

PHYSICAL EXAMINATION -

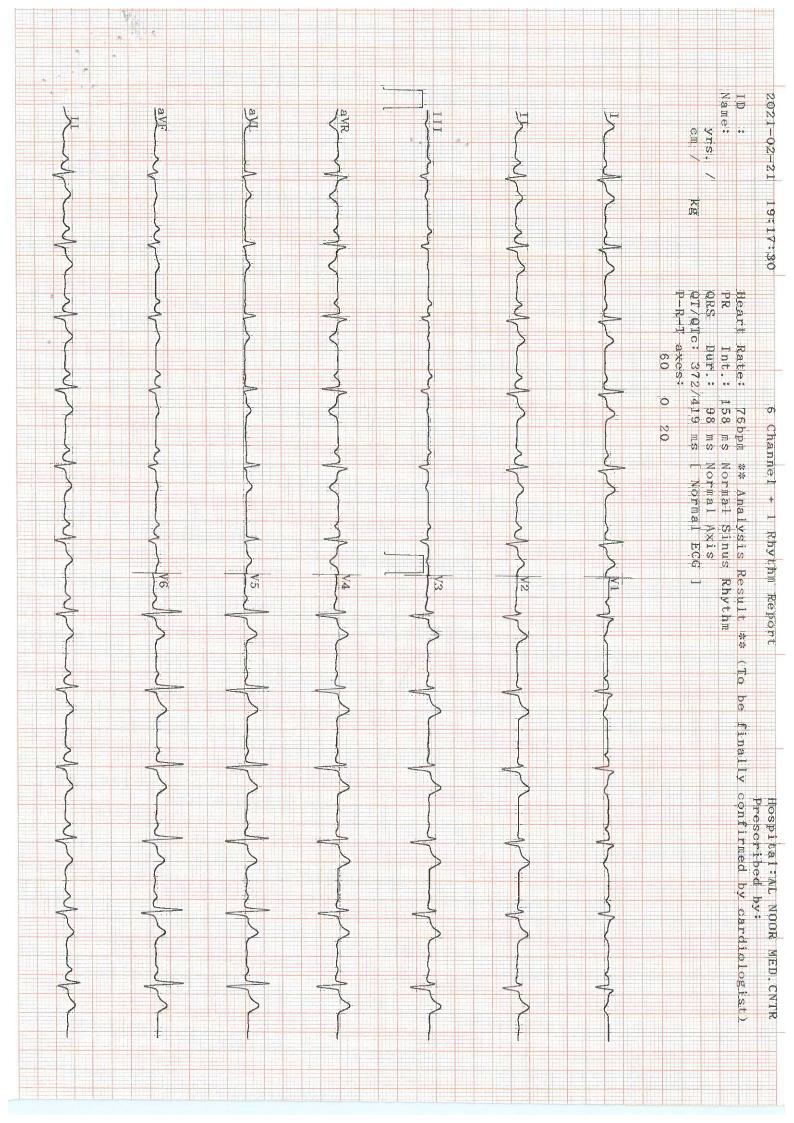
ID 2264 699 819 (For Physician's Use Only)

1. General Appearance			2. Personal					
Height [7] CM Vision Indicate any eye diseases and date Vithout Glasses R. 66 L. Vision with Glasses R. L.	6/6 R. L.	A Red 0	Color Vision	Oculomote Pupils: Reaction of Accommod	Pupils to light		7. Scalp Fundi: NAD each De.	
Hearing at 20 Feet	Drums Cer	10. Nose	6		Sinuses (0		
1. Throat Condition Phase 5. Theeth-Gums 9. Chest Thorax	Mucous Membr 16. Lymph N 20. Spine		17. Breast 21. Lungs	13. Tonsils	2	8. Pulse 2. Blood		Bf
23. Heart 30. Neurological: Reflexes F		4. Abdomen	31. Nervous	25. Rectal Hemorrhoid	Bas,	Fistula	Pilonidal	N
	(00)						,	
2. Blood Test CBC	33. R.B.C. (For Sugar)		ABORATORY ides Test)	25 LIDO A	(Honotitie P)		26 HCV (Hanatitis C)	
7. Urine (Routine)		ccult Blood)	39. CXR	35. TIBS A	(Hepatitis-B)	40 VDE	36. HCV (Hepatitis-C) RL (Test for Syphilis)	
Irine SP. GR Albumin		ocan bloody bic (If indicated)	Wassermann		Date	40. VDF	LAB.	
	od count (if needed) white b			Eindicated)	Date		LAB.	
Chest X-RAY	ou obdit (ii fioodod) 171 ito o	iood oodin din. (if fice	idea) Tracrescopy (i	indicated)				
Date Thorax Spine Heart		Pleura Aorta			Lung			
Physical Disabilities to be comp	oleted by examining phys	cian			Other labora	itory test		
Blind both eyes Blind one eye Deaf-Mute Deaf Amputation of arm, hand of shoulder	Amputation of foo Disability of foot, I or total disability of Hand or shoulder Amputationof one fingers	eg or hip partial f arm	Deformed or injured Nervous disorder Head injury Epilepsy	pack				
Classification Acceptable without reservation Not Acceptable-has correctable Acceptable for a limited type of not including strenuous work) Indicate Defects Indicate type of work Handicapped	for any type of employment							
Not Acceptable Consulting Opinion		/	Remarks	1				
Medical Direct	MD	(E	Ahmed Sa	MD				
Name of Physicfan Pleas	J.	Add eddah D. Box 5648 Jeddah 2143: 1966 12 6104000	Riyadh 2 P.O. Box 818, Riyadh 1 + 986 11 8133333		ar x 476 Al Khobar ; 13 8495000	31952 P	nature of Physician Jubail 20. Box 476, Al-Khobar 31952 +966 13 3479925 / 3478927	



F +966 13 3473947





Hematology Analysis Report

First Name: SAHEB

Last Name:

Gender: Diagnosis: Sample Type:

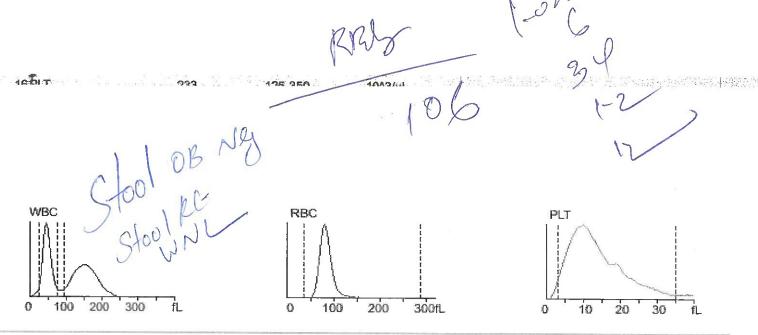
Department: Med Rec. No.: Sample ID: 8104

Run Time: 21-02-2022 20:49

Age:

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Parameter	Result	Ref. Range	Unit'	
1 WBC	8.55	3.50-9.50	10^3/uL	WBC Message
2 Lym%	40.4	20.0-50.0	%	vanc iviessage
3 Gran%	57.0	50.0-70.0	%	**************************************
4 Mid%	2.6 ↓	3.0-9.0	%	2
5 Lym#	3.45 ↑	1.10-3.20	10^3/uL	
6 Gran#	4.88	2.00-7.00	10^3/uL	
7 Mid#	0.22	0.10-0.90	10^3/uL	
8 -RBC	5.65	3.80-5.80	10^6/uL	
9 HGB	16.9	11.5-17.5	g/dL	
10 HCT	47.0	35.0-50.0	%	RBC Message
11 MCV	83.1	82.0-100.0	fL	
12 MCH	29.9	27.0-34.0	pg	
13 MCHC	36.0 ↑	31.6-35.4	g/dL	
14 RDW-CV	13.2	11.5-14.5	%	
15 RDW-SD	44.2	35.0-56.0	fL	
16 PLT	233	125-350	10^3/uL	
17MPV	10.3	7.0-11.0	fL	
18PDW	13.2	9.0-17.0	fL	PLT Message
19PCT	0.239	0.108-0,282	%	. E. Mossags
20 P-LCR	30.3	11.0-45.0	%	9
21 P-LCC	70	30-90	10^9/L	



Submitter:

Operator:

admin

Approver:

Sampling Time: 21-02-2022 20:49

Delivery Time: 21-02-2022 20:49

Validated Time:

21-02-2022 20:50

Remarks:

^{*}The Report is responsible for this sample only. If you have any questions, please contact us in 24 hours.



Al Noor Medical Comapny Managed by Mashfa Abeer Medical Co. Ltd

شركة النور الجديد الطبى العام بإدارة شركة مشفى العبير الطبية المحدودة



DEPARTMENT OF LABORATORY

Patient Name

SAHEB ALI

File No

000965322V

Referred By Department Direct Case (GP)

Package Name :

General Practice

EMPLOYEE HEALTH - PRE EMPLOYMENT

Policy Name

ID

: 2264099819

Age / Sex

36 Yrs / Male

Bill No

OL-001436922V

Room No

Report Date

: 21-Feb-2022 8:50PM

Membership No

HAEMATOLOGY

TEST NAME	RESULT	REFERENCE RANGE	
BC - COMPLETE BLOOD COUNT			
WBC	8.5	3.70 - 10.10	10³/uL
NEU %	57	39.30 - 73.70	%
LYM %	40	18.00 - 48.30	%
EOS %	03	0.60 - 7.30	%
RBC	5.6	4.00 - 6.00	10e6/ul
HGB	16.9	13.50 - 17.50	g/dL
HCT	47	37.00 - 51.00	%
MCV	83	81.10 - 96.00	fL.
MCH	29	27.00 - 31.20	pg
MCHC	36	31.80 - 35.40	g/dL
PLT	233	150.00 - 400.00	10 ³ /uL

Result Entered By

Scan the QR code to verify the report



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Approved By



Al Noor Medical Comapny

Managed by Mashfa Abeer Medical Co. Ltd

شركة مشفى العبير الطبية المحدودة

شركة النور الجديد الطبى العام



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Membership No

CLINICAL PATHOLOGY

TEST	'n	IA	M	E

RESULT

REFERENCE RANGE

COMPLETE URINE ANALYSIS

Urine	Physical /	Chemical	Examination	

Colour	Pale Yellow	Pale Yellow	
Transparency	Clear	Clear	
рН	Acidic	Acidic	
Specific Gravity	1.020	1.003 - 1.030	***************************************
Protein	Nil	NIL	
Glucose	Nil	NIL	
Ketone	Negative	Negative	
Urobilinogen	Normal	Normal	
Bilirubin	Nil	NIL	
Blood	Nil	NIL	
Nitrite	Negative	Negative	
Microscopy			
Pus Cells	3-4	0-5 /HPF	H.P.F
R. B . C	1-2	0-1 /HPF	H.P.F
Epithelial Cells	Few	Few /LPF	H.P.F
Bacteria	Nil	Nil	H.P.F
Crystals - Calcium Oxalate	Not Seen	Not Seen	H.P.F
		Not Seen Not Seen	
Crystals - Calcium Oxalate	Not Seen		H.P.F H.P.F H.P.F
Crystals - Calcium Oxalate CrystalsUric Acid	Not Seen Not Seen	Not Seen	H.P.F



Result Entered By

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Membership No

BIOCHEMISTRY

TEST NAME		RESULT	REFERENCE RANGE		
Random Blood Sugar		106	70.00 - 200.00	ma/dl	

Result Entered By

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