



Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

Petroleum Development Oman
MEDICAL DEPARTMENTPLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALSSurname MEHMOOD ANSARForenames GHULAM NABJI

Address

Home telephone number 98290313Place of examination QUBA ALHAIL Date 8/2/25

If a descendant enter employee's name here.

Surname MEHMOOD ANSARForenames GHULAM NABJIBirth date 24/7/1992Nationality PAKISTANICountry of birth: PAKISTAN

Religion

☒ Male☐ Female☒ Married☐ Single☐ Separated/Divorced

Relationship to employer

☐ Wife☐ Son☐ DaughterNumber of children 1

Reason for examination

☐ Pre-employment☐ Job☐ Pre-OverseasArea: PDO

Name and address of family doctor

List your best 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' on/under or put a (X) if uncertain exclude minor ailments)

Y		N		Y		N		Y		N	
1. Sinus trouble				21. Cancer				HAVE YOU EVER BEEN:-			
2. Neck swelling/glands				22. Heart Disease				40. Rejected for employment or insurance for medical reasons			
3. Difficulty in vision				23. Rheumatic fever				41. Awarded benefits for industrial injury/illness			
4. Any ear discharge				24. Abnormal heartbeat				42. Treated for a mental condition e.g. depression			
5. Asthma/bronchitis				25. High blood pressure				43. Treated for problem drinking or drug abuse			
6. Hayfever/other significant allergy				26. Stroke				44. Exposed to toxic substances or noise			
7. Any skin trouble				27. Serious chest pain				FOR WOMEN ONLY			
8. Tuberculosis				28. Any blood disease				Have you ever had:			
9. Shortness of breath				29. Kidney disease				45. An structural embryo			
10. Coughing/vomited blood				30. Blood in urine				46. Any gynaecological treatment			
11. Severe abdominal pain				31. Diabetes				47. Are you pregnant?			
12. Stomach ulcer				32. Headache/migraine				48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE			
13. Recurrent indigestion				33. Dizziness/fainting							
14. Jaundice or hepatitis				34. Epilepsy							
15. Gall Bladder disease				35. Joint/spinal trouble							
16. Marked change in bowel habits				36. Surgical operation							
17. Blood in stools (motions)				37. Serious accident/injury							
18. Marked change in weight				38. Tropical disease							
19. Varicose veins				39. Fear of heights							
20. Lump in breast/armpit											

How much tobacco each day? 5 Cigarettes/dayAverage daily alcohol consumption NOHave you ever taken illicit drugs? NO PDO test all new/potential employees for illicit/recreational drugsFAMILY HISTORY: Diabetes ☒ Tuberculosis ☒ Epilepsy ☒ Asthma ☒ Eczema ☒
Heart disease ☒ High blood pressure ☒ Stroke ☒ Blood Disease ☒ Cancer ☒

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 to 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: 8/2/25Signature of Applicant: [Signature]

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

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. Hemial 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 /mins.	HEARING L N R N	VISION DISTANT NEAR Uncorrected Corrected	Colour Vision	Blood Group
148	118	30.10	153 103	74		R 6/6 L 6/6 M 6/6 N 6/6	N	

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
		1. Urinalysis		7. Audiogram
		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.)

↑ BOP + Obese + ^{no} Remarkable Findings + Smoker + Trace protein in Urine
needs further evaluation

ASSESSMENT:

☒ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT

Date: 08/02/2025 Name (Block Capitals): Dr. / Nurse

Signature: 

REVIEW/CONSULTATION

09/02/2025

- Reviewed
- Metoprolol started for Bp & BP
- Diet and life-style modifications
- weight reduction
- Regular follow up

Date: Name (Block Capitals): Dr. / Nurse

Signature: 

**DEPARTMENT OF LABORATORY MEDICINE**

File No: 50132948	Report No: 0144802
Name: MEHMOOD ANSAR GHJLAM NABI	Sample Date: 08/02/2025 Time: 7:43
Address:	Received By:
Gender: M Age: 37 Y Nationality: PAKISTANI	Received Date: Time:
GSM No.: 98290313 ID Card No.: 79275909	Report Date: 08/02/2025 Time: 08:44
Ref. By: DR MEHNAZ MEMON	Bill No: 0353782 Bill Date: 08/02/2025

INVESTIGATION	RESULT	REFERENCE RANGE
PDC PACKAGE BELOW 40 YEARS		
FASTING BLOOD SUGAR	5.83 mmol/l	4.11 - 6.05 mmol/l
CREATININE	74.00 μ mol/L	Adults: MALE: 62 - 106 μ mol/L FEMALE: 44 - 80 μ mol/L
SGPT (ALT)	34.00 U/L	MALE: up to 41 U/L FEMALE: up to 33 U/L
TOTAL WBC COUNT	$7.92 \times 10^3 / \mu\text{L}$	$4.00 - 11.00 \times 10^3 / \mu\text{L}$
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	49.47 %	40-75%
LYMPHOCYTE (%)	41.28 %	20-45%
MONOCYTE (%)	5.07 %	2-8%
EOSINOPHIL (%)	3.00 %	1-6%
BASOPHIL (%)	1.18 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	02 mm/1st hr	MALE: 0-15 mm/ 1st hr FEMALE: 0-20 mm/ 1st hr
HAEMOGLOBIN	17.24 gm/dl	Male: 13-18 gm/dl Female: 11-15 gm/dl childrens upto 1year-11.0 - 13.0 gm/dl upto 12years-11.5 - 14.5 gm/dl cord blood: 13 - 19.5 gm/dl
SICKLE CELL	NEGATIVE	
Method: Solubility test (+ Positive, Hb Electrophoresis / HPLC to be done to confirm Sick cell anaemia / trait).		
URINE ROUTINE		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	TRACE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE

Verified By:

Approved By

10195

Lab Technologist

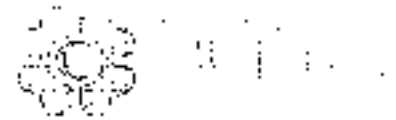
Specialist Pathologist

MHA License No:
Electronically signed at: 2/6/2025 8:44:33

Printed at: 08/02/2025 4:12:32 PM

Page: 1 of 2



**DEPARTMENT OF LABORATORY MEDICINE**

File No: 50132948	Report No: 0144602
Name: MFHMOOD ANSAR GHULAM NABI	Sample Date: 08/02/2025 Time: 7:43
Address:	Received By:
Gender: M Age: 37 Y Nationality: PAKISTANI	Received Date: Time:
GSM No.: 98290313 ID Card No.: 79275909	Report Date: 08/02/2025 Time: 08:44
Ref. By: DR MEHNAZ MFMON	Bill No: 0353782 Bill Date: 08/02/2025

INVESTIGATION	RESULT	REFERENCE RANGE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	6.0	4.8-8.0
SPECIFIC GRAVITY	1.025	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	0-3
WBC	2-3 /hpf	0-5
EPITHELIAL CELLS	0-3 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	
MUCOUS THREAD	NIL	

Verified By:

Approved By:

10195

Lab Technologist

Specialist Pathologist

MOR License No:
Electronically signed at: 08/02/2025 8:11:00

Printed at: 08/02/2025 8:12:32 PM

Page: 2 of 2

DEPARTMENT OF LABORATORY MEDICINE

File No: 50132948	Report No: 0144923
Name: MEHMOOD ANSAR GHULAM NABI	Sample Date: 09/02/2025 Time: 9:25
	Received By:
Address:	Received Date: Time:
Gender: M Age: 37 Y Nationality: PAKISTANI	Report Date: 09/02/2025 Time: 10:36
GSM No.: 98290313 ID Card No.: 79275909	Bill No: 0354006 Bill Date: 09/02/2025
Ref. By: DR NISANTH KALLINKEEL	

INVESTIGATION	RESULT	REFERENCE RANGE
LIPID PROFILE		
TOTAL CHOLESTEROL	4.84 mmol/L	< 5.18 mmol/L
HDL	0.94 mmol/L	>1.5 mmol/L
TRIGLYCERIDES	2.69 mmol/L	Desirable : <2.083 mmol/L Boderline high : 2.83 - 5.67 mmol/L Hypertriglyceridemia >5.65 mmol/L
LDL	3.24 mmol/L	< 2.6 mmol/L
VLDL	1.22 mmol/L	0.128-0.645mmol/L

Verified By:

Approved By:



10589

Lab Technologist

Specialist Pathologist

MOH License No: 17976

Electronically signed at: 29/02/2025 10:36:00

Printed at: 09/02/2025 10:44:18 AM

Page : 1 of 1



مستشفى النمس التخصصي
nmc specialty hospital

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T: (+968) 2426 9222
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nmc specialty hospital, al-hail

P.O BOX : 613, Postal Code : 133
al-hail
24269222

Medical Report

Ref.No: 0000210/MED/NMC/2025

NAME: MEHMOOD ANSAR GHULAM NABI			
AGE : 37 Y	DOB : 07/24/1987	GENDER : M	NATIONALITY : PAKISTANI
FILE NO : 50132948	ResidentCardNo : 79275909	Emp No :	

To Whom it may Concern

This is to inform that Mr MEHMOOD ANSAR GHULAM NABI was found to have high BP and BMI during his work related health checkup. He is apparently asymptomatic and not on any regular medicines. His ECG shows LVH. Now medication is started for HTN along with advice regarding diet and life style modification and weight reduction. Need to be under regular follow up . No absolute contraindication for continuing his work, provided adhering to treatment.

ON EXAMINATION:

INVESTIGATION:

DIAGNOSIS:

Essential (Primary) Hypertension; Obesity

TREATMENT GIVEN:

FURTHER PLAN:

DR NISANTH KALLINKEEL
GENERAL MEDICINE

(Name with seal)



09/02/2025

Place : nmc specialty hospital, al-hail



AUDIOMETRY REPORT

Name of the Patient Mehmood Ansar Chhulao Nabr

Sex M MRN 50132948 Date of Test 8/2/2025

U107.05
08-FEB-25 09:22
DP 4s 4 sec aug
SN: G11005649 G12014595

NAME:

Left: Pass



F2	L1	L2	DP	NE	SNR	
2.0	65	55	2	-16	18	P
3.0	65	56	-11	-20	9	P
4.0	65	51	-6	-20	14	P
5.0	62	54	-6	-20	14	P

U107.05
08-FEB-25 09:22
DP 4s 4 sec aug
SN: G11005649 G12014595

NAME:

Right: Pass



F2	L1	L2	DP	NE	SNR	
2.0	65	55	-2	-17	15	P
3.0	65	55	-13	-20	17	P
4.0	64	54	-1	-20	19	P
5.0	64	55	-5	-20	15	P



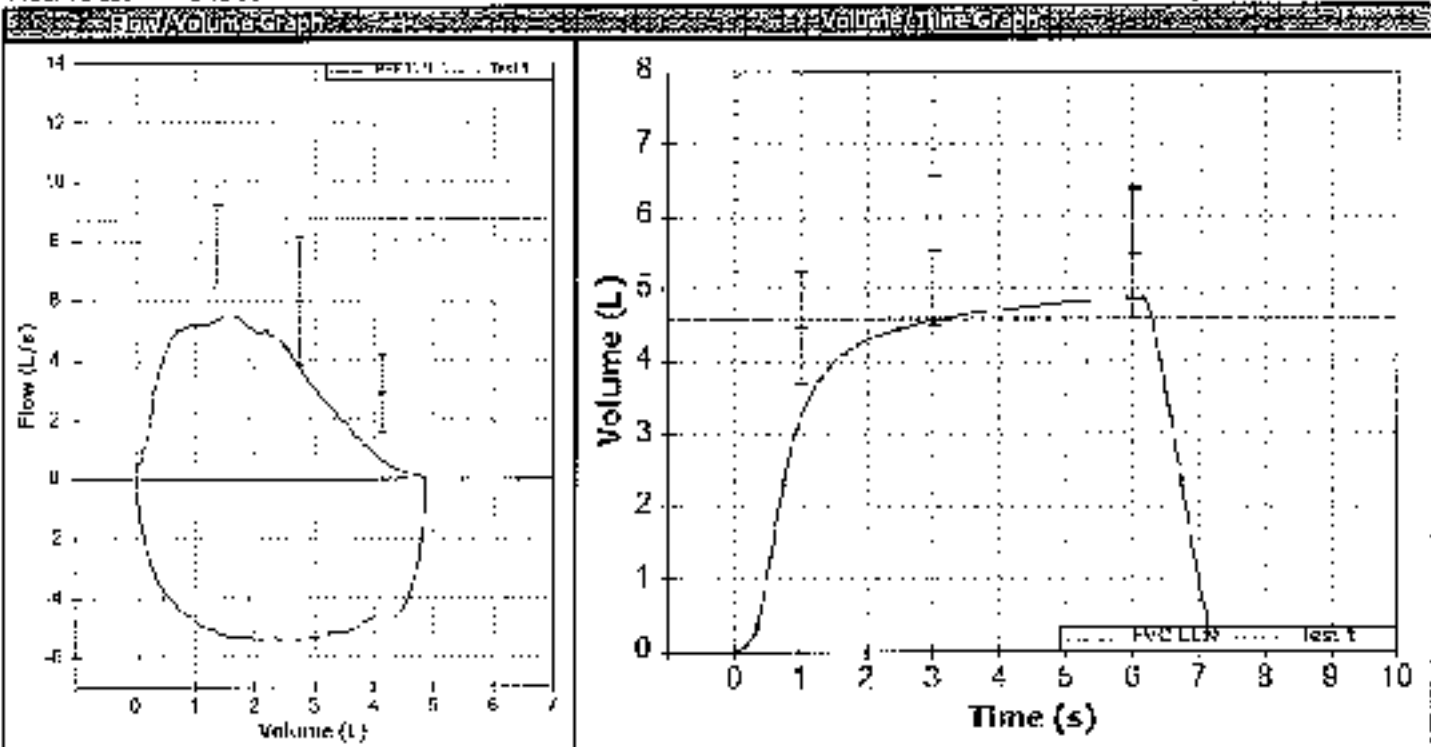
Signature of the Technician

NMCOMAN/DOC/NSG/75

Spinalograph
Pulmonary Function Report

Subject Information					
ID:	2025039 093232508	Alternate ID:	50132048	Middle Name:	Ansar
Last Name:	Nab:	First Name:	Mehmood	Date of Birth:	24/07/1967
Population:	Asian	Gender:	Male	Weight:	117.0 kg
Age:	37	Height:	198 cm		
BMI:	29.8	Smoking:	Smoker		

Test Session Information					
Test Date:	08/02/2025 09:59	Device:	ALPI-IA Touch	Serial Number:	32168
No. of Tests:	2	Accuracy Chk:	30/05/2019 15:42	User:	Administrator
Pred. Values:	ERS 93	Pract. Factor:	90%	Posture:	Sitting



Parameter	Pred	LLN	Best	% Pred.	Z-score
FVC (L)	5.49	4.53	4.86	89	-1.15
FEV1 (L)	4.46	3.71	3.79	85	-1.45
FEV1 Ratio	0.81	0.63	0.78	96	-0.41
FEV6 (L)	5.49	4.53	4.86	89	-1.15
PEF (L/min)	643	524	331*	52	4.30
FEF25-75 (L/s)	4.95	3.24	3.57	72	-1.32

Values at 37.5 ° Below Lower Limit of Normality (LLN)

Session Quality and Repeatable Flow Duration					
FVC Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected
0	-	-	0 blow(s)	0 blow(s)	In 1st second 1 blow(s)

Computer Suggested Interpretation:
Computer interpretations cannot be relied upon for diagnosis. Normal ventilatory function.
Estimated Lung Age: 66 years

Reference Ranges					
FVC					
FEV1					
FEV1 Ratio					
	LLN	Reference	ULN		

ID: 50132948

DOB:

37yr, Male

Heart rate:

72 BPM

PR int:

162 ms

QRS dur:

108 ms

QT/QTc:

367/391 ms

P-R-T axes:

19 -12 10

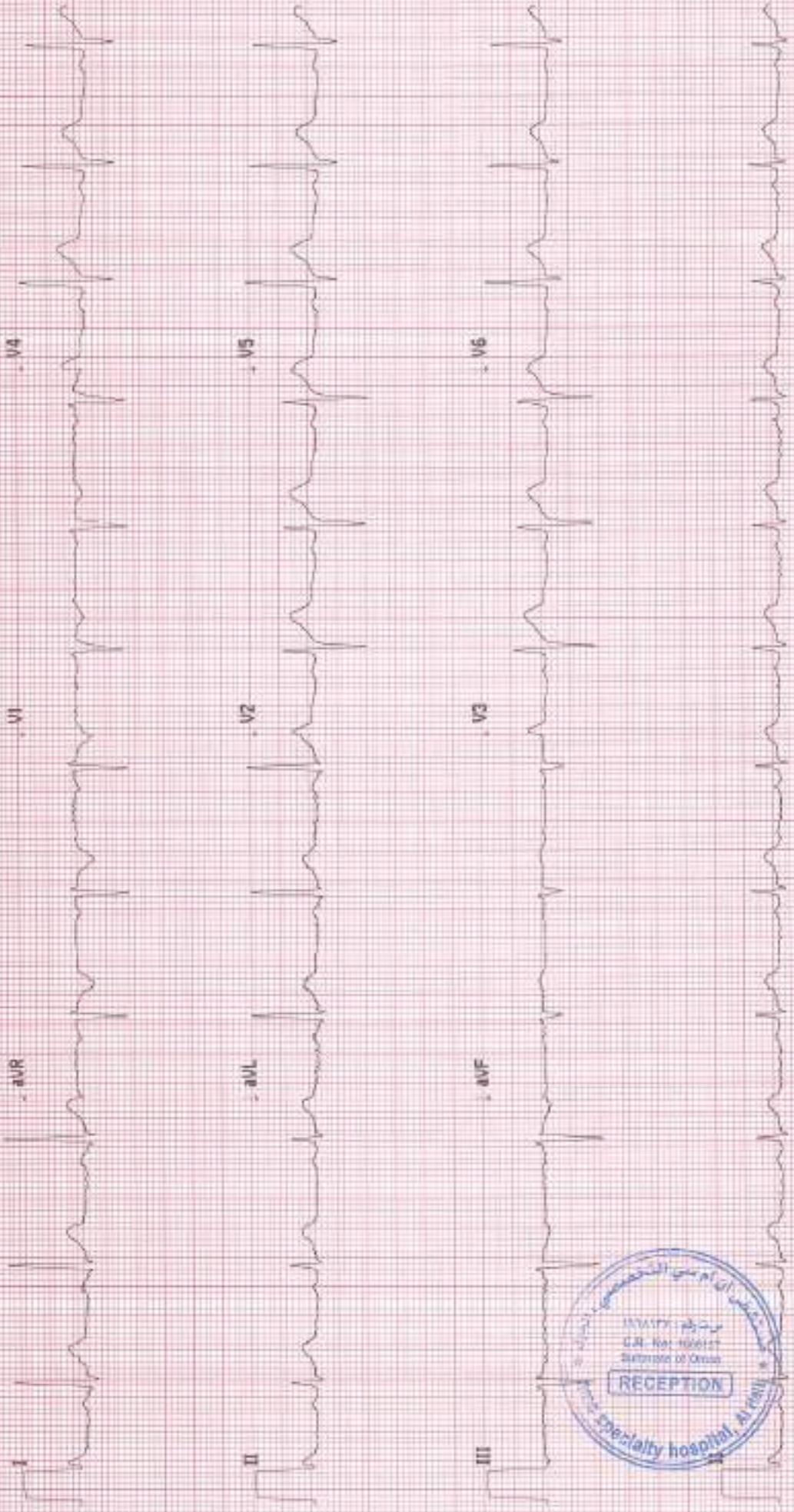
SINUS RHYTHM

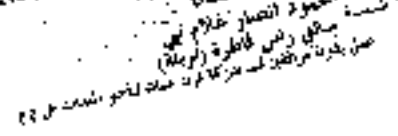
MODERATE VOLTAGE CRITERIA FOR LVH, CONSIDER NORMAL VARIANT MEETS CRITERIA IN ONE OF:

R1aVL, S1V1, R1V5, R1V6, S1V5, S1V6

BORDERLINE ECG

UNCONFIRMED REPORT





IDUMN79275909<8<<<<<<<<<<<<<<<<<<
B7D7246M2508142PAK<<<<<<<<<<<<<<<<<<
MEHMOOD<ANSAR<GHULAM<<<<<<<<<<<<<<<

