



Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Petroleum Development Oman
MEDICAL DEPARTMENTPLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Place of examination: <u>Norco Gulf</u>		Date: <u>10/12/2025</u>	Surname: _____		
If a dependant enter employee's name here		Forenames: <u>Bhupinder Singh</u>			
Surname: <u>Singh</u>		Address: _____			
Birth date: <u>10/09/1975</u>		Nationality: <u>Indian</u>	Home telephone number: <u>76825514</u>		
Forenames: <u>Bhupinder</u>		Country of birth: <u>India</u>			
Religion: _____		Relationship to employee: _____			
☒ Male ☐ Female ☒ Married ☐ Single ☐ Separated/Divorced		☐ Wife ☐ Son ☐ Daughter		Number of children: _____	
Reason for examination: ☒ Pre-Employment ☐ Job: _____					
☐ 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 (?) if uncertain exclude minor ailments.)					
	Y	N		Y	N
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/armpit		☒			
How much tobacco each day? _____			Average daily alcohol consumption: _____		
Have you ever taken illicit drugs? () PDO test all new/potential employees for illicit/recreational drugs					
FAMILY 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: <u>10/12/2025</u>		Signature of Applicant: <u>[Signature]</u>			



Petroleum Development Oman LLC

Revision: 0.0
Effective: January 2022

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE																																	
Further details of medical history and recreational activities																																	
N = Normal A = Abnormal (please describe)																																	
<table border="1"> <thead> <tr> <th colspan="2">PHYSICAL EXAMINATION</th> </tr> </thead> <tbody> <tr> <td>N</td> <td>A</td> </tr> <tr> <td>✓</td> <td></td> </tr> <tr> <td>✓</td> <td></td> </tr> <tr> <td>✓</td> <td></td> </tr> <tr> <td>✓</td> <td></td> </tr> <tr> <td>✓</td> <td></td> </tr> <tr> <td>✓</td> <td></td> </tr> <tr> <td>✓</td> <td></td> </tr> <tr> <td>✓</td> <td></td> </tr> <tr> <td>✓</td> <td></td> </tr> <tr> <td>✓</td> <td></td> </tr> <tr> <td>✓</td> <td></td> </tr> <tr> <td>✓</td> <td></td> </tr> <tr> <td>✓</td> <td></td> </tr> <tr> <td>✓</td> <td></td> </tr> </tbody> </table>		PHYSICAL EXAMINATION		N	A	✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
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HEIGHT cm	WEIGHT kg																																
166	86																																
BMI	B.P.																																
31.2	115/74																																
PULSE	HEARING																																
78/min	L R																																
VISION	Colour Vision																																
DISTANT	NEAR																																
R L	R L																																
Uncorrected	Corrected																																
6/6	6/6																																
N	A																																
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LABORATORY AND OTHER SPECIAL INVESTIGATIONS																																	
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.)																																	
ASSESSMENT:																																	
☒ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT																																	
Date: 11/12/25	Name (Block Capitals): Dr. / Nurse																																
SIGNATURE																																	
																																	
REVIEW/CONSULTATION																																	
Date:	Name (Block Capitals): Dr. / Nurse																																

nmc specialty hospital, al ghoubra

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

Fitness Certificate

Empno:

Date of issue : 10/12/2025

Ref No : 0000007/FIT/NMC/2025

This is to certify that Mr. / Mrs. *BHUPINDER SINGH* with file no *14502209* and Resident card no. *112832563* was *Treated* at *nmc specialty hospital, al ghoubra* on *10/12/2025* and will be *FIT FOR WORK* from the medical point of view starting from *10/12/2025*

DIAGNOSIS

Z00.00-Encounter For General Adult Medical Examination Without Abnormal Findings

Remarks

DR ANIL DEVARAJ

Place: *nmc specialty hospital, al ghoubra*

(Hospital Seal)

Signature
Specialist - General Medicine
NMC Specialty Hospital, Al Ghoubra
10/12/2025



DEPARTMENT OF LABORATORY MEDICINE

File No: 14502209	Report No: 1089402
Name: BHUPINDER SINGH	Sample Date: 10/12/2025 Time: 10:13
Address:	Received By:
Gender: M Age: 48 Y Nationality: INDIAN	Received Date: Time:
GSM No.: 76825514 ID Card No.: 112832563	Report Date: 10/12/2025 Time: 12:19
Ref. By: DR ANIL DEVARAJ	Bill No: 2742315 Bill Date: 10/12/2025
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO Package - 1 (Up to 49 yrs)		consultation with physician Eye check up
COMPLETE BLOOD COUNT		
TOTAL WBC COUNT	9010 cells/cumm	4000-11000cells/cumm
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	48 %	40-75%
LYMPHOCYTE (%)	42 %	20-45%
MONOCYTE (%)	5 %	2-8%
EOSINOPHIL (%)	4 %	1-6%
BASOPHIL (%)	1 %	0-1%
HAEMOGLOBIN	16.8 gm/dl	Male : 13-18 gm/dl Female:11-15 gm/dl children upto 1year-11.0-13.0 upto12years-11.5-14.5 Infant full term cord blood:13-19.5
RBC COUNT	6.16 million/cu	Male :4.5-6.5 million/cu Female:3.9-5.5 million/cu
PLATELET COUNT	1.95 lakh/cumm	1.5 - 4 lakhs / cumm
HEMATOCRIT	50.2 %	Male :42 - 52% Female:37- 47%
MCV	81.4 fl	76 - 96 fl
MCH	27.2 pg	27 - 33 pg
MCHC	33.5 %	32 - 36 %
SICKLE CELL	NEGATIVE	
Method : Solubility test (If Positive , Hb Electrophoresis / HPLC to be done to confirm Sickle cell anaemia / Trait).		
LIVER FUNCTION TEST		
TOTAL BILIRUBIN	17.10 μ mol/L	5.0 - 21.0 μ mol/L
DIRECT BILIRUBIN	5.40 μ mol/L	Upto 5.1 μ mol/L
TOTAL PROTIEIN	74.80 g/L	66 - 87 g/L
ALBUMIN	47.40 g/L	35 - 50 g/L

Verified By:

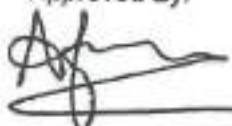


10759

Lab Technologist

MOH License No:

Approved By:



DR ASMA OSMANI

Specialist Pathologist

MOH License No: 5866

NMC Healthcare LLC

P.O.Box: 613, P.C: 133, Al Ghoubra, Governorate of Muscat, Sultanate of Oman.

T: (+968) 2450 4000, F: (+968) 2450 1101, E: nmc.ghoubra@nmcoman.com

C.R.No. 1248361, Tax Card No.: B148163 VATIN: QMT180029096

DEPARTMENT OF LABORATORY MEDICINE

File No: 14502209
Name: BHUPINDER SINGH

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Received By:
Received Date: Time:
Report Date: 10/12/2025 Time: 12:19
Bill No: 2742315 Bill Date: 10/12/2025
Report Status: Final

Address:
Gender: M Age: 48 Y Nationality: INDIAN
GSM No.: 76825514 ID Card No.: 112832563
Ref. By: DR ANIL DEVARAJ

INVESTIGATION	RESULT	REFERENCE RANGE
Globulin	27.4 g/L	23-35g/L
SGOT (AST)	19.90 U/L	10-40 U/L
SGPT (ALT)	27.10 U/L	10-40 U/L
ALKPO4 (ALP)	179.00 U/L	3 - 10 Yrs: 130 - 260 U/L 10 - 14 Yrs: 130 - 340 U/L 14 - 18 Yrs: 30 - 180 U/L Adult: 30 - 120 U/L
Gamma GT (GGT)	20.40 U/L	2-30 U/L
RENAL FUNCTION TEST		
URIC ACID	414.29 μ mol/L	MALE: 200 - 430 μ mol/L FEMALE: 140 - 360 μ mol/L
CREATININE	79.0 μ mol/L	MALE: 60 - 110 μ mol/L FEMALE: 50 - 100 μ mol/L
UREA	6.72 mmol/L	2.9-8.2 mmol/L
ESTIMATED GLOMERULAR FILTRATION RATE	66.520608	
LIPID PROFILE		
TOTAL CHOLESTEROL	4.72 mmol/L	< 5.2 mmol/L
HDL	0.88 mmol/L	MALE: > 1.0 mmol/L FEMALE: > 1.3 mmol/L
TRIGLYCERIDES	2.19 mmol/L	< 1.7 mmol/L
LDL	3.29 mmol/L	< 3.4 mmol/L
VLDL	1 mmol/L	< 0.77 mmol/L
NON HDL	3.84 mmol/L	<3.4mmol/L
FASTING BLOOD SUGAR	5.41 mmol/L	3.8-<5.6 mmol/L
URINE ROUTINE		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE
URINE BILIRUBIN	NEGATIVE	NEGATIVE

Verified By:



10759

Lab Technologist

MOH License No:

Approved By:



DR ASMA OSMANI

Specialist Pathologist

MOH License No: 5666

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C.R No: 1246387, Tax Card No: 81481103, VATIN: 041100029090

DEPARTMENT OF LABORATORY MEDICINE

File No: 14502209
Name: BHUPINDER SINGH

Address:

Gender: M **Age:** 48 Y **Nationality:** INDIAN
GSM No.: 76825514 **ID Card No.:** 112832563
Ref. By: DR ANIL DEVARAJ

Report No: 1089402
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INVESTIGATION

RESULT

REFERENCE RANGE

NITRITE	NEGATIVE	NEGATIVE
URINE PH	6.0	<6
SPECIFIC GRAVITY	1.015	1.010-1.030
BLOOD	NEGATIVE	
UROBILINOGEN	NORMAL	NORMAL
LEUCOCYTE	NEGATIVE	
URINE MACROSCOPY		
COLOUR	PALE YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	0-3
PUSCELLS	1-2	
EPITHELIAL CELLS	0-2 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	
MUCOUS THREAD	NIL	

Verified By:

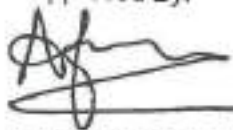


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AUDIOGRAM

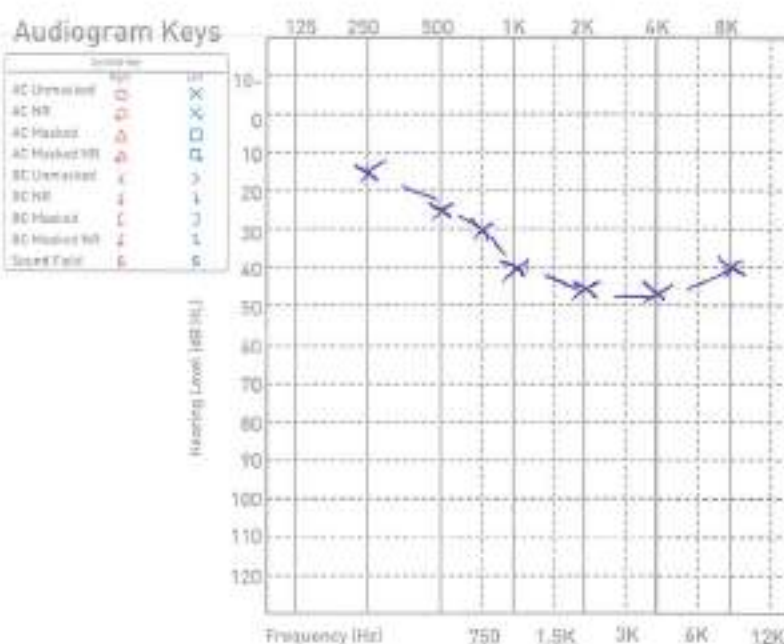
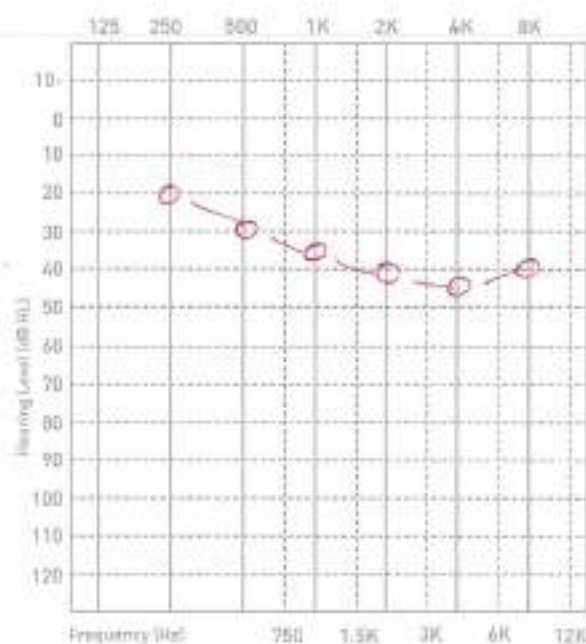
File No. 14509209 رقم الملف

Name of Patient Bhupinder Singh اسم المريض Nationality Indian الجنسية

Age 48 yrs السن Sex M الجنس Date 10-12-2025 التاريخ

Referring Physician طبيب الإحالة

Presenting Complaints تقديم الشكاوى



Ear	PTA	Weber	SRT	SDS	MCL	UCL
Right	36 dB HL					
Left	37 dB HL					

IMPRESSION:

Bilateral Mild high frequency sloping hearing loss.

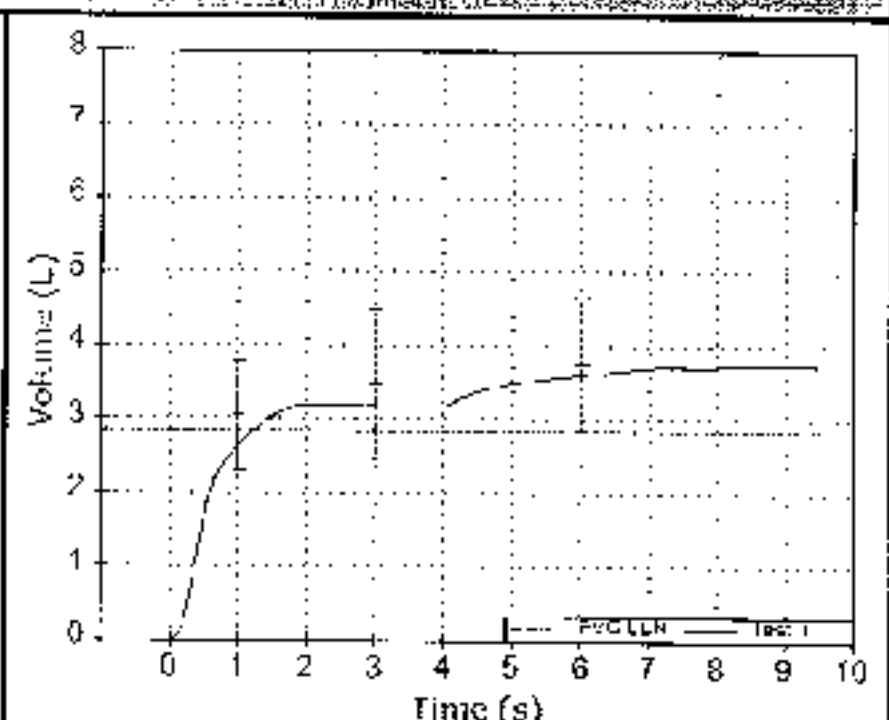
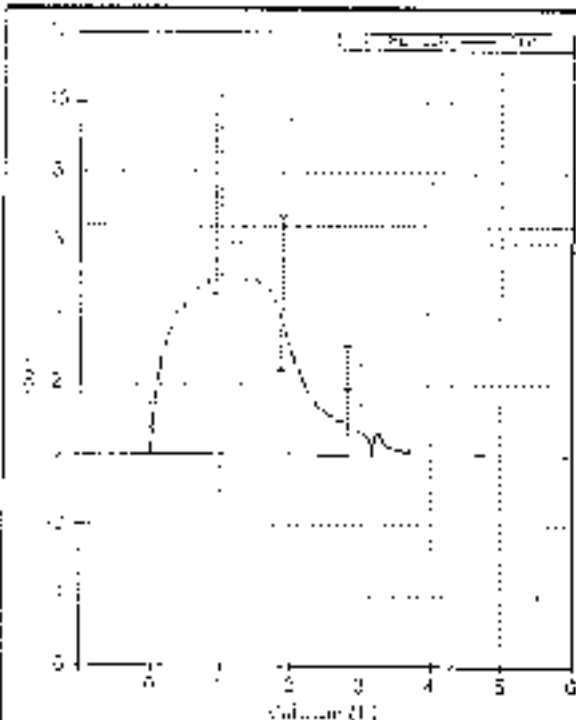
Recommendations:

Name & Signature of Audiologist Name & Signature of Physician

Date 10-12-2025 Time Date Time

Pulmonary Function Report

ID:	14902219	Alternate ID:	2742315	Middle Name:	
Last Name:	Singh	First Name:	Bhupinder	Date of Birth:	01/01/1977
Population:	Asian	Gender:	Male	Weight:	85.7 kg
Age:	48	Height:	168 cm	Smoking:	Non Smoker
BM:	30	Device:	ALPHA Touch	Serial Number:	37953
Test Date:	12/10/2025 10:54	Accuracy Clk:	12/2024 13:36	User:	Administrator
No. of Tests:	1	Pred Factor:	90%	Posture:	Sitting
Pred. Values:	ERS 03				



Parameter	Pred	LLN	ATS/ERS Best	% Pred.	Z-Score
VC (L)	3.89	3.08	3.82	72	-2.11
FVC (L)	3.74	2.84	3.73	100	-1.02
FEV1 (L)	3.05	2.30	2.90	95	-0.33
FEV1 Ratio	0.79	0.67	0.78	99	0.14
FEV5 (L)	3.74	2.84	3.62	97	-1.22
PEF (L/min)	508	389	406	80	-1.41
CF25-75 (L/s)	3.91	2.20	2.27	58	-1.57

Values at BTPS, Nitrogen balance test (L/min)

Session Grade:	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
B	0.45 L (12.3%)	0.10 L (3.4%)	1 blow(s)	2 blow(s)	0 blow(s)

Computer interpretations cannot be relied upon for diagnosis. Normal ventilatory function.

FVC					
FEV1					
FEV1 Ratio					
	LLN	Reference	ULN		

Id: 14502209

Singh, Bhupinder

Male - (-) - Unknown

Height: 0 cm Weight: 0 kg BP: 0/0 mmHg

Med:

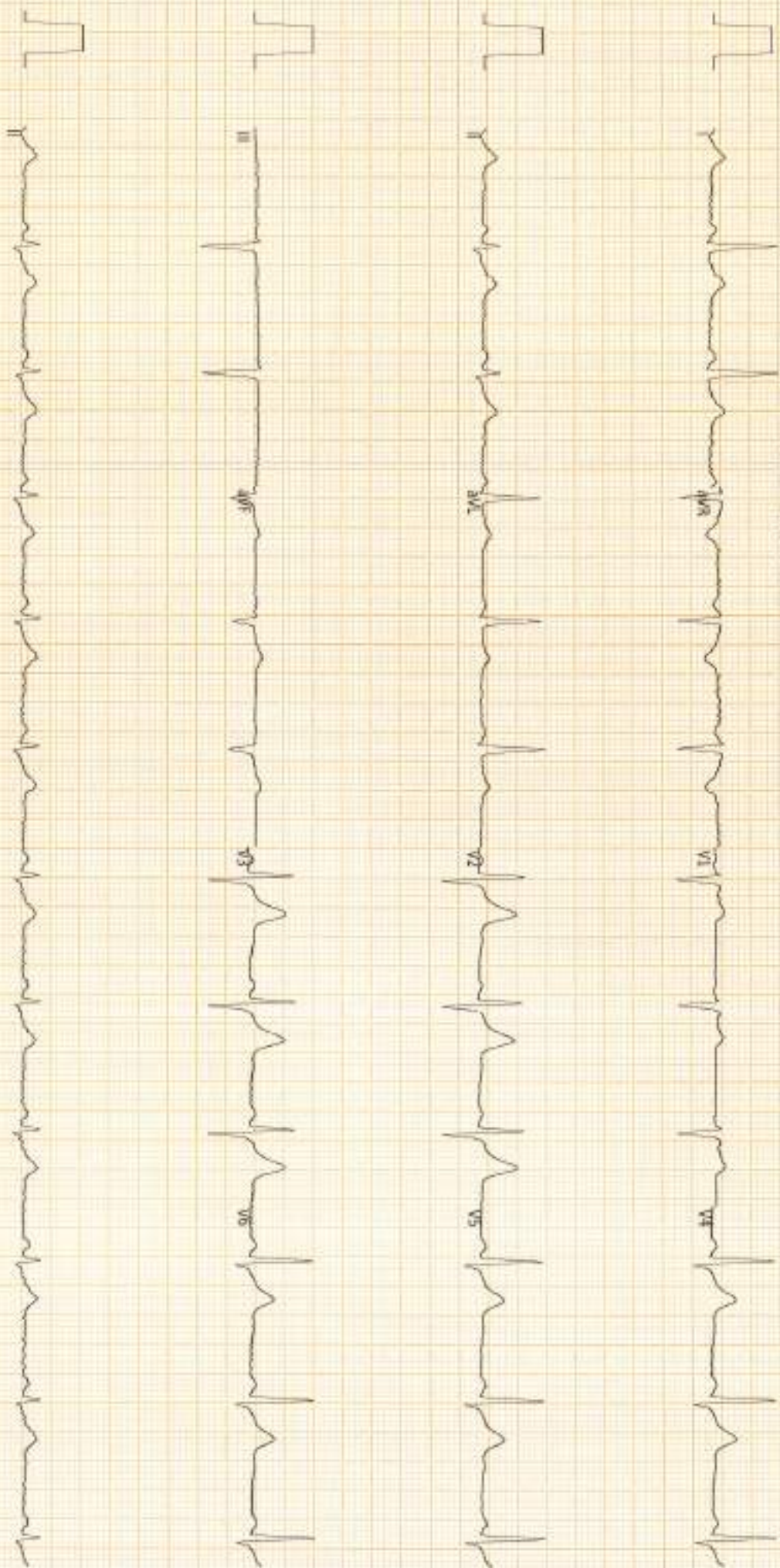
Tech:

Note:

10/12/2025 11:17:36

UNCONFIRMED REPORT

HR: 66 bpm
PR: 132 ms
QRS: 100 ms
QT/QTc: 414/425 ms
QTcB: 434 ms
QTcI: 427 ms
Rw+Sc: 1.22/0.60 mV
Sokol-Lyon: 1.82 mV
Axis: 19°/20/24°



Date:

25mmms 100mm/mV 0.05 25Hz/50Hz Cardiolite ECG2005 v. 2.0.3919



Framingham Risk Score for Hard Coronary Heart Disease

Estimates 10-year risk of heart attack in patients 30-79 years with no history of CHD or diabetes.

INSTRUCTIONS

There are several distinct Framingham risk models. MDCalc uses the 'Hard' coronary Framingham outcomes model, which is intended for use in **non-diabetic** patients age 30-79 years with no prior history of coronary heart disease or intermittent claudication, as it is the most widely applicable to patients without previous cardiac events. See the official Framingham website for additional Framingham risk models.

When to Use ▾

Pearls/Pitfalls ▾

Age

48

years

Sex

Female

Male

Smoker

No

Yes

Total cholesterol

4.72

mmol/L ⇌

HDL cholesterol

0.88

mmol/L ⇌

Systolic BP

115

mm Hg

Blood pressure being treated with medicines

No

Yes

3.6 %

10-year risk of MI or death for this patient

8 %

Average 10-year risk of MI or death



