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
Forenames
Address

Place of examination Date
Home telephone number

If a dependent enter employee's name here:
Surname: Forenames

Birth date Nationality Country of birth Religion:

Male Female Married Single Separated Divorced
Relationship to employee: Wife Son Daughter
Number of children 0

Reason for examination: Pre-Employment Job: Mechanic
Pre-Overseas Area: Adam

Name and address of family doctor
List your last 3 jobs
(1)
(2)
(3)

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/spine 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? [crossed out] Average daily alcohol consumption [crossed out]

Have you ever taken illicited drugs? ( ) PDO test all new/potential employees for illicited/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 the 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 with held important medical information.

Date: 2/11/2023 Signature of Applicant [signature]

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	→ poor Dental Hygiene.
✓		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	VISION					Colour Vision	Blood Group
							DISTANT		NEAR			
							R	L	R	L		
157	65	26	124/90	76 mins.	L ✓ R ✓	Uncorrected	6	6	6	6	38	+
						Corrected						

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.)

FIT

ASSESSMENT:

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

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

REVIEW/CONSULTATION

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

DEPARTMENT OF LABORATORY MEDICINE

File No:	50110337	Report No:	0103261		
Name:	BHAVIN PARTAPSINH 6829	Sample Date:	02/11/2023	Time:	9:39
		Received By:			
Address:		Received Date:		Time:	
Gender:	M Age: 38 / Nationality: INDIAN	Report Date:	02/11/2023	Time:	13:42
GSM No.:	71211386 ID Card No.: 114083665	Bill No:	0266724	Bill Date:	02/11/2023
Ref By:	DR SIVAKUMAR SIDDAIAH	Report Status:	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE BELOW 40 YEARS		
RANDOM BLOOD SUGAR	5.10 mmol/L	4.11 -7.8 mmol/L
CREATININE	71.00 µ mol/L	Adults: MALE: 62 – 106 µ mol/L FEMALE: 44 - 80 µ mol/L
SGPT (ALT)	37.30 U/L	MALE : up to 41 U/L FEMALE : up to 33 U/L
TOTAL WBC COUNT	9.40 x 10^3 / µL	4.00-11.00 x 10^3 / µL
DIFFERENTIAL COUNT		
NEUTROPHIL %)	59.50 %	40-75%
LYMPHOCYTE (%)	28.50 %	20-45%
MONOCYTE (%)	8.30 %	2-8%
EOSINOPHIL (%)	3.10 %	1-6%
BASOPHIL (%)	0.20 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	08 mm/1st hr	MALE:0-15 mm/ 1st hr FEMALE 0-20 mm/ 1st hr
HAEMOGLOBIN	17.20 gm/dl	Male : 13 -18 gm/dl Female:11-15 gm /dl childrens upto 1year-11.0 - 13.0 gm /dl upto12years-11.5 - 14.5 gm /dl cord blood:13 -19.5 gm /dl
SICKLE CELL	NEGATIVE	
Method : Solubility test (If Positive , Hb Electrophoresis / HPLC to be done to confirm Sickle cell anaemia / Trait).		
URINE ROUTINE		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE

Verified By:

10593
Lab Technologist
MOH License No:
Electronically signed at: 11-2-2023 1:40:00

Approved By

DR ROSE MARY
Specialist Pathologist
MOH License No: 11717A
Electronically signed at: 04/11/2023 12:24:00

Printed at: 04/11/2023 12:28:55 PM

DEPARTMENT OF LABORATORY MEDICINE

File No:	50110937	**Report No:**	010326:		
Name:	BHAV-N PARTAPSINH 6829	**Sample Date:**	02/11/2023	**Time:**	9:39
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 35 Y **Nationality.** INCIAN	**Report Date:**	02/11/2023	**Time:**	13:42
GSM No.:	71211388 **ID Card No.:** 1140836665	**Bill No:**	0266724	**Bill Date:**	02/11.2023
Ref. By:	DR SHIVAKUMAR SIDDAIAH	**Report Status:**	Fina.		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	8.0	4.6-8.0
SPECIFIC GRAVITY	1.035	1.010-1.030
BLOOD	TRACE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	PALE YELLOW	
APPEARANCE	SLIGHTLY TURBID	
URINE MICROSCOPY		
RBC	6-8 /hpf	0-3
PUSCELLS	2-4 /hpf	0-5
EPITHELIAL CELLS	1-2 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	NIL	NIL

Verified By:

10583
Lab Technologist
MOH License No.
Electronically signed at: 04/11/2023 1:40:00

Aprroved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 04/11/2023 12:24:00

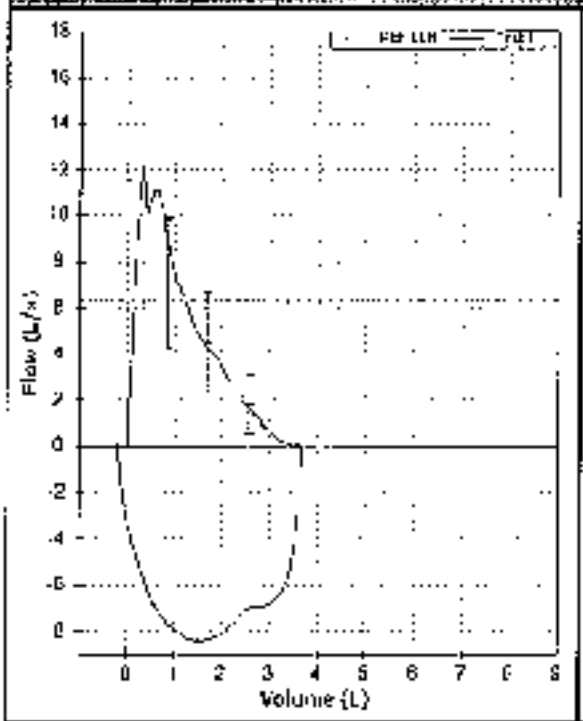
Printed at: 04/11/2023 12:28:00 PM

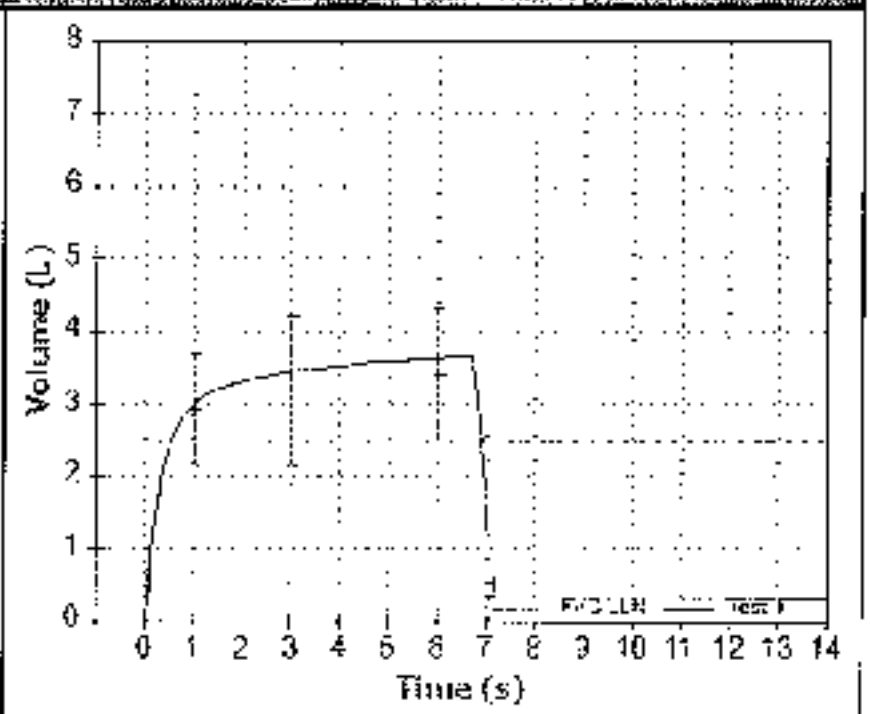
Spirolographi

Pulmonary Function Report

ID	2023306_104056845	Alternate ID:	[illegible]		
Last Name:	Singh	First Name:	Bhavin	Middle Name:	Pratap
Population:	Asian	Gender:	Male	Date of Birth:	11/12/1989
Age:	33	Height:	157 cm	Weight:	[illegible] kg
BMI:	26.4	Smoking:	Non Smoker		

Test Date:	02/11/2023 10:57	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	5	Accuracy Chk:	30/05/2019 15:42	User:	Administrator
Pred. Values:	GLI 93	Pred. Factor:	90%	Posture:	Sitting



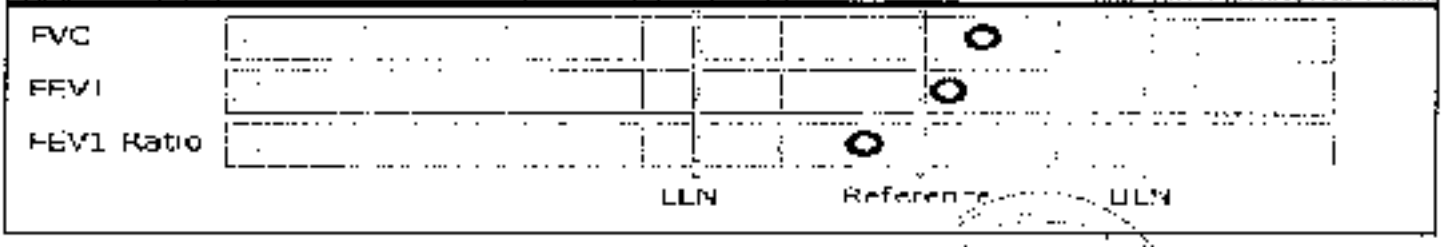


Parameter	Pred	LLN	Best	% Pred.	Z-Score
FVC (L)	3.41	2.51	3.66	107	-0.46
FEV1 (L)	2.93	2.17	3.03	103	-0.22
FEV1 Ratio	0.81	0.69	0.78	96	-0.41
FEV6 (L)	3.41	2.51	3.64	107	-0.42
PEF (L/min)	497	378	734	148	3.26
FEF25-75 (L/s)	4.24	2.53	3.15	74	-1.05

Values at BTPS, *Below lower limit of normal (LLN)

FVC Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of best:	End of test criteria not achieved	Cough detected in 1st second
C	0.33 L (9.0%)	0.25 L (24.8%)	0 blow(s)	0 blow(s)	0 blow(s)

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



Tone threshold audiometric test

02/11/2023 11:01:25 AM

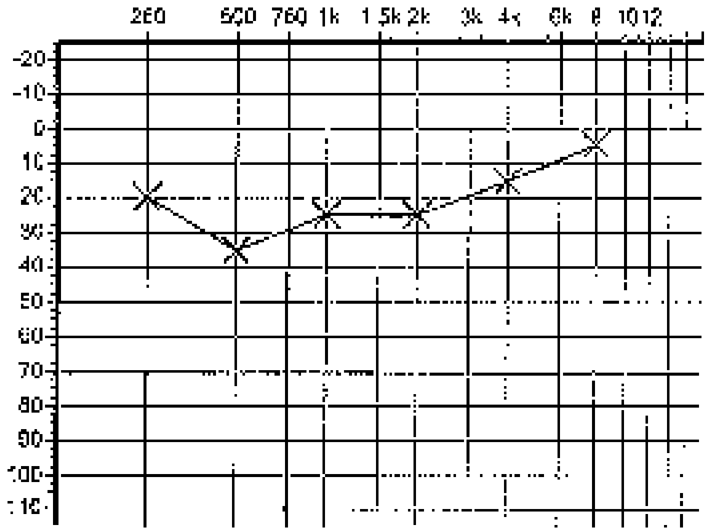
Name: BHAVIN PRATAP
Surname: SINGH

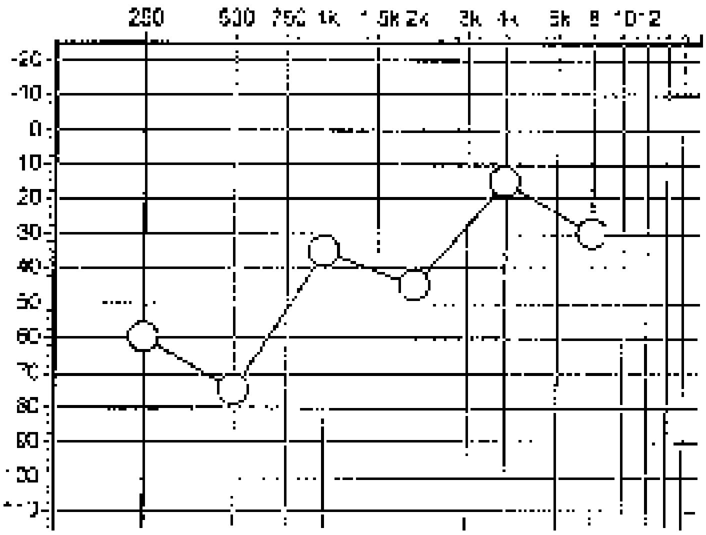
Date of birth: 1988/10/01
Age in years: 35

Company: DR SHIVAKUMAR
Department: OPD
Job title:
Number: 71211288

O/SS number: 50110237
Passport no.:

Significance: None





Left **Right**

Left: 125 250 500 1k 2k 3k 4k 6k 8k	9k 10k 11.2 12.5 14k 16k	Frequencies	Right: 125 250 500 1k 2k 3k 4k 6k 8k	9k 10k 11.2 12.5 14k 16k
20 35 25 25 15 5		**Air thresholds**	60 75 35 45 15 30	
-29 -32 -25 -34 -30 -20		Noise in ear canal	[illegible] -23 -17	
-30 -32 -30 -35 -30 -28		Noise for threshold-5dB	[illegible] -22 -17	

Bone thresholds
Noise in ear canal
Noise for threshold-5dB
Maximum masking

7A PI H Binaural impairment	**Bone unmasked** Noise in ear canal Noise for threshold-5dB	
Pure tone avg. (500 1k 2k) 28	[illegible] n 55 Mean 7.72 Standard deviation 4.20 Test re-test reliability (factor) [illegible] False positive response [illegible]	Pure tone avg. (500 1k 2k) 52

Audiogram notes:

BHAVIN PRATAP SINGH

[illegible]

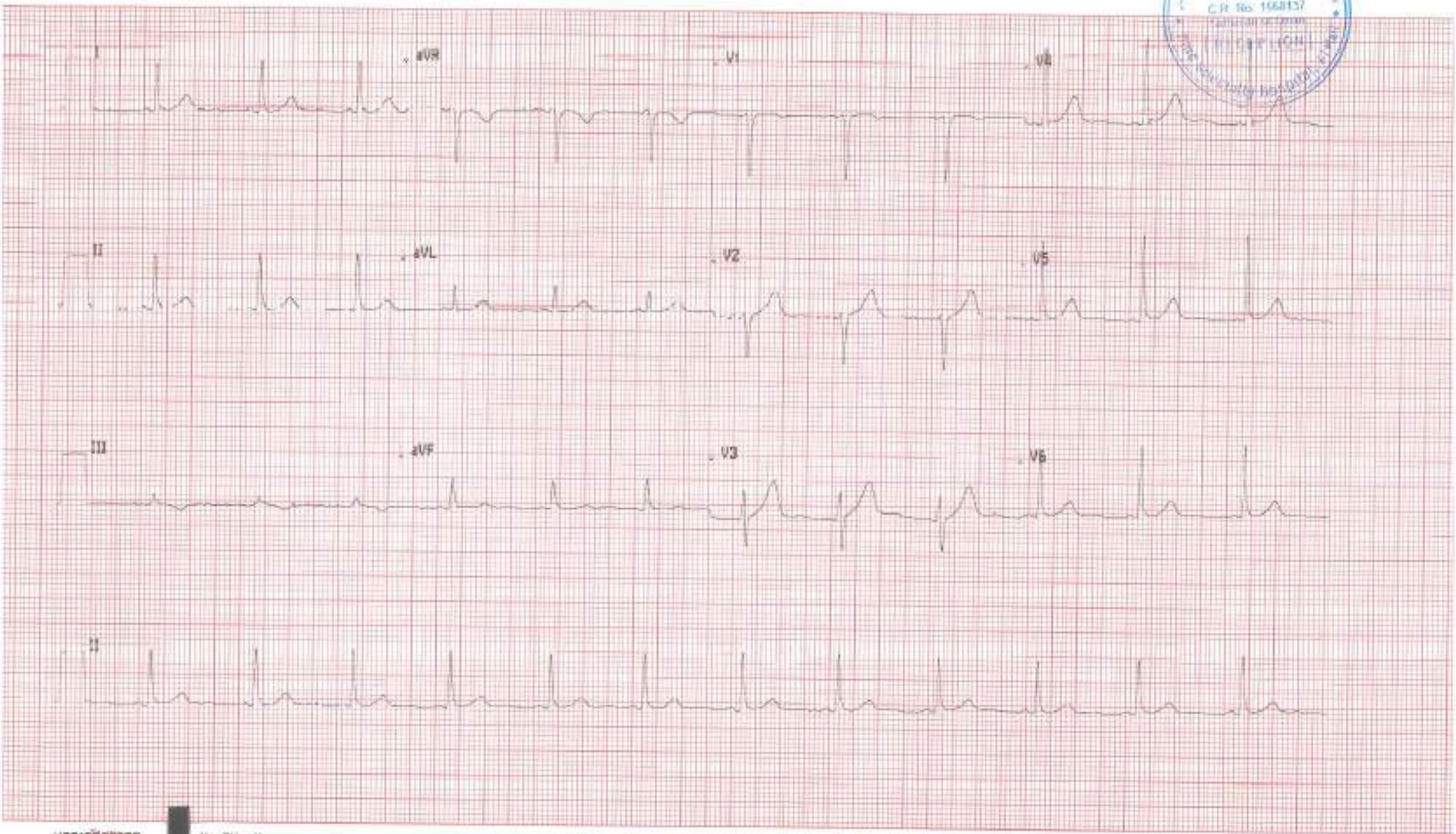
KUDUwave

Firmware version number: 2.12.1.0
Report software version: 2.4.3.0
Report generated on: 02/11/2023 11:13:06 AM
Unique Global Patient Number: E70600D15A36425DD4C0A2BEBFF07BF

Last calibration date: 20/10/2017
KUDUwave serial number: [illegible]
Bone vibrator serial number: [illegible]
Sound booth: [illegible]
Type of audiometer: [illegible]
[illegible]

DOB:
35yr, Male

Vent rate:	74 BPM	BORDERLINE ECG
PR int:	112 ms	
QRS dur:	84 ms	UNCONFIRMED REPORT
QT/QTc:	358/386 ms	
P-R-T axes:	29 40 14	



119210000838 [redacted] No Site Name

Site # 0 Cart # 0 Version 2.1.0.5 Sequence #05932 25mm/s 10mm/mV 0.05-40 Hz W

TRUCK DRIVER ROAD PERMIT
6829