

Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)



**Petrochem Development Oman
MEDICAL DEPARTMENT**

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname: BASHR	
Forenames: NAUMAN	
Address:	
Home telephone number:	
Place of examination: NMC ACHAL	Date: 18/04/2023
If a dependant enter employee's name here: Surname: Forenames:	
Birth date: 02/12/1981	Nationality: PAKISTANI
Country of birth:	Religion:
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced
Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Number of children: 4
Reason for examination: Pre-Employment <input type="checkbox"/> Job: periodic check up.	Pre-Overseas <input type="checkbox"/> Area:
Name and address of family doctor:	List your last 3 jobs: (1) Driver - heavy. (2)
Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>	Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>
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 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	21. Cancer <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2. Neck swelling/glands <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	22. Heart Disease <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
3. Difficulty in vision <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	23. Rheumatic fever <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
4. Any ear discharge <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	24. Abnormal heartbeat <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
5. Asthma/bronchitis <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	25. High blood pressure <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
6. Hayfever /other significant allergy <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	26. Stroke <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
7. Any skin troubles <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	27. Serious chest pain <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
8. Tuberculosis <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	28. Any blood disease <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
9. Shortness of breath <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	29. Kidney disease <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
10. Coughed/vomited blood <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	30. Blood in urine <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
11. Severe abdominal pain <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	31. Diabetes <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
12. Stomach ulcer <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	32. Headaches/migraine <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
13. Recurrent indigestion <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	33. Dizziness/fainting <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
14. Jaundice or hepatitis <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	34. Epilepsy <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
15. Gall Bladder disease <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	35. Joints/spinal trouble <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
16. Marked change in bowel habits <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	36. Surgical operation <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
17. Blood in stools (motions) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	37. Serious accident/fracture <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
18. Marked change in weight <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	38. Tropical disease <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
19. Varicose veins <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	39. Fear of heights <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
20. Lump in breast/armpit <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
How much tobacco each day? NO	Average daily alcohol consumption None
Have you ever taken illicit drugs? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (new potential employees for illicit/recreational drugs)	
FAMILY HISTORY: Diabetes <input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Epilepsy <input checked="" type="checkbox"/> Asthma <input checked="" type="checkbox"/> Eczema <input checked="" type="checkbox"/> Heart disease <input checked="" type="checkbox"/> High blood pressure <input checked="" type="checkbox"/> Stroke <input checked="" type="checkbox"/> Blood Disease <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/>	
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 purposefully withheld important medical information.	
Date:	Signature of Applicant: Nauman



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
		*0. Extremities
		*1. Musculo-skeletal
		*2. Skin & Varicose Vns.
		*3. C.N.S.

Normal clinical findings

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	Colour Vision	Blood Group
186	94	27.1	120 / 74	72 / mins.	L - N R - N	DISTANT R L Uncorrected 9/6 Corrected 6/6 NEAR R L	(N)	B+VE

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
✓		1. Urinalysis	✓	
✓		2. Hb, Bloodcount, ESR	✓	
✓		3. LFT, RFT, RBS		
✓		4. Drug Screen	✓	
✓		5. Lipids (40 years +)		
✓		6. Sickle Cell test		

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

ASSESSMENT:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

Date: 19/09/2023 **Name (Block Capitals):** DR. KUMAR SODIAH

REVIEW/CONSULTATION

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



Framingham Risk Score for Hard Coronary Heart Disease ☆

Estimates 10-year risk of heart attack.

Nauman Bashir.
61 year male.
16374571

INSTRUCTIONS

There are several distinct Framingham risk models. MDCalc uses the 'Hard' coronary Framingham outcomes model, which is intended for use in **non-diabetic** patients age 30-79 years with no prior history of coronary heart disease or intermittent claudication, as it is the most widely applicable to patients without previous cardiac events. See the official Framingham website for additional Framingham risk models.

When to Use ▾	Pearls/Pitfalls ▾
---------------	-------------------

Age	41	years
Sex	Female	Male
Smoker	No	Yes
Total cholesterol	5.3	mmol/L ↔
HDL cholesterol	1.25	mmol/L ↔
Systolic BP	120	mm Hg
Blood pressure being treated with medicines	No	Yes

<p>1.6 %</p> <p>10-year risk of MI or death for this patient</p>	<p>4 %</p> <p>Average 10-year risk of MI or death</p>
<p>Next Steps</p>	<p>Next Steps</p>
<p>» Next Steps</p>	<p>Evidence</p>



Dr. Peter W.F. Wilson

DEPARTMENT OF LABORATORY MEDICINE

File No: 14374571	Report No: 0098298
Name: NAUMAN BASHIR (6955)	Sample Date: 18/09/2023 Time: 6:51
Address:	Received By:
Gender: M Age: 41 Y Nationality: PAKISTANI	Received Date: Time:
GSM No.: 77164250 ID Card No.: 100790755	Report Date: 18/09/2023 Time: 08:55
Ref. By: DR ASWATHY RAVI	Bill No: 0256935 Bill Date: 18/09/2023
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE ABOVE 40 YEARS		
RANDOM BLOOD SUGAR	6.15 mmol/L	4.11 -7.9mmol/L
CREATININE	82.00 µ mol/L	Adults: MALE: 62 – 106 µ mol/L FEMALE: 44 - 80 µ mol/L
SGPT (ALT)	20.20 U/L	MALE : up to 41 U/L FEMALE : up to 33 U/L
TOTAL WBC CCUNT	8.10 x 10 ³ / µL	4.00-11.00 x 10 ³ / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	47.90 %	40-75%
LYMPHOCYTE (%)	40.30 %	20-45%
MONOCYTE (%)	6.70 %	2-8%
EOSINOPHIL (%)	4.90 %	1-6%
BASOPHIL (%)	0.20 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	02 mm/1st hr	MALE:0-15 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
HAEMOGLOBIN	17.50 gm/dl	Male : 13 -18 gm/dl Female:11-15 gm /cl 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 BIO-CHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE

Verified By:



10577

Lab Technologist

Approved By:



DR ROSE MARY

Specialist Pathologist

MOH L cense No: 18178

Electronically signed at: 18/09/2023 11:06:00

Electronically signed at: 9/18/2023 8:58:00

Printed at: 19/09/2023 9:19:06 AM

Page : * of 2



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DEPARTMENT OF LABORATORY MEDICINE

File No: 1437457*	Report No: 0098298
Name: NAUMAN BASHIR (6955)	Sample Date: 18/09/2023 Time: 6:51
Address:	Received By:
Gender: M Age: 41 Y Nationality: PAKISTANI	Received Date: Time:
GSM No.: 77164250 ID Card No.: 100790755	Report Date: 18/09/2023 Time: 08:55
Ref. By: DR ASWATHY RAVI	Bill No: 0256935 Bill Date: 18/09/2023
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
URINE BILIRUBIN	NEGATIVE	NEGAT VE
N TRITE	NEGATIVE	NEGAT VE
URINE PH	6.0	4.6-8.0
SPECIFIC GRAVITY	1.030	1.010-1.030
BLOOD	NEGATIVE	NEGAT VE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	0-3
PUSCELLS	1-2 /hpf	0-5
EPITHELIAL CELLS	0-1 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	NIL	NIL
LIPID PROFILE		
TOTAL CHOLESTEROL	5.30 mmol/L	< 5.18 mmol/L
HDL	1.25 mmol/L	>1.5 mmol/L
TRIGLYCERIDES	2.52 mmol/L	Desirable : <2.083 mmol/L Boderline high : 2.83 - 5.67 mmol/L Hypertriglycer demia >5.65 mmol/L
LDL	3.31 mmol/L	< 2.6 mmol/L
VLDL	1.15 mmol/L	0.128-0.645mmol/L

Verified By



*0577

Lab Technologist

Approved By:



DR ROSE MARY

Specialist Pathologist

MOH License No: 18178

Electronically signed at: 18/09/2023 11:58:00

Electronically signed at: 9/18/2023 8:58:00

Printed at: 19/09/2023 9:19:06 AM

Page: 2 of 2



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nmc specialty hospital

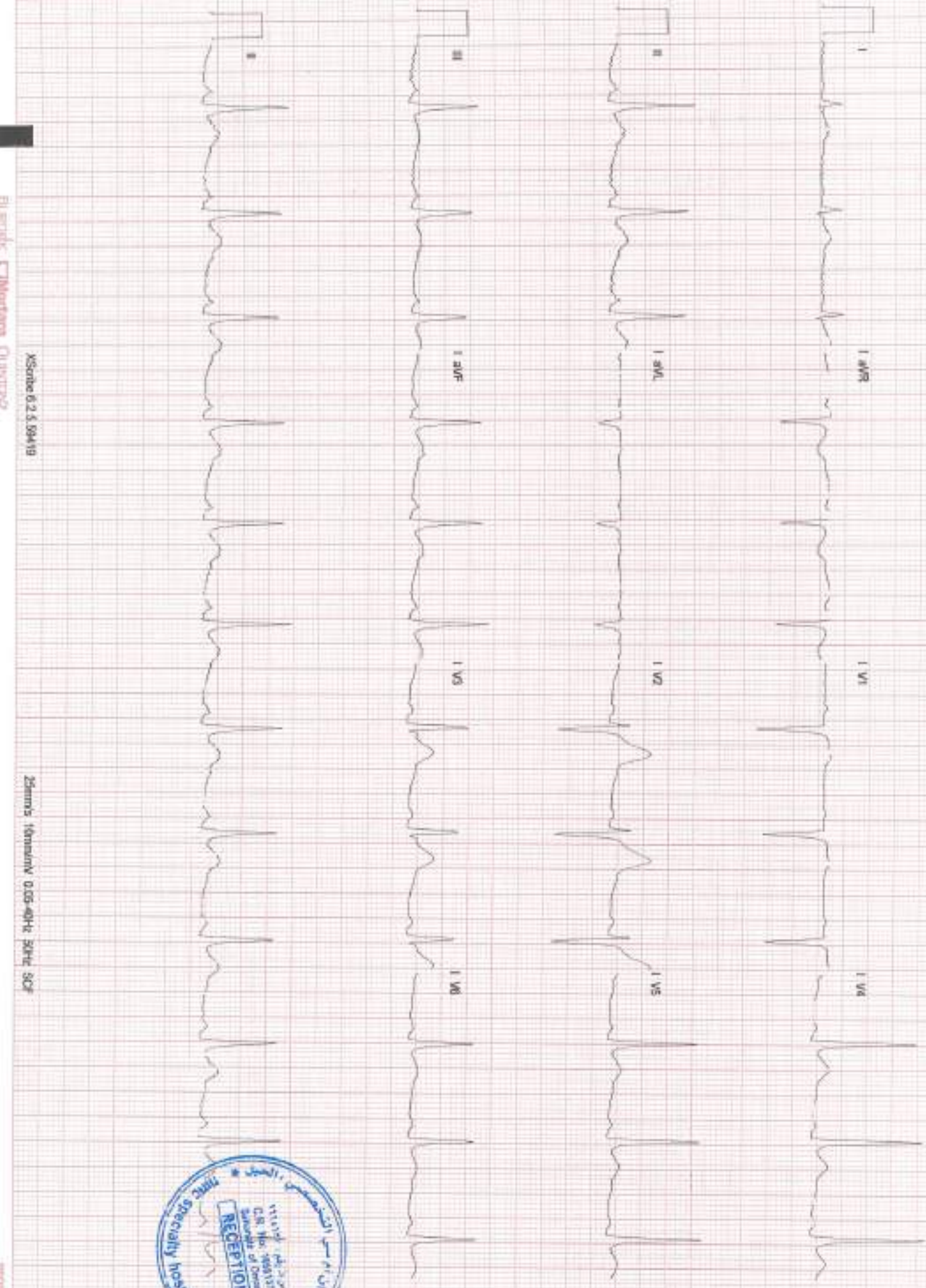
NMC Healthcare LLC
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Building No. 812, Al Hail North
Subsidiary of Omer
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F: (+966) 2425 0270
www.nmc-hc.com

NAIIMAN BASHIR
14374571
Erase

Exam Start: 09/18/2022 10:06:30 AM
Print Time: 09/18/2022 10:06:30 AM
Date of Birth: Male
Gender: Male

--- MPH
--- %

RATE /3
BP --- /---



XG0806 0.2 5.09419

Zemris 10mmx10V 0.05-4Hz 30Hz 50%

Bluebird Montana QuipPro

0.05-4Hz 30Hz 50%



Tone threshold audiometric test

18/09/2023 9:22:20 AM

Name: **NAUMAN**
Surname: **BASHIR**

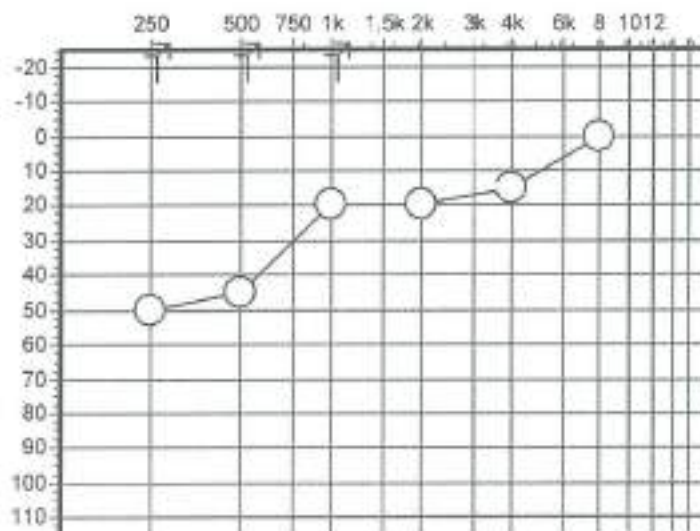
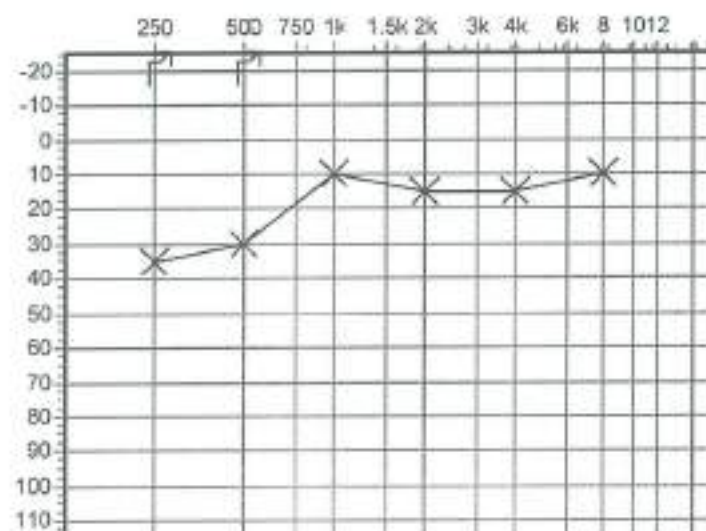
Date of birth: 1981/12/02
Age in years: 41

Company: DR ASWATHY
Department:
Job title:
Number:

ID/SS number: 14374571
Passport no.:



Significance: **None**



Left

Right

Frequencies		Frequencies															
		125	250	500	1k	2k	3k	4k	6k	8k	9k	10k	11.2k	12.5k	14k	16k	
Air thresholds		50	45	20	20	15	0										
Noise in ear canal		-3	-8	-14	-6	-21	-30										
Noise for threshold-5dB		-4	-10	-10	-18	-23	-25										

-20-20
-27 -26

Bone thresholds
Noise in ear canal
Noise for threshold-5dB
Maximum masking

-20-20-20
-2 -8 -6

ZA PLH
Binaural impairment

Bone unmasked
Noise in ear canal
Noise for threshold-5dB

Pure tone avg. (500 1k 2k)	18	Patient response statistics	Pure tone avg. (500 1k 2k)
		Test re-test reliability (1st freq) 10	28
		False positive response % 123	

Audiogram notes:



NAUMAN BASHIR

fatma alzdajali NMC AL HAIL

1073

KUDUwave

Capturer or data version number: 2.12.12.0
Report software version: 2.4.3.0
Report generated on: 18/09/2023 9:33:21 AM
Unique Global Patient Number: D1023D7C02F2449EA6D0AE269725C80C

Last calibration date: 20/13/2021
KUDUwave serial number: 0901-00073
Bone vibrator serial number: A3061/
Sound booth: SANS 10162 Diagnostic
Type of audiometer: Near Type 1
Test protocol:



Pulmonary Function Report

Subject Information

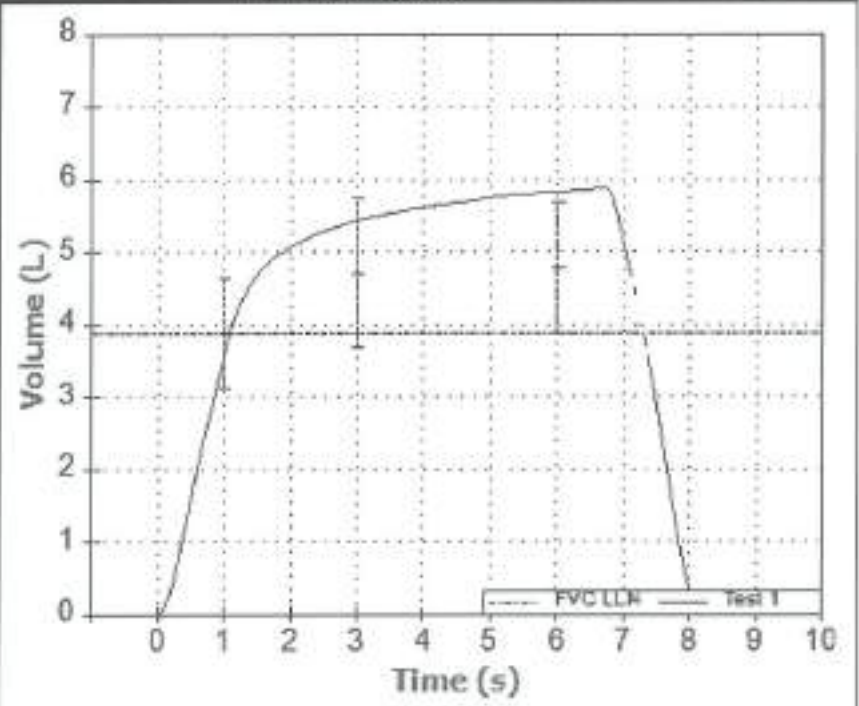
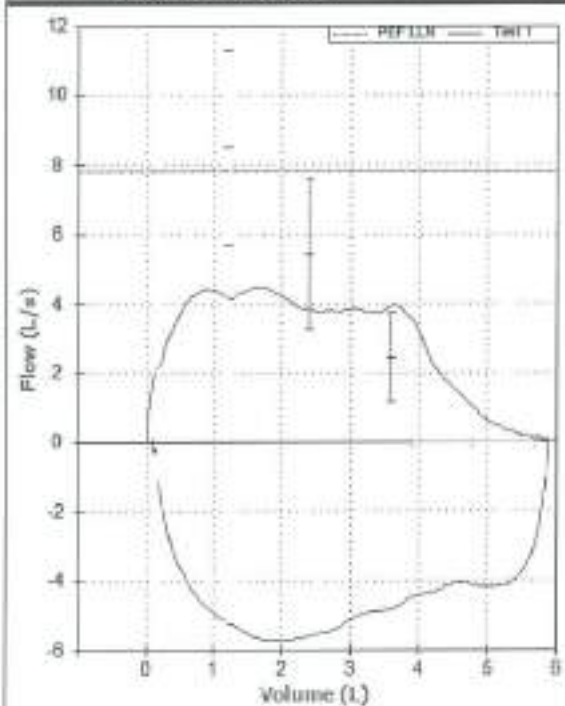
ID:	2025261_091401598	Alternate ID:	14374571	Middle Name:	
Last Name:	Besmir	First Name:	Nauman	Date of Birth:	02/12/1981
Population:	Asian	Gender:	Male	Weight:	94.0 kg
Age:	41	Height:	186 cm		
BMI:	27.2	Smoking:	Non Smoker		

Test Session Information

Test Date:	18/09/2023 09:17	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	3	Accuracy Chk:	30/05/2019 15:42	User:	Administrator
Pred. Values:	ERS 93	Pred. Factor:	90%	Posture:	Sitting

Flow/Volume Graph

Volume/Time Graph



Results

Parameter	Pred	LLN	Best	% Pred.	Z-Score
FVC (L)	4.78	3.88	5.93	124	2.10
FEV1 (L)	3.89	3.13	4.19	108	0.65
FEV1 Ratio	0.80	0.68	0.71	89	-1.23
FEV6 (L)	4.78	3.88	5.91	124	2.06
PEF (L/min)	589	470	313*	53	-3.81
FEF25-75 (L/s)	4.55	2.84	3.55	78	-0.96

Values at STPS, *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	0.06 L (1.0%)	0.11 L (2.6%)	1 blow(s)	0 blow(s)	0 blow(s)

Computer Suggested Interpretation

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

Reference Pictogram



Handwritten signature AFS

SULTANATE OF OMAN
Royal Oman Police
Directorate General of Traffic
سلطنة عُمان
شرطة عمان السلطانية
الإدارة العامة للمرور
وحدة سيطرة حركة

LICENCE NUMBER : 100790765 : رقم الرخصة
ISSUE AT : MUSCAT : مكان الاصدار : مسقط
FIRST ISSUED : 2016/01/26 : الاصدار الاول :
EXPIRY DATE : 2026/01/26 : تاريخ الانتهاء :
NAME : NAUMAN BASHIR : الاسم : نصان بشير

NAME NAUMAN BASHIR
سلطة الترخيص

LICENCE CLASS :
L.AUTHORITY




NATIONALITY : PAKISTANI : الجنسية : باكستاني
DATE OF BIRTH : 1981/12/02 : تاريخ الميلاد :
ADDRESS : Muscat : العنوان : مسقط
BLOOD GROUP : B POS : فصيلة الدم : ب موجبة
LICENCE CLASS : HEAVY VEH : فئة الرخصة : مركبات ثقيلة

ملاحظات

يجب تسليم هذه الرخصة حين طلبها من رجل الشرطة
سواء كان بلاغي الرسمى او عند ايراز هويته في حال كونه يحمل وثيقة
THIS LICENCE MUST BE PRODUCE ON DEMAND TO ANY POLICE IN UNIFORM OR
ON PRODUCTION OF WARRANT CARD BY A POLICE OFFICER NOT IN UNIFORM

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