

1.1 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		Forenames		Address	
Home telephone number		Employment No #			
Place of examination		Date:-			
If a dependent enter employee's name here:					
Surname:		Forenames:			
Birth date:		Nationality:		Country of birth:	
Religion:		Relationship to employee			
☐ Male ☐ Female		☐ Married ☐ Single ☐ Separated / Divorced		☐ Wife ☐ Son ☐ Daughter	
Reason for examination		Number of children:			
Pre Employment		Job:			
Pre-Overseas		Armed:			
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	
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/armpit		☒			
How much tobacco each day?		Average daily alcohol consumption			
Have you ever taken illicit drugs? (X) PDO test all new/potential employees for illicit/recreational drugs					
FAMILY HISTORY: Diabetes (X) Tuberculosis (X) Epilepsy (X) Asthma (X) Eczema (X)					
Heart disease (X) High blood pressure (X) Stroke (X) Blood Disease (X) Cancer (X)					
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: 5/1/2022		Signature of Applicant:			



FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N = Normal A = Abnormal (physio describes)		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 174	WEIGHT kg 81.1	BM i	B.P. 119 75	PULSE 84/min.	HEARING L (N) R (N)	VISION DISTANT R L Uncorrected 6/6 6/6 Corrected	NEAR R L (N) (N)	Colour Vision (N)	Blood Group
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N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
☒		1. Urinalysis	☒	7. Audiogram
☒		2. Hb, Blood count, 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.)

ASSESSMENT:

- ☒ FIT ALL AREAS
- ☐ FIT WITH SPECIFIC RESTRICTION
- ☐ TEMPORARY UNFIT
- ☐ AWAITING SPECIALIST ASSESSMENT



REVIEW/CONSULTATION

DATE: 8/1/2022

DOCTOR NAME: Nadia Fahad

SIGNATURE:

DR. NADIA FAHAD
Signature

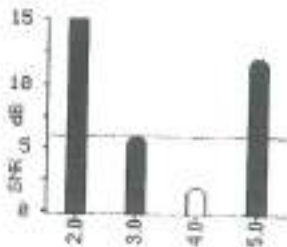
AUDIOMETRY REPORT

Name of the Patient WAGAS Ahmed
 Age 34 Sex M MRN 14329829 Date of
 Test 5/1/2022

U107,05
 05-JAN-22 15:19
 DP 2s 2 sec avg
 SN: G11005649 G12006239

NAME: _____

Left: Pass

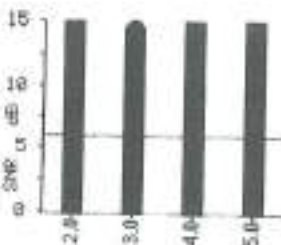


F2	L1	L2	DP	NF	SNR	P
2.0	63	55	-15	-18	21	P
3.0	66	56	-15	-11	6	P
4.0	66	56	-15	-18	2	P
5.0	65	54	-15	-20	12	P

U107,05
 05-JAN-22 15:12
 DP 2s 2 sec avg
 SN: G11005649 G12006239

NAME: _____

Right: Pass



F2	L1	L2	DP	NF	SNR	P
2.0	66	55	-15	-15	23	P
3.0	65	55	-15	-15	15	P
4.0	65	55	-15	-20	17	P
5.0	65	55	-15	-19	17	P



[Signature]
 Signature of the Technician



Pulmonary Function Report

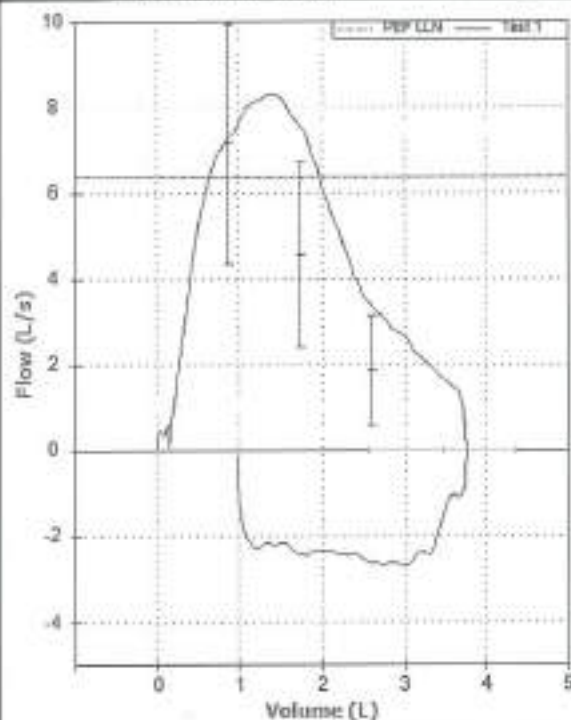
Subject Information

ID:	1432829	Alternate ID:			
Last Name:		First Name:	Waqas	Middle Name:	Ahmed
Population:	Asian	Gender:	Male	Date of Birth:	1/5/1987
Age:	35	Height:	158 cm	Weight:	89.3 kg
BMI:	35.4				

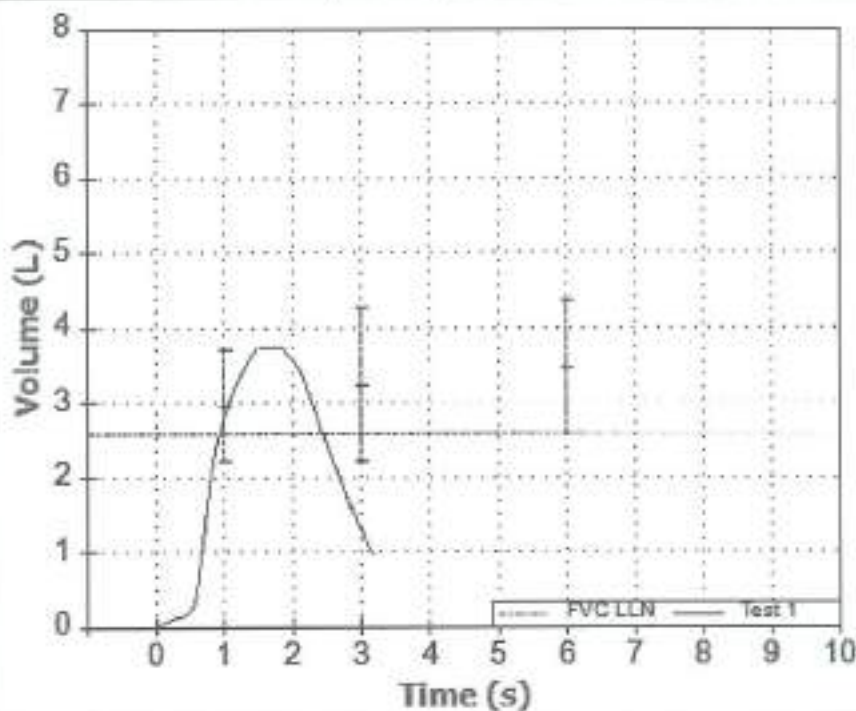
Test Session Information

Test Date:	1/5/2022 18:21	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	1	Accuracy Chk:	5/30/2019 15:42	User:	Administrator
Pred. Values:	ERS 93	Pred. Factor:	90%	Posture:	Sitting

Flow/Volume Graph



Volume/Time Graph



Results

Parameter	Pred	LLN	ATS/ERS Best	% Pred.	Z-Score
FVC (L)	3.47	2.57	3.75	108	0.51
FEV1 (L)	2.96	2.21	3.75	127	1.73
FEV1 Ratio	0.81	0.69	1.00	123	2.60
PEF (L/min)	501	382	496	99	-0.07
FEF25-75 (L/s)	4.26	2.55	5.46	128	1.15

Values at ITPS. *Below lower limit of normalcy (LLN)

Session Quality and Repeatability Information

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)	1 blow(s)	0 blow(s)

Computer Suggested Interpretation

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

Reference Pictogram

FVC

FEV1

FEV1 Ratio

Below Reference

Reference

ULN

Spintrac - Software Reference Number: 68671 V1.21 Subject ID: 1432829

Visit Routine, 1/5/2022 18:21 Page 1 of 1

DEPARTMENT OF LABORATORY MEDICINE

File No: 14329829	Report No: 0040842	
Name: WAQAS AHMAD	Sample Date: 05/01/2022	Time: 17:31
	Received By:	
Address:	Received Date:	Time:
Gender: M Age: 34 Y Nationality: PAKISTANI	Report Date: 05/01/2022	Time: 18:35
GSM No.: 92107592 ID Card No.: 107796016	Bill No: 0129590	Bill Date: 05/01/2022
Ref. By: DR MUHAMMAD KAMRAN	Report Status: Final	

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE BELOW 40 YEARS		
RANDOM BLOOD SUGAR	4.85 mmol/L	4.11 -7.9mmol/L
CREATININE	79.12 μ mol/L	Adults: MALE: 62 - 106 μ mol/L, FEMALE: 44 - 80 μ mol/L
SGPT (ALT)	30.73 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
TOTAL WBC COUNT	9.80 x 10 ³ / μ L	4.00-11.00 x 10 ³ / μ L
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	51.00 %	40-75%
LYMPHOCYTE (%)	38.60 %	20-45%
MONOCYTE (%)	6.80 %	2-8%
EOSINOPHIL (%)	3.40 %	1-6%
BASOPHIL (%)	0.20 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	04 mm/1st hr	MALE:0-9 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
HAEMOGLOBIN	15.30 gm/dl	Male : 13 -18 gm/dl Female:11 -16 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 Sick cell anaemia / Trait).		

URINE ROUTINE

Verified By:

Approved By:




10593

DR ROSE MARY

Lab Technologist

Specialist Pathologist

MOH License No:
Electronically signed at: 1/5/2022 6:37:00

MOH License No: 18178
Electronically signed at: 05/01/2022 6:57:00 PM

Printed at: 09/01/2022 9:56:45 AM

Page : 1 of 2



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DEPARTMENT OF LABORATORY MEDICINE

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Ref. By: DR MUHAMMAD KAMRAN	Report Status: Final	

INVESTIGATION	RESULT	REFERENCE RANGE
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URINE BIOCHEMISTRY

URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	5.0	<6.0
SPECIFIC GRAVITY	1.015	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL

URINE MACROSCOPY

COLOUR	PALE YELLOW
APPEARANCE	TURBID

URINE MICROSCOPY

RBC	1-2 /hpf	NIL
PUSCELLS	6-8 /hpf	NIL
EPITHELIAL CELLS	20-25 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	NIL	NIL

Verified By:

Approved By:




10593

DR ROSE MARY

Lab Technologist

Specialist Pathologist

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Electronically signed at: 1/5/2022 6:37:00

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ID: M329829
DOB: 34yr, Male

Urbair Clinic 11/04/2023

Heart rate: 80 BPM
PR int: 184 ms
QRS dur: 80 ms
QT/QTc: 338/374 ms
P-R-T axes: 45 30 46

SINUS RHYTHM
NORMAL ECG
UNCONFIRMED REPORT

