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: JASBIR SINGH
Forenames:
Address:
Home telephone number:

Place of examination:
Date: 13-3-24

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

Birth date: 1-7-99 Nationality: INDIAN Country of birth: IND Religion: MUSLIM

☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated /Divorced
Relationship to employee: ☐ Wife ☐ Son ☐ Daughter
Number of children: 2

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		✓
How much tobacco each day? NO		

	Y	N
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		✓
Average daily alcohol consumption NO		

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		

Have you ever taken elicited drugs? NO PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes Mother Tuberculosis NO Epilepsy NO Asthma NO Eczema NO
Heart disease NO High blood pressure NO Stroke NO Blood Disease NO Cancer NO

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:
Signature of Applicant: JASBIR SINGH

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N = Normal	A = Abnormal (please describe)	PHYSICAL EXAMINATION
N	1. Eyes & Pupils	
N	2. E.N.T.	
N	3. Teeth & Mouth	
N	4. Lungs & Chest	
N	5. Cardiovascular System	
N	6. Abdo. Viscera	
N	7. Hernial Orifices	
N	8. Anus & Rectum	
N	9. Genito-urinary	
N	10. Extremities	
N	11. Musculo-skeletal	
N	12. Skin & Varicose Vns.	
N	13. C.N.S.	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	Colour Vision	Blood Group
159	73	28.9	140/90	76 /mins.	L R	DISTANT R 6/6 L 6/6; NEAR R N6 L N6; Uncorrected / Corrected	N	

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.)

Framingham Score - 0.9%

ASSESSMENT:

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

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

Dr. FAROOQ KHUDHAIR SHAMKHI ABBOOD
GENERAL PRACTITIONER
MOH Licence No. 25048
APOLLO HOSPITAL MUSCAT

REVIEW/CONSULTATION

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

APOLLO HOSPITAL MUSCAT

DEPARTMENT OF LABORATORY SERVICES

File No:	0365221	**Report No:**	0596021
Name:	JASBIR SINGH	**Sample Date:**	14/03/2024 **Time:** 11:48
		Received Date:	14/03/2024 **Time:** 11:48
Address:		**Report Date:**	14/03/2024 **Time:** 13:24
Gender:	M **Age:** 44 Y **Nationality:** INDIAN	**Bill No:**	1215013 **Bill Date:** 14/03/2024
GSM No.:	79013960 **ID Card No.:** 113068313	**Company:**	TRUCK OMAN EQUIPMENT RENTAL LLC
Doctor:	DR FAROOQ		

INVESTIGATION	RESULT	REFERENCE RANGE
TRUCK OMAN PRE-EMPLOYMENT CHECK UP		
Fasting Blood Glucose	100.5 mg/dL	Normal: <100 mg/dl Prediabetes: 100-125 mg/dl Diabetes: 126 mg/dl or higher
ESR	04 mm/hr	Male : 0-10 mm/hour Female: 0-20 mm/hour
S.Creatinine	0.88 mg/dL	Male : 0.7 - 1.2 mg/dl Female : 0.5 - 0.9 mg/dl
eGFR (MDRD)	>90 mL/min/m2	Normal >90 Mild (60-89) Moderate (30-59) Severe (15-29) Renal Failure <15
Sickle cell Screen test	Negative	
CBC		
WBC COUNT	10.95 10^3uL	4.0-11.0x10^3/mm^3
RBC	4.85 10^6/uL	4.20 - 6.30 10^6/uL
HGB	14.80 g/dl	male 13.5 -18.0 g/dl female 11.5 -16.0 g/dl
HCT	46.00 %	37.0 - 51.0 %
MCV	94.80 fL	80.0 - 97.0 fL
MCH	30.50 pg	26.0 - 32.0 pg
MCHC	32.20 g/dL	31.0 - 36.0 g/dL
RDW	13.50 %	11.0 - 14.5 %
NEUT#	6.10 10^3/uL	1.50 - 7.00 10^3/uL
LYMPH#	3.50 10^3/uL	0.60 - 4.10 10^3/uL

Reported By:

ELIZABETH
Lab Technologist
MOH License No: 248940
Printed at: 14/03/2024 8:10:56 PM

Verified By:

Dr. Mohammed Atif Syed
Specialist Pathologist
MOH License No: 20491

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Tax Card No: 8251325 I VATIN: OM1200160355 ضريبة القيمة المضافة : OM١٢٠٠١١٠٣٥٥ | رقم بطاقة ضريبية : ٨١٤١٣٤٥

DEPARTMENT OF LABORATORY SERVICES

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Doctor:	DR FAROOQ		

INVESTIGATION	RESULT	REFERENCE RANGE
MONO#	**1.16 10^3/uL**	0.00 - 0.70 10^3/uL
EOS#	0.11 10^3/uL	0.00 - 0.40 10^3/uL
BASO#	0.08 10^3/uL	0.00 - 0.10 10^3/uL
NEUT%	55.70 %	37.0 - 72.0 %
LYMPH%	32.00 %	10.0 - 58.5 %
MONO%	10.60 %	0.0 - 14.0 %
EOS%	1.00 %	0.0 - 6.0 %
BASO%	0.70 %	0.0 - 1.0 %
PLATELET	180.00 10^3/uL	140 - 440 10^3/uL
LFT		
Total Bilirubin	**1.74 mg/dL**	Up to 1.1 mg/dL
Direct Bilirubin	**0.33 mg/dL**	Up to 0.3 mg/dL
Indirect Bilirubin	**1.41 mg/dL**	0.2 - 0.8 mg/dL
AST (SGOT)	43.8 U/L	Men : 10 - 50 U/L Female : 10 - 35 U/L
ALT (SGPT)	**56.5 U/L**	Men : Up to 41 U/L Female : 10 - 35 U/L
ALP	74.7 U/L	Men : 40 - 129 U/L Female : 35 - 104 U/L
Total Protein	7.0 g/dL	6.6 - 8.7 g/dlL
Albumin	4.1 g/dL	3.4 - 4.8 g/dL
Globulin	2.9 g/dL	1.8 - 3.6 g/dL
GGT	**86.1 U/L**	0 - 50 U/L
A:G Ratio	1.413793	1.1-1.8

Reported By:

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Verified By:

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Doctor:	DR FAROOQ	**Company:**	TRUCK OMAN EQUIPMENT RENTAL LLC

INVESTIGATION	RESULT	REFERENCE RANGE
LIPID PROFILE		
Total Cholesterol	96.7 mg/dL	< 200 mg/dL
Triglyceride	**187.8 mg/dL**	<150 mg/dl
HDL Cholesterol	**48.4 mg/dl**	>45 mg/dl
LDL Cholesterol	10.74 mg/dl	<100 mg/dl
Total Chol/HDL Chol ratio	2	Desirable < 4
URINE DRUG SCREEN		
Amphetamine (AMP)	Negative	Negative
Barbiturates (BAR)	Negative	Negative
Cocaine (COC)	Negative	Negative
Morphine (MOR)	Negative	Negative
Marijuana (THC)	Negative	Negative
URINE ROUTINE ANALYSIS		
Physical		
Quantity	40 ml	
Colour	Yellow	Pale yellow
Sp. Gravity	1.025	1.003-1.035
pH	6	5-9
Appearance	Clear	Clear
Chemical		
Glucose	Negative	Negative
Protein	Negative	Negative
Ketones	Negative	Negative
Blood / haemoglobin	1+	Negative

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Doctor:	DR FAROOQ				

INVESTIGATION	RESULT	REFERENCE RANGE
Bilirubin	Negative	Negative
Urobilinogen	Normal	Normal
Nitrite	Negative	Negative
Leucocytes	Negative	Negative
Microscopic Examination		
Pus Cells	1 - 2 Cells/hpf	0-5 cells/hpf
RBC	5 - 7 cells/hpf	0-2 cells/hpf
Epithelial Cells	0 - 2 Cells/hpf	0-8 cells/hpf
Casts	Absent	Absent
Crystals	Absent	Absent
Others	Absent	Absent
STOOL ROUTINE ANALYSIS		
PHYSICAL		
Colour	Yellowish Brown	Yellowish Brown
Consistency	Semi solid	Well Formed
Reaction	Alkaline	Acidic
Adult Worms	Absent	Absent
MICROSCOPIC		
Ova:	Absent	Absent
Cyst:	Absent	Absent
Pus Cells:	0 - 2 Cells/hpf	Few
RBCs	NIL Cells/hpf	Absent
Epithelial cells	NIL Cells/hpf	Few
Trophozoites	Absent	Absent

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INVESTIGATION	RESULT	REFERENCE RANGE
Larvae	Absent	Absent
Eggs	Absent	Absent
Worms	Absent	Absent
Fat globules	Absent	Absent
Vegetable cells	Present	Present

Reported By:

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Appendix 20: (Form SQ5): Epworth Screening Quest. For Sleep Apnoea

Employee Data		Date: 14/3/24
Name: Jasbir Singh		Department/Company:
I. D No.	Tel #	Occupation : HOD

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

1	sitting and reading
1	watching TV
2	sitting inactive in a public place (e.g. theatre or meeting)
1	as a passenger in the car for an hour without a break
1	Lying down to rest in the afternoon when circumstances permit
1	Sitting a talking with someone
1	Sitting quietly after lunch without alcohol
1	In a car, while stopped for a few minutes in traffic
Total 9	

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, Jasbir Singh *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and **correct.**

Signature: _____ **Date:** 14/3/24

Fitness to Work Certificate for drivers

Employee Data			Date 14/3/24
Name Jasbir Singh			Department/Company
I.D No.	Age		Occupation HDD
Type of Medical Evaluation			Mark those applying √
A5- HVD- Crane or forklift driving & all heavy vehicles			A7- Professional driving-light vehicles

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			
Operate Heavy motor vehicles, forklifts or heavy machinery			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			

Dr. Farooq
Name of health advisor Signature 14/3/24 Date

APOLLO HOSPITALS

Apollo HOSPITALS
WHERE HEALING BEGINS
P.O. Box : 1097, Al-Hamriya, Postal Code : 131
Muscat, Sultanate of Oman
Tel.: 2478 7766, Fax : 2470 0093

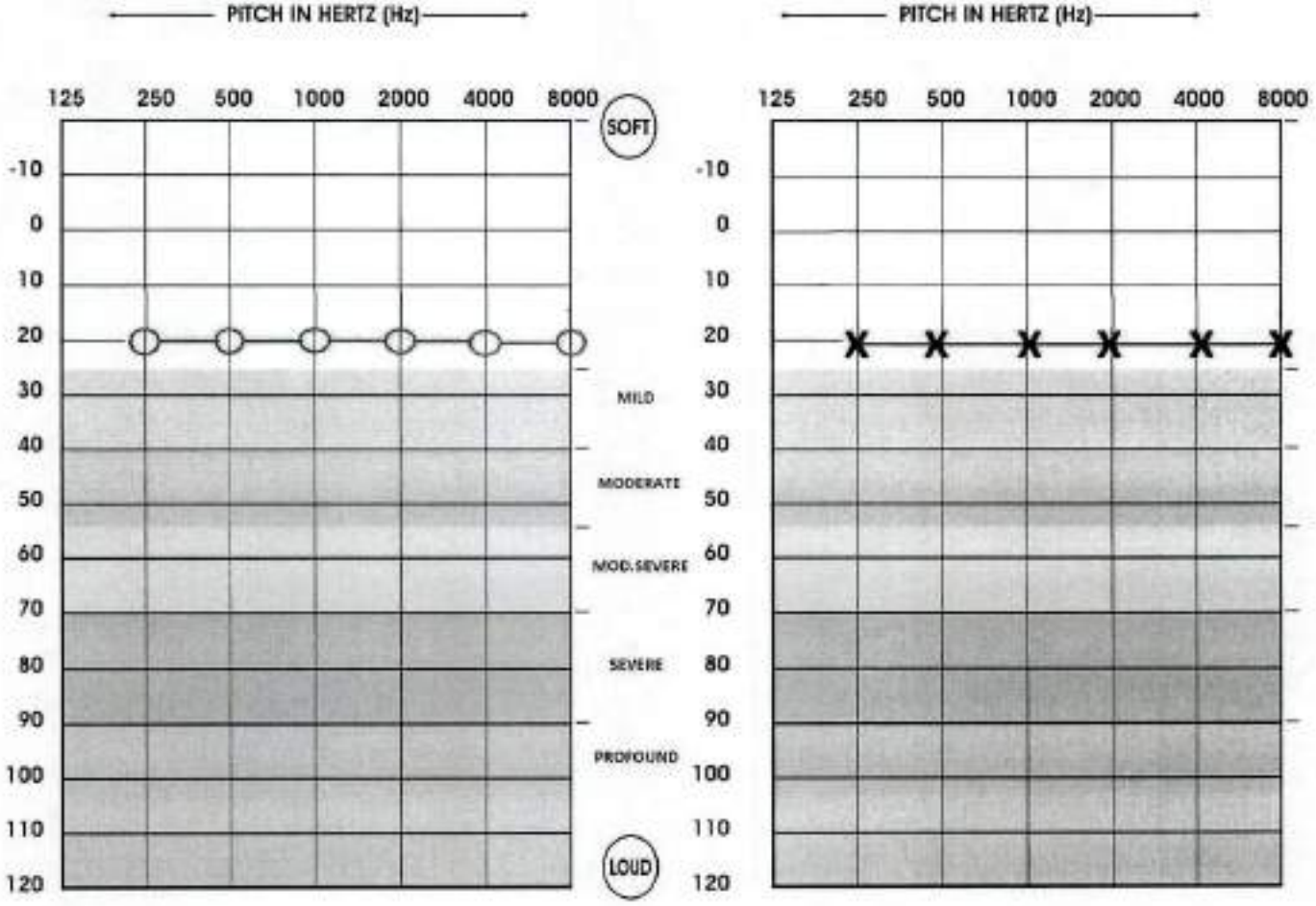
AUDIOGRAM
EXAMINATION SHEET

FILE NO : 365221 BILL NO : ..... DATE : 14-03-24

NAME : JASBIR SINGH AGE / SEX : 44 / M

COMPANY : TRUCK OMAN DOB : .....

CONSULTANT (REF) : .....



WEBER					

						SPECIAL TESTS			
dBhL	PTA	SRT	SIS(%)	MCL	UCL	SISI	TDT	MLB/BLB	OAE
RIGHT	20								
LEFT	20								

INTERPRETATION :

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

NAFLA K.V.
AUDIOLOGIST
MOH Licence No.: 22832
Apollo Hospital Muscat

RECOMMENDATION :

SIGNATURE

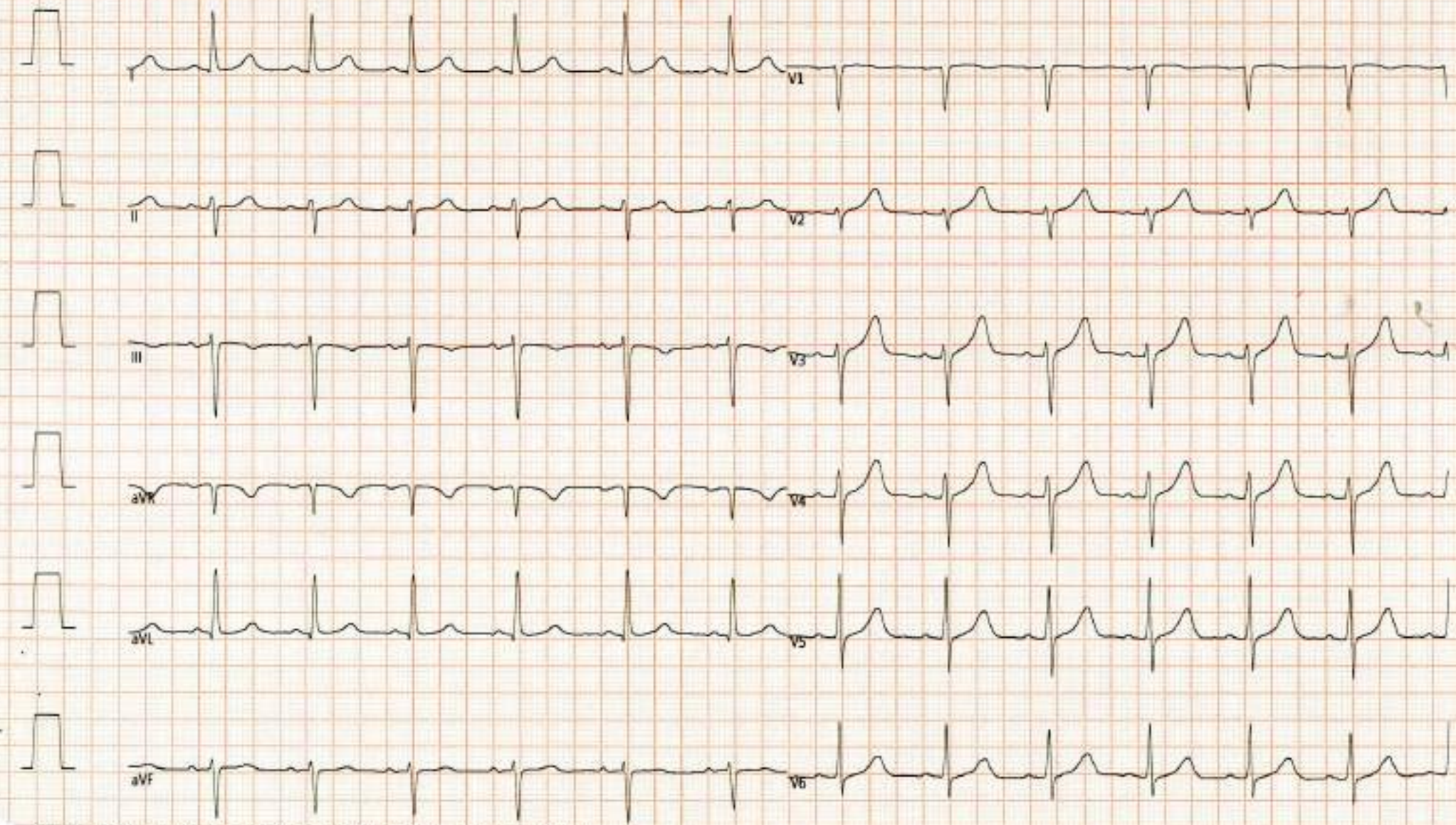
Id: 365221
, Jasbir Singh
Male — [---] Unknown
Height: 0 cm Weight: 0 kg BP: 0/0 mmHg

Med.:
Tech:
Note:

14/03/2024 13:00:58

HR:	76 bpm
PR:	168 ms
QRS:	82 ms
QT/QTcH:	416/444 ms
QTcB:	468 ms
QTcF:	450 ms

R_{V4}+S_{V1}:	1.47/0.93 mV
Sok-Lyon:	2.40 mV
Axis:	4/-43/8 °



APOLLO HOSPITAL 25mm/s 10mm/mV LP:25Hz AC:50Hz Cardioline ECG2005 v. 2.11.7693

INE

66010052

Sl No: 28177			**Date:** 14/03/2024
Patient Name: JASBIR SINGH		**Reg No:** 365221	**Bill No:**
Age: 44 Y	**Gender:** Male	**Nationality:** INDIAN	**Phone:**
Address: muscat			
Company: TRUCK OMAN EQUIPMENT RENTAL LLC		**Policy No:**	
Certificate No:		**Consultant Name:** DR FAROOQ	
Region: CHEST PA			

RADIOGRAPH CHEST PA VIEW

OBSERVATION : Allowing for the rotation and mid inspiratory film
Trachea appears to be in mid line.

Bilateral lung fields appear clear. No mass lesion or opacification.

Bilateral costophrenic and cardiophrenic angles appear normal.

Bilateral hilum appears symmetrical and normal in size.

Cardiac silhouette appears within normal limits.

Bony thoracic appears normal.

No Soft tissue mass or calcification can be seen

IMPRESSION:

Unremarkable chest radiograph

Please correlate clinically & other investigation.

Please note: This is a imaging study and has its own limitations. This is a opinion based on image interpretation and it is not a diagnose on itself .Impression should be considered as professional opinion & correlated with clinical evidence ,reconfirmed by further investigations and relevant data as indicated .If possible the findings should be reconfirmed on higher resolution imaging, special sections and sequences and with other modalities.

P.O. Box : 1097
Postal Code : 131
Sultanate of Oman

DR. SARADA NUTAKKI
RADIOLOGIST