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: Arwinder Singh
Forenames:
Address:
Home telephone number: 7940756

Place of examination: | Date: 1/2/2015

If a dependant enter employee's name here:
Surname: | Forenames:
Birth date: 30/9/1982 | Nationality: Indian | Country of birth: Indian | Religion:

☐ Male ☐ Female | ☐ Married ☐ Single ☐ Separated /Divorced | Relationship to employee: ☐ 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		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 substance 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 abnormal smear		
10. Coughed/vomited blood		✓	30. Blood in urine		✓	46. Any gynaecological treatment		
11. Severe abdominal pain		✓	31. Diabetes		✓	47. Are you pregnant?		
12. Stomach ulcer		✓	32. Headaches/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. 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 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 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: 1/2/2015 Signature of Applicant: Arwinder Singh

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. Visoera	
✓		7. Hernial Orifices	Cwl
✓		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 / R	VISION DISTANT R / L	VISION NEAR R / L	Colour Vision	Blood Group
173	128	42.8	120/90	98		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 ☐ EMPORARY UNFIT ☐ NFIT

Date: 1/2/2023 Name (Block Capitals): Dr. [illegible] Signature:

REVIEW/CONSULTATION

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

Epworth Screening Quest. for Sleep Apnoea

Employee Data	
Name: Arwinder Singh	Date: 1/9/2023
	Department/Company: T.O.
I. D No. 113762384 / 97401736	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)

1 as a passenger in the car for an hour without a break

0 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 Arwinder (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Arwinder Singh **Date:** 1/9/2023

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M.O.H LICENCE NO: 2315
C.R. NO: 7012080
AL DHAHIRA GOVERNORATE
WILAYAT IBRI
Sultanate of Oman

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Fitness to Work Certificate

Employee Data		Date	01/2/2023
Name	Arwinder Singh	Department/Company	T.O
I.D No.	137625844	Age	30/y
		Occupation	

Type of Medical Evaluation			Mark those applying √
A1	Aircraft refuelling		
A2	Breathing apparatus		
A3	Business traveller		
A4	Catering and food preparation		
A5	Crane or forklift driving & all heavy vehicles		
A6	Fire / Emergency response team work		
A7	Professional driving		
A8	Remote location work		
A9	Transfers – group A country		
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/dascend 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			**Date**
Name of health advisor	**Signature**	**Date** 1/2/2023	

OMAN AL-KHAIR HOSPITAL

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman

T : +968 2568 8075
F : +968 2568 8029
M : +968 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com

[Aster@Home]
M : +968 9830 3232

هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
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DEPARTMENT OF LABORATORY MEDICINE

File No:	0220057	**Report No:**	0647149		
Name:	ARWINDER SINGH	**Sample Date:**	01/02/2023	**Time:**	11:26
		Received By:	181773		
Address:		**Received Date:**	01/02/2023	**Time:**	11:44
Gender:	M **Age:** 30 Y **Nationality:** INDIAN	**Report Date:**	01/02/2023	**Time:**	12:56
GSM No.:	79401756 **ID Card No.:** 113762584	**Bill No:**	0862085	**Bill Date:**	01/02/2023
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 40 (Truckoman)		
FBS (FASTING BLOOD SUGAR)	4.93 mmol/L	3.9 - 6.1
Method :- Hexokinase	88.74 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**5.21 mmol/L**	1 - 5.1
Method :-Enzymatic	**201.42 mg/dl**	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.15 mmol/L	0.777 - 1.813
Method:-Enzymatic	44.46 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3.44 mmol/L	1.295 - 4.54
Method:-Calculation	132.89 mg/dl	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.62 mmol/L	0.259 - 1.036
Method:-Calculation	24.07 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	4.53	3.8 - 5.9
Method:-Calculation		
TRIGLYCERIDES	1.36 mmol/L	0.564 - 2.146
Method : Enzymatic	120.36 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.354 mg/dL	0.1 - 1
Method : Diazo	6.05 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.215 mg/dL	0.1 - 0.5
Method : Diazo	3.68 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	25.10 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	48.60 U/L	Male: 10-50 Female:10-35

Processed By:
JIBI
Lab Technologist
MOH LIC No: 4384

Approved By:
181773
Lab Technologist

ANJU A THAHA
TECHNICIAN

Released By:
181773
Lab Technologist
MOH License No: 21829

Specialist Pathologist

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Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M : +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥
فاكس: ٢٥٦٨٨٠٢٥
نقال: ٩٦٨ ٧١٥٥٩٩٧٧
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Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	74.42 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)	7.62 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.68 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.94 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.59	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	35.39 U/L	Men : 8-61 Female : 5-36
Method :-Enzymatic Assay		
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	3.40 mmol/L	1.7 - 8.3
Method : Kinetic Assay	20.42 mg/dL	10.2 - 49.8
CREATININE - SERUM	71.69 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.81 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	9800 cells/cumm	4000 - 11000 cells/cumm
Method : -Fluorescence Flow Cytometry		
DC (DIFFERENTIAL COUNT)		
Method : -Fluorescence Flow Cytometry		
NEUTROPHILS	48.6 %	40-75%

Processed By: JIBI *Lab Technologist*

Approved By: 181773 *Lab Technologist*

Released By: 181773 *Lab Technologist*

Specialist Pathologist

MOH LIC No: 4384

MOH License No: 21829

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Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
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INVESTIGATION	RESULT	REFERENCE RANGE
LYMPHOCYTES	43.5 %	20-45%
EOSINOPHILS	1.3 %	2-6 %
MONOCYTES	6.0 %	2-8 %
BASOPHILS	0.6 %	0-1%
HB (HEMOGLOBIN)	14.7 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
Method : -Cyanide-free SLS haemoglobin		
TOTAL RBC COUNT	5.51 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
Method : - Hydrodynamically focussed impedance		
PLATELET COUNT	3.03 lakhs/cumm	1.0 - 4.0 lakhs / cumm
Method : - Hydrodynamically focussed impedance		
PCV (PACKED CELL VOLUME)	45.10 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	81.90 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	26.70 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	32.60 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	04 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		

NSILA THAHA
B TECHNICIAN
G No.: 21

Processed By:	*Approved By:*	*Released By:*
JIBI	181773	181773
Lab Technologist	*Lab Technologist*	*Lab Technologist*

Specialist Pathologist

MOH LIC No: 4384 MOH License No: 21829

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Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
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T : +968 2568 8075
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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	0-2 /hpf	
EPITHELIAL CELLS	NIL /hpf	
CRYSTALS	NIL /hpf	
CAST	NIL /hpf	
BACTERIA	PRESENT /hpf	
YEAST CELLS	NIL /hpf	

HILA THAHA
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No.: 21829

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X-RAY REPORT

Doc No:	0067984
Name:	ARWINDER SINGH
Age/DOB:	30 Y — Omani ID/ L.Card No:: 113762584
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	01/02/2023
X-Ray Filim No:	PDO
Bill No:	0862085
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: .....

Seal

DR. NITHINMON CU
SPECIALIST RADIOLOGY
MOH Licence: 21058
ASTER HOSPITAL IBRI

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 7155 9977
Ø : +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M : +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
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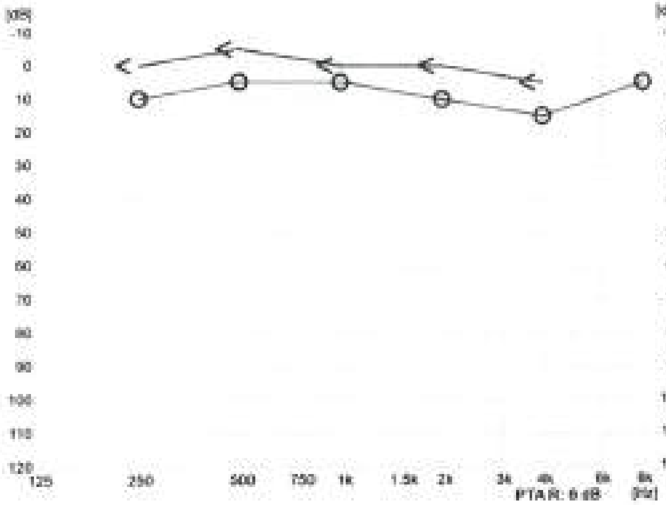
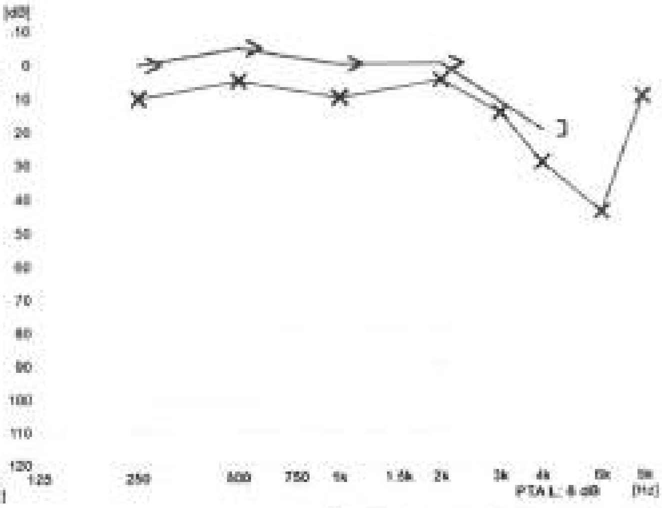
SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

IBRI

22349191

Code	Last name , First name	Born
0862085	ARWINDER , SINGH	01.02.2023
Test type	**Test date**	
Tonal audiometry	01.02.2023	





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

Comments

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS WITH NOTCH AT 4KHz REGION IN LEFT EAR

Signature:

Date: 01/02/2023

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