11.32 Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

Petroleum Development Oman
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname: Abbas Ghulam Ahmad
Forenames:
Address:
Home telephone number: 7961950

Place of examination: Muscat | Date: 6/5/2023

If a dependant enter employee's name here
Surname: | Forenames:

Birth date: 24/10/1986 | Nationality: Pakistani | Country of birth: Pakistan | Religion: Muslim

☐ Male ☐ Female | ☑ Married ☐ Single ☐ Separated /Divorced | Relationship to employee: ☐ Wife ☐ Son ☐ Daughter | Number of children: 1

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
1. Sinus trouble		✓
2. Neck swelling/glands		✓
3. Difficulty in vision		✓
4. Any ear discharge		✓
5. Asthma/bronchitis		✓
6. Hayfever /other significant allergy		✓
7. Any skin trouble		✓
8. Tuberculosis		✓
9. Shortness of breath		✓
10. Coughed/vomited blood		✓
11. Severe abdominal pain		✓
12. Stomach ulcer		✓
13. Recurrent indigestion		✓
14. Jaundice or hepatitis		✓
15. Gall Bladder disease		✓
16. Marked change in bowel habits		✓
17. Blood in stools (motions)		✓
18. Marked change in weight		✓
19. Varicose veins		✓
20. Lump in breast/armpit		✓
21. Cancer		✓
22. Heart Disease		✓
23. Rheumatic fever		✓
24. Abnormal heartbeat		✓
25. High blood pressure		✓
26. Stroke		✓
27. Serious chest pain		✓
28. Any blood disease		✓
29. Kidney disease		✓
30. Blood in urine		✓
31. Diabetes		✓
32. Headaches/migraine		✓
33. Dizziness/fainting		✓
34. Epilepsy		✓
35. Joints/spinal trouble		✓
36. Surgical operation		✓
37. Serious accident/fracture		✓
38. Tropical disease		✓
39. Fear of heights		✓

HAVE YOU EVER BEEN:-	Y	N
40. Rejected for employment or insurance for medical reasons		✓
41. Awarded benefits for industrial injury/illness		✓
42. Treated for a mental condition, e.g. depression		✓
43. Treated for problem drinking or drug abuse		✓
44. Exposed to toxic substance or noise		✓
FOR WOMEN ONLY Have you ever had:-		
45. An abnormal smear		
46. Any gynaecological treatment		
47. Are you pregnant?		
48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		

How much tobacco each day? | Average daily alcohol consumption

Have you ever taken elicited drugs? ( ) PDO test all new/potential employees for elicited/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's personnel 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: 6/5/2023 Signature of Applicant:

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

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
✓		1. Eyes & Pupils	
✓		2. E.N.T.	
✓		3. Teeth & Mouth	
✓		4. Lungs & Chest	
✓		5. Cardiovascular System	
✓		6. Abdo. Viscera	
✓		7. Hernial 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	HEARING L / R	VISION DISTANT R L	VISION NEAR R L	Colour Vision	Blood Group
173	98	32.7	100/60	56 /mins.		Uncorrected Corrected 6/6	6/6		

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.)

ASSESSMENT:

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

Date: 6/5/2023 Name (Block Capitals): Dr. / Nurse

REVIEW/CONSULTATION

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

Epworth Screening Quest. for Sleep Apnoea

Employee Data			
Name: Abbas · Ghulam · Ahmed		Date:	6/3/2023.
I. D No. 1043 35263	Tel # 99614950	Department/Company:	IO
		Occupation :	

This questionnaire will help identify if you have any health condition which may need a more detailed medical assessment as part of your fitness to work determination. If you have any queries please contact your local Health Services staff. All information provided on this form and during consultations remains strictly confidential. When further clinical evaluation is required following completion of a screening questionnaire, the details should be recorded on Q1 and E1 forms.

How likely are you to fall asleep in the following situations? (use 0 to 3 score as shown below)

0 Would never doze

1 Slight chance of dozing

2 Moderate chance of dozing

3 High chance of dozing

0	sitting and reading
0	watching TV
0	sitting inactive in a public place (e.g. theatre or meeting)
0	as a passenger in the car for an hour without a break
1	Lying down to rest in the afternoon when circumstances permit
0	Sitting a talking with someone
0	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total	1

If you score a total of 15 or more, you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

Declaration: I Abbas (name) confirm/ certify that to the best of my knowledge the above information supplied by me is true & correct.

Signature: [signature] Date: 6/3/2023

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Fitness to Work Certificate

Employee Data			
Name	Abbas Ghulam Ahmad	Date	6/5/2023
I.D No.	1OA335263 Age 36/yr	*Department/Company	T/O
		*Occupation	

Type of Medical Evaluation		Mark those applying √			
A1	Aircraft refuelling		A6	Fire / Emergency response team work	
A2	Breathing apparatus		A7	Professional driving	
A3	Business traveller		A8	Remote location work	
A4	Catering and food preparation		A9	Transfers – group A country	
A5	Crane or forklift driving & all heavy vehicles		A10	Transfers – group B country	

Health Advisor Statement : The above named person has been examined according to the statements laid down in "Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work". At this time his/her fitness to work status for the above tasks is as follows.

Fit with no restrictions			✓
Fit with following restriction(s)			
The employee is fit for above work but should avoid the following task(s)	*Temporary restriction*	*Permanent restriction*	
Work near moving machinery or sharp edges			
Working at height			
Puling, pushing, or carrying weight over ____ Kg			
Ascend/descend ladders or stairs			
Operate motor vehicles, forklifts or heavy machinery			
Use of a respirator			
Repetitive twisting of valves or wrenches			
Flying			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			

Name of health professional | Signature | Date 6/5/2023 | Date

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DEPARTMENT OF LABORATORY MEDICINE

File No:	0211604	**Report No:**	0657718		
Name:	ABBAS GHULAM AHMED	**Sample Date:**	06/05/2023	**Time:**	9:37
Address:		**Received By:**	JIBI		
Gender:	M **Age:** 36 Y **Nationality:** PAKISTANI	**Received Date:**	06/05/2023	**Time:**	10:21
GSM No.:	99614950 **ID Card No.:** 104335263	**Report Date:**	06/05/2023	**Time:**	11:35
Ref. By:	EXTERNAL DOCTOR	**Bill No:**	0875593	**Bill Date:**	06/05/2023
		Report Status:	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 40 (Truckoman)		
FBS (FASTING BLOOD SUGAR)	4.97 mmol/L	3.9 - 6.1
Method :- Hexokinase	89.46 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**5.75 mmol/L**	1 - 5.1
Method:-Enzymatic	**222.3 mg/dl**	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	0.990 mmol/L	0.777 - 1.813
Method:-Enzymatic	38.27 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	4.34 mmol/L	1.295 - 4.54
Method:-Calculation	167.57 mg/dl	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.43 mmol/L	0.259 - 1.036
Method:-Calculation	16.46 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	5.81	3.8 - 5.9
Method:-Calculation		
TRIGLYCERIDES	0.93 mmol/L	0.564 - 2.146
Method : Enzymatic	82.305 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.440 mg/dL	0.1 - 1
Method : Diazo	7.52 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.210 mg/dL	0.1 - 0.5
Method : Diazo	3.59 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	15.40 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	21.40 U/L	Male: 10-50 Female: 10-35

Processed By:
JIBI
Lab Technologist
MOH LIC No: 4384

Approved By:
ASHWINI
Lab Technologist

Released By:
ASHWINI
Lab Technologist
MOH License No: 16064

DR. SHAYFA P
Specialist Pathologist
MOH LIC NO:13475

Printed at: 06/05/2023 11:35:59 AM

Electronically Signed at: 06/05/2023 11:35:00 AM

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DEPARTMENT OF LABORATORY MEDICINE

File No: 0211604
Name: ABBAS GHULAM AHMED
Address:
Gender: M **Age:** 36 Y **Nationality:** PAKISTANI
GSM No.: 99614950 **ID Card No.:** 104335263
Ref. By: EXTERNAL DOCTOR

Report No: 0657718
Sample Date: 06/05/2023 **Time:** 9:37
Received By: JIBI
Received Date: 06/05/2023 **Time:** 10:21
Report Date: 06/05/2023 **Time:** 11:35
Bill No: 0875593 **Bill Date:** 06/05/2023
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	78.58 U/L	Adult : Men -40-129 :Female 35-104 Children:(Aged) 7months - 1Year :- <462 1Year - 3 Years :- <281 4 Years - 6 Years :- <269 7 Years - 12 Years :- <300 13 Years - 17 Years(M) :-<390 13 Years - 17 Years(F) :- <187
TOTAL PROTEIN-SERUM(Colorimetric Assay)	6.88 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.22 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.66 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	**1.59**	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM Method :-Enzymatic Assay	22.50 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	4.50 mmol/L	1.7 - 8.3
Method : Kinetic Assay	27.03 mg/dL	10.2 - 49.8
CREATININE - SERUM	96.99 µmol/L	44.2 - 123.7
Method :-Jaffé Method	1.1 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	6310 cells/cumm	4000 - 11000 cells/cumm
Method : -Fluorescence Flow Cytometry		
DC (DIFFERENTIAL COUNT)		
Method : -Fluorescence Flow Cytometry		
NEUTROPHILS	41.1 %	40-75%

Processed By: JIBI *Lab Technologist*
MOH LIC No: 4384

Approved By: ASHWINI *Lab Technologist*

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DR. SHAYFA P *Specialist Pathologist*
MOH LIC NO:13475
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DEPARTMENT OF LABORATORY MEDICINE

File No: 0211604
Name: ABBAS GHULAM AHMED
Address:
Gender: M **Age:** 36 Y **Nationality:** PAKISTANI
GSM No.: 99614960 **ID Card No.:** 104335263
Ref. By: EXTERNAL DOCTOR

Report No: 0657718
Sample Date: 06/05/2023 **Time:** 9:37
Received By: JIBI
Received Date: 06/05/2023 **Time:** 10:21
Report Date: 06/05/2023 **Time:** 11:35
Bill No: 0875593 **Bill Date:** 06/05/2023
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
LYMPHOCYTES	47.1 %	20-45%
EOSINOPHILS	2.1 %	2-6 %
MONOCYTES	9.4 %	2-8 %
BASOPHILS	0.3 %	0-1%
HB (HEMOGLOBIN)	13.7 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
Method : -Cyanide-free SLS haemoglobin		
TOTAL RBC COUNT	4.81 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
Method : - Hydrodynamically focussed impedance		
PLATELET COUNT	2.15 lakhs/cumm	1.0 - 4.0 lakhs / cumm
Method : - Hydrodynamically focussed impedance		
PCV (PACKED CELL VOLUME)	42.20 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	87.70 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	28.50 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	32.50 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	02 mm/ 1st hr	MALE:0-9 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
Capillary Photometry Technology		
Measures the kinetics of red cells aggregation.Clinical Laboratory and Standard Institute (CLSI) procedure for the ESR Test.		
SICKLE CELL	NEGATIVE	
Method : -Haemoglobin solubility test		

Processed By: JIBI *Lab Technologist*
MOH LIC No: 4384

Approved By: ASHWINI *Lab Technologist*

Released By: ASHWINI *Lab Technologist*
MOH License No: 16064

DR. SHAYFA P
Specialist Pathologist
MOH LIC NO:13475

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DEPARTMENT OF LABORATORY MEDICINE

File No:	0211604	**Report No:**	0657718		
Name:	ABBAS GHULAM AHMED	**Sample Date:**	06/05/2023	**Time:**	9:37
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Gender:	M **Age:** 36 Y **Nationality:** PAKISTANI	**Report Date:**	06/05/2023	**Time:**	11:35
GSM No.:	99614950 **ID Card No.:** 104335263	**Bill No:**	0875593	**Bill Date:**	06/05/2023
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE ROUTINE		
URINE BIOCHEMISTRY		
Method :- Colorimetric Assay		
GLUCOSE	NIL	
PROTEIN	NIL	
KETONE	NIL	
BILIRUBIN	NIL	
pH	ACIDIC	
UROBILINOGEN	NORMAL	
URINE MICROSCOPY (Centrifugation Method)		
RED BLOOD CELLS (RBC)	NIL /hpf	
PUS CELLS	1 - 2 /hpf	
EPITHELIAL CELLS	NIL /hpf	
CRYSTALS	NIL /hpf	
CAST	NIL /hpf	
BACTERIA	PRESENT /hpf	
YEAST CELLS	NIL /hpf	

Processed By:
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X-RAY REPORT

Doc No:	0070698
Name:	ABBAS GHULAM AHMED
Age/DOB:	36 Y
Omani ID/ L.Card No::	104335263
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	06/05/2023
X-Ray Filim No:	TO
Bill No:	0875593
Charge Sheet No:	

Both lung fields are normal

Both cp angles are clear

Mediastinal shadow and bony thorax are normal

Cardiac configuration is within normal limits

Conclusion: A normal X-ray appearance

Signature: .....

DR. NITHINMON CU
SPECIALIST RADIOLOGY
MOH License: 21068
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Seal

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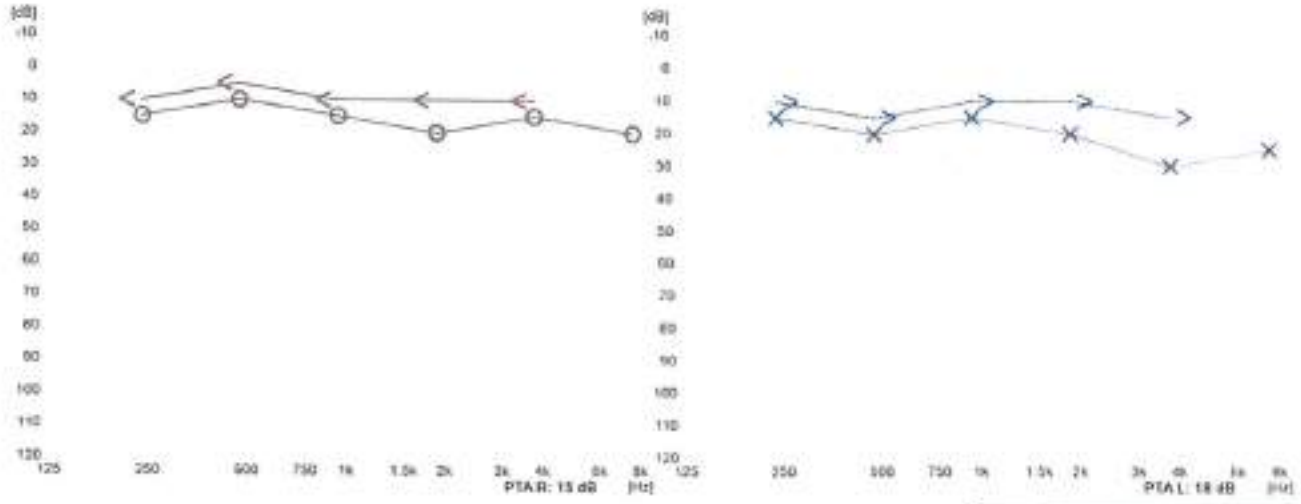
SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code:	Last name , First name	Born:
0875593	ABBAS GHULAM , AHMED	06.05.2023
Test type	Test date:	
Tonal audiometry	06.05.2023	



Legend	R	L
Air	O	X
AirMasked	△	□
Bone	<	>
BoneMasked	[	]
MCL	M	M
UCL	m	m
Free Field	⊘	%
Free Field/Aided	A	A
Binaural	B	
No response	↓	

Comments
RIGHT: NORMAL HEARING SENSITIVITY
LEFT:MINIMAL HEARING LOSS

Signature:

Date: 6/05/2023