MEDICAL EVALUATION REPORT FOR OQ CONTRACTORS - SUMMARY

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
10083519	1479	Shaikh Pankaj	

Nationality	Age	Sex	Company	Location
Indian	54	M	Truck Oman	Fahud

EXAMINATION TYPE

Examination [ ] Pre-employment [ ] Periodic [ ] Exit

VITAL SIGNS & BODY MEASURES

Blood Pressure Category ______ [✓] Normal [ ] Prehypertension [ ] Hypertension Stage I [ ] Hypertension Stage II [ ] Hypertension Crisis
BMI Category ______ [ ] Underweight [ ] Normal [✓] Overweight [ ] Obese [ ] Morbid Obesity
Remarks

VISUAL TEST

Visual Acuity Test RT 6/6 LT 6/6 with specs Visual Field Test [ ] Normal [ ] Abnormal
Colour Vision Test [ ] Normal [ ] Abnormal [ ] Not Required Stereoscopic Vision Test [ ] Normal [ ] Abnormal [ ] Not Required
Pre-existing condition:
Remarks

RESPIRATORY SYSTEM

Spirometry Test [✓] Normal [ ] Abnormal [ ] Not Required Chest X-Ray [✓] Normal [ ] Abnormal [ ] Not Required
Pre-existing condition: Physical Assessment [ ] Normal [ ] Abnormal
Remarks

ENT SYSTEM

Audiometry Test [ ] Normal [✓] Abnormal [ ] Not Required Otoscopy [ ] Normal [ ] Abnormal [ ] Not Required
Pre-existing condition: Rt normal, Left mild hearing loss. Physical Assessment [ ] Normal [ ] Abnormal [ ] Physical Whisper & Rinne Tests
Remarks

CARDIOVASCULAR SYSTEM

ECG Test [✓] Normal [ ] Abnormal [ ] Not Required Physical Assessment [✓] Normal [ ] Abnormal
Pre-existing condition:
Remarks

NEUROLOGICAL SYSTEM

Physical Assessment [✓] Normal [ ] Abnormal
Pre-existing condition:
Remarks

MUSCULOSKELETAL SYSTEM

Physical Assess. [✓] Normal [ ] Abnormal Lumbar X-Ray [ ] Normal [ ] Abnormal [ ] Not Required
Pre-existing condition:
Remarks

LABORATORY INVESTIGATIONS

Lab Tests [ ] Normal [ ] Abnormal If abnormal, please specify below Blood Group: AB positive
Pre-existing condition:
Remarks

Glucose Level Category 553 [✓] Normal 60 – 100 mg/dl [ ] Pre diabetic 100 – 125 mg/dl [ ] Diabetic > 126 mg/dl
Cholesterol Risk Category ______ [✓] Low Risk: LDL is less 130 mg/dl [ ] Moderate Risk: LDL 130-159 mg/dl [ ] High Risk: LDL > 160 mg/dl
Routine Urine Analysis [✓] Normal [ ] Abnormal [ ] Not Required Stool Analysis [ ] Normal [ ] Abnormal [ ] Not Required

QUESTIONNAIRES

Medical & Surgical History Questionnaire Remarks
Respiratory Protection Questionnaire Remarks
Hearing Conservation Questionnaire Remarks
Screening Questionnaire Remarks
N/A

Fagerstrom Test - Smoking [ ] Non smoker [ ] Low dependence [ ] Low to moderate dependence [ ] Moderate dependence [ ] High dependence
CAGE Questionnaire Alcohol Use [ ] No use of alcohol [ ] Something negative [ ] Strongly significant
SRQ-20 Self reported Questionnaire [ ] No positive answers [ ] Positive answers Factor I (1 to 6) [ ] Positive answers Factor II (7 to 12)
[ ] Positive answers Factor III (13 to 16) [ ] Positive answers Factor IV (17 to 20)

Clinic Doctor Name	License #	Hospital/Polyclinic	Doctor Signature & Clinic Stamp	Issue Date
Dr. Jamal		Aster		15/12

Dr. JAMAL T.M
SPECIALIST INTERNAL MEDICINE
MOH LICENCE NO. 13474
ASTER HOSPITAL ...

PHYSICAL ASSESSMENT FORM

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
10455114	1499	Shaikh Pavej	
Nationality	**Age**	**Sex**	**Company**
Indian	34	M	Three Omen

Location: Abroad

VITAL SIGNS

Height: 168 cm | Weight: 77 Kg | BMI: 27.28 | Blood Pressure: 14.6 mmHg

Pulse: 87 /min | Medical Practitioner Name: | Signature:

VISUAL SYSTEM

	Right Uncorrected	Left Uncorrected	Right Corrected	Left Corrected	Both Uncorrected	Both Corrected
Visual Acuity Test:	6/6	6/6				

Colour Vision Test (Ishihara): # of Plates passed: 8 | # of Plates failed: 0 | ☑ Normal ☐ Abnormal

Visual Field Test: ☑ Normal ☐ Abnormal

Stereopsis Vision Test: ☑ Normal ☐ Abnormal

Date of Examination: 15/12 | Medical Practitioner Name: | Signature:

RESPIRATORY SYSTEM

(1) Spirometry Test: Normal

Smoking Status: ☐ Never ☐ Ex-smoker ☐ Current | Patient's Posture During Test: ☐ Standing ☐ Sitting | Nose Clips Used: ☐ Yes ☐ No

Diagnosis: ☐ Asthma ☐ COPD ☐ Other: _____

Acceptability Criteria (tick all that are applicable):
- ☐ Free from artifacts
- ☐ Good start
- ☐ Satisfactory exhalation
- ☐ NOT satisfactory

Repeatability Criteria (tick all that are applicable):
- ☐ ≥ 3 acceptable curves FEV1 values AND FVC values within 0.15L / 150 ml
- ☐ Total of TWO to EIGHT tests performed
- ☐ The patient CAN NOT or SHOULD NOT continue

The Patient Demonstrated: ☐ Good Effort ☐ Difficulty following instructions ☐ Ability to sustain only one good effort ☐ Poor Effort ☐ Cooperation

Date of Examination: | Medical Practitioner Name: | Signature:

(2) Chest Shape and Movement: ☑ Normal ☐ Abnormal ☐ Not Examined | If abnormal, describe below:

(3) Chest Percussion: ☑ Normal ☐ Abnormal ☐ Not Examined | If abnormal, describe below:

(3) Air Entry in Both Lungs: ☑ Normal ☐ Abnormal ☐ Not Examined | If abnormal, describe below:

(4) Breath sounds: ☑ Vesicular ☐ Abnormal ☐ Not Examined | If abnormal, describe below:

Date of Examination: 15/12/24 | Physician Name: | Signature:

ENT SYSTEM

(1) Otoscopy

	Right	Left
Ear Canal Collapse	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☐ No ☐ Not Exam
Tinkwaps	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☐ No ☐ Unknown
Perforation	☐ Yes ☑ No ☐ Not Exam	☐ Yes ☐ No ☐ Not Exam
Cerumen	☑ None ☐ Some ☐ A lot ☐ Impacted ☐ Not Exam	☐ None ☐ Some ☐ A lot ☐ Impacted ☐ Not Exam

	Right	Left
Eardrum Position	☐ Normal ☐ Retracted ☐ Bulging ☐ Not Exam	☑ Normal ☐ Retracted ☐ Bulging ☐ Not Exam
Eardrum Mobility	☑ Normal ☐ Decreased ☐ Mild ☐ Not Exam	☑ Normal ☐ Decreased ☐ Mild ☐ Not Exam

(2) Hearing Test

Whisper Test	☑ Normal ☐ Abnormal ☐ Not Exam
Rinne Test	☐ Normal ☐ Abnormal ☐ Not Exam
Weber Test	☐ Normal ☐ Abnormal ☐ Not Exam
Audiometry Done	☐ Yes ☐ No
Audiologist Name: Signature:	Hearing Questionnaire Verified: ☐ Yes ☐ No

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ASTER HOSPITAL, UAE

FITNESS TO WORK CERTIFICATE - OQ CONTRACTORS

EMPLOYEE IDENTIFICATION				
Civil ID / Passport #	Company ID #		Name	Position
1007355194/H99			Shaikh Parvej	
Nationality	Age	Sex	Company	Location
Indian	54	M	THACK Oman	Fahad

EXAMINATION TYPE		
[ ] Pre-employment Examination (PEE)	[✓] Periodic Medical Examination (PME)	[ ] Pre-placement Examination
[ ] Change of Position Examination	[ ] Exit Examination	[ ] Critical Activities Examination
[ ] Emergency Response Team	[ ] Travelling Examination	[ ] Medical Surveillance

Medical Suitability for Work	
Medical Suitability for Work	[✓] Fit to work [ ] Fit with following restrictions [ ] Pending Tasks [ ] Not fit to work

Restrictions: ENT Consultation advised in view of mild hearing loss - left side.

Nil — Working at height	Nil — Pulling, pushing or carrying weight
Nil — Working in confined space	Nil — Permanent/second ladders and stairs
Nil — Working with electricity	Nil — Walking or standing for long distances/periods
Nil — Working near rotating machinery	Nil — Repetitive movements
Nil — Working at noise area	Nil — Mobile machinery operation
Nil — Working in extreme heat	Nil — Heavy lifting operation
Nil — Handling chemical products	Nil — Driving vehicles
Nil — Use of respirator	Nil — Emergency response duty

Other, specify:

New Position	New Function	New Department
NA	NA	NA

Examination Date	Exams Performed
15/10/2024	

Medical Review Date	Employee Signature
	[signature]

Doctor Name	Medical License	Hospital	Medical Doctor Signature
Dr. Jamal			[signature]

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PHYSICAL ASSESSMENT FORM

ENT SYSTEM

[1] Nose Assessment
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[2] Throat Assessment
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

CARDIOVASCULAR SYSTEM

[1] Heart Sounds
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[2] Heart Murmurs
- [ ] Present
- [x] Absent
- [ ] Not Examined

If present, describe below:

[3] Peripheral Pulses
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[4] Peripheral Veins
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

NEUROLOGICAL SYSTEM

[1] Mental Status
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[2] Cranial Nerves
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[3] Motor System
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[4] Reflexes
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[5] Sensory System
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[6] Coordination, Station, Gait
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

MUSCULOSKELETAL SYSTEM

[1] Hand and Wrist
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[2] Elbow and Shoulder
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[3] Hip
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[4] Knees
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[5] Foot and Ankle
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[6] Spine and Back
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

OTHER

[1] Skin, Extremities
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[2] Head & Neck
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[3] Mouth and Teeth
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[4] Dental Orifices
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[5] Abdominal Organs
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

[6] Lymph Nodes
- [x] Normal
- [ ] Abnormal
- [ ] Not Examined

If abnormal, describe below:

Date of Examination: 15/12

Practitioner Name: Dr. Jamal

Dr. JAMAL T.M
SPECIALIST INTERNAL MEDICINE
MCM LICENCE NO: 13475
AKTER HOSPITAL THRI

MEDICAL & SURGICAL HISTORY QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
10483519h	1499	Shaikh Parvez	

Nationality	Age	Sex	Company	Location
Indian	54	M	Truck Oman	Fahud

PERSONAL HEALTH HISTORY

Have you ever, or do you currently suffer from any of the following?

Condition	Yes	No
Congenital heart disease or Valvular heart disease or Coronary artery disease		✓
Myocardial insufficiency or infarction (heart attack)		✓
Coronary bypass surgery (CABG) and angioplasty		✓
Heart arrhythmias (heart beats too fast, too slow or irregularly)		✓
High blood pressure (hypertension)		✓
Shortness of breath after exertion		✓
Varicose veins associated with varicose eczema, ulcers or other complications		✓
Atherosclerosis or other vascular disease		✓
Anemia, especially Sickle Cell Disease or Sickle Cell Trait or Thalassemia		✓
Haemorrhagic disorders i.e. bleeding disorders		✓
Leukaemia, polycythaemia and disorders of the reticulo-endothelial system		✓
G6PD Glucose 6-Phosphate Dehydrogenase Deficiency		✓
Recurrent headaches or migraine		✓
Epilepsy and recurrent seizures		✓
Blackouts, dizziness, fainting, memory loss, unconsciousness (vertigo/syncope)		✓
Sleep disorders, such as insomnia, hypersomnia, sleep apnea, narcolepsy		✓
Chronic anxiety states and/or recurrent depression		✓
Phobias such as fear of heights, fear of confined spaces, fear of flying		✓
Lung disease e.g. bronchitis, asthma, dyspnea, TB		✓
Phlegm production (excess mucus production) or tight chest		✓
Immune suppression due to cancer or human immunodeficiency virus		✓
Muscle problems e.g. weakness of your limbs or healthy muscles		✓
Joint problems, e.g. artificial joints, joint pain or swelling		✓
Problems with limb, neck or spine mobility		✓
Extremities (feet or hands) deformities or problems		✓
Experienced back problems, arthritis, slipped disc		✓
Pain in neck or back or knees or legs		✓
Thyroid disease any other glandular disease		✓
Diabetes mellitus or Hypoglycemia		✓
Experienced weight loss or gain > 5kg over the past year		✓
Informed about being overweight or obese		✓
Skin disorders e.g. severe acne, dermatitis, eczema or allergy		✓
Allergies e.g. dust, medication, insect bites		✓
Disorders of the digestive system e.g. ulcers, recurrent diarrhea, gastritis		✓
Haemorrhoids, fistulae and fissures causing pain, or recurrent bleeding		✓
Liver and pancreas disease e.g. pancreatitis, Hepatitis B)		✓
Kidney or bladder diseases e.g. recurrent infection, renal stones		✓
Ear, nose or throat problems e.g. otitis, hearing loss, sinusitis, tonsillitis		✓
Eye disease or visual defect (e.g. glaucoma, color blindness, monocular vision)		✓
Treated for infectious diseases (e.g. malaria, COVID-19)		✓
Treated for depression, stress		✓
Treated for substance or alcohol abuse		✓

Question	Yes	No
Have you visited a doctor in the last year?		✓
Are you taking any medication at present?		✓
Are you pregnant?		✓

List any previous injuries or operations.

Previous injuries or operations	Date
Nil	

Date: 15/12/24

Candidate/Employee Signature

Dr. JAMAL T.M
SPECIALIST INTERNAL MEDICINE
MOH LICENCE NO: 13474
ASTER HOSPITAL

SCREENING QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
288051941499		Shaikh Parvej	

Nationality	Age	Sex	Company	Location
Indian	34	M	Truck Oman	Fahud

PREGNANCY TEST

Do you smoke? [ ] Yes [✓] No — If YES, Please answer the following

How soon after waking up do you smoke your first cigarette? [ ] Within [ ] 31-60min [ ] 6-30min [ ] > 60 minutes

Do you find it difficult to avoid smoking where it is forbidden, such as work places, cinemas, shopping etc.? [ ] Yes [ ] No

Which is the most difficult cigarette to quit or not to smoke? [ ] Any one [ ] The first in the morning

How many cigarettes do you smoke per day? [ ] <10 [ ] 11-20 [ ] 21-30 [ ] >31

Do you smoke more frequently the first hours of the day than the rest of the day? [ ] Yes [ ] No

Do you smoke even when you're sick and have to stay in the bed most part of the day? [ ] Yes [ ] No

N/I

CAGE QUESTIONNAIRE

Do you think alcohol? [ ] Yes [ ] No — If YES, Please answer the following:

Did you ever feel that you should decrease the amount of drinks or cut down (stop) drinking?	[ ] Yes	[✓] No
Do people bother you because they criticize the way you drink?	[ ] Yes	[✓] No
Do you feel guilty or upset with yourself with the way you use to drink	[ ] Yes	[✓] No
Do you drink in the morning to feel less anxious or decrease the hang over	[ ] Yes	[✓] No
Have you had any problems related to alcohol	[ ] Yes	[✓] No
Did you drink in the last 24 hours	[ ] Yes	[✓] No

FATIGUE QUESTIONNAIRE

Have you noticed that you are feeling tired recently	[ ] Yes	[✓] No
Have you been feeling a lack of energy	[ ] Yes	[✓] No

If YES, Please answer the following:

For how many days did you feel tired or with lack of energy in the last week	[ ] 1 day	[ ] 2 days	[ ] 3 days	[ ] > 3 days
Did you feel tired or with lack of energy for more than 2 hr in some days per week?	[ ] 1 hour	[ ] 2 hours	[ ] 3 hours	[ ] > 3 hours
Did you feel so tired that you had to make some effort to do things last week	[ ] Yes	[ ] No		
Did you feel tired or with lack of energy doing things you like last week	[ ] Yes	[ ] No		

N/I

SELF REPORTING QUESTIONNAIRE (SRQ-20)

1.Do you have trouble thinking clearly?	[ ] Yes	[✓] No	11.Is your digestion not good?	[ ] Yes	[✓] No
2.Do you find it hard to do your daily work?	[ ] Yes	[✓] No	12.Lack interest/pleasure in your activities	[ ] Yes	[ ] No
3.Do you find difficult taking decisions?	[ ] Yes	[✓] No	13.Do you get tired easily?	[ ] Yes	[✓] No
4.Is your daily work is suffering?	[ ] Yes	[✓] No	14.Do you feel nervous, tense or worried?	[ ] Yes	[✓] No
5.Do you lose interest in the things?	[ ] Yes	[✓] No	15.Do you feel unhappy?	[ ] Yes	[✓] No
6.Are you cryable tired?	[ ] Yes	[✓] No	16.Do you cry more than usual?	[ ] Yes	[✓] No
7.Do you have frequent headaches?	[ ] Yes	[✓] No	17.Lose interest or finding your life pleasure in your work?	[ ] Yes	[ ] No
8.Do you feel lack of hunger?	[ ] Yes	[✓] No	18.Do you find difficult to perform your work?	[ ] Yes	[✓] No
9.Do you sleep badly?	[ ] Yes	[✓] No	19.Have you lost interest a things?	[ ] Yes	[✓] No
10.Do your hands tremble?	[ ] Yes	[✓] No	20.Do you feel you're worthless?	[ ] Yes	[ ] No

Date: 15/12/24

Candidate/Employee Signature

Dr. JAMAL T.M
SPECIALIST INTERNAL MEDICINE
MOH LICENCE NO: 18475
ASTER HOSPITAL IBRI

RESPIRATORY PROTECTION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
100851194	1499	Shaikh Parvez	

Nationality	Age	Sex	Company	Location
Indian	54	M	Truck Oman	Fahud

RESPIRATORY PROTECTION MEDICAL EVALUATION QUESTIONNAIRE - OSHA

Do you use a respirator? [ ] YES [✓] NO What type: [ ] Disposable mask [ ] Cartridge filters [ ] 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?

[ ] YES [✓] NO a. Seizures [ ] YES [✓] NO c. Trouble smelling odors [ ] YES [✓] NO e. Claustrophobia (fear of closed in places)

[ ] YES [✓] NO b. Diabetes (sugar disease) [ ] YES [✓] NO d. Allergic reactions that interfere with your breathing

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

[ ] YES [✓] NO a. Asbestosis [ ] YES [✓] NO g. Pneumonia [ ] YES [✓] NO l. Broken ribs

[ ] YES [✓] NO b. Asthma [ ] YES [✓] NO h. Tuberculosis [ ] YES [✓] NO m. Pneumothorax (collapsed lung)

[ ] YES [✓] NO c. Chronic bronchitis [ ] YES [✓] NO i. Silicosis [ ] YES [✓] NO n. Any chest injuries or surgeries

[ ] YES [✓] NO d. Emphysema [ ] YES [✓] NO j. Lung cancer [ ] YES [✓] NO o. Any other lung problem that you have been told about

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

[ ] YES [✓] NO a. Shortness of breath

[ ] YES [✓] NO b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline

[ ] YES [✓] NO c. Shortness of breath when walking with other people at an ordinary pace on level ground

[ ] YES [✓] NO d. Have to stop for breath when walking at your own pace on level ground

[ ] YES [✓] NO e. Shortness of breath when washing or dressing yourself

[ ] YES [✓] NO f. Shortness of breath that interferes with your job

[ ] YES [✓] NO g. Coughing that produces phlegm (thick sputum)

[ ] YES [✓] NO h. Coughing that wakes you early in the morning

[ ] YES [✓] NO i. Coughing that occurs mostly when you are lying down

[ ] YES [✓] NO j. Coughing up blood in the last month

[ ] YES [✓] NO k. Wheezing

[ ] YES [✓] NO l. Wheezing that interferes with your job

[ ] YES [✓] NO m. Chest pain when you breathe deeply

[ ] YES [✓] 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?

[ ] YES [✓] NO a. Heart attack

[ ] YES [✓] NO b. Stroke

[ ] YES [✓] NO c. Angina

[ ] YES [✓] NO d. Heart failure

[ ] YES [✓] NO e. Swelling in your legs or feet (not caused by walking)

[ ] YES [✓] NO f. Heart arrhythmia

[ ] YES [✓] NO g. High blood pressure

[ ] YES [✓] NO h. Any other heart problems that you have been told about

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

[ ] YES [✓] NO a. Frequent pain or tightness in your chest

[ ] YES [✓] NO b. Pain or tightness in your chest during physical activity

[ ] YES [✓] NO c. Pain or tightness in your chest that interferes with your job

[ ] YES [✓] NO d. In the past two years, have you noticed your heart skipping or missing a beat

[ ] YES [✓] NO e. Heartburn or indigestion that is not related to eating

[ ] YES [✓] NO f. Any other symptoms that you think might be related to heart

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

[ ] YES [✓] NO a. Breathing or Lung problems

[ ] YES [✓] NO b. Heart trouble

[ ] YES [✓] NO c. Blood pressure

[ ] YES [✓] NO d. Seizures (fits)

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

[ ] YES [✓] NO a. Eye irritation

[ ] YES [✓] NO c. Skin allergies or rashes

[ ] YES [✓] NO e. Anxiety

[ ] YES [✓] NO g. General weakness or fatigue

[ ] YES [✓] NO h. Any other problem that interferes with you use of a respirator

Date: 22/12/24

Candidate/Employee Signature

Dr. JAMAL T.M
SPECIALIST INTERNAL MEDICINE
MOH LICENCE NO: 13474
ASTER HOSPITAL (Ibri)

HEARING CONSERVATION QUESTIONNAIRE

CANDIDATE / EMPLOYEE IDENTIFICATION

Civil ID / Passport #	Company ID #	Name	Position
[illegible]	1499	Shaikh Parvez	

Nationality	Age	Sex	Company	Location
Indian	54	M	Truck Oman	Fahed

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:

[ ] Hunting	[ ] Car mech	[ ] Sand blasting	[ ] Welding	[ ] Target shooting
[ ] Power tools	[ ] Mower	[ ] Carpentry / Band	[ ] Welding	[ ] Air compressor
[ ] Construction	[ ] Snake charm	[ ] Motor (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:

[ ] Ear Fullness	[ ] Ear Infections	[ ] Ear Surgery	[ ] Head Injury	[ ] Chemotherapy	No
[ ] Ringing in the ears	[ ] Ear Pain	[ ] Earwax build up	[ ] Intravenous Antibiotics	[ ] Hole in the Eardrum	
[ ] Ear Drainage	[ ] Dizziness				

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

[ ] Meningitis	[ ] Diabetes	[ ] Measles	[ ] Syphilis	[ ] Chickenpox	[ ] Thyroid	[ ] Chronic ear infections	No
[ ] Hypertension	[ ] Renal Failure	[ ] Tuberculosis	[ ] Previous surgery	[ ] Eye/ear problems	[ ] Trauma to head/ear canal / tympanic membrane		

5 - Check ALL that you are currently suffering from:

[ ] Sinusitis	[ ] Cold/Flu	[ ] Ear infection	[ ] Allergic rhinitis	No

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 service: [ ] 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 What are they?

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

Date: 15/12/24

Candidate/Employee Signature

Dr. JAMAL T.M
SPECIALIST INTERNAL MEDICINE
MOH LICENCE NO: 13475
AZIZI HOSPITAL IBRI

Aster HOSPITAL
We'll Treat You Well

أستر مستشفى

Laboratory Investigation Report

Patient Name	Mr. SHAIKH PARWEJ AHAMAD	**Requesting Date/Time**	15/12/2024 8:33AM
DOB/Gender	10/07/1970 **(54 Yrs/Male)**	**Collection Date/Time**	15/12/2024 8:34AM
MRN / Nationality	700220227 / India	**Reception Date/Time**	15/12/2024 8:46AM
Requesting Physician	Dr. Jamal Thodungal Moideen	**Reporting Date/Time**	15/12/2024 10:24AM
Lab Number	7068348	**Reporting Stage**	Final
Test Priority	Routine		
Passport No			

Test	Result	Flag	Units	Reference Range	Sample Type	Methodology
BIOCHEMISTRY						
Random Blood Sugar (RBS)	5.53		mmol/L	3.7 - 7.8		Hexokinase
LIPID PROFILE						
LIPID PROFILE						
Cholesterol - Total	4.85		mmol/L	Desirable : <5.17 Borderline High : 5.17 - 6.18 High : >6.21	Serum	Enz. Colorimetric
Triglyceride	1.42		mmol/L	0.73 - 1.8	Serum	Enz. Colorimetric
HDL Cholesterol	1.03		mmol/L	No Risk : >1.68 Moderate Risk : 1.15 - 1.68 High Risk : <1.15	Serum	
LDL Cholesterol	3.18		mmol/L	Desirable : < 3.34 Borderline High : 3.37 - 4.12 High : >4.14	Serum	CALCULATED
VLDL	0.64		mmol/L	0.128 - 0.645		
Cholesterol / HDL Ratio	4.71		mmol/L	3.5 - 5		Calculation
LIVER FUNCTION TEST						
LIVER FUNCTION TEST						

ASHWINI RATHEESAN
MEDICAL LAB TECHNOLOGIST
MOH REG. No : 18054

Ms. Salini AS

Dr. Shayfa Palliyalil
Specialist Pathologist

* Service made as Outsource

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Laboratory Investigation Report

Patient Name	Mr. SHAIKH PARWEJ AHAMAD	**Requesting Date/Time**	15/12/2024 8:33AM
DOB/Gender	15/07/1970 [54 Yrs/Male]		
MRN / Nationality	700220227 / India	**Collection Date/Time**	15/12/2024 8:34AM
Requesting Physician	Dr. Jaimal Thottungal Moideen	**Reception Date/Time**	15/12/2024 8:48AM
Lab Number	7068245	**Reporting Date/Time**	15/12/2024 10:24AM
Test Priority	Routine	**Reporting Stage**	Final
Passport No			

Bilirubin-Total	0.479		mg/dl	0.1 - 1.2		
Direct Bilirubin	0.129		mg/dl	< 0.2	Serum	Diazo
SGOT (AST)	23.20		IU/L	0 - 40	Serum	
SGPT (ALT)	22.40		IU/L	10 - 60	Serum	IFCC ;Tris buffer without P5P ; Kinsearch
Alkaline Phosphatase	78.00		IU/L	Adult: 37-116 1- 5 days : <245 6 days - 1 yr : 104-462 1 - 12 yrs : 42-300 13 - 17 yrs female : 47-187 13 -17 yrs male : 52-390	Serum	Colorimetric assay ; AMP buffer IFCC ; kinetic
Gamma GT	41.00	H	U/L	5 - 40	Serum	Enzymatic colorimetric assay ; IFCC; Kinetic
Total Protein	7.66		g/dl	6.6 - 8.7		Colorimetric assay (Biuret reaction, endpoint)
Albumin	4.63		g/dl	3.2 - 5.4	Serum	Homogeneous enzymatic colorimetric assay:End point
Globulin	3.03		g/dl	2.3 - 3.2	Serum	Calculation
A/G Ratio	1.5		Ratio			

RENAL FUNCTION TEST

Ms. Salini AS

ASHWIN RATHEESAN
MEDICAL LAB TECHNOLOGIST
MOH REG. No. 118004

Dr. Shayfa Palliyalil
Specialist Pathologist

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أستر مستشفى

Laboratory Investigation Report

Patient Name	Mr. SHABOH PARWEJ AHAMAD		
DOB/Gender	15/07/1970 (54 Yrs/Male)	Requesting Date/Time	15/12/2024 8:33AM
MRN / Nationality	700220227 / India	Collection Date/Time	15/12/2024 8:34AM
Requesting Physician	Dr. Jamal Thottungal Maidoen	Reception Date/Time	15/12/2024 8:48AM
Lab Number	7088748	Reporting Date/Time	15/12/2024 9:06AM
Test Priority	Routine	Reporting Stage	Final
Passport No			

RENAL FUNCTION TEST

Urea	5.90	mmol/L	2 - 8	Serum	Kinetic test, urease and glutamate dehydrogenase
Creatinine	58.00	umol/L	Male: 62 - 106 Female: 44 - 80 Neonates: 21 - 91 Children (2 To 12 Month) : 15 - 37 Children (1 To 9 Years) : 21 - 53 Children (9 To 15 Years) : 34 - 77	Serum	Kinetic colorimetric assay based on Jaffe method

End Of Report

BLOOD BANK

ABO Blood Group & Rh Typing	"AB" Positive	Glass fibre matrix capture

End Of Report

HAEMATOLOGY

Sickle Cell Screening	Negative	Negative

Ms. Salini AS

ASHWINI RATHEESAN
MEDICAL LAB TECHNOLOGIST
MOH REG. No. : 1 3 5 0 4

Dr. Shayfa Palliyali
Specialist Pathologist

* Service marked as Outsource

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نحن نعتني بك دائما

Laboratory Investigation Report

Patient Name	Mr. SHAIKH PARWEJ AHAMAD	**Requesting Date/Time**	15/12/2024 8:33AM
DOB/Gender	15/07/1970 (54 Yrs/Male)	**Collection Date/Time**	15/12/2024 8:34AM
MRN / Nationality	700220027 / India	**Reception Date/Time**	15/12/2024 8:46AM
Requesting Physician	Dr. Jaffal Thottungal Moideen	**Reporting Date/Time**	15/12/2024 10:24AM
Lab Number	7008248	**Reporting Stage**	Final
Test Priority	Routine		
Passport No			

CBC (COMPLETE BLOOD COUNT)

COMPLETE BLOOD COUNT						
WBC Count	8.72		10^3/uL	4 - 11	EDTA WB	Impedance
DIFFERENTIAL COUNT (%)						
Neutrophils	38.2	L	%	45 - 75	EDTA WB	Impedance and Absorbance
Lymphocytes	54.5	H	%	20 - 45	EDTA WB	Optical
Eosinophils	1.3		%	1 - 6	EDTA WB	
Monocytes	5.8		%	2 - 10	EDTA WB	Impedance and Absorbance
Basophils	0.2		%	0 - 1	EDTA WB	Impedance and Absorbance
Hb/Hemoglobin	15.3		g/dl	13 - 17	EDTA WB	Photometry
RBC Count	5.13		10^6 / uL		EDTA WB	Impedance
Platelet Count	217		10^3/uL		EDTA WB	
HCT (Hematocrit)	45.6		%	37 - 51	EDTA WB	Calculation
MCV	88.9		fl	83 - 101	EDTA WB	Measurement
MCH	29.8		Pg	27 - 32	W. B. EDTA	Calculation
MCHC	33.6		g/dl	31 - 37	W. B. EDTA	Calculation

ESR / ERYTHROCYTE SEDIMENTATION RATE

Erythrocyte Sedimentation Rate	05	mm/hr	1 - 15	W. B. EDTA	Modified Westergren

Ms. Salini AS

ASHWINI RATHEESAN
MEDICAL LABTECHNOLOGIST
MOH REG. No. - 16904

Dr. Shayfa Palliyalil
Specialist Pathologist

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Laboratory Investigation Report

Patient Name	Mr. SHAIKH PARWEJ AHAMAD	Requesting Date/Time	15/12/2024 8:33AM
DOB/Gender	15/07/1970 (54 Yrs/Male)	Collection Date/Time	15/12/2024 8:34AM
MRN / Nationality	70020227 / India	Reception Date/Time	15/12/2024 8:40AM
Requesting Physician	Dr. Jamal Thottungal Madeen	Reporting Date/Time	15/12/2024 10:24AM
Lab Number	7068248	Reporting Stage	Final
Test Priority	Routine		
Passport No			

End Of Report

CLINICAL PATHOLOGY

URINE ROUTINE

URINE ANALYSIS

CHEMICAL EXAMINATION

Glucose	Negative		Negative		GOD-POD
Protein	Negative		Negative		Protein error of pH indicator
Ketone	Negative		Negative		Rothera test
Bilirubin	Negative		Negative		
pH	7.5				Litmus paper
Urobilinogen	Negative		Trace		Diazo

MICROSCOPIC EXAMINATION

RBCs	0-1	/hpf	0 - 2	Urine	
Pus Cells	0-2	/hpf	0 - 3	Urine	Microscopy
Epithelial Cells	NIL				
Bacteria	Absent		Absent		
Calcium -oxalate	NIL				Microscopy
Triple-phosphate	NIL				
Uric acid crystal	NIL				

Ms. Salini AS

ASHWINI RATHEESAN
MEDICAL LAB TECHNOLOGIST
MOH REG. No. - 18004

Dr. Shayfa Palliyali
Specialist Pathologist

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Laboratory Investigation Report

Patient Name	Mr. SHAIKH PARWEJ AHAMAD	**Requesting Date/Time**	15/12/2024 8:33AM
DOB/Gender	15/07/1970 (**34 Yrs/Male**)		
MRN / Nationality	700220227 / India	**Collection Date/Time**	15/12/2024 8:34AM
Requesting Physician	Dr. Jamal Thottungal Moideen	**Reception Date/Time**	15/12/2024 8:46AM
Lab Number	7058248	**Reporting Date/Time**	15/12/2024 10:24AM
Test Priority	Routine	**Reporting Stage**	Final
Passport No			

Amorphous urate	NIL
Amorphous Phosphate	NIL
Hyaline casts	NIL
Granular Casts	NIL
Yeast cells	NIL

End Of Report

Ms. Salini AS

ASHWINI RATHEESAN
MEDICAL LAB TECHNOLOGIST
MOH REG. No. 115004

Dr. Shayfa Palliyalil
Specialist Pathologist

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Laboratory Investigation Report

Patient Name	Mr. SHABDI PARVEJ AHAMAD	Requesting Date/Time	19/12/2024 8:59PM
DOB/Gender	15/07/1970 (54 Yrs/Male)		
MRN / Nationality	7002220227 / India	Collection Date/Time	19/12/2024 10:45PM
Requesting Physician	Dr. GP SELF	Reception Date/Time	19/12/2024 10:48PM
Lab Number	7009001	Reporting Date/Time	19/12/2024 11:36PM
Test Priority	Routine	Reporting Stage	Final
Passport No			

Test	Result	Flag	Units	Reference Range	Sample Type	Methodology
CLINICAL PATHOLOGY						
URINE DRUG SCREEN 12 PANEL						
URINE DRUG SCREEN 12 PANEL						
AMPHETAMINE (AMP)	Negative			Negative		
MORPHINE (MOP)	Negative			Negative		
COCAINE (COC)	Negative			Negative		
PHENCYCLIDINE (PCP)	Negative			Negative		
METHAMPHETAMINE (MET)	Negative			Negative		
TRAMADOL (TML)	Negative			Negative		
BARBITURATES (BAR)	Negative			Negative		
BENZODIAZEPINES (BZO)	Negative			Negative		
METHADONE (MTD)	Negative			Negative		
TRICYCLIC ANTIDEPRESSANTS (TCA)	Negative			Negative		
TETRA HYDRO CANNABINOL (THC)	Negative			Negative		
OPIATES (OPI)	Negative			Negative		

End Of Report

ASHWINI RATHEESAN
MEDICAL LABORATORY TECHNOLOGIST

Ms. ASHWINI RATHEESAN PANIKKAR
Panikar
Technologist

Dr. Shayfe Palliyalil
Specialist Pathologist

ECG report

Name – Parwej shaikh

Age/Sex: 54 Yrs/Male

UHID: 700220227

Rate – 82/min

Rhythm – Normal

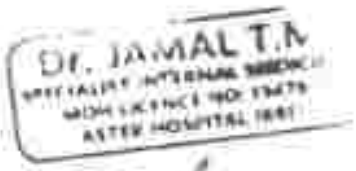
PR interval- Normal

QRS morphology – Normal

ST- T changes – Nil

QT Interval – Normal

Impression- Normal ECG



Dr Jamal TM

Specialist physician

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Patient Name	SHAIKH PARWEJ AHAMAD	**Patient ID**	700220227
Gender	Male	**Age**	54Y 5M
Study DateTime	2024-12-15 09:19:28	**Referring Physician**	Jamal Thottungal

X - RAY CHEST PA VIEW

Trachea central.
Both lung fields are well aerated and applied well against chest walls.
Both hila appear normal.
Both CP angles are clear.
Cardiac shadow appears normal.
Both domes of diaphragm are normal.
Bony thoracic cage is normal.

IMPRESSION:

No abnormality seen.

Dr. Kalesha Shaik
Radiologist.
MBBS,DNB(Radio Diagnosis)
MOH License No: 17925

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700220227
54 Years

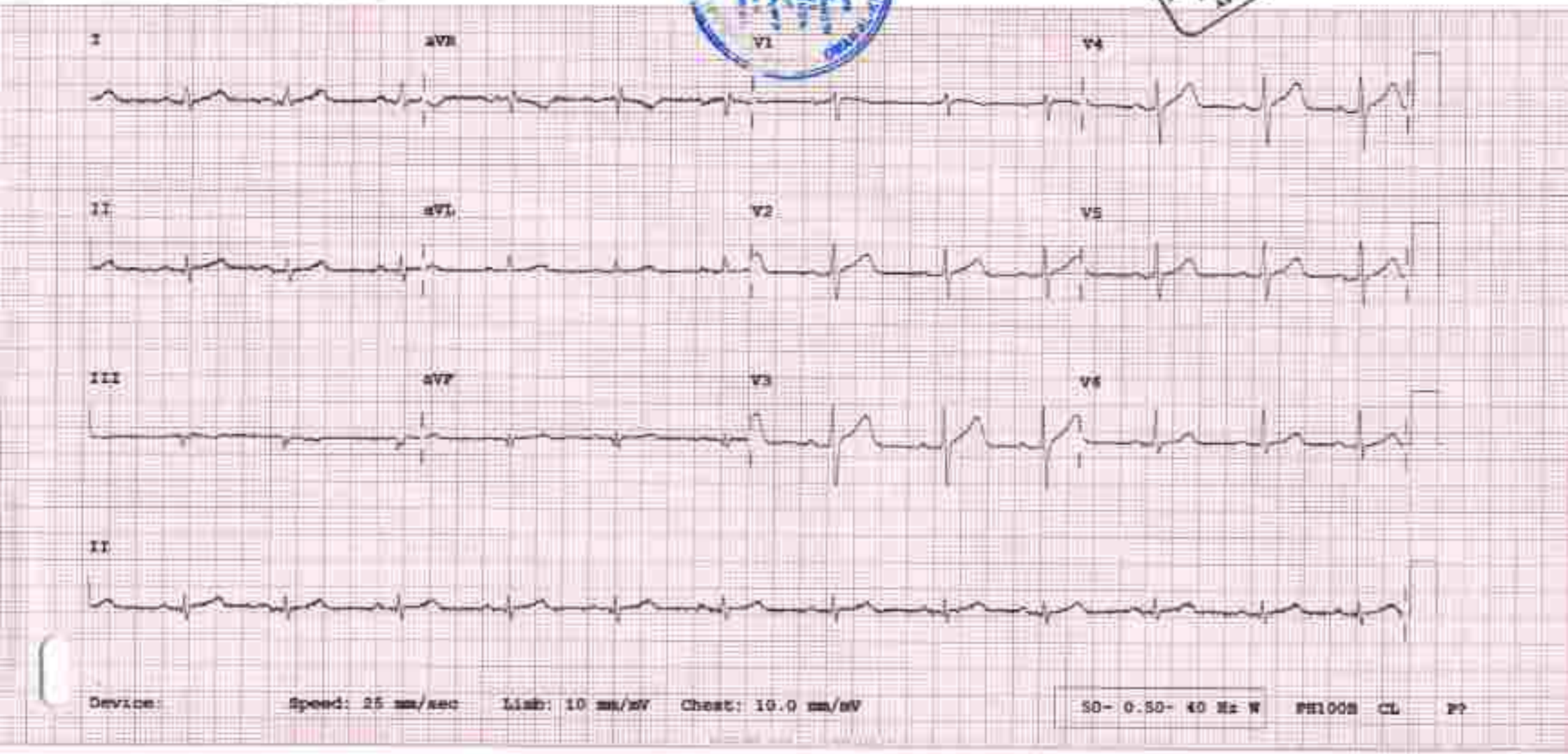
parwej, Shaikh
Male

12/15/2024 9:46:41 AM
(WARD)
AKTER HOSPITAL

- NORMAL ECG -

Dr. JAMAL T.M
SPECIALIST INTERNAL MEDICINE
AKTER HOSPITAL

12 Lead; Standard Placement



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV 50- 0.50- 40 Hz W PHILIPS CL P?

Pulmonary Function Test Results

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Patient ID			
Surname	[illegible]	Gender	M
Name	shaik	Height	[illegible]
Date of birth	01/01/1970 (54 year)	Weight	76 kg
Ethnic group	Asian	BMI	27.92
Smoke	Non-smoker	Pack-Year	00
Worklist			

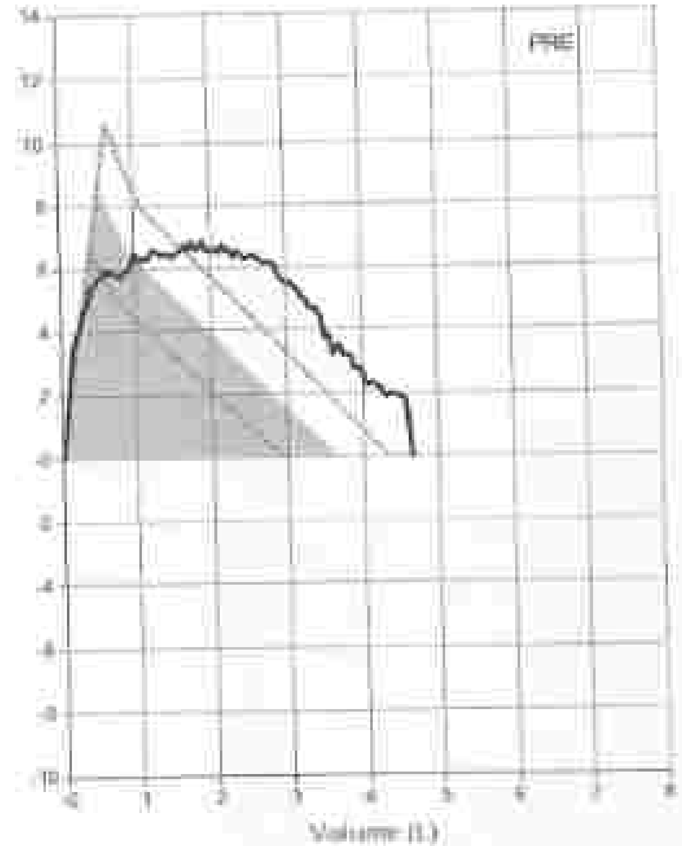
Trial date 15/12/2024 8:56 AM

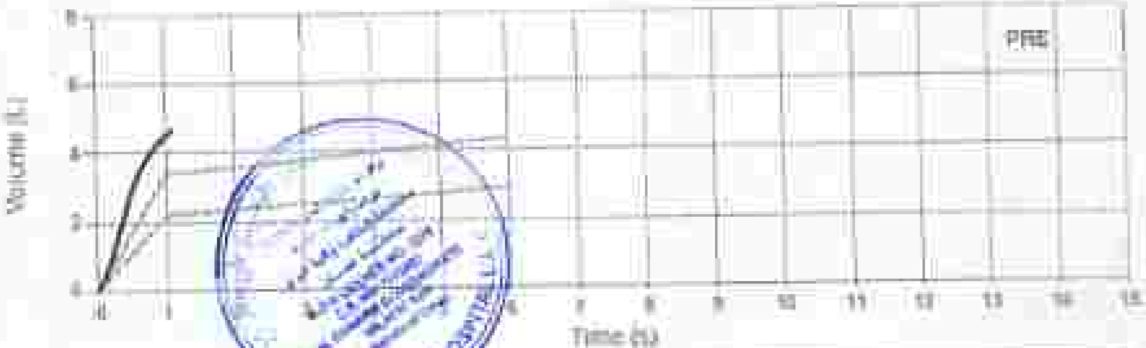
Parameters	PRE	LLN	Z-Score	%Pred
FVC(L)	4.64	2.93	2.08	127.56
FEV1(L)	4.61	2.20	4.41	155.04
FEV1/FVC	0.99	0.07	3.88	
FET(s)	1.04	-	-	17.33
FEV1/VC	-	-	-	

BTPS: 1.007 24 °C (75 °F) - Predicted: Nhanes - Position: Not specified
Quality Control Grade: PRE: F

Interpretation

Normal spirometry





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Conclusion / Medical report

Doctor Signature

Technician Signature

Instrument used
Minispir s/n C12053
Last calibration check: NA

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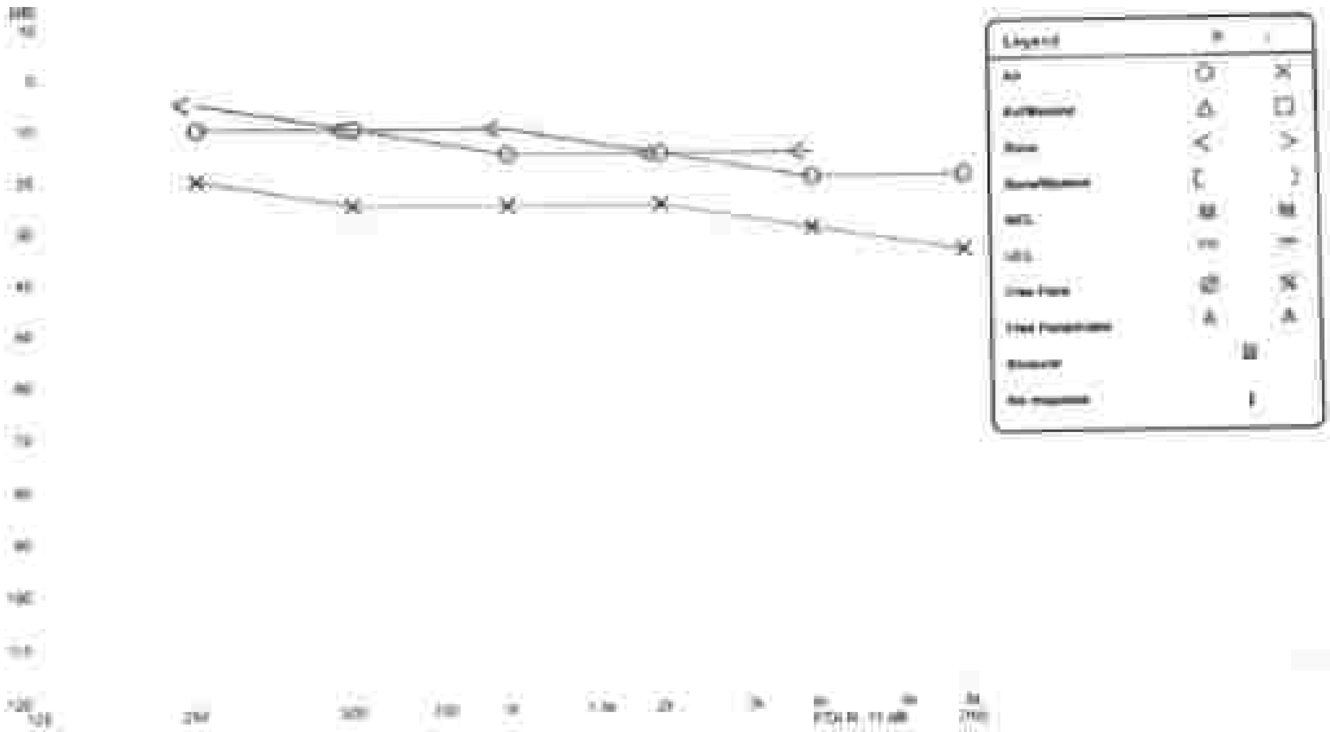
SUPER QUALITY HEARING AID

& SPEECH THERAPY CENTER

Code	Last name - First name	Born
7862003227/100835194	SHAIKH PARWEJ . AHAMAB	13.12.2024
Test type	Test date	
Tonal audiometry	13.12.2024	



Comments

RIGHT EAR NORMAL HEARING SENSITIVITY

LEFT EAR MINIMAL HEARING LOSS

Signature:

Date: 15/12/2024

RMS

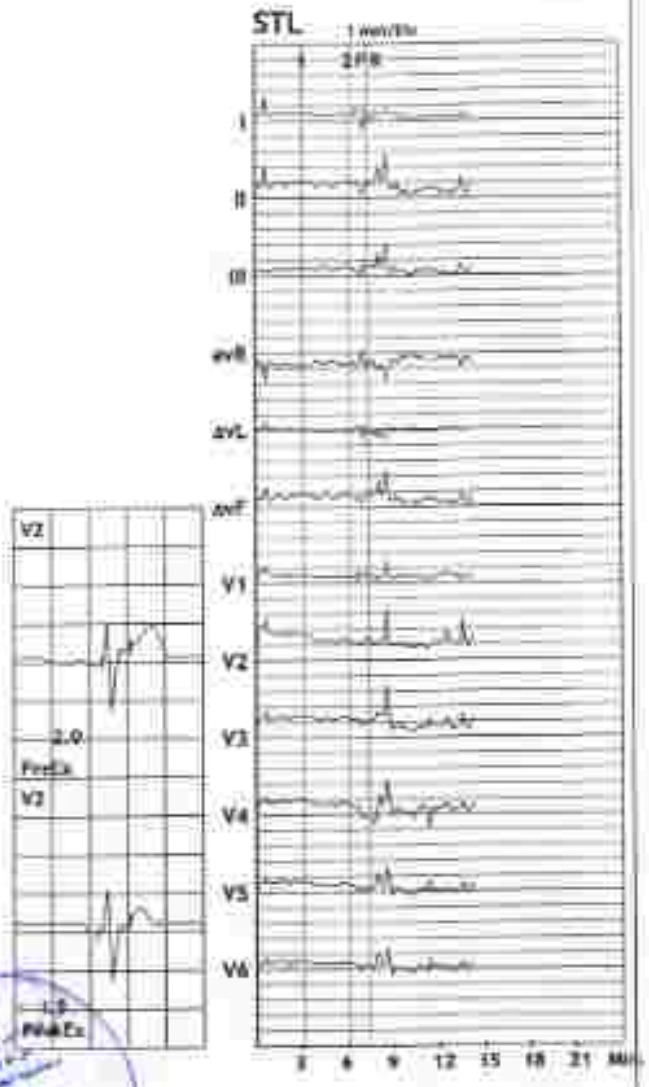
Summary

ASTER OMAN AL KHAIR HOSPITAL
IBRI
700220227/SHAIKH PARWEJ AHMED 54 Yrs/Male 77 Kg/168 Cms
Date: 15-Dec-2024 01:39:52 PM

Ref.By : DR JAMAL THOTTUNGAL MOHIDEEN
Medication : HTN ON MEDICATION
Objective : PDO MEDICAL

Protocol : BRUCE
History : NIL

Stage	StageTime (mm:ss)	PhaseTime (mm:ss)	Speed (mph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. (x100)	PVC	Comments
ExStart					1.0	78	---/---	0	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	118	120/80	141	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	134	140/80	187	-	
PeakEx	1:17	7:18	3.4	14.0	8.4	142	140/80	198	-	
Recovery	1:00		0.0	0.0	1.1	96	140/80	134	-	
Recovery	2:00		0.0	0.0	1.0	106	140/80	148	-	
Recovery	3:00		0.0	0.0	1.0	114	130/80	148	-	
Recovery	4:00		0.0	0.0	1.0	99	130/80	128	-	
Recovery	5:00		0.0	0.0	1.0	85	130/80	110	-	
Recovery	6:00		0.0	0.0	1.0	140	130/80	182	-	



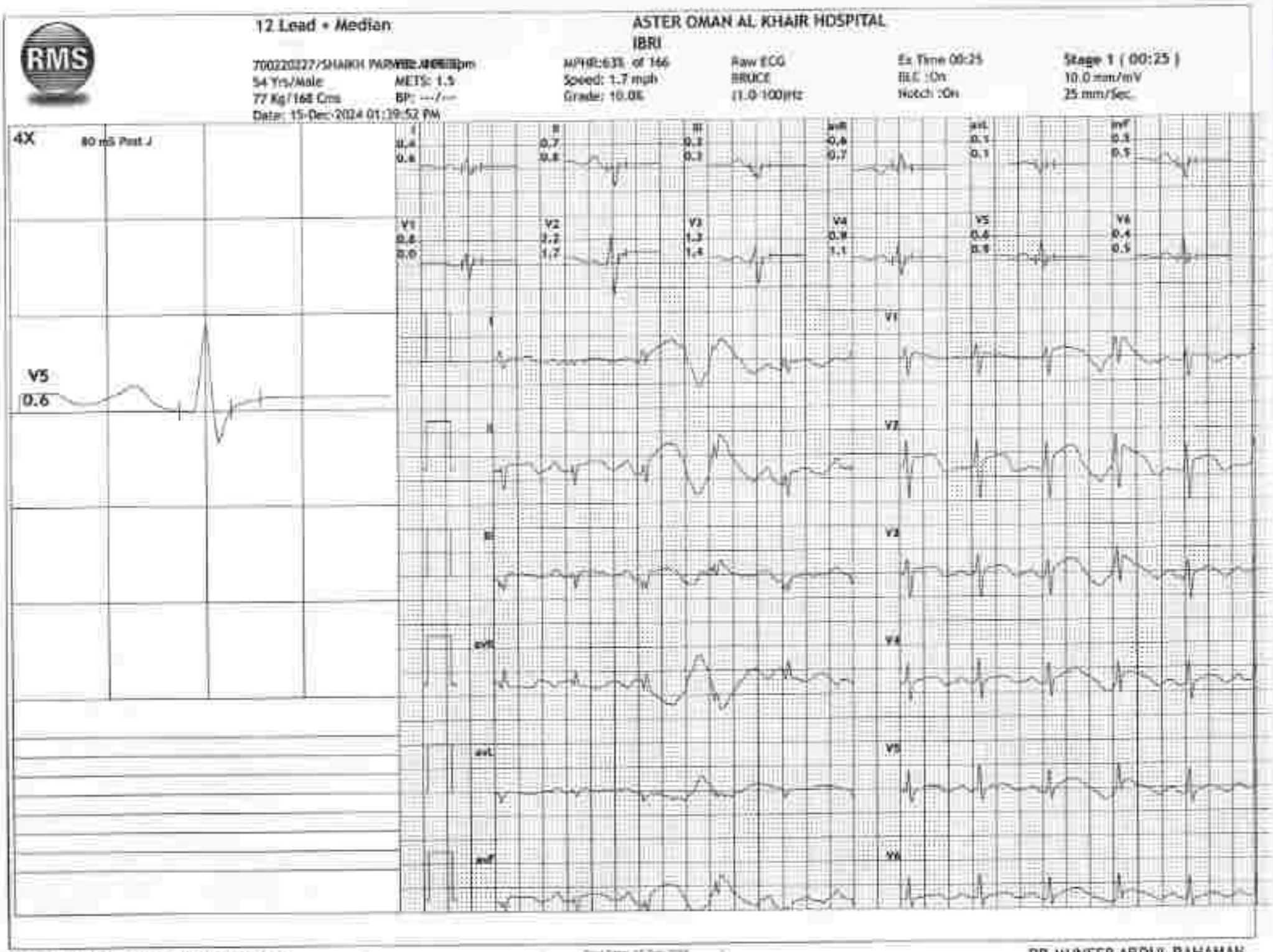
Findings :

Exercise Time : 7:17 minutes
Max HR attained : 142 bpm 86% of Max Predictable HR 166
Max BP : 140/80(mmHg)
WorkLoad attained : 8.4 (Fair Effort Tolerance)
No significant ST segment changes noted during exercise or recovery.
No Angina/Arrhythmia/S3/murmur
Final Impression : Test is negative for inducible ischaehmia.

Dr. JAMAL T.M
SPECIALIST INTERNAL MEDICINE
MOH LICENCE NO: 13475
ASTER HOSPITAL IBRI

Advice/Comments:

DR.MUNEER ABDUL RAHAMAN



DR.MUNEER ABDUL RAHAMAN

12 Lead + Median

ASTER OMAN AL KHAIR HOSPITAL
IBRI

7022220227/SHAIKH PA[illegible]bpm
54 Yrs/Male
77 Kg/168 Cms
METS: 4.7
BP: 120/80
Date: 15-Dec-2024 01:39:52 PM

MPHR:71% of 166
Speed: 1.7 mph
Grade: 10.0%

Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 03:00
BLC :On
Notch :On

BRUCE:Stage 1(3:00)
10.0 mm/mV
25 mm/Sec.

4X 80 mS Past J

V5
0.8

I 0.5 0.4
II 1.1 1.4
III 0.3 0.7
aVR -0.8 -1.1
aVL 0.0 -0.1
aVF 0.8 1.1
V1 0.4 -0.1
V2 1.7 1.7
V3 1.4 1.9
V4 1.1 1.6
V5 0.8 1.4
V6 0.7 0.9

DR.MUNEER ABDUL RAHAMAN

12 Lead • Median

ASTER OMAN AL KHAIR HOSPITAL
IBRI

700220227/SHAIKH [redacted]
54 Yrs/Male
77 Kg/168 Cms
Date: 15-Dec-2024 01:39:52 PM

METS: 7.1
BP: 140/80

MPHR:80% of 166
Speed: 2.5 mph
Grade: 12.0%

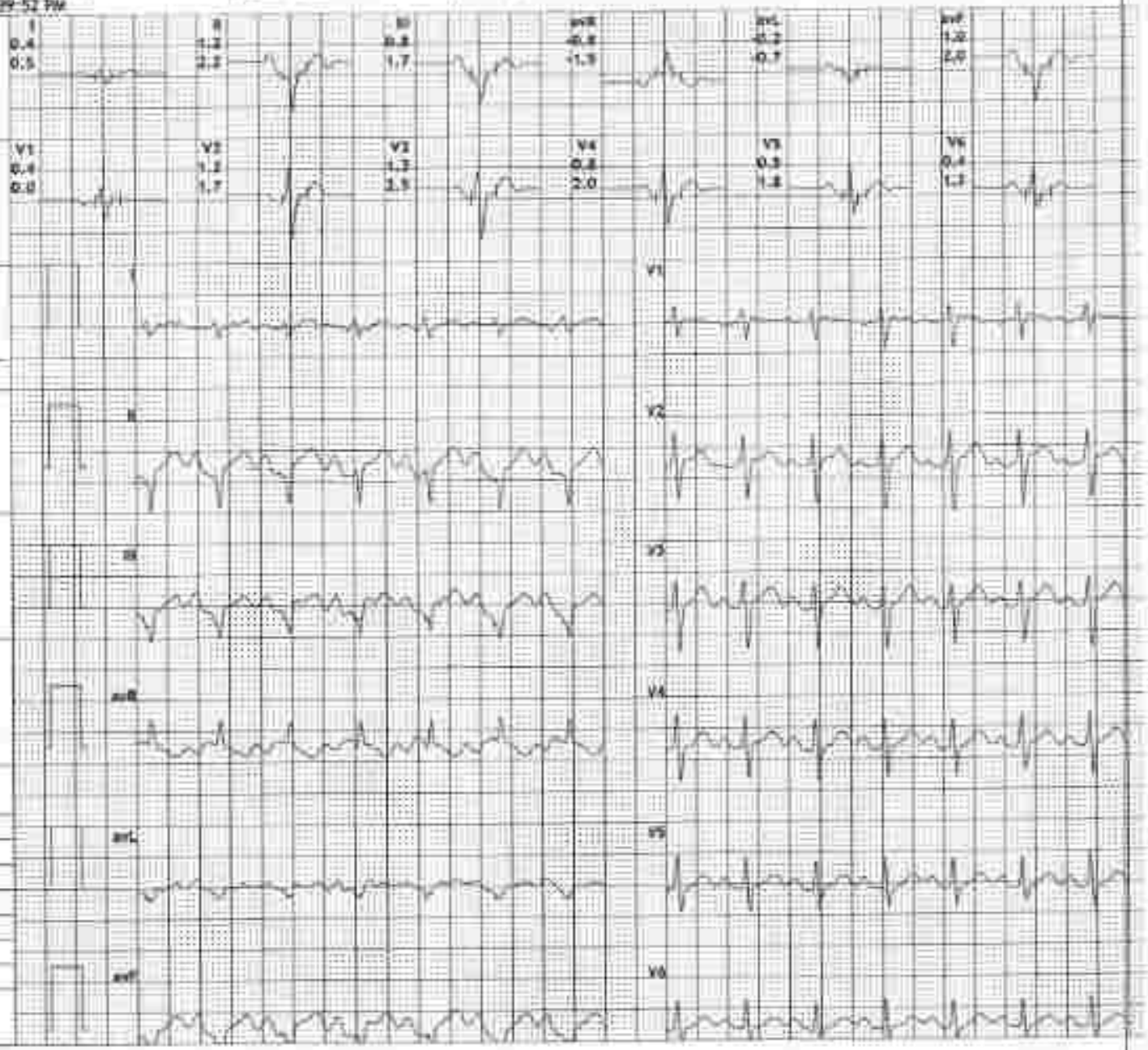
Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 06:00
BLC :On
Notch :On

BRUCE:Stage 2(3:00)
10.0 mm/mV
25 mm/Sec

4X 80 mS Post J

V5
0.5



DR.MUNEER ABDUL RAHAMAN

12 Lead + Median

ASTER OMAN AL KHAIR HOSPITAL
IBRI

700220227/SHABIH [illegible]
54 Yrs/Male
77 Kg/168 Cms
Date: 15-Dec-2024 01:39:52 PM

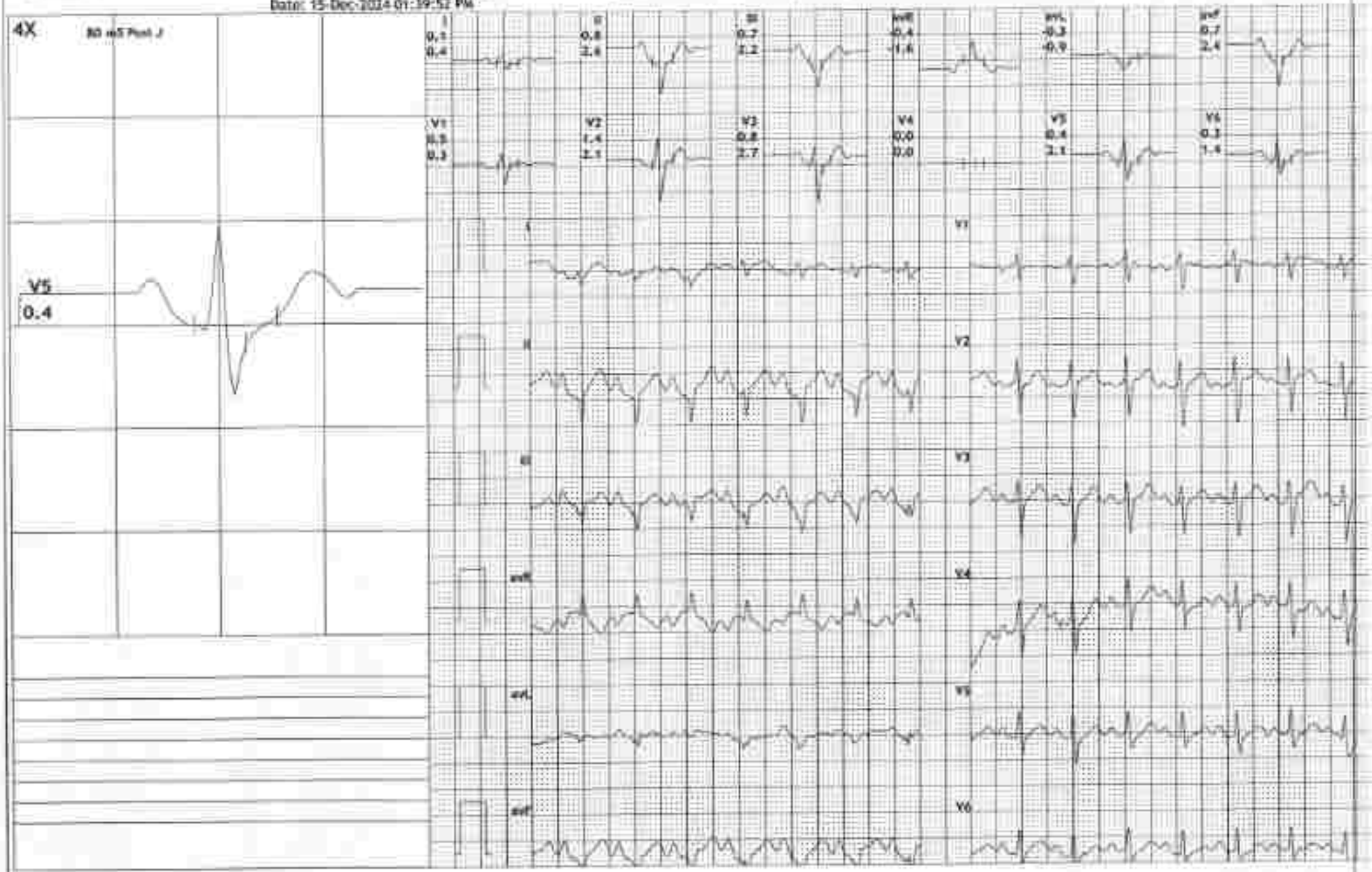
METS: 8.4
BP: 140/80

APHR: 85% of 166
Speed: 3.4 mph
Grade: 14.0%

Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 07:15
BLC :On
Notch :On

BRUCE:PeakEx(1:15)
10.0 mm/mV
25 mm/Sec.



DR. MUNEER ABDUL RAHAMAN

12 Lead + Median

ASTER OMAN AL KHAIR HOSPITAL

IBRI

700220227/SHAIKH FAR[illegible]m
54 Yrs/Male
77 Kg/168 Cms
METS: 1.2
BP: 140/80
Date: 15-Dec-2024 01:39:52 PM

MPHR:56% of 166
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 07:17
BLC :On
Notch :On

Recovery(1:00)
10.0 mm/mV
25 mm/Sec.

4X

60 ms Post J

V5
0.3

I 0.4 0.9
II 0.9 2.4
III 0.5 1.7
avR -0.6 -1.9
avL 0.0 -0.3
avF 0.7 2.1

V1 0.4 0.1
V2 1.3 1.8
V3 1.4 2.5
V4 0.7 2.0
V5 0.3 1.7
V6 0.2 1.2

DR.MUNEER ABDUL RAHAMAN

12 Lead • Median

ASTER OMAN AL KHAIR HOSPITAL
IBRI

2003220227/SHAIKH PA[redacted]
54 Yrs/Male
77 Kg/168 Cms
Date: 15-Dec-2024 01:39:52 PM

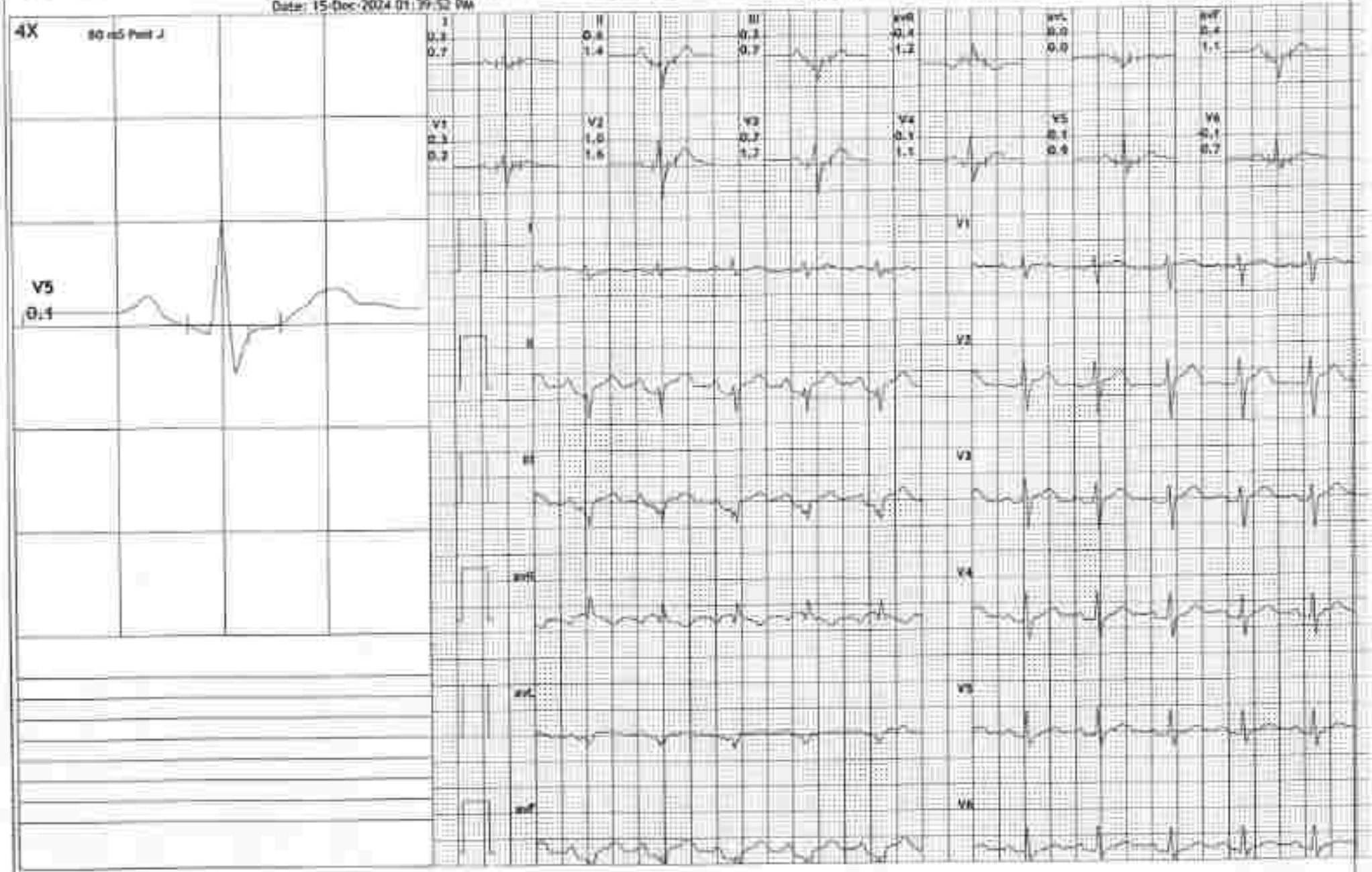
METS: 1.0
BP: 140/80

MPHR:63% of 166
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 07:17
BLC :On
Notch :On

Recovery(2:00)
10.0 mm/mV
25 mm/Sec.



DR.MUNEER ABDUL RAHAMAN

12 Lead + Median

ASTER OMAN AL KHAIR HOSPITAL

IBRI

700220227/SHAIKH NA[redacted]

54 Yrs/Male

77 Kg/168 Cms

Date: 15-Dec-2024 01:39:52 PM

METS: 1.0

BP: 130/80

MPHR:68% of 166

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

(1.0-100)Hz

Ex Time 07:17

BLC :On

Notch :Off

Recovery(3:00)

10.0 mm/mV

25 mm/Sec.

4X

80 ms Post J

V5

-0.2

I 0.1 0.6

II 0.2 1.2

III 0.2 0.6

aVR -0.1 -0.9

aVL -0.1 0.0

aVF 0.2 0.9

V1 0.5 0.2

V2 1.0 1.3

V3 0.5 1.4

V4 0.2 1.0

V5 -0.2 0.8

V6 -0.1 0.5

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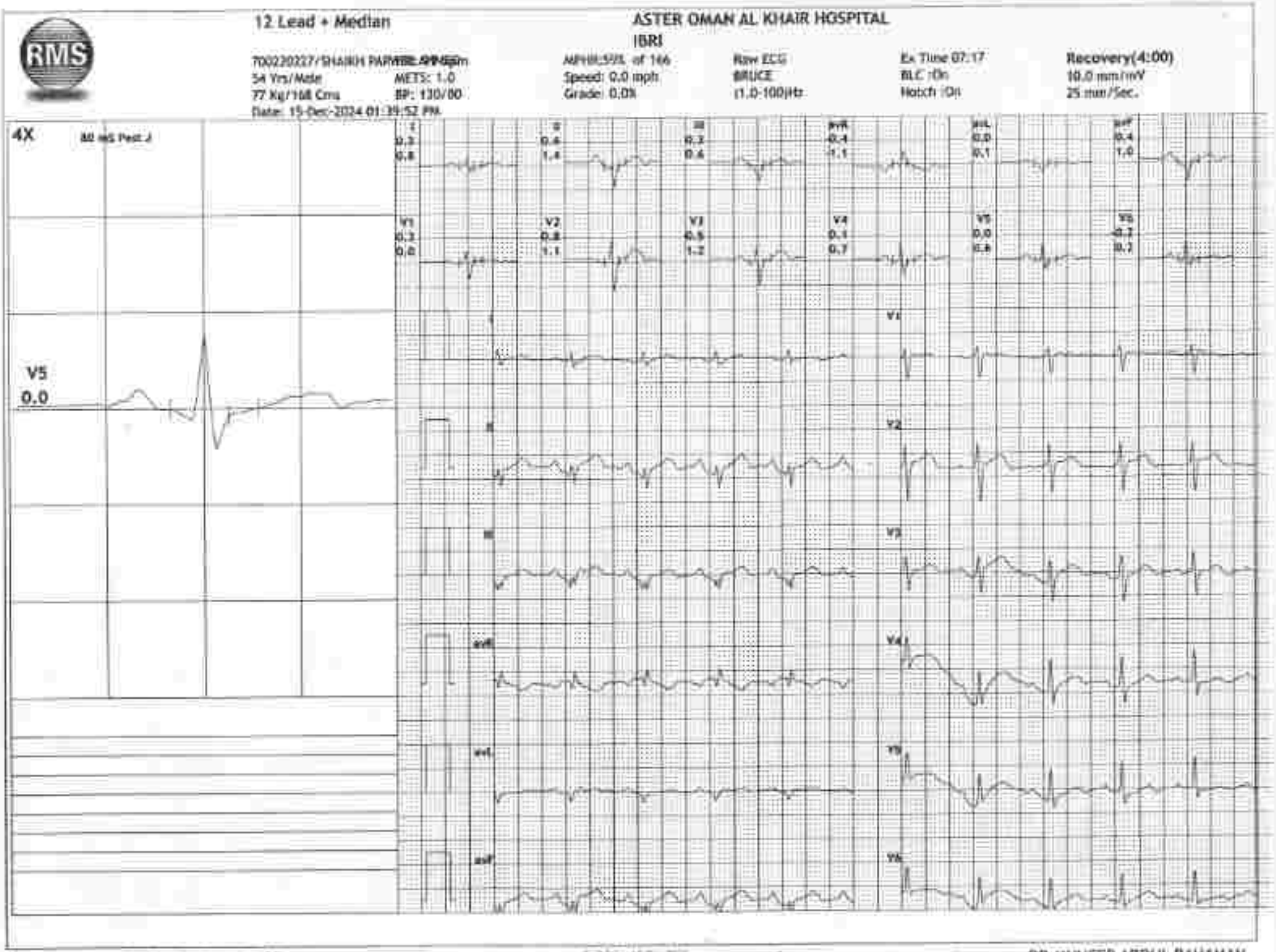

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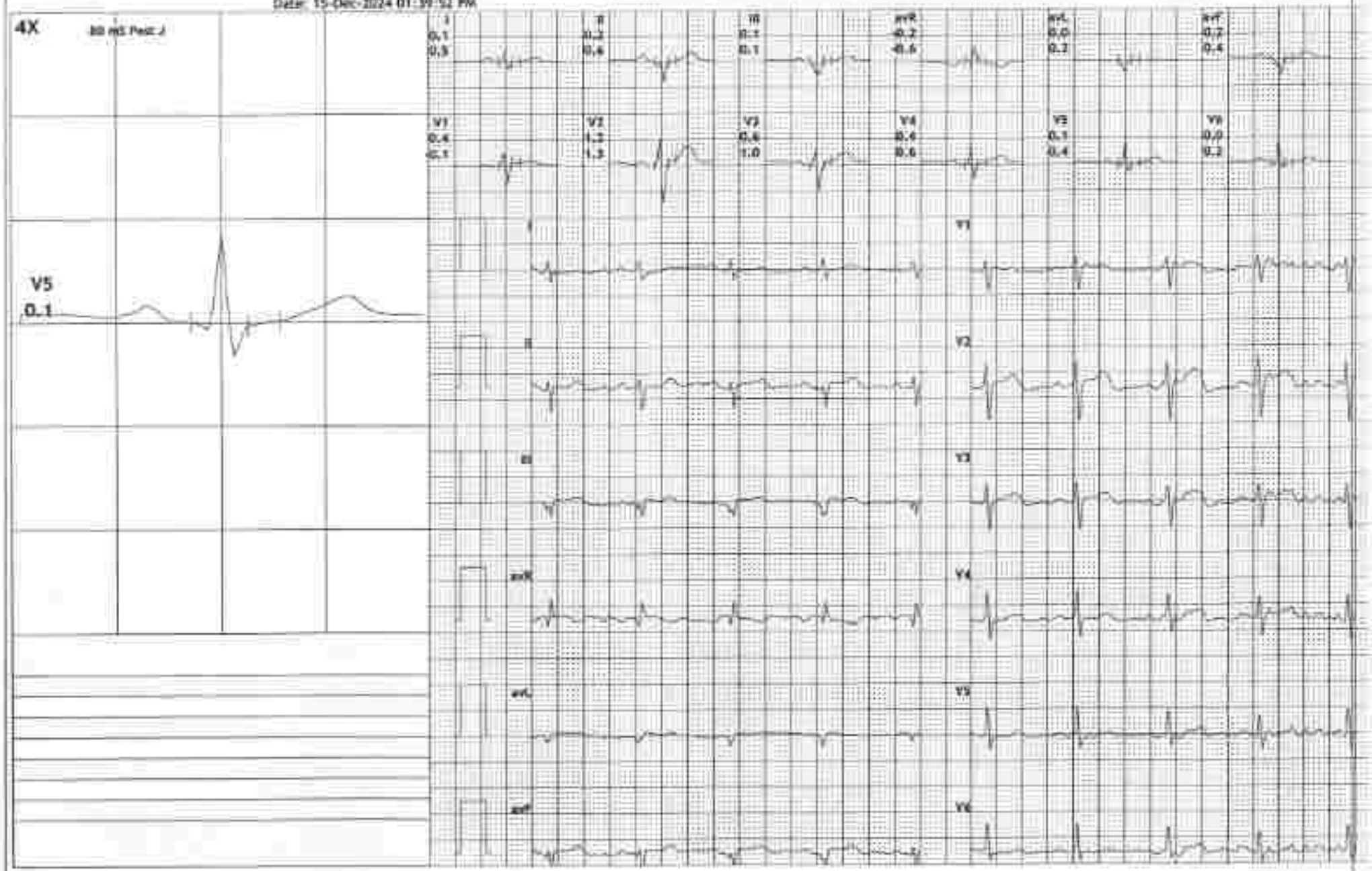

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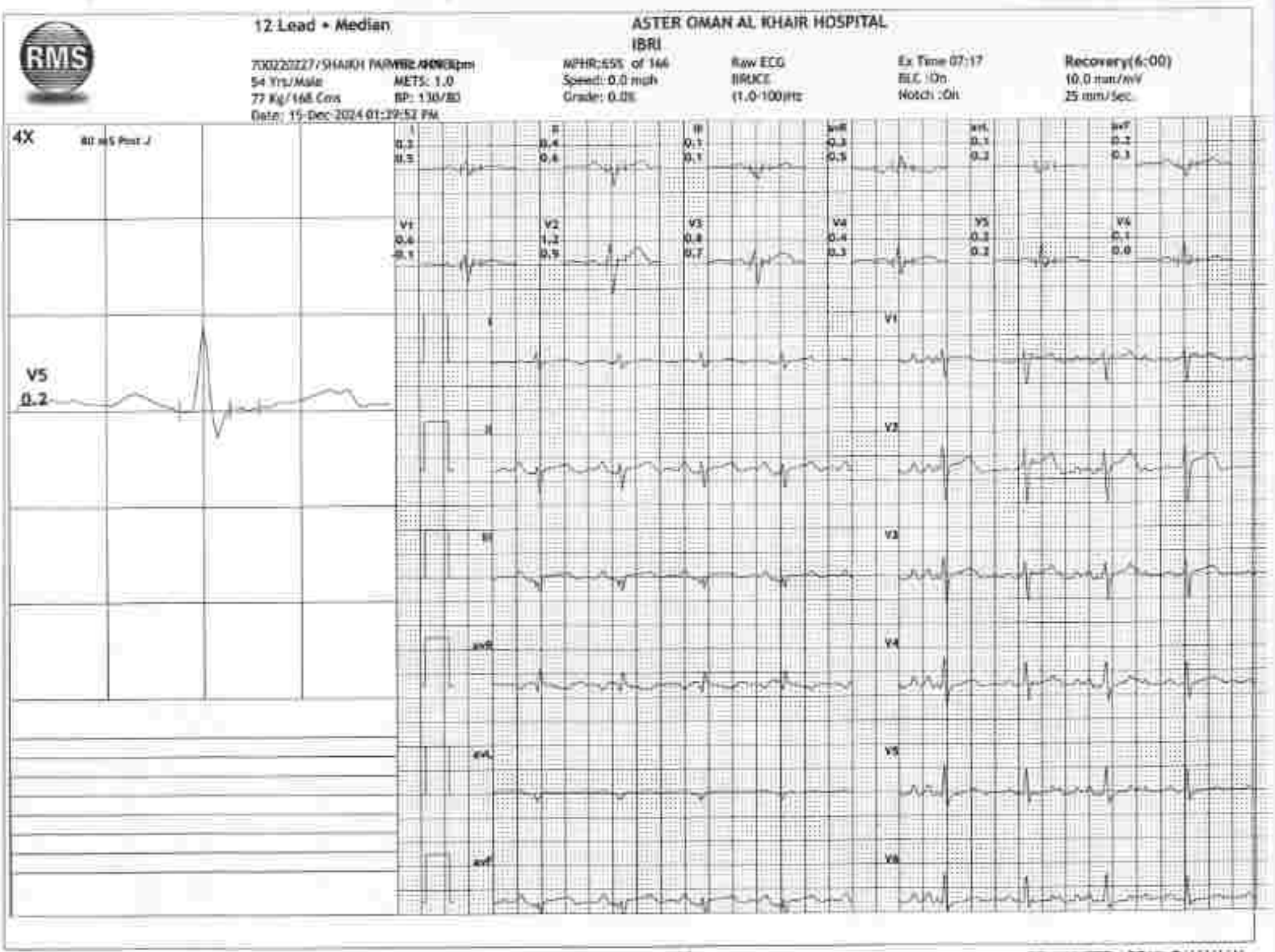

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