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: Muhammad Usman Khan
Forenames:
Address:
Home telephone number: 92885341

Place of examination | Date: 23/1/2023

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

Birth date: 2/6/1978 | Nationality: Pakistani | Country of birth: Pakistan | Religion: Muslim

☐ 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

Last 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		✓			
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	41. Awarded benefits for industrial injury/illness		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓			
6. Hayfever /other significant allergy		✓	26. Stroke		✓	42. Treated for a mental condition, e.g. depression		✓
7. Any skin trouble		✓	27. Serious chest pain		✓			
8. Tuberculosis		✓	28. Any blood disease		✓	43. Treated for problem drinking or drug abuse		✓
9. Shortness of breath		✓	29. Kidney disease		✓			
10. Coughed/vomited blood		✓	30. Blood in urine		✓	44. Exposed to toxic substance or noise		✓
11. Severe abdominal pain		✓	31. Diabetes	✓				
12. Stomach ulcer		✓	32. Headaches/migraine		✓	FOR WOMEN ONLY		
13. Recurrent indigestion		✓	33. Dizziness/Fainting		✓	Have you ever had:-		
14. Jaundice or hepatitis		✓	34. Epilepsy		✓	45. An abnormal smear		
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓	46. Any gynaecological treatment		
16. Marked change in bowel habits		✓	36. Surgical operation		✓			
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓	47. Are you pregnant?		
18. Marked change in weight		✓	38. Tropical disease		✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
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: 23/1/2023 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	WEIGHT	BMI	B.P.	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
176 cm	71 kg	22.9	107/78	65 mins.	L R	Uncorrected	6/6		6/6		
						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.)

Incld Typ2DM. Uncontrolled sugar levels. Advised HBA1c and Physician consultation for further Management.

ASSESSMENT:

☑ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ EMPORARY UNFIT ☐ NFIT

Date: 23/12/2013 Name (Block Capitals): DR. RAKESH VELLA Signature:

REVIEW/CONSULTATION

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

DR. RAKESH VELLA
LICENCE NO: 12388
GENERAL PRACTITIONER

Framingham Risk Assessment form

Framingham Risk Assessment (For all professional drivers, crane operators, forklift operator or other employees who are above 40 years of age):

Employee Name: Mubammad Usman Khan
Emp #: 11460024
Date of Assessment: 23/1/2023

1	Age	Years	45
2	Gender	Female/Male	Male
3	Total Cholesterol	mmol/L 6.52	
4	HDL Cholesterol	mmol/L 1.150	
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	mm Hg	107
8	Is the patient being treated for High blood pressure?	Yes/No	

Framingham Risk score: 7.9 %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations:

Assessment or Examination conducted by:

DR. BAKESH YELLA
GENERAL PRACTITIONER

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 23/1/2023
Name: Mohammed Usman Khan		Department/Company: T.O.
I. D No. 1146002444	Tel # 92853441	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, Mohd' *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: _____ **Date:** 23/1/2023

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Fitness to Work Certificate

Employee Data			Date	23/1/2023
Name	Muhammad Usman Khan		Department/Company	TO
I.D No.	1146002444	Age 45/41	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/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			**Date**
Name of health advisor	**Signature**	**Date** 23/1/2023	

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ص.ب: ٤٠٠ الرمز البريدي: ٥١١
عبري سلطنة عمان

DEPARTMENT OF LABORATORY MEDICINE

File No:	0187706	Report No:	0646249
Name:	MUHAMMAD USMAN KHAN	Sample Date:	23/01/2023 Time: 11:53
		Received By:	181773
Address:		Received Date:	23/01/2023 Time: 12:05
Gender:	M Age: 45 Y Nationality: PAKISTANI	Report Date:	23/01/2023 Time: 13:46
GSM No.:	92885341 ID Card No.: 114600244	Bill No:	0861027 Bill Date: 23/01/2023
Ref. By:	EXTERNAL DOCTOR	Report Status:	Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	**20.50 mmol/L**	3.9 - 6.1
Method :- Hexokinase	**369 mg/dL**	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**6.52 mmol/L**	1 - 5.1
Method:-Enzymatic	**252.06 mg/dl**	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.150 mmol/L	0.777 - 1.813
Method:-Enzymatic	44.46 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	4.4 mmol/L	1.295 - 4.54
Method:-Calculation	169.9 mg/dl	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.98 mmol/L	0.259 - 1.036
Method:-Calculation	37.7 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	5.67	3.8 - 5.9
Method:-Calculation		
TRIGLYCERIDES	2.13 mmol/L	0.564 - 2.146
Method : Enzymatic	188.505 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.393 mg/dL	0.1 - 1
Method : Diazo	6.72 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.128 mg/dL	0.1 - 0.5
Method : Diazo	2.19 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	11.95 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	14.16 U/L	Male: 10-50 Female:10-35

Processed By:
181773
Lab Technologist
MOH License No: 21829

Approved By
181773
Lab Technologist

Released By
181773
Lab Technologist
MOH License No: 21829

DR. SHAYFA P
Specialist Pathologist
MOH LIC NO:13475
Electronically Signed at: 23/01/2023 1:46:00 PM

Printed at: 23/01/2023 1:46:58 PM

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Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	119.93 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)	7.60 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.70 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.9 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.62	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM Method :-Enzymatic Assay	22.00 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	5.98 mmol/L	1.7 - 8.3
Method : Kinetic Assay	35.92 mg/dL	10.2 - 49.8
CREATININE - SERUM	89.34 µmol/L	44.2 - 123.7
Method :-Jaffé Method	1.01 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	5710 cells/cumm	4000 - 11000 cells/cumm
Method : -Fluorescence Flow Cytometry		
DC (DIFFERENTIAL COUNT)		
Method : -Fluorescence Flow Cytometry		
NEUTROPHILS	56.1 %	40-75%

Processed By: 181773 *Lab Technologist*

Approved By: 181773 *Lab Technologist*

Released By: 181773 *Lab Technologist*

DR. SHAYFA P
Specialist Pathologist
MOH LIC NO:13475
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Gender:	M **Age:** 45 Y **Nationality:** PAKISTANI	**Report Date:**	23/01/2023	**Time:**	13:46
GSM No.:	92885341 **ID Card No.:** 114600244	**Bill No:**	0861027	**Bill Date:**	23/01/2023
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
LYMPHOCYTES	32.7 %	20-45%
EOSINOPHILS	4.0 %	2-6 %
MONOCYTES	6.8 %	2-8 %
BASOPHILS	0.4 %	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	5.74 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
Method : - Hydrodynamically focussed impedance		
PLATELET COUNT	2.09 lakhs/cumm	1.0 - 4.0 lakhs / cumm
Method : - Hydrodynamically focussed impedance		
PCV (PACKED CELL VOLUME)	45.60 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	79.40 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	25.60 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	32.20 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	05 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		

SILA THAHA
TECHNICIAN
RE.NO: 21829

Processed By:
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Lab Technologist
MOH License No: 21829

Approved By:
181773
Lab Technologist

Released By:
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Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE ROUTINE		
URINE BIOCHEMISTRY		
Method :- Colorimetric Assay		
GLUCOSE	'+++'	
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	

THANSILA THAHA
LAB TECHNOLOGIST
No : 21829

Processed By:	Approved By:	Released By:	
181773	181773	181773	DR. SHAYFA P
Lab Technologist	Lab Technologist	Lab Technologist	Specialist Pathologist
MOH License No: 21829		MOH License No: 21829	MOH LIC NO:13475

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X-RAY REPORT

Doc No:	0067720
Name:	MUHAMMAD USMAN KHAN
Age/DOB:	45 Y
Omani ID/ L.Card No::	114600244
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	23/01/2023
X-Ray Filim No:	PDO
Bill No:	0861027
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 Licence: 21058
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عبري سلطنة عمان

0187706
45 Years

MUHAMMED USMAN KHAN
Male

23-Jan-23 11:15:13 AM
ASTER HOSPITAL IBRI (Emergency)

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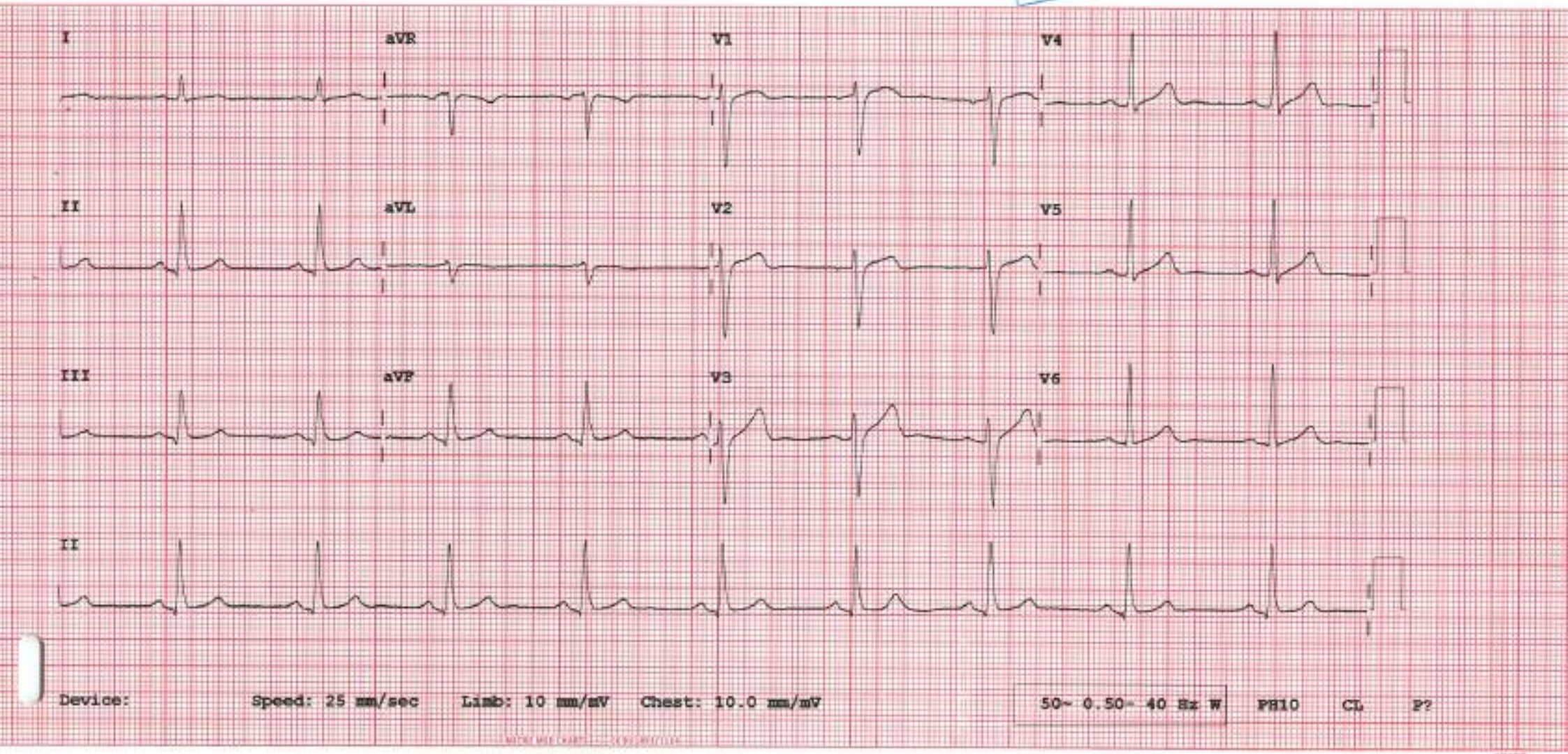
PR	178
QRSD	112
QT	431
QTc	424

--AXIS--

P	81
QRS	77
T	75

12 Lead; Standard Placement



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV 50~ 0.50- 40 Hz W PH10 CL P?

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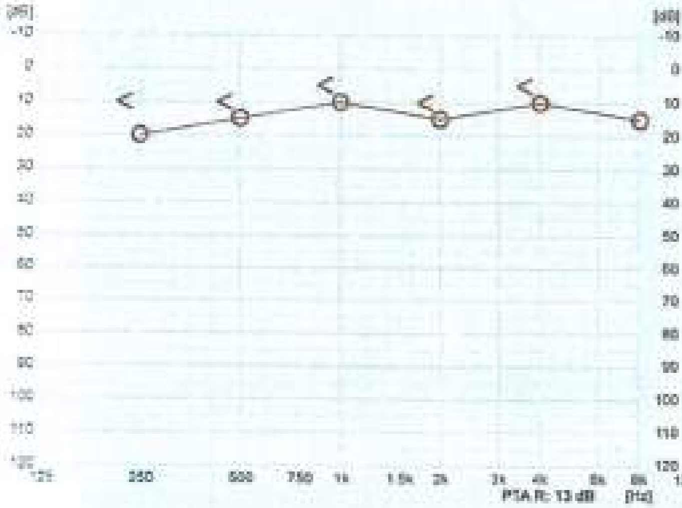
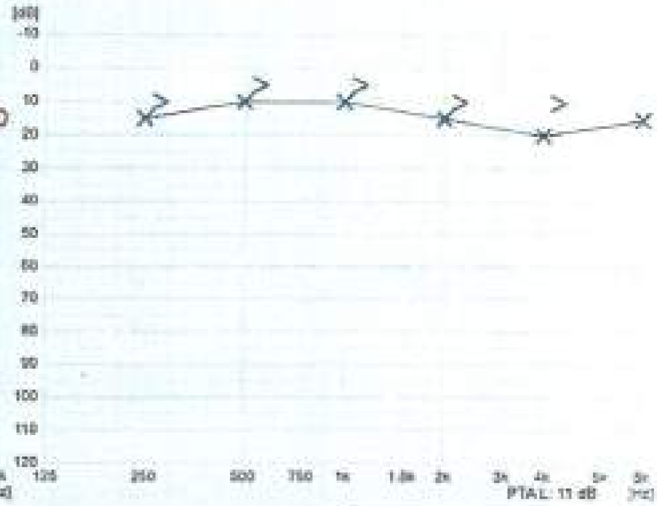
Code: 0861027	Last name , First name: MUHAMMAD USMAN , KH	Born: [illegible]01.2023
Test type: Tonal audiometry	Test date: 23.01.2023	





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

Comments

BILATERAL NORMAL HEARING SENSITIVITY

Signature: [signature]

Date: 23/01/2023

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