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: Abdullah Fadhil Hamad Al Khusaibi

Forenames:

Address:

Home telephone number: 98899920

Place of examination: Truck Oman Al Khusaibi

Date: 5/11/2023

If a dependant enter employee's name here

Surname:

Forenames:

Birth date: 8/1/1976 Nationality: Omani Country of birth: Oman 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		✓			
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 reserves the right to dismiss me if it was found that I have purposely withheld important medical information.

Date: 5/11/2023 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 cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION					Colour Vision	Blood Group
							DISTANT		NEAR			
							R	L	R	L		
165 cm	97 kg	35.6	140/90	94 mins	L	Uncorrected						
					R	Corrected	6/6	6/6	6/6	6/6	with specs	

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. Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

Hypercliprdemia. Advised diet & exercise. fasting lipid profile after 3 months.

ASSESSMENT:

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

Date 5/11/23 Name (Block Capitals) DR NANDANA PANDE Signature

DR. NANDANA PANDE
GENERAL PRACTITIONER

REVIEW/CONSULTATION

Date Name (Block Capitals) Signature

Appendix 15: Fitness to Work Certificate

Employee Data			Date 5/11/2023
Name Abdullah Fadhil Al Kharusi			Department/Company T.O
I.D No 3058688	Age 47/4		Occupation

Type of Medical Evaluation			Mark those applying √
A1	Aircraft refuelling	A6	Fire / Emergency response team work
A2	Breathing apparatus	A7	Professional driving
A3	Business traveller	A8	Remote location work
A4	Catering and food preparation	A9	Transfers – group A country
A5	Crane or forklift driving & all heavy vehicles	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 5/11/2023

DR. NANDANA PANDIT
LICENSED NO: 12572
GENERAL PRACTITIONER

Dr. Nandana Pandit

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

Employee Data	Date 5/11/2023
Name: Abdullah Fadhil Al Khasaibi	Department:
I.D No: 8058688 Tel #: 78599920	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 follows

- 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 & 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 [illegible] continuing to drive ... operate machinery in the workplace.

Declaration I Abaull (Print Name) [illegible] information supplied by me is true and correct.

Signature: [signature] Date: 5/11/2023

OMAN AL KHAIR HOSPITAL L.L.C

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: Abdullah Fadhil Hamed Al Khusai
Emp #: 3055688
Date of Assessment: 5/11/2023

1	Age	Years	47
2	Gender	Female/Male	
3	Total Cholesterol	mmol/L	5.61
4	HDL Cholesterol	mmol/L	1.02
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	mm Hg	140
8	Is the patient being treated for High blood pressure?	Yes/No	

Framingham Risk score: 11.2 %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by:

Laboratory Investigation Report

Patient Name	ABDULLAH FADHIL HAMED AL KHUSAIBI	**Requesting Date/Time**	05/11/2023 10:09AM
DOB/Gender	18/01/1976 (**47 Yrs/Male**)		
MRN / Nationality	700281836 / Omani	**Collection Date/Time**	05/11/2023 10:10AM
Requesting Physician	Dr. OP SELF	**Reception Date/Time**	05/11/2023 10:30AM
Lab Number	7012319	**Reporting Date/Time**	05/11/2023 11:12AM
Test Priority	Routine	**Reporting Stage**	Final

Test	Result	Flag	Units	Reference Range	Sample Type	Methodology
BIOCHEMISTRY						
Random Blood Sugar (RBS)	5.65		mmol/L	3.7 - 7.8		Hexokinase
LIPID PROFILE						
LIPID PROFILE						
Cholesterol - Total	5.61		mmol/L	Desirable : <5.17 Borderline High : 5.17 - 6.18 High : >6.21	Serum	Enz. Colorimetric
Triglyceride	2.35	H	mmol/L	0.73 - 1.8	Serum	Enz. Colorimetric
HDL Cholesterol	1.02		mmol/L	No Risk : >1.68 Moderate Risk : 1.15 - 1.68 High Risk : <1.15	Serum	
LDL Cholesterol	3.29		mmol/L	Desirable: < 3.34 Borderline High : 3.37 - 4.12 High : >4.14	Serum	CALCULATED
VLDL	1.30	H	mmol/L	0.128 - 0.645		
Cholesterol / HDL Ratio	5.50	H	mmol/L	3.5 - 5		Calculation
LIVER FUNCTION TEST						
LIVER FUNCTION TEST						
Bilirubin-Total	0.589		mg/dl	0.1 - 1.2		
Direct Bilirubin	0.16		mg/dl	< 0.2	Serum	Diazo
SGOT (AST)	15.07		IU/L	0 - 40	Serum	

Ms. Thansila Thaha

THANSILA THAHA
LAB TECHNICIAN
REG No.: 21829

Dr. Shayfa Palliyalil
Specialist Pathologist

* Service mark as Outsource

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ص.ب - ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

Laboratory Investigation Report

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Test Priority	Routine	**Reporting Stage**	Final

SGPT (ALT)	27.41	IU/L	10 - 60	Serum	IFCC ;Tris buffer without P5P ; Kinsearch
Alkaline Phosphatase	91.57	IU/L	Adult: 37-116 1- 5 days : <245 6 days - 1 yr : 104-462 1 - 12 yrs : 42-300 13 - 17 yrs female : 47-187 13 -17 yrs male : 52-390	Serum	Colorimetric assay ; AMP buffer IFCC ; kinetic
Gamma GT	39.33	U/L	5 - 40	Serum	Enzymatic colorimetric assay ; IFCC; Kinetic
Total Protein	7.39	g/dl	6.6 - 8.7		Colorimetric - assay (Biuret reaction, endpoint)
Albumin	4.9	g/dl	3.2 - 5.4	Serum	Homogeneous enzymatic colorimetric assay:End point
Globulin	2.49	g/dl	2.3 - 3.2	Serum	Calculation
A/G Ratio	2.0	Ratio			

RENAL FUNCTION TEST

RENAL FUNCTION TEST

Urea	3.50	mmol/L	2 - 9	Serum	Kinetic test, urease and glutamate dehydrogenas

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Lab Number	7012319	**Reporting Date/Time**	05/11/2023 10:36AM
Test Priority	Routine	**Reporting Stage**	Final

Creatinine	69.42	umol/L	Male: 62 - 106 Female: 44 - 80 Neonates: 21 - 91 Children (2 To 12 Month) : 15 - 37 Children (1 To 9 Years) : 21 - 53 Children (9 To 15 Years) : 34 -77	Serum	Kinetic colorimetric assay based on Jaffe method

End Of Report

HAEMATOLOGY

ESR / ERYTHROCYTE SEDIMENTATION RATE

Erythrocyte Sedimentation Rate	05	mm/hr	1 - 15	W. B. EDTA	Modified Westergren

Ms. Thansila Thaha

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REG No.: 219 29

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CBC (COMPLETE BLOOD COUNT)

COMPLETE BLOOD COUNT

WBC Count	5.30		10^3/uL	4 - 11	EDTA WB	Impedance
DIFFERENTIAL COUNT (%)						
Neutrophils	46.8		%	45 - 75	EDTA WB	Impedance and Absorbance
Lymphocytes	40.5		%	20 - 45	EDTA WB	Optical
Eosinophils	3.1		%	1 - 6	EDTA WB	
Monocytes	9.3		%	2 - 10	EDTA WB	Impedance and Absorbance
Basophils	0.3		%	0 - 1	EDTA WB	Impedance and Absorbance
Hb/Hemoglobin	15.0		g/dl	13 - 17	EDTA WB	Photometry
RBC Count	6.64		10^6 / uL		EDTA WB	Impedance
Platelet Count	316		10^3/uL		EDTA WB	
HCT (Hematocrit)	47.3		%	37 - 51	EDTA WB	Calculation
MCV	71.2	L	fl	83 - 101	W. B. EDTA	Measurement
MCH	22.5	L	pg	27 - 32	W. B. EDTA	Calculation
MCHC	31.7		g/dl	31 - 37	W. B. EDTA	Calculation
Sickle Cell Screening	Negative			Negative		

"End Of Report"

SEROLOGY & IMMUNOLOGY

HBSAG / HEPATITIS B SURFACE ANTIGEN

HBsAg (Hepatitis B surface Antigen)	0.488	COI	Non-Reactive (0 - 1.0) Reactive (>1.0)	Serum	ECLIA
HBsAg (Hepatitis B surface Antigen) -	Non-reactive		Non-Reactive		

Ms. Thansila Thaha

THANSILA THAHA
LAB TECHNICIAN
REG No.: 21029

Dr. Shayfa Palliyath
Specialist Pathologist

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Laboratory Investigation Report

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METHOD: Electrochemiluminescence immunoassay(ECLIA)
Specimen: SERUM

HCV / HEPATITIS C VIRUS ANTIBODY

HEPATITIS C VIRUS ANTIBODY	0.048	COI	Non-Reactive (0 - 1.0) Reactive (>1.0)

HEPATITIS C VIRUS ANTIBODY- Non-reactive

METHOD: ELECTROCHEMILUMINESCENCE ASSAY (ECLIA)
Specimen: SERUM

End Of Report

CLINICAL PATHOLOGY

URINE ROUTINE

URINE ANALYSIS

CHEMICAL EXAMINATION

Glucose	Negative		Negative		GOD-POD
Protein	Negative		Negative		Protein error of pH indicator
Ketone	Negative		Negative		legal's test
Bilirubin	Negative		Negative		
pH	5.2				Litmus paper
Urobilinogen	Negative		Trace		Diazo

MICROSCOPIC EXAMINATION

RBCs	0-2	/hpf	0 - 2	URINE	
Pus Cells	1-2	/hpf	0 - 3	URINE	Microscopy
Epithelial Cells	NIL				
Bacteria	Present		Absent		Microscopy
Calcium -oxalate	NIL				

Ms. Thansila Thaha

THANSILA THAHA
LAB TECHNICIAN
REG No.: 213

Dr. Shayfa Palliyalil
Specialist Pathologist

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Test Priority	Routine	**Reporting Stage**	Final

Triple-phosphate	NIL
Uric acid crystal	NIL
Amorphous urate	NIL
Amorphous Phosphate	NIL
Hyaline casts	NIL
Granular Casts	NIL
Yeast cells	NIL

End Of Report

Ms. Thansila Thaha

THANSILA THAHA
LAB TECHNICIAN
REG No. : 219

Dr. Shayfa Palliyalil
Specialist Pathologist

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ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

Patient Name	ABDULLAH FADHIL HAMED AL KHUSAIBI	**Patient ID**	700281836
Gender	Male	**Age**	47Y 9M
Study DateTime	2023-11-05 10:25:44	**Referring Physician**	OP SELF

X-RAY CHEST

FINDINGS:
Lungs clear.
Both CP angles clear.
Cardiac silhouette normal.
Domes of diaphragm normal.
Bones and soft tissues normal.

IMPRESSION:

- **No significant abnormality seen.**

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

Dr. Nithinmon Chakuriyil Ulahannan
Specialist Radiology
DNB Radiodiagnosis
MOH License No: 21058

Please inimate us for any typing mistake and send the report for correction within 7 days. The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinically correlation is required to enable the clinician to reach the final diagnosis.

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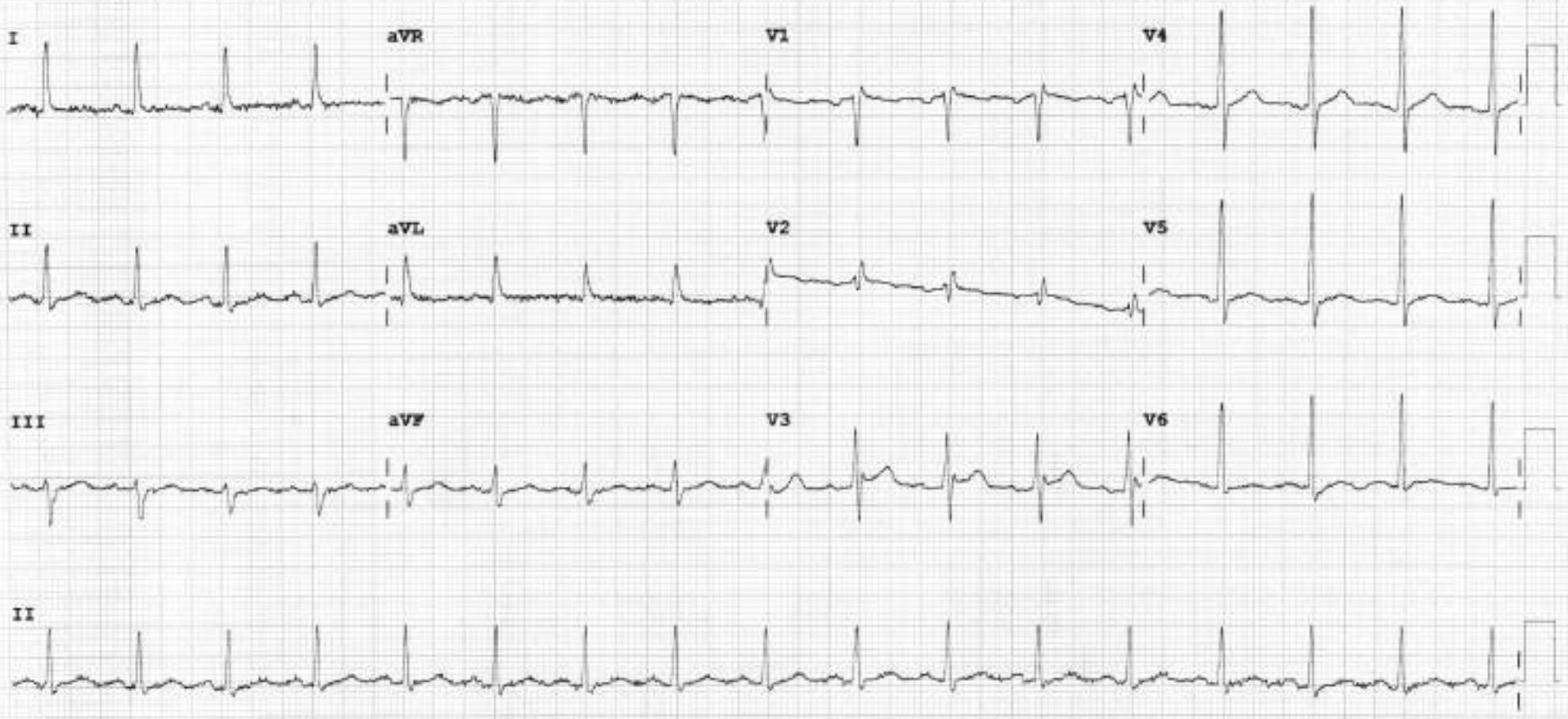
Aster Hospital IBRI
ECG Room
ECG Room

Rate 101

PR 157
QRSD 100
QT 359
QTc 466

--AXIS--
P 50
QRS 11
T 62
12 Lead; Standard Placement



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 60~ 0.15-100 Hz PH10 CL P?

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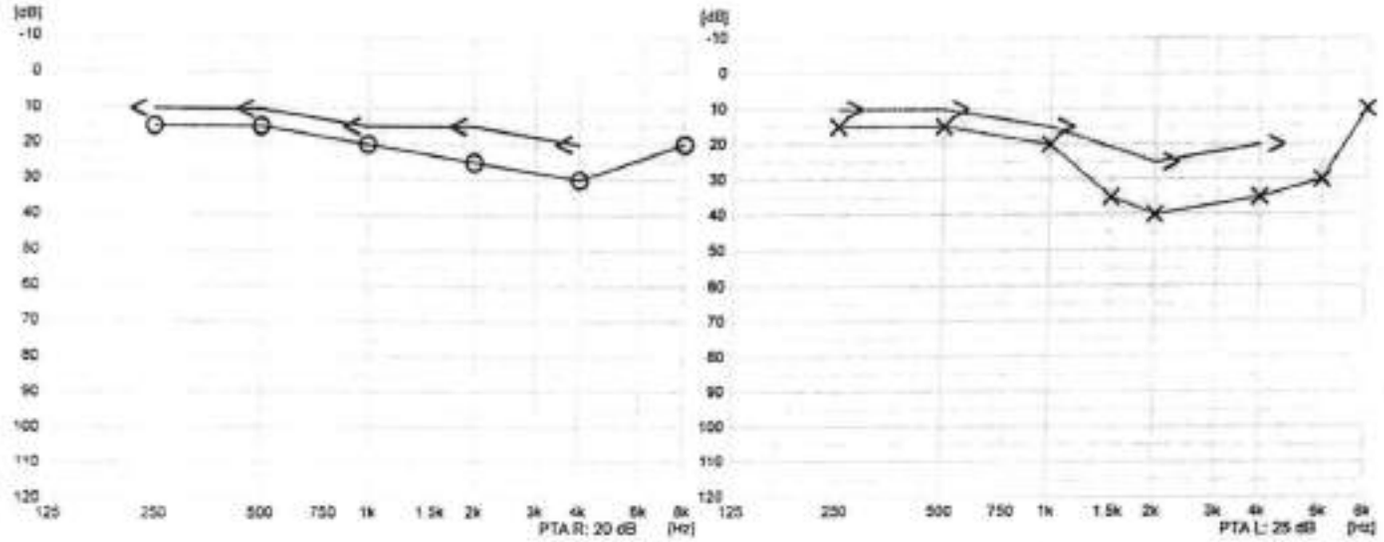
SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

مستشفى أستر
نحن نعتني بك دائما

Code:	Last name , First name	Born:
700281836/3058688	ABDULLAH FADHIL HAMID	1/1/2023 USA/BI
Test type: Pure tone	Test date: 05.11.2023	



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

Comments
BILATERAL MINIMAL HEARING LOSS WITH MILD SLOPE AT HIGH FREQUENCY AT LEFT EAR

Signature:

Date: 5/11/2023

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