



Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Petroleum Development Oman
MEDICAL DEPARTMENTPLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname <u>RAH</u>	
Forenames <u>ABDUL RAH</u>	
Address	
Home telephone number	
Place of examination <u>MOC-Hail</u>	Date <u>14/01/2022</u>
If a dependant enter employee's name here: Surname: Forenames:	
Birth date: <u>14/01/1980</u>	Nationality: <u>Qatari</u>
Country of birth: <u>Qatar</u>	Religion:
☒ Male ☐ Female	☒ Married ☐ Single ☐ Separated / Divorced
Relationship to employee ☐ Wife ☐ Son ☐ Daughter	
Number of children: <u>5</u>	
Reason for examination Pre-Employment ☐ Job: <u>Driver</u> Pre-Overseas ☐ Area: <u>Nmr</u>	
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
1. Sinus trouble	21. Cancer
2. Neck swelling/glands	22. Heart Disease
3. Difficulty in vision	23. Rheumatic fever
4. Any ear discharge	24. Abnormal heartbeat
5. Asthma/bronchitis	25. High blood pressure
6. Hayfever /other significant allergy	26. Stroke
7. Any skin trouble	27. Serious chest pain
8. Tuberculosis	28. Any blood disease
9. Shortness of breath	29. Kidney disease
10. Coughed/vomited blood	30. Blood in urine
11. Severe abdominal pain	31. Diabetes
12. Stomach ulcer	32. Headaches/migraine
13. Recurrent indigestion	33. Dizziness/fainting
14. Jaundice or hepatitis	34. Epilepsy
15. Gall Bladder disease	35. Joints/spinal 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/arm/pit	
How much tobacco each day? <u>50 cigarettes per day</u> Average daily alcohol consumption <u>0</u>	
Have you ever taken elicited drugs? <u>No</u> PDO test all new/potential employees for elicited/recreational drugs	
FAMILY HISTORY: Diabetes <u>No</u> Tuberculosis <u>No</u> Epilepsy <u>No</u> Asthma <u>No</u> Eczema <u>No</u> Heart disease <u>No</u> High blood pressure <u>No</u> Stroke <u>No</u> Blood Diseases <u>No</u> Cancer <u>No</u>	
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: <u>17/5/20</u>	Signature of Applicant: <u>[Signature]</u>





FOR COMPLETION BY EXAMINING DOCTOR OR NURSE		Further details of medical history and recreational activities	
N = Normal A = Abnormal (please describe)		PHYSICAL EXAMINATION	
N	A		
		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.
165	124	45.5	134/98
			PULSE /mins.
			74
			HEARING L R
			VISION DISTANT R L NEAR R L Uncorrected Corrected
			Colour Vision
			Blood Group
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	
		1. Urinalysis	
		2. Hb, Bloodcount, ESR	
		3. LFT, RFT, RBS	
		4. Drug Screen	
		5. Lipids (40 years +)	
		6. Sickie Cell test	
		7. Audiogram	
		8. Lung Function	
		9. Chest X-Ray	
		10. ECG	
		11. CVS risk for 40 yrs. & above	
		12. HIV, Hepatitis screening	
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)			
ASSESSMENT:			
☒ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT			
Date: 		Signature: 17.5.2025	
REVIEW/CONSULTATION			
Date:		Name (Block Capitals): Dr. / Nurse	

DEPARTMENT OF LABORATORY MEDICINE

File No: 50137321	Report No: 0153467
Name: ABDUL RAUF BUTT	Sample Date: 17/05/2025 Time: 9:01
Address:	Received By:
Gender: M Age: 51 Y Nationality: PAKISTANI	Received Date: Time:
GSM No.: 95874795 ID Card No.: 62056741	Report Date: 17/05/2025 Time: 10:19
Ref. By: DR ERFAN GHOOJANI	Bill No: 0371970 Bill Date: 17/05/2025

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE ABOVE 40 YEARS		
RANDOM BLOOD SUGAR	7.15 mmol/L	4.11 -7.9mmol/L
CREATININE	68.00 μ mol/L	Adults: MALE: 62 – 106 μ mol/L FEMALE: 44 - 80 μ mol/L
SGPT (ALT)	57.20 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L
TOTAL WBC COUNT	7.89 x 10 ³ / μ L	4.00-11.00 x 10 ³ / μ L
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	57.23 %	40-75%
LYMPHOCYTE (%)	34.18 %	20-45%
MONOCYTE (%)	5.39 %	2-8%
EOSINOPHIL (%)	2.31 %	1-6%
BASOPHIL (%)	0.89 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	14 mm/1st hr	MALE:0-15 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
HAEMOGLOBIN	14.81 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
URINE PROTEIN	NEGATIVE
URINE KETONE	NEGATIVE

NEGATIVE

NEGATIVE

NEGATIVE

Verified By:

Approved By:



11011

Lab Technologist

Specialist Pathologist

MOH License No:

Electronically signed at: 5/17/2025 10:20:00

Printed at: 17/05/2025 4:13:17 PM

Page: 1 of 2



مستشفى النخلة
nmc specialty hospital

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DEPARTMENT OF LABORATORY MEDICINE

File No: 50137321	Report No: 0153467
Name: ABDUL RAUF BUTT	Sample Date: 17/05/2025 Time: 9:01
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Ref. By: DR ERFAN GHOOJANI	Bill No: 0371970 Bill Date: 17/05/2025

INVESTIGATION	RESULT	REFERENCE RANGE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	6.0	4.6-8.0
SPECIFIC GRAVITY	1.030	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	DARK YELLOW	
APPEARANCE	TURBID	
URINE MICROSCOPY		
RBC	1-2 /hpf	0-3
PUSCELLS	2-3 /hpf	0-5
EPITHELIAL CELLS	4-6 /hpf	NIL
CRYSTAL	CALCIUM OXALATE CRYSTALS SEEN(+) /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	
MUCOUS THREAD	PRESENT(3+)	
LIPID PROFILE		
TOTAL CHOLESTEROL	5.67 mmol/L	< 5.18 mmol/L
HDL	0.81 mmol/L	>1.5 mmol/L
TRIGLYCERIDES	1.36 mmol/L	Desirable : <2.083 mmol/L Borderline high : 2.83 - 5.67 mmol/L Hypertriglyceridemia >5.65 mmol/L
LDL	4.34 mmol/L	< 2.6 mmol/L
VLDL	0.62 mmol/L	0.128-0.645mmol/L

Verified By:



11011

Lab Technologist

Approved By:

Specialist Pathologist

MOH License No:
Electronically signed at: 5/17/2025 10:20:00

Printed at: 17/05/2025 4:13:17 PM

Page : 2 of 2



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nmc specialty hospital,al-hail

P.O BOX : 613, Postal Code : 133
al-hail
24269222

Fitness Certificate

Empno:

Date of issue : 17/05/2025

Ref No : 0000148/FIT/NMC/2025

This is to certify that Mr. / Mrs. *ABDUL RAUF BUTT* with file no *50137321* and Resident card no. *62056741* was *Examined* at *nmc specialty hospital,al hail* on *17/05/2025* and will be *FIT TO WORK* from the medical point of view starting from *17/05/2025*

DIAGNOSIS

Remarks

TMT : NEGATIVE FOR ISCHEMIA

DR ERFAN GHOODJANI

Place: *nmc specialty hospital,al-hail*

(Hospital Seal)

Signature



ECHOCARDIOGRAPHIC IMAGING REPORT NMC SPECIALTY HOSPITAL GHEName **BUTT, ABDUL RAUF**Birthdate **11/12/1973**Patient Id **50137321**Gender **Male**Height **165.0 cm**Weight **124.0 kg**BSA **2.26 m²**

BP

Date **17/05/2025**

Type

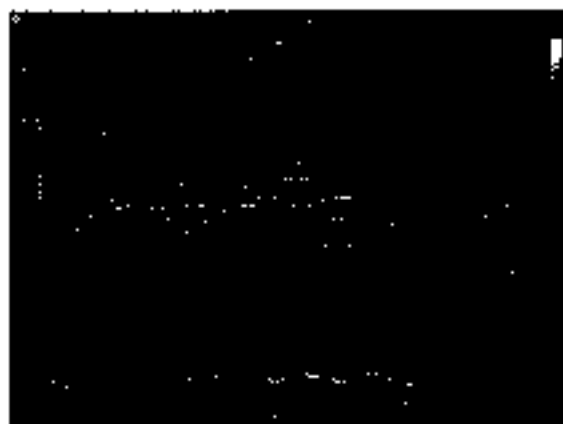
Sonographer **Default user**

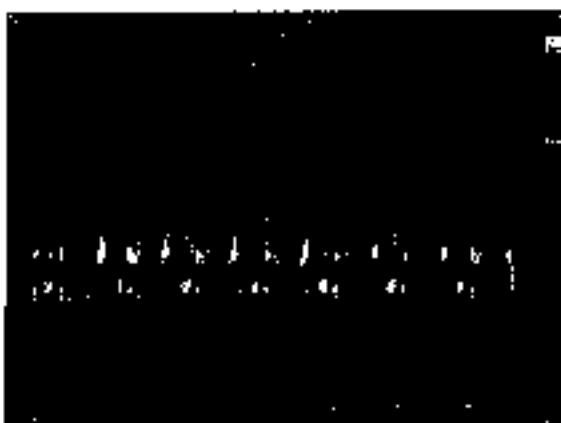
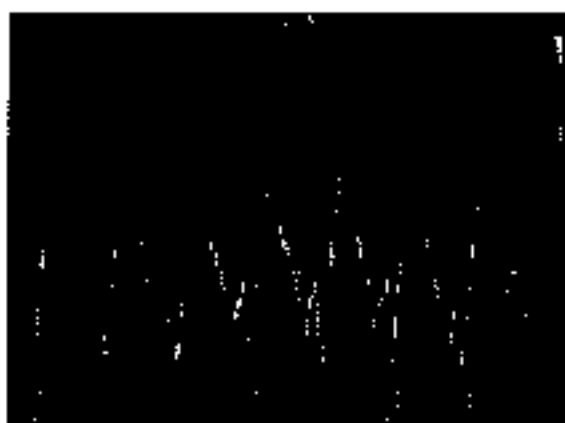
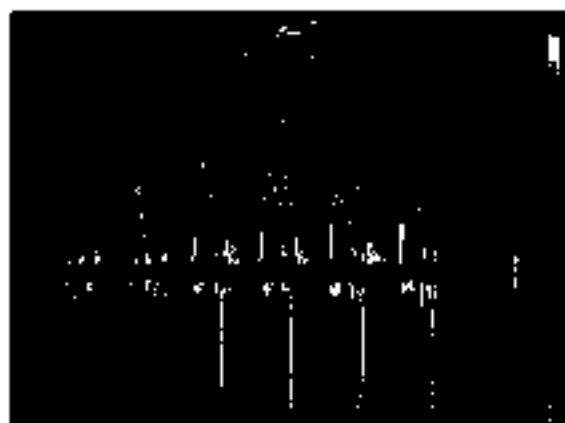
Ref. Doc

Physician

2D**M-Mode****Doppler**

IVSd	1.4 cm
LVIDd	4.9 cm
LVPWd	1.0 cm
IVSs	1.8 cm
LVIDs	3.3 cm
LVPWs	1.8 cm
EDV(Teich)	113 ml
ESV(Teich)	44 ml
EF(Teich)	61 %
%FS	39 %
SV(Teich)	69 ml
Ao Diam	3.1 cm
LA Diam	3.3 cm
LA/Ao	1.08





Referral Diagnosis

Clinical Diagnosis

Findings

ECG rhythm: Sinus rhythm

Study quality: This was a technically adequate study.



Left Ventricle: The left ventricular size is normal. There is mild concentric left ventricular hypertrophy. Overall left ventricular systolic function is normal with, an EF between 60 - 65 %. The diastolic filling pattern indicates impaired relaxation. No regional wall motion abnormalities were noted.

Right Ventricle: The right ventricle is normal in size and function.

Left Atrium: The left atrium is normal in size.

Aortic Valve: The aortic valve is trileaflet, and appears structurally normal. No aortic stenosis or regurgitation.

Mitral Valve: Mild mitral regurgitation is present.

Tricuspid Valve: There is no evidence of pulmonary hypertension.

Pulmonic Valve: The pulmonic valve is normal. There is no pulmonic regurgitation present.

Aorta: The aortic root size is normal.

Pericardium: There is no pericardial effusion.

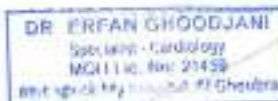
Conclusions

1. The left ventricular size is normal.
2. There is mild concentric left ventricular hypertrophy.
3. Overall left ventricular systolic function is normal with, an EF between 60 - 65 %.
4. Mild mitral regurgitation is present.

Echo Summary

Date

Dr.Erfan.
Specialist Cardiology.



AUDIOMETRY REPORT

Name of the Patient Abdul Rauf Butt

Sex m

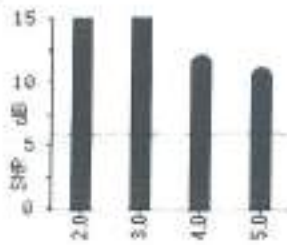
MRN 50137321

Date of Test 17-5-25

U107.05
17-MAY-25 09:22
DP 4s 4 sec avg
SN: G11005649 G12014595

NAME:

Left: Pass

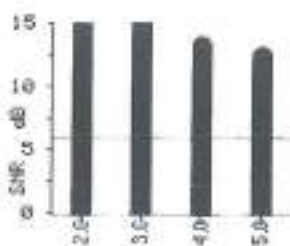


F2	L1	L2	DP	NF	SNR	
2.0	65	55	12	-10	21	P
3.0	65	55	6	-10	24	P
4.0	64	54	-7	-20	12	P
5.0	64	55	-9	-20	11	P

U107.05
17-MAY-25 09:22
DP 4s 4 sec avg
SN: G11005649 G12014595

NAME:

Right: Pass



F2	L1	L2	DP	NF	SNR	
2.0	65	55	13	-14	27	P
3.0	65	55	5	-19	24	P
4.0	64	55	-7	-20	14	P
5.0	65	55	-7	-20	13	P



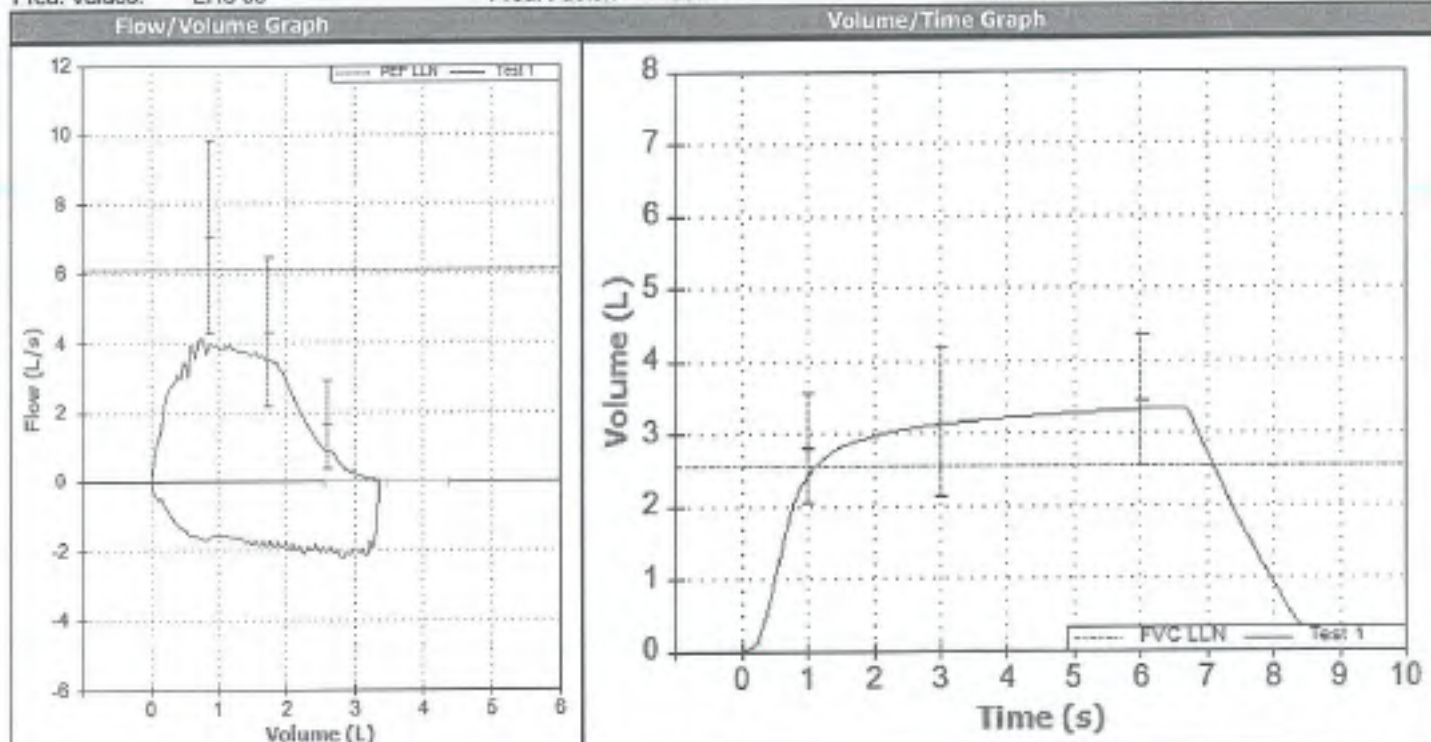
NMCMAN/DOC/NSG/75

Rashid

Signature of the Technician

ID:	2025137_093529823	Alternate ID:	50137321		
Last Name:	Butt	First Name:	Abdul	Middle Name:	Rauf
Population:	Asian	Gender:	Male	Date of Birth:	11/12/1973
Age:	51	Height:	165 cm	Weight:	124.0 kg
BMI:	45.5	Smoking:	Smoker		

Test Date:	17/05/2025 09:37	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	2	Accuracy Chk:	30/05/2019 15:42	User:	Administrator
Pred. Values:	FRS 93	Pred. Factor:	90%	Posture:	Sitting



Parameter	Pred	LLN	Best	% Pred.	Z-Score
FVC (L)	3.46	2.56	3.35	97	-0.20
FEV1 (L)	2.82	2.06	2.67	95	-0.32
FEV1 Ratio	0.78	0.66	0.80	103	0.27
FEV6 (L)	3.46	2.56	3.34	97	-0.22
PEF (L/min)	485	367	250*	52	-3.26
FEF25-75 (L/s)	3.71	2.00	2.68	72	-0.99

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

FVC Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
D	-	-	1 blow(s)	0 blow(s)	0 blow(s)

Computer interpretations cannot be relied upon for diagnosis. Normal ventilatory function.
Estimated Lung Age: 64 years

Diagram illustrating a normal spirometry trace. The trace shows FVC (Forced Vital Capacity), FEV1 (Forced Expiratory Volume in 1 second), and FEV1 Ratio. The trace is overlaid on a grid with vertical lines indicating LLN (Lower Limit of Normal), Reference, and ULN (Upper Limit of Normal). The FVC trace shows a normal expiration reaching the ULN. The FEV1 trace shows a normal expiration reaching the ULN. The FEV1 Ratio trace shows a normal expiration reaching the ULN.

ABDUL RAUF BUTT
50157321
Braze

Exam Start
Print Time
Date of Birth
Gender
Male

--- MPH
--- %

RATE 81
BP ---/---



Revised 2.2.8.99419

25mm/s, 10mm/mV, 0.05-40Hz, 50Hz, 50Hz

Calculator

About

References

Framingham Risk Score (2008)

Questions

- | | |
|---|------------------|
| 1. Gender? | Male |
| 2. Age? | 50-54 |
| 3. Total Cholesterol? | 5.16-6.19 mmol/L |
| 4. HDL? | <0.9 mmol/L |
| 5. Systolic Blood Pressure? | 130-139 mmHg |
| 6. On Medication for Hypertension? | No |
| 7. Smoker? | No |
| 8. Diabetic? | No |
| 9. Known Vascular Disease (CAD, PVD, S... | No |

About

The FRS estimates the 10 year risk of manifesting clinical CVD (CAD, Stroke, PVD, CHF, cardiac death). Although not examined in the 2008 model, it is common practice to double the FRS if there is a FHx of premature CAD in a 1st degree relative (men <55y, women <65y).

*The risk stratification tool for the ESC is the SCORE system which estimates 10y risk of CVD death. Patients with a 10y risk of CVD death $\geq 5\%$ are considered high risk. The lipid guidelines recognize risk equivalents as a distinct category that warrant immediate treatment. For patients with an ESC SCORE $\geq 5\%$ a 3 month trial of lifestyle measures is a reasonable starting point. If after 3 months the lipids remain above moderate risk targets and the SCORE remains $\geq 5\%$ then intensive therapy to reach high risk targets is recommended.

References

Ralph B. D'Agostino, Sr, Ramachandran S. Vasan, Michael J. Pencina, Philip A. Wolf, Mark Cobain, Joseph M. Massaro and William B. Kannel.

General cardiovascular risk profile for use in primary care: the Framingham Heart Study.
Circulation 2008 February 12; 117 (6): 743-53

McPherson R et al.
Canadian Cardiovascular Society position statement—recommendations for the diagnosis and treatment of dyslipidemia and prevention of cardiovascular disease.
Canadian Journal of Cardiology 2006; 22 (11): 913-27

Management of Blood Cholesterol in Adults: Systematic Evidence Review from the Cholesterol Expert Panel.

Ian Graham et al.
European guidelines on cardiovascular disease prevention in clinical practice: executive summary. Fourth Joint Task Force of the European Society of Cardiology and Other Societies on Cardiovascular Disease Prevention in Clinical Practice (Constituted by representatives of nine societies and by invited experts). European Heart Journal, Volume 28, Issue 19, October 2007, Pages 2375-2414

The Framingham Risk Score (2008) calculator is created by QxMD.

Default Units v

Copy Results

Results

Estimated 10-year Global CVD Risk

15.6%

Risk Category

Moderate Risk

Estimated Vascular Age

64 Years

Treatment Guidelines

ATP-III (2004)

Treatment Targets

LDL <130 mg/dL (<3.37 mmol/L)

Non-HDL <160 mg/dL (<4.14 mmol/L)

CCS (2009)

Initiate Pharmacotherapy if

LDL >3.5 mmol/L (>135 mg/dL)

TChol/HDL-C >5 mmol/L (>193 mg/dL)

hsCRP >2 mg/L in men >50 years and women >60 years

FHx and moderate risk hsCRP

Treatment Targets

LDL <2 mmol/L (<77 mg/dL) or $\geq 50\%$ decrease in LDL-C

apoB <0.8 g/L (80 mg/dL)

ESC (2007, see info for more)

Treatment Targets

LDL <3 mmol/L (<120 mg/dL)

TChol <5 mmol/L (<194 mg/dL)

Created by QxMD

DR. MAHDI MAHMOUD KARIMI
General Practitioner
MOH Lic. No: 25166
nmc specialty hospital, Al Hail



