or fatigue
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. Skin allergies or rashes	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO e. Any other problem that interfere with your use of a respirator
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. Anxiety	

Date: **11/02/2026**



Candidate/Employee Signature
CSA

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Patient: 21041 Reg. Dt: 11/02/2026 Name: YASIR HEDES THANI AL SADI Gender: Male Nationality: OMANI Age: 48Y Mar. Status: Married Address:		Position
Nationality	Age	Sex		Location

HEARING CONSERVATION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use hearing protection? YES NO What type: Earplugs Ear Muffs Double HP

1 - Have you been out of noise for the past 14-16 hours? YES NO
 If NO, did you use hearing protection while in the noise? YES NO

2 - Check ALL of the following activities that you have done or do:

<input type="checkbox"/> Hunting	<input type="checkbox"/> Car races	<input type="checkbox"/> Skeet shooting	<input type="checkbox"/> Woodwork	<input type="checkbox"/> Target shooting
<input type="checkbox"/> Power tools	<input type="checkbox"/> Mower	<input type="checkbox"/> Concerts / Band	<input type="checkbox"/> Welding	<input type="checkbox"/> Air compressor
<input type="checkbox"/> Construction	<input type="checkbox"/> Scuba diving	<input type="checkbox"/> Tractor (open or closed cab)		

Have you ALWAYS used hearing protection when participating in the above activities? YES NO

3 - Check ALL that you have experienced:

<input type="checkbox"/> Ear Fullness	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Ear Surgery	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Chemotherapy
<input type="checkbox"/> Ringing in the ears	<input type="checkbox"/> Ear Pain	<input type="checkbox"/> Earwax buildup	<input type="checkbox"/> Intravenous Antibiotics	<input type="checkbox"/> Hole in the Eardrum
<input type="checkbox"/> Ear Drainage	<input type="checkbox"/> Dizziness			

4 - Check ALL that you have had/suffered from:

<input type="checkbox"/> Meningitis	<input checked="" type="checkbox"/> Diabetes	<input type="checkbox"/> Measles	<input type="checkbox"/> Syphilis	<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Mumps	<input type="checkbox"/> Chronic ear infections
<input checked="" type="checkbox"/> Hypertension	<input type="checkbox"/> Renal Failure	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Previous surgery	<input type="checkbox"/> Thyroid Problems	<input type="checkbox"/> Trauma to head/ ear canal / tympanic membrane	

5 - Check ALL that you are currently suffering from:

<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Cold/Flu	<input type="checkbox"/> Ear Infection	<input type="checkbox"/> Allergic rhinitis
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6 - Do you have documented Hearing Loss? YES NO
 If Yes: Which Ear(s)? Right Ear Left Ear Both Ear Who performed your hearing test?

7 - Have you EVER worn Hearing Aids? YES NO
 If Yes: Which Ear(s) Right Ear Left Ear Both Ear
 What Size? Behind-the-ear In-the-ear In-the-canal Completely-in-the-canal
 What Type? Analog Digital
 Who fit your hearing aids? Licensed Audiologist Hearing Aid Dealer Don't Know
 When did you receive your hearing aids?

8 - Have you ever served in the military? YES NO
 If yes, check division Army Navy Air Force Marines National Guard Date: / /

Do you have medical disability through the Veterans Administration (VA) for hearing loss or tinnitus? YES NO
 If yes, how much? _____% What is your TOTAL VA disability? _____%

9 - Are you currently using any medication YES NO Which one?

10 - What kind of transport do you regularly use? Car Bus Motorcycle Walking

T. DAPAGLIFLOZIN 10mg OD
 T. LISINAPAL 10mg OD
 T. ATORVASTATIN 10 mg OD

Date: 11/02/2024



Candidate/Employee Signature



Peace Land Medical Service LLC, Mukhaizna
CR No.:2/13627/9, P.O.Box: 1403,
Postal Code: 133,
Occidental Camp Mukhaizna, Sultanate of Oman

PATIENT DETAILS :

Patient ID : 21041	Doc No : 17095
Name : YASIR HEDEB THANI AL SADI	Doc Date : 2026-02-11T11:16:00
Age : 48Y	Bill No : 40432
Gender : Male	Date : 11/02/2026 11:16 AM
Nationality : OMANI	Customer : TRUCKOMAN OIL & GAS SERVICES
GSM No : 72038677	Ref.by : DR.HAMMAD ISMAIL

TEST RESULT : OQ-001 OQ MEDICAL CHECKUP

Test	Result	Normal Range	Detailed Description
OQ MEDICAL CHECKUP			
BLOOD GROUP & Rh TYPING	'B' Positive		
COMPLETE BLOOD COUNT			
RBC	5.2 Million/c	Male 4.5 - 6.0 million /cu Female 4.5 - 5.5 million/cu	
HAEMOGLOBIN	15 gm %	Male 13 - 18 gm % Female 11 - 15 gm %	
HCT	43 %	Male 42 -52 % Female 37 -47 %	
MCV	82 fl	76 - 96 fl	
MCH	29 pg	27 - 33 pg	
MCHC	34 %	32 -36 %	
WBC COUNT	4600 cells/cumm	4000 - 11 000 cells / cu mm	
DIFFERENTIAL COUNT			
NEUTROPHIL	47 %	40-75 %	
LYMPHOCYTE	40 %	20-45 %	
EOSINOPHIL	5 %	1-6 %	
MONOCYTE	8 %	2-8%	
BASOPHIL	0 %	0-1%	
ESR	2	Male 0 - 15 mm / 1st hour Female 0 - 20 mm / 1st hour	
PLATELET	2.4 lakhs/cumm	1.5 - 4.5 lakhs / cu mm	
Sickle cells (Screen)	Negative		

Reported By:
Lab Technician

Sr. Lab Technologist



Verified By:
Lab Technician


Sr. Lab Technologist

Approved By:
Lab Technician

Sr. Lab Technologist

Printed at: 11/02/2026 12:13:31

Signed at: 11/02/2026 12:13:28

Test	Result	Normal Range	Detailed Description	
LIVER FUNCTION TEST				
ALKALINE PHOSPHATASE	77 u/l	44-147 U/L	Patient: 21041 Reg. Dt: 11/02/2026 Name: YASIR HEDER THANI AL SADI Gender: Male Nationality: Omani Age: 45Y Mar. Status: Married Address: 	
T. BILIRUBIN	0.8 mg / dl	up to 2.0 mg/dl		
DIRECT BILIRUBIN.	0.3 mg / dl	up to 0.4 mg /dl		
INDIRECT BILIRUBIN	0.5 mg / dl	up to 1.6 mg /dl		
S.G.O.T.	28 u/l	Male 0-50 u/l Female 0-41 u/l		
S.G.P.T.	24 u/l	Male 0-45 u/l Female 0-32 u/l		
T. PROTEIN	7 g /dl	New born 5.2 - 9.1 g /dl Children 5.4 - 8.7 g /dl Adult 6.7 - 8.7 g /dl		
ALBUMIN.	4 g / dl	3.6 - 5.5 g/dl		
RENAL FUNCTION TEST				
UREA	32 mg / dl	10-50 mg /dl		
S.CREATININE	1 mg / dl	0.7 - 1.2 mg /dl		
S.URIC ACID	6.6 mg / dl	3.4 - 7.2 mg /dl		
LIPID PROFILE				
Total Cholesterol	<u>248</u> mg/dl	Normal < 200 mg/dl Border line : 200 -239 mg / dl High > 240 mg / dl		
Triglyceride	90 mg/dl	Normal 0.0 - 150 mg/dl		
HDL - CHOL	60 mg/dl	35.0 - 79.0 mg /dl		
LDL - CHOL	<u>137</u> mg/dl	< 130 mg/dl		
VLDL	18 mg/dl	2-30 mg/dl		
FASTING BLOOD SUGAR	<u>195</u> mg/dl	70 - 110 mg/dl		
URINE ROUTINE ANALYSIS				
PHYSICAL				
Quantity	5 ml			
Colour	Pale yellow			
Sp. Gravity	1.015			
pH	Acidic			
Appearance	Clear			
CHEMICAL				
Nitrite	Negative			
Protein	Negative			
Glucose	<u>(+)</u>			
Ketones	Negative			
Urobilinogen	Normal			
Bilirubin	Negative			
Blood	Negative			
MICROSCOPIC.				



Test	Result	Normal Range	Detailed Description
PUS_CELLS	1-2		
EPITHELIAL CELLS.	1-2		
RBCS	1-2		
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA.	NIL		
OTHERS.	NIL		
URINE DRUG SCREEN			
OPIATE (URINE)	Negative		
MORPHINE (URINE)	Negative		
COCAINE (URINE)	Negative		
AMPHETAMINE (URINE)	Negative		
BENZODIAZEPINES (URINE)	Negative		
PHENCYCLIDINE (URINE)	Negative		
METHAMPHETAMINE (URINE)	Negative		
TRAMADOL (URINE)	Negative		
BARBITURATES (URINE)	Negative		
TRICYCLIC ANTIDEPRESSANTS (URINE)	Negative		
METHADONE (URINE)	Negative		
ALCOHOL TEST	Negative		

Remarks:



2026-02-11 09:47:49

Patient 21041 Age: 63

Name: V.S.R. HEDES THAKI AL SADI

Gender: Male Nationality: QMANI

Age: 49r Mac Status: Married

Address:



Data for reference only:

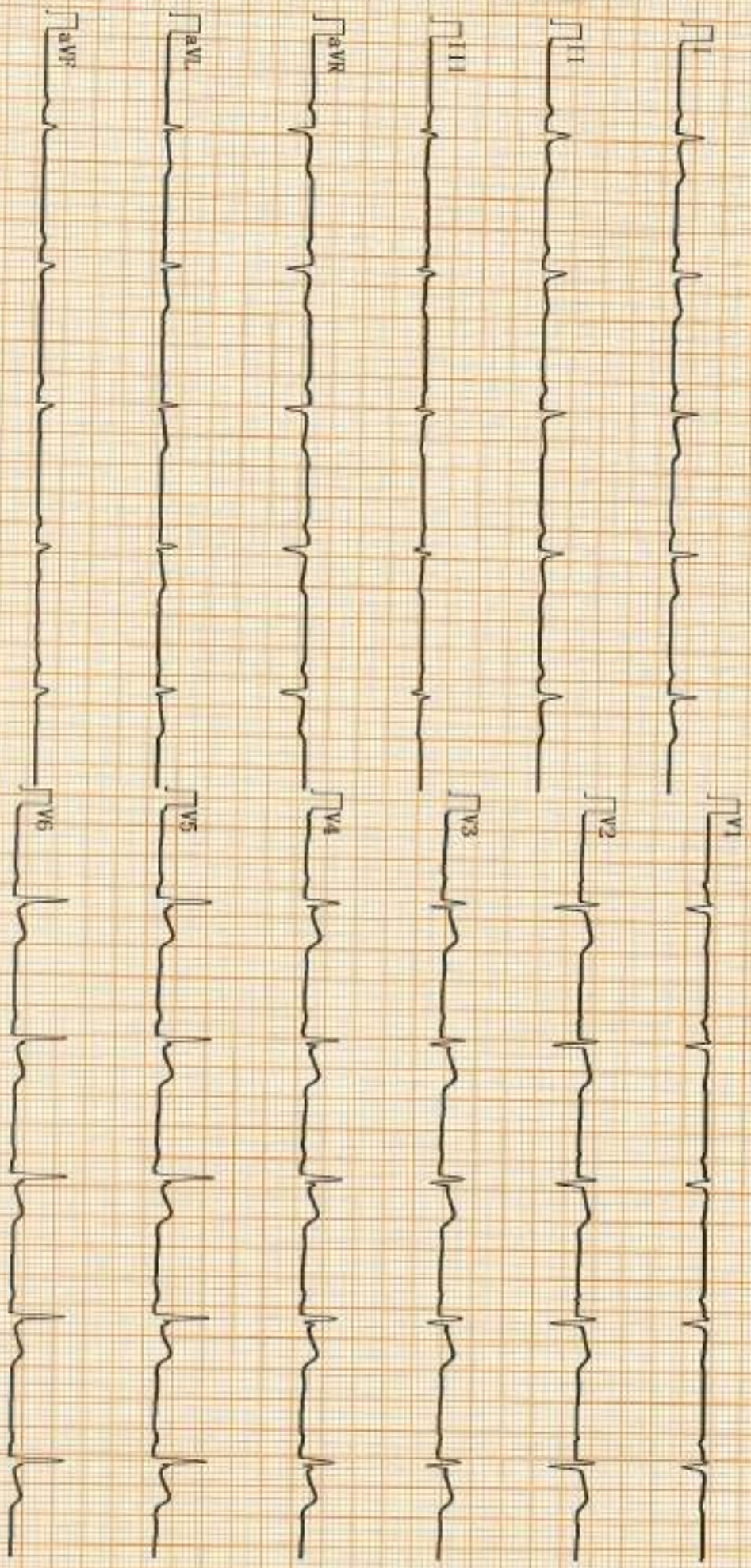
HR	bpm	: 63
PR Interval	ms	: 176
P Duration	ms	: 123
QRS Duration	ms	: 89
T Duration	ms	: 223
P/QRS/T Axis	deg	: 49.4/34.9/18.4
R (V5) /S (V1)	mV	: 1.82/0.63
R (V5) +S (V1)	mV	: 2.45

<< Conclusions >>

Normal Sinus Rhythm
Cardiac electric axis normal;

Report need physician confirm

Physician:



AUTO 5mm/mV

5mm/mV



بلاد السلام للخدمات الطبية ش.م.م.
Peace Land Medical Services L.L.C

PATIENT ID: 21041

Estimated 10-year Global CVD Risk

18.40%

Risk Category

High Risk

Estimated Vascular Age

68 Years

Treatment Guidelines

ATP-III (2004)

LDL <100 mg/dL (<2.59 mmol/L)
Non-HDL <130 mg/dL (<3.37 mmol/L)

CCS (2009)

LDL <2 mmol/L (<77 mg/dL) or $\geq 50\%$ decrease in LDL-C
apoB <0.8 g/L (80 mg/dL)

ESC (2007, see info for more)

LDL <2-2.5 mmol/L (<80-100 mg/dL)
TChol <4-4.5 mmol/L (<155-175 mg/dL)

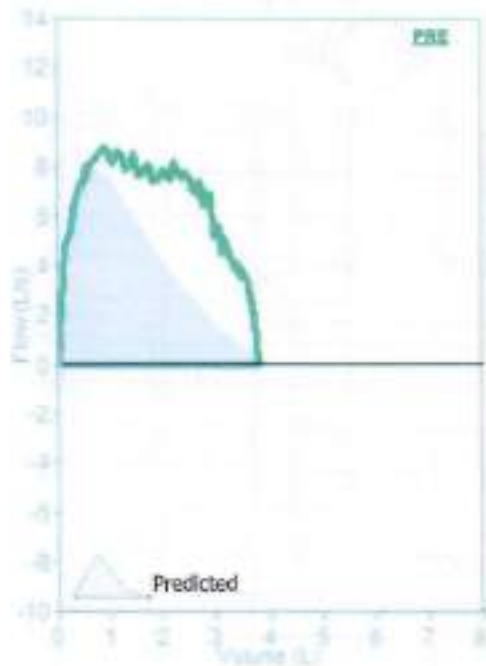


Pulmonary Function Test Results

Visit date 11-Feb-26

Patient code	5602068	Age	48
Surname	AL SADI	Gender	Male
Name	YASIR HEDEB	Height, cm	168
Date of birth	04-Apr-77	Weight, kg	83
Ethnic group	Caucasian	BMI	29.41
Smoke	No smoker	Pack-Year	
Patient group			

FVC (L) 96 FEV1 (L) 117 FEV1% 121



Quality Control Grade: F
0 Acceptable trials

Interpretation
Normal Spirometry

PRE Trial date 11-Feb-26 9:21:35 AM

Parameters	LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC L	2.92	3.97	3.80*	96	-0.26	3.80			*		
FEV1 L	2.39	3.26	3.80*	117	1.04	3.80			*		
FEV1/FVC %	72.4	82.6	100.0*	121	2.81	100.0			*		
PEF L/s	4.70	8.12	8.84*	109	0.35	8.84			*		
ELA Years		48	48	100		48					
FEF2575 L/s	1.69	3.47	7.71	222	3.92	7.71					
FET s		6.00	0.66	11		0.66					
FVC L	2.92	3.97									
FEV1/VC %	72.4	82.6									


*Best values from all loops - BTPS 1.073 29 °C (84.2 °F) - Predicted Knudson

Conclusion / Medical report

Signature



Instrument used
Minispr 5 S/N C16043

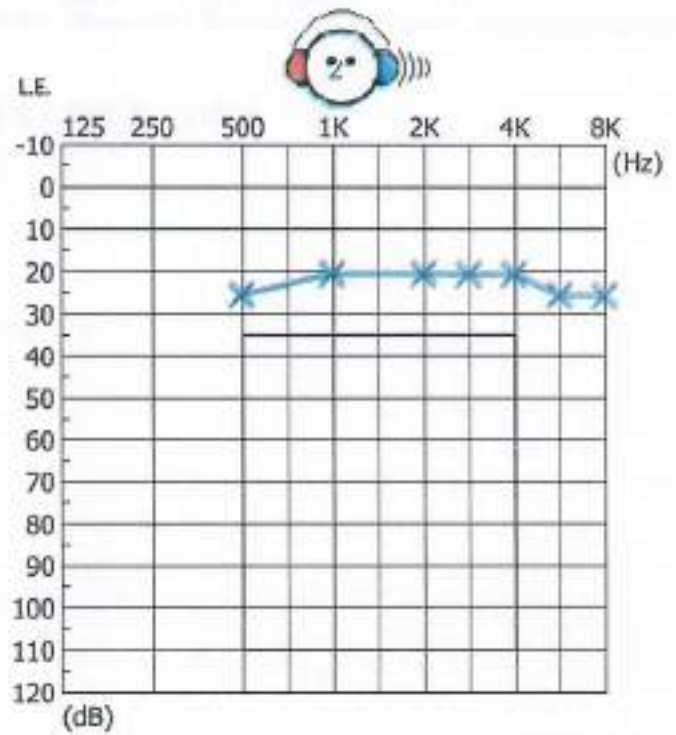
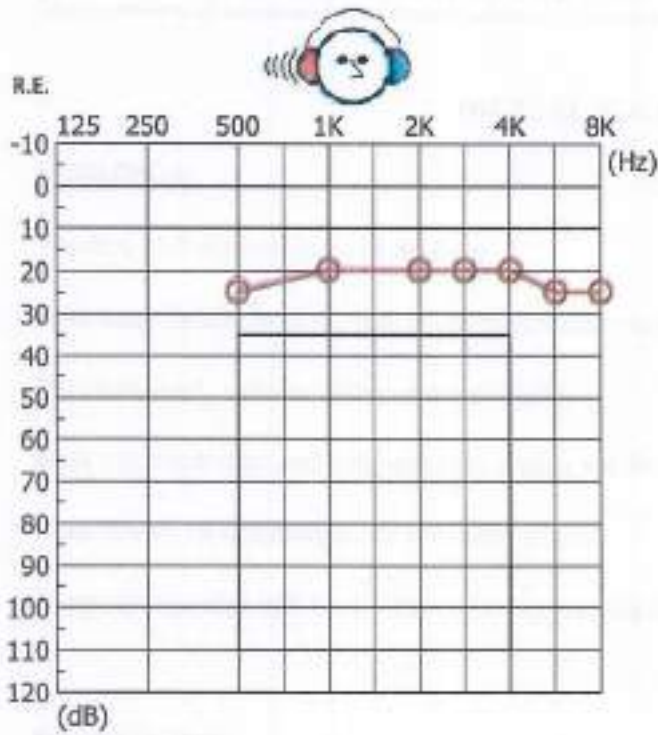
Patient: 21041 Reg. Dt: 11/02/2026
 Name: YASIR HEDEB THANI AL SADI
 Gender: Male Nationality: Omani
 Age: 48y Mar. Status: Married
 Address: 

AUDIOMETRY REPORT

Name: AL SADI, YASIR HEDEB
 Age(y): 48
 Sex: Man
 Height (cm): 0
 Weight(Kg): 0
 BMI:

SIBELMED W50

Test date: 11/02/2026
 Reference: 5602068
 Technician:
 Reason:
 Origin:
 Equipment:
 Device serial numb.:
 Flash Version:




MINISTRY OF LABOUR AND SOCIAL AFFAIRS

	R.E.	L.E.
Hearing Loss (%)	0.0	0.0
Average dBs	21.2	21.2
Bilateral Loss (%)	0.0	

Right ear Normal
 Left ear Normal

COMMENTS: *Normal*
AL SADI

	No Masking	R.E.	L.E.	With Masking	R.E.	L.E.
Air		○	×		△	□
Bone		<	>		=	=
F. Field		⊗	⊗			
No response		⊕	⊕			


DR. HAMHAD MD ISMAIL
 GENERAL PRACTITIONER
 MOH License No: 20078



Patient Id	Patient Name	Age/Sex	Procedure Date	Referring Dr
21041	YASIR HEDEB THANI AL SADI	48Y/M	11-02-2026	

DIGITAL X-RAY CHEST PA VIEW

FINDINGS:

Trachea and mediastinum in midline.

Both lung fields show normal bronchovascular markings.

Cardiothoracic ratio is within normal limits.

Both cardiophrenic and costophrenic angles are free.

Both domes of diaphragm are normally placed.

Bony ribcage and soft tissue structures appear normal.

IMPRESSION:

- NO ABNORMALITIES DETECTED



Dr. Wajdy Jarbou
MD ABR
Specialist Radiologist
MOH Lic # 19061



nmc specialty hospital, al ghoubra

P.O BOX : 613, Postal Code : 133
AL-GHOUBRA
24504000

Fitness Certificate

Empno:

Date of issue : 04/03/2026

Ref No : 0000071/FIT/NMC/2026

This is to certify that Mr / Mrs *YASIR HEDEB THANI AL SADI* with file no *14510606* and Resident card no. *5602058* was Treated at *nmc specialty hospital, al ghoubra* on *04/03/2026* and will be Fit from the medical point of view starting from *04/03/2026*

DIAGNOSIS

I10-Essential (Primary) Hypertension, E78.5-Hyperlipidemia, Unspecified, E11.65-Type 2 Diabetes Mellitus With Hyperglycemia

Remarks

Lifestyle modification , diet changes STOP Dapagliflozin 10 mg Add - Xigduo 5/1000 mg bid Continue - Atenolol 50 mg Zestril 10 mg od - Januvia 100 mg od - Increase Atorvastatin to 20 mg hs

DR SUMANT PAJANKAR

Place: *nmc specialty hospital, al ghoubra*

Signature



(Hospital Seal)

DEPARTMENT OF LABORATORY MEDICINE

File No: 14510606	Report No: 1108048
Name: YASIR HEDEB THANI AL SADI	Sample Date: 04/03/2026 Time: 10:23
Address:	Received By:
Gender: M Age: 48 Y Nationality: OMANI	Received Date: Time:
ISM No.: 92038677 ID Card No.: 5602068	Report Date: 04/03/2026 Time: 11:14
Ref. By: DR SUMANT FAJANKAR	Bill No: 2778839 Bill Date: 04/03/2026
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
HbA1C	10.20 %	4 - 6

Verified By:

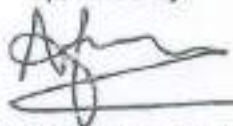


10759

Lab Technologist

MOH License No:
Electronically signed at: 04/03/2026 11:14:00

Approved By:



DR ASMA OSMANI

Specialist Pathologist

MOH License No: 5886
Electronically signed at: 04/03/2026 11:14:00

Printed at: 04/03/2026 11:43:02 AM