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: MRIDHA
Forenames: MOHAMMAD PARVEZ
Address:
Home telephone number: 71815147

Place of examination: MC AL HAIL | Date: 14/08/23

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

Birth date: 2/09/1994 | Nationality: BANGLADESH | Country of birth: BANGLADESH | Religion:

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

Reason for examination: Pre-Employment ☐ Job: HELPER
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		✓			
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? NO | Average daily alcohol consumption: NO

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: 14/08/23 Signature of Applicant: MD. Parvez Mridha

C.R. No: 1668137 Ministry of Health RECEPTION Prime specialty hospital, Al Hail

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N	A		PHYSICAL EXAMINATION
✓		1. Eyes & Pupils	
✓		2. E.N.T.	
✓		3. Tooth & 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	VISION			Colour Vision	Blood Group
							DISTANT	NEAR		
161	59	22.7	137/89	63/mins.	L 3 R (N)	Uncorrected	R 6/6 L 6/6	R (N) L (N)	(N)	
						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.)

* Polycythemia Rubra Vera → Adv. Donate 2 pints of blood.

ASSESSMENT:

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

Date: 15/8/23 Name (Block Capitals): Dr. / Nurse Masood Signature:

REVIEW/CONSULTATION

FIT

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

G.R. No: 1660117 Sultanate of Oman RECEPTION Primary Health Care Specialty hospital, Al Hail

DEPARTMENT OF LABORATORY MEDICINE

File No: 50047946		**Report No:**	0094757		
Name: MOHAMMAD PARVEZ MRIDHA		**Sample Date:**	14/08/2023	**Time:**	6:53
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender: M **Age:** 28 Y	**Nationality:** BANGLADESHI	**Report Date:**	14/08/2023	**Time:**	08:40
GSM No.: 71815147	**ID Card No.:** 115373644	**Bill No:**	0250022	**Bill Date:**	14/08/2023
Ref. By: DR NADIA FAHAD		**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE BELOW 40 YEARS		
FASTING BLOOD SUGAR	5.34 mmol/L	4.11 -6.05mmol/L
CREATININE	92.00 µ mol/L	Adults: MALE: 62 – 106 µ mol/L FEMALE: 44 - 80 µ mol/L
SGPT (ALT)	36.40 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
TOTAL WBC COUNT	7.00 x 10^3 / µl	4.00-11.00 x 10^3 / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	47.20 %	40-75%
LYMPHOCYTE (%)	36.60 %	20-45%
MONOCYTE (%)	10.10 %	2-8%
EOSINOPHIL (%)	6.00 %	1-6%
BASOPHIL (%)	0.10 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	02 mm/1st hr	MALE:0-15 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
HAEMOGLOBIN	18.70 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 Method : Solubility test (If Positive , Hb Electrophoresis / HPLC to be done to confirm Sickle cell anaemia / Trait).	NEGATIVE	
URINE ROUTINE		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE

Verified By:

11011
Lab Technologist
MOH License No:
Electronically signed at: 8/14/2023 8:44:00

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 14/08/2023 10:22:00

RECEPTION
nmc specialty hospital

NMC Healthcare LLC

Printed at: 14/08/2023 11:39:59 AM

nmc

DEPARTMENT OF LABORATORY MEDICINE

File No:	50047946	Report No:	0094757		
Name:	MOHAMMAD PARVEZ MRIDHA	Sample Date:	14/08/2023	Time:	6:53
		Received By:			
Address:		Received Date:		Time:	
Gender:	M Age: 28 Y Nationality: BANGLADESHI	Report Date:	14/08/2023	Time:	08:40
GSM No.:	71815147 ID Card No.: 115373644	Bill No:	0250022	Bill Date:	14/08/2023
Ref. By:	DR NADIA FAHAD	Report Status:	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	7.5	4.6-8.0
SPECIFIC GRAVITY	1.005	1.010 1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
LEUCOCYTE	NEGATIVE	
URINE MACROSCOPY		
COLOUR	PALE YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	0-3
PUSCELLS	0-2 /hpf	0-5
EPITHELIAL CELLS	0-1 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	PRESENT	NIL
MUCOUS THREAD	NIL	NIL

Verified By:

11011
Lab Technologist
MOH License No:
Electronically signed at: 8/14/2023 8:44:00

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 14/08/2023 10:22:00

RECEPTION
nmc specialty hospital

NMC Healthcare LLC

Printed at: 14/08/2023 11:39:59 AM

Tone threshold audiometric test

14/08/2023 9:26:09 AM

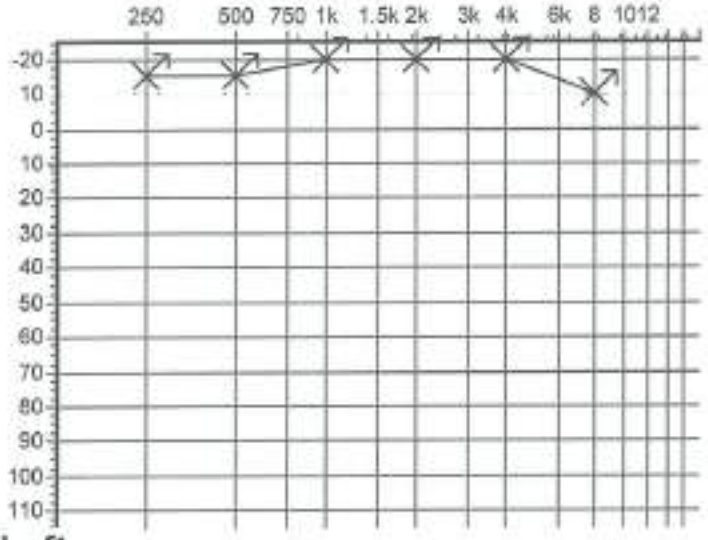
Name: **MOHAMMED PARVEZ**
Surname: **MRIDHA**

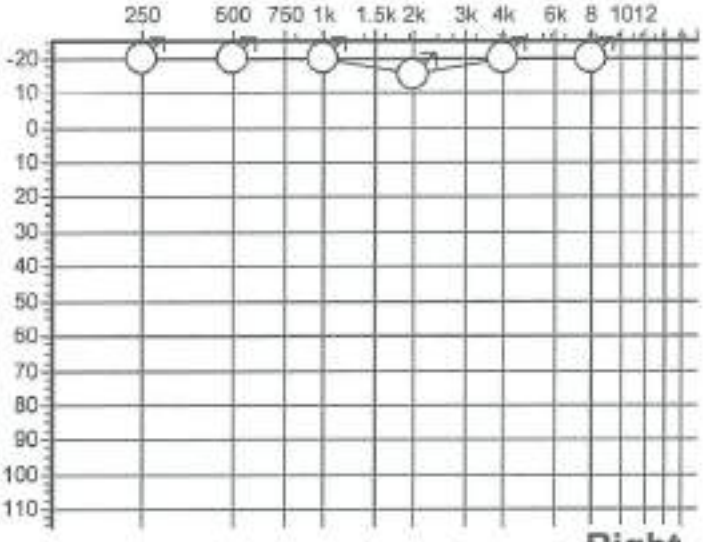
Date of birth: 1899/12/30
Age in years: 123

Company: Dr-NADIA FAHAD GP
Department: OPD
Job title: audiometry
Number: 71815147

ID/SS number: 50047946
Passport no.:

Significance: **None**





Left **Right**

125	250	500	1k	2k	3k	4k	6k	8k	9k	10k	11.2	12.5	14k	16k	Frequencies	125	250	500	1k	2k	3k	4k	6k	8k	9k	10k	11.2	12.5	14k	16k
		-15	-15	-20	-20		-20	-10							**Air thresholds**			-20	-20	-20	-15		-20	-20						
		-27	-26	-24	-32		-38	-38							Noise in ear canal			-3	-10	-5	-18		-26	-21						
		-28	-27		0			-27							Noise for threshold-5dB						-17										
															Bone thresholds															
															Noise in ear canal															
															Noise for threshold-5dB															
															Maximum masking															
															Bone unmasked															
															Noise in ear canal															
															Noise for threshold-5dB															

ZA PLH
Binaural impairment

Pure tone avg. (500 1k 2k)
-18

Patient response statistics
n 104
Mean 809
Standard deviation 626
Test re-test reliability (1st freq.) 0
False positive response % 34

Pure tone avg. (500 1k 2k)
-18

Audiogram notes:

MOHAMMED PARVEZ MRIDHA

fatma alzdajali NMC AL HAIL 1079

KUDUwave

Last calibration date: 20/10/2017

Capturer of data version number: 2.12.12.0
Report software version: 2.4.3.0
Report generated on: 14/08/2023 9:33:18 AM
Unique Global Patient Number: 1050416F87664AB2AB97E0F97A463845

KUDUwave serial number: 0901-00672
Bone vibrator serial number: [illegible]
Sound booth: SANS 10182 Diagnostic
Type of audiometer: Near Type 1
Test protocol:

Vitalograph

Pulmonary Function Report

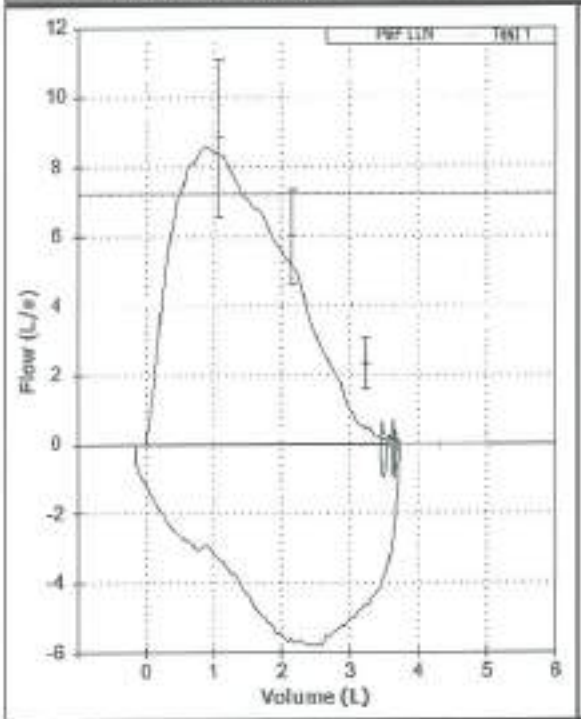
Subject Information

ID:	2023226_091712183	Alternate ID:	50047946		
Last Name:	Mridha	First Name:	Mohammed Parvez	Middle Name:	
Population:	MIDDLE EAST	Gender:	Male	Date of Birth:	12/09/1994
Age:	28	Height:	161 cm	Weight:	59.0 kg
BMI:	22.8	Smoking:	Non Smoker		

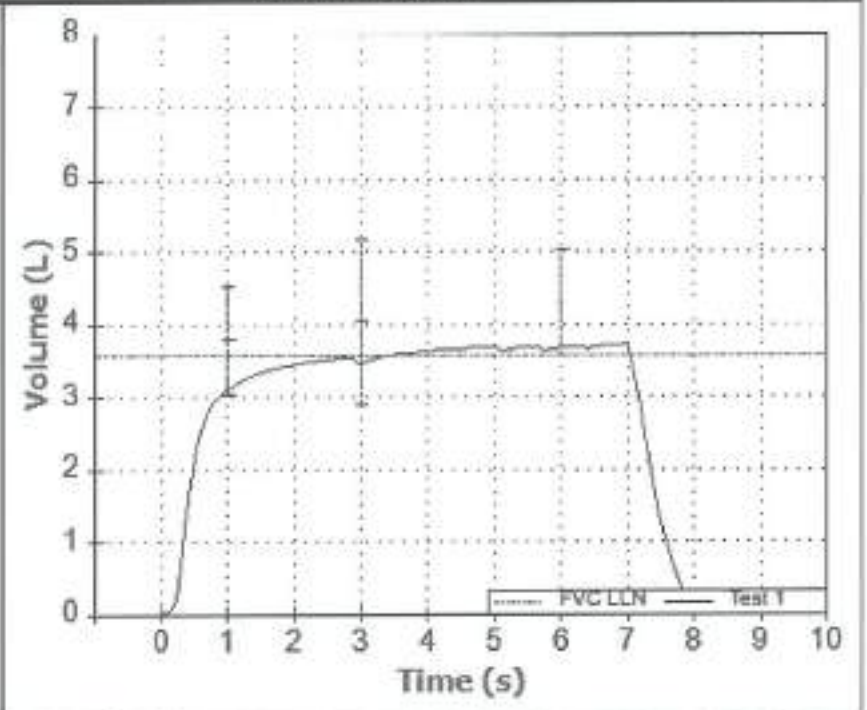
Test Session Information

Test Date:	14/08/2023 09:20	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	3	Accuracy Chk:	30/05/2019 15:42	User:	Administrator
Pred. Values:	Golshan	Pred. Factor:	100%	Posture:	Sitting

Flow/Volume Graph



Volume/Time Graph



Results

Parameter	Pred	LLN	Best	% Pred.	Z-Score
FVC (L)	**4.30**	3.57	**3.73**	**87**	-1.28
FEV1 (L)	**3.79**	3.04	**3.25**	**86**	-1.18
FEV1 Ratio	**0.82**	0.70	**0.84**	**102**	0.27
FEV6 (L)	**4.30**	3.57	**3.70**	**86**	-1.35
PEF (L/min)	**594**	434	**652**	**110**	0.60
FEF25-75 (L/s)	**5.00**	3.99	**4.76**	**95**	-0.39

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

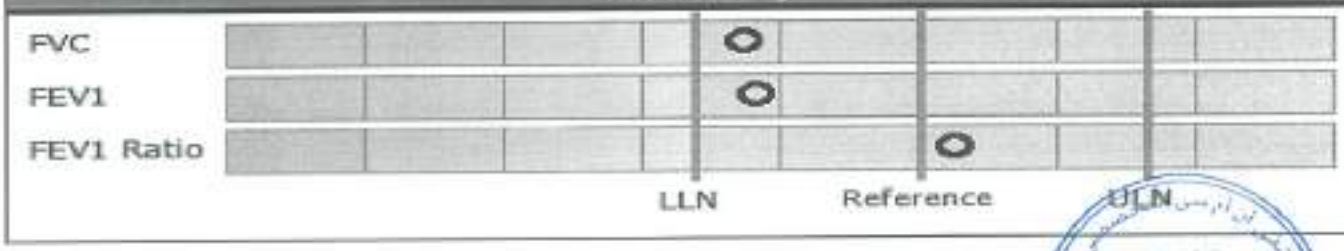
Session Quality and Repeatability Information

FVC Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
A	0.03 L (0.8%)	0.03 L (0.9%)	1 blow(s)	2 blow(s)	0 blow(s)

Computer Suggested Interpretation

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

Reference Pictogram



C.R. No: 1668137 Sultanate of Oman RECEPTION nmc specialty hospital, Al Hail

ATS

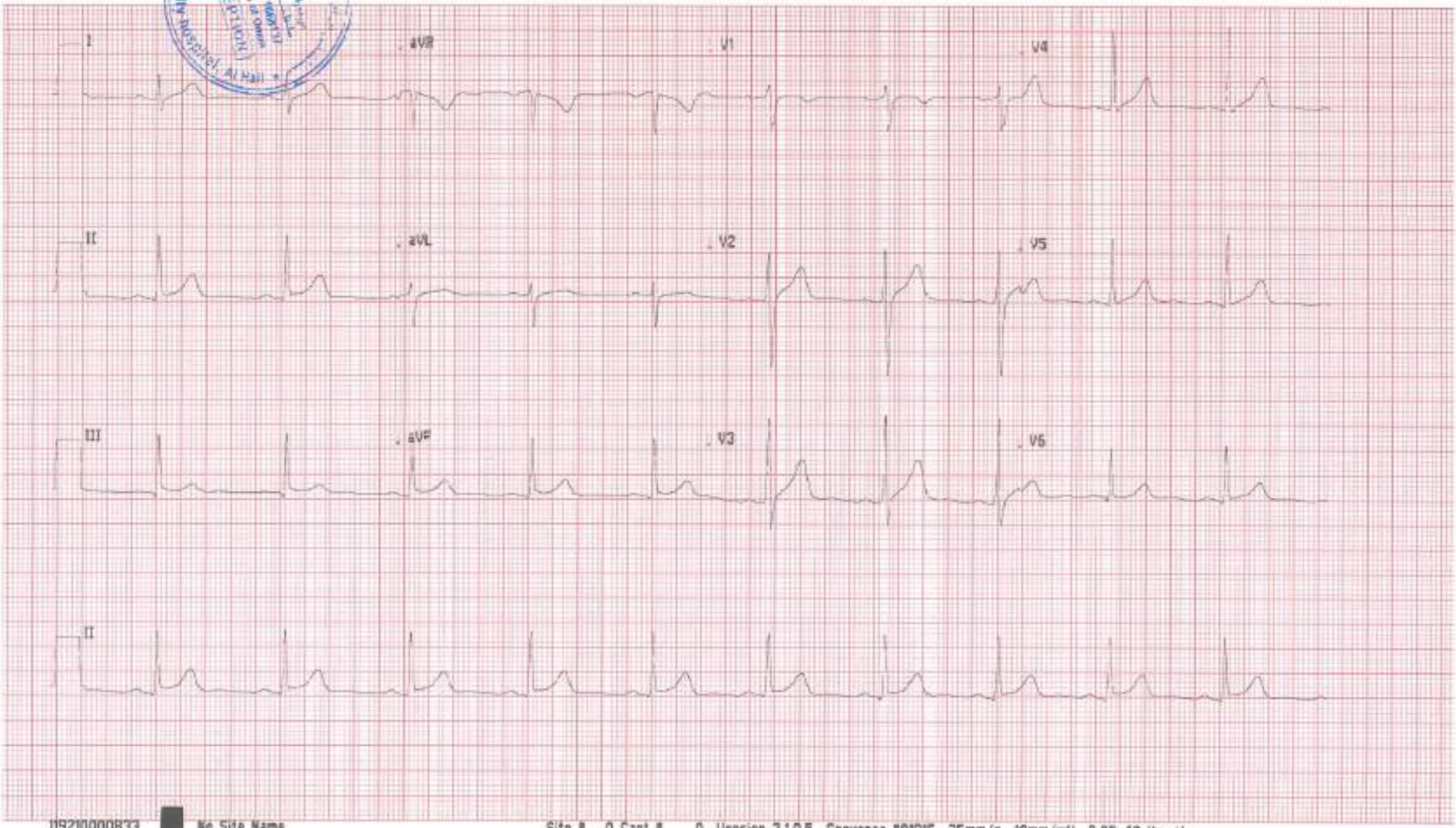
Mricha, Mohammad parvez
ID: 50047946
DOB:
28yr, Male

14-Aug-2023 07:04:56

Vent rate:	62 BPM
PR int:	178 ms
QRS dur:	105 ms
QT/QTc:	404/410 ms
P-R-T axes:	40 79 48

SINUS RHYTHM
NORMAL ECG

UNCONFIRMED REPORT



119210000833 No Site Name

Site # 0 Cart # 0 Version 2.1.0.5 Sequence #01915 25mm/s 10mm/mV 0.05-40 Hz: H

OPAL FTW - Mohammed Parvez #6871

Ibrahim Al Mahrouqi <ibrahim.mahrouqi@truckomangroup.com>

Mon 8/14/2023 6:59 AM

To:Customercare Hail [NMC Oman] <customercare.hail@nmcoman.com>

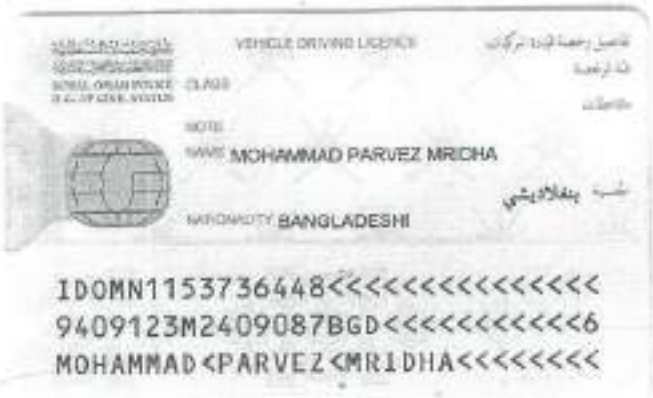
Cc:Davis George <davis@truckomangroup.com>;Sahaya Jayaraj <Sahaya@truckomangroup.com>;Jeyasingh <jeyasingh@truckomangroup.com>

NMC Team,

Please arrange OPAL FTW for Mohammad Parvez #6871 and share report later.

Regards,
Ibrahim
95665292

Get Outlook for iOS



VEHICLE DRIVING LICENCE

CLASS

NOTE

NAME MOHAMMAD PARVEZ MRIDHA

NATIONALITY BANGLADESHI

IDOMN1153736448<<<<<<<<<<<<<<<
9409123M2409087BGD<<<<<<<<<<<6
MOHAMMAD<PARVEZ<MRIDHA<<<<<<<<

SULTANATE OF OMAN

RESIDENT CARD

بطاقة مقيم

CIVIL NUMBER 115373644

EXPIRY DATE 08/09/2024

DATE OF BIRTH 12/09/1994

بنغلاديش

PARVEZ