11.32 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: Kholfan Saif Fadhil Al Subhi
Forenames:
Address:
Home telephone number: 97010033

Place of examination: Date: 29/3/23

If a dependant enter employee's name here
Surname: Forenames:
Birth date: 26/10/1984 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 nurses 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: 29/3/2023 Signature of Applicant:

AL-KHAIR HOSPITAL L.L.C

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 /mins.	HEARING L / R	VISION DISTANT R L / NEAR R L	Colour Vision	Blood Group
173	80	26.7	134/79	69		Uncorrected / Corrected 6/6 6/6		

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.)

ASSESSMENT:

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

Date: 12/3/2023 Name (Block Capitals): Dr. NANDANA PAMIDI Signature:

DR. NANDANA PAMIDI
LICENSED NO: 13872
GENERAL PRACTITIONER

REVIEW/CONSULTATION

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

OMAN AL-KHAIR HOSPITAL L.L.C
M.O.H LICENCE NO: 2215
C.R. NO: 7013699
AL DHAHIRA GOVERNORATE
WILAYAT IBRI
Sultanate of Oman

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: Khalfan Saif Fadhil Al Subhi
Emp #: 12497101
Date of Assessment: 2/3/2023

1	Age	Years	41
2	Gender	Female/Male	Male.
3	Total Cholesterol	mmol/L	4.83
4	HDL Cholesterol	mmol/L	1.14
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	mm Hg	134
8	Is the patient being treated for High blood pressure?	Yes/No	

Framingham Risk score: 6.7 %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by:

DR. NANDANA PRABHU
LICENSE NO: 13572
GENERAL PRACTITIONER

OMAN AL-KHAIR HOSPITAL L.L.C
M.O.H LICENCE NO: 1215
C.R. NO: 7013005
AL DHAHIRA GOVERNORATE
WILAYAT IBRI
Sultanate of Oman

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 12/3/2023
Name: Khalfan Saif Fadhil Al Saadi		Department/Company: T.O
I. D No. 2497101	Tel # 9710033	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 below)

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
0	Lying down to rest in the afternoon when circumstances permit
0	Sitting a talking with someone
1	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 on site before continuing to drive or operate machinery in the workplace.

Declaration: I Khalfan (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Date: 12/3/2023

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نحن نعتني بك دائما

Fitness to Work Certificate

Employee Data			Date 12/3/2023
Name Khalfan Saif Fadhil Al Subhi			Department/Company T.O.
I.D No. 12497101	Age 41/yr		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			
Pulling, 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
Name of health advisor Dr. Vandana P	Signature	Date 12/3/2023	

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C.R. NO. 7213300
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DR. VANDANA PAIMO
LICENCE NO. 12572
GENERAL PRACTITIONER

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عبري سلطنة عمان

DEPARTMENT OF LABORATORY MEDICINE

File No:	0220202	**Report No:**	0652007		
Name:	KHALFAN SAIF FADHIL ALSUBHI	**Sample Date:**	12/03/2023	**Time:**	10:25
		Received By:	SREERAJ		
Address:		**Received Date:**	12/03/2023	**Time:**	11:17
Gender:	M **Age:** 41 Y **Nationality:** OMANI	**Report Date:**	12/03/2023	**Time:**	12:58
GSM No.:	97010033 **ID Card No.:** 12497101	**Bill No:**	0868015	**Bill Date:**	12/03/2023
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	5.30 mmol/L	3.9 - 6.1
	95.4 mg/dL	70 - 110
Method :- Hexokinase		
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	4.83 mmol/L	1 - 5.1
	186.73 mg/dl	40 - 200
Method:-Enzymatic		
HDL (HIGH DENSITY LIPOPROTEIN)	1.140 mmol/L	0.777 - 1.813
	44.07 mg/dl	30 - 70
Method:-Enzymatic		
LDL (LOW DENSITY LIPOPROTEIN)	3 mmol/L	1.295 - 4.54
	115.76 mg/dl	50 - 172
Method:-Calculation		
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.7 mmol/L	0.259 - 1.036
	26.9 mg/dl	10 - 40
Method:-Calculation		
RATIO (TOTAL CHOL / HDL CHOL)	4.24	3.8 - 5.9
Method:-Calculation		
TRIGLYCERIDES	1.52 mmol/L	0.564 - 2.146
	134.52 mg/dl	50 - 190
Method : Enzymatic		
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.851 mg/dL	0.1 - 1
	14.55 µmol/L	1 - 17.1
Method : Diazo		
DIRECT BILIRUBIN - SERUM	0.393 mg/dL	0.1 - 0.5
	6.72 µmol/L	1 - 8.55
Method : Diazo		
SGOT (AST)-SERUM (IFCC)	17.70 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	22.03 U/L	Male: 10-50 Female:10-35

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DEPARTMENT OF LABORATORY MEDICINE

File No:	0220202	**Report No:**	0852007		
Name:	KHALFAN SAIF FADHIL ALSUBHI	**Sample Date:**	12/03/2023	**Time:**	10:25
		Received By:	SREERAJ		
Address:		**Received Date:**	12/03/2023	**Time:**	11:17
Gender:	M **Age:** 41 Y **Nationality:** OMANI	**Report Date:**	12/03/2023	**Time:**	12:58
GSM No.:	97010033 **ID Card No.:** 12497101	**Bill No:**	0868015	**Bill Date:**	12/03/2023
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	61.39 U/L	Adult : Men -40-129 :Female 35-104 Children:(Aged) 7months - 1Year :- <462 1Year - 3 Years :- <281 4 Years - 6 Years :- <269 7 Years - 12 Years :- <300 13 Years - 17 Years(M) :-<390 13 Years - 17 Years(F) :- <187
TOTAL PROTEIN-SERUM(Colorimetric Assay)	7.36 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	**4.92 gm/dL**	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.44 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	**2.02**	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM Method :-Enzymatic Assay	29.48 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	3.93 mmol/L	1.7 - 8.3
Method : Kinetic Assay	23.6 mg/dL	10.2 - 49.8
CREATININE - SERUM	97.72 µmol/L	44.2 - 123.7
Method :-Jaffé Method	1.11 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	5290 cells/cumm	4000 - 11000 cells/cumm
Method : -Fluorescence Flow Cytometry		
DC (DIFFERENTIAL COUNT)		
Method : -Fluorescence Flow Cytometry		
NEUTROPHILS	41.0 %	40-75%

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DEPARTMENT OF LABORATORY MEDICINE

File No: 0220202
Name: KHALFAN SAIF FADHIL ALSUBHI
Address:
Gender: M **Age:** 41 Y **Nationality:** OMANI
GSM No.: 97010033 **ID Card No.:** 12497101
Ref. By: EXTERNAL DOCTOR

Report No: 0652007
Sample Date: 12/03/2023 **Time:** 10:25
Received By: SREERAJ
Received Date: 12/03/2023 **Time:** 11:17
Report Date: 12/03/2023 **Time:** 12:58
Bill No: 0868015 **Bill Date:** 12/03/2023
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
LYMPHOCYTES	45.4 %	20-45%
EOSINOPHILS	1.3 %	2-6 %
MONOCYTES	11.9 %	2-8 %
BASOPHILS	0.4 %	0-1%
HB (HEMOGLOBIN)	13.1 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
Method : -Cyanide-free SLS haemoglobin		
TOTAL RBC COUNT	6.64 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
Method : - Hydrodynamically focussed impedance		
PLATELET COUNT	2.69 lakhs/cumm	1.0 - 4.0 lakhs / cumm
Method : - Hydrodynamically focussed impedance		
PCV (PACKED CELL VOLUME)	42.30 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	63.70 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	19.70 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	31.00 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	04 mm/ 1st hr	MALE:0-9 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
Capillary Photometry Technology Measures the kinetics of red cells aggregation.Clinical Laboratory and Standard Institute (CLSI) procedure for the ESR Test.		
SICKLE CELL	NEGATIVE	
Method : -Haemoglobin solubility test		

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GSM No.:	97010033 **ID Card No.:** 12497101	**Bill No:**	0868015	**Bill Date:**	12/03/2023
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE ROUTINE		
URINE BIOCHEMISTRY		
Method :- Colorimetric Assay		
GLUCOSE	NIL	
PROTEIN	NIL	
KETONE	NIL	
BILIRUBIN	NIL	
pH	ACIDIC	
UROBILINOGEN	NORMAL	
URINE MICROSCOPY (Centrifugation Method)		
RED BLOOD CELLS (RBC)	NIL /hpf	
PUS CELLS	0-2 /hpf	
EPITHELIAL CELLS	NIL /hpf	
CRYSTALS	NIL /hpf	
CAST	NIL /hpf	
BACTERIA	PRESENT /hpf	
YEAST CELLS	NIL /hpf	

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X-RAY REPORT

Doc No:	0069237
Name:	KHALFAN SAIF FADHIL ALSUBHI
Age/DOB:	41 Y — Omani ID/ L.Card No:: 12497101
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	12/03/2023
X-Ray Filim No:	PDO TO
Bill No:	0868015
Charge Sheet No:	

Both lung fields are normal

Both cp angles are clear

Mediastinal shadow and bony thorax are normal

Cardiac configuration is within normal limits

Conclusion: A normal X-ray appearance

Signature: .....

Seal

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

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نقال: ٧٧٥٥٩٩٧٧+٩٦٨
www.asteroman.com
مستشفى عمان الخير ش.م.م
ص.ب: ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

220202
41 Years

KHALFAN SAIF
Male

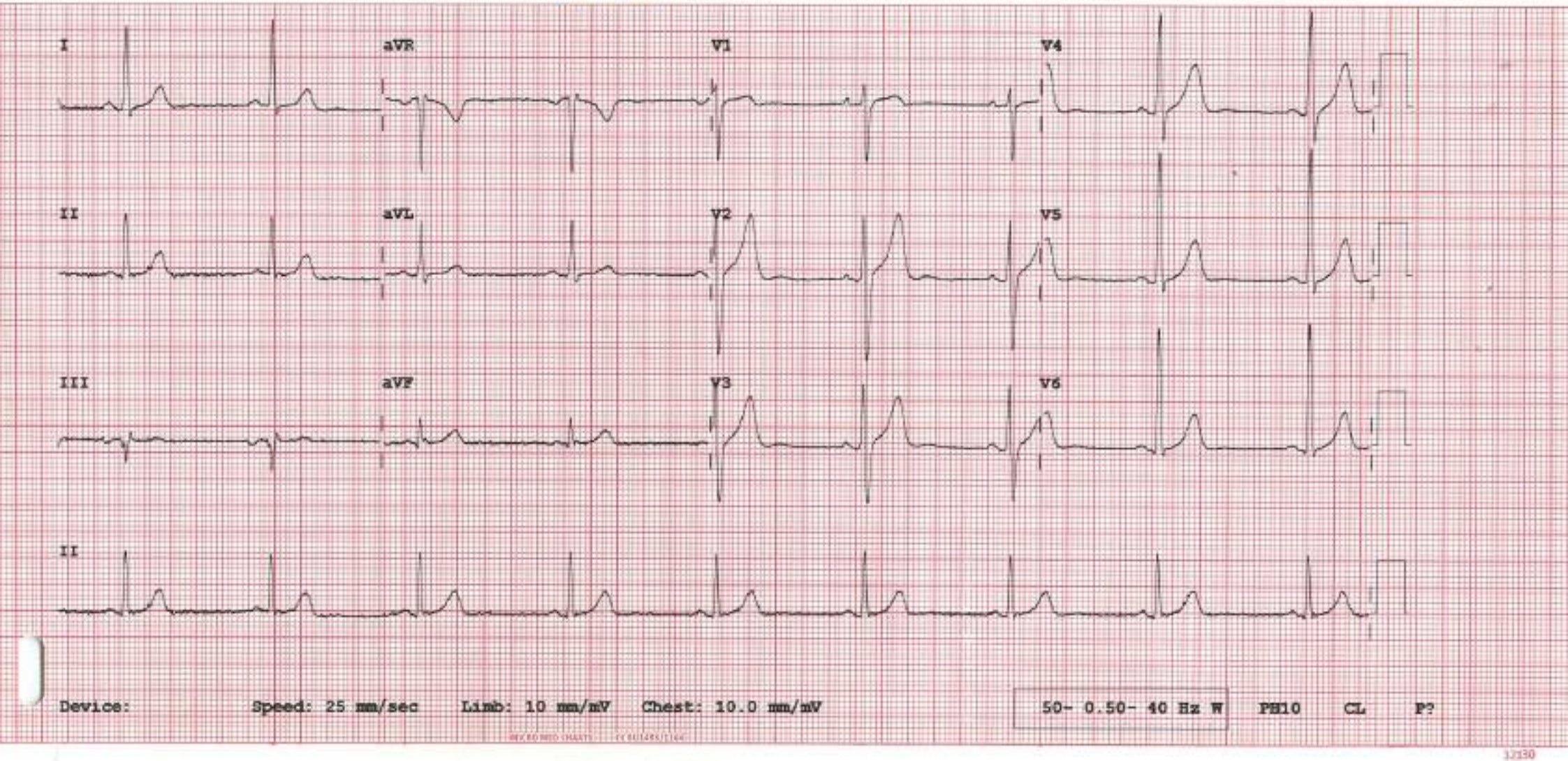
12-Mar-23 10:09:00 AM
ASTER HOSPITAL IBRI (Emergency)

Rate	53
RR	1132
PR	142
QRSD	100
QT	415
QTc	390

--AXIS--

P	5
QRS	17
T	34

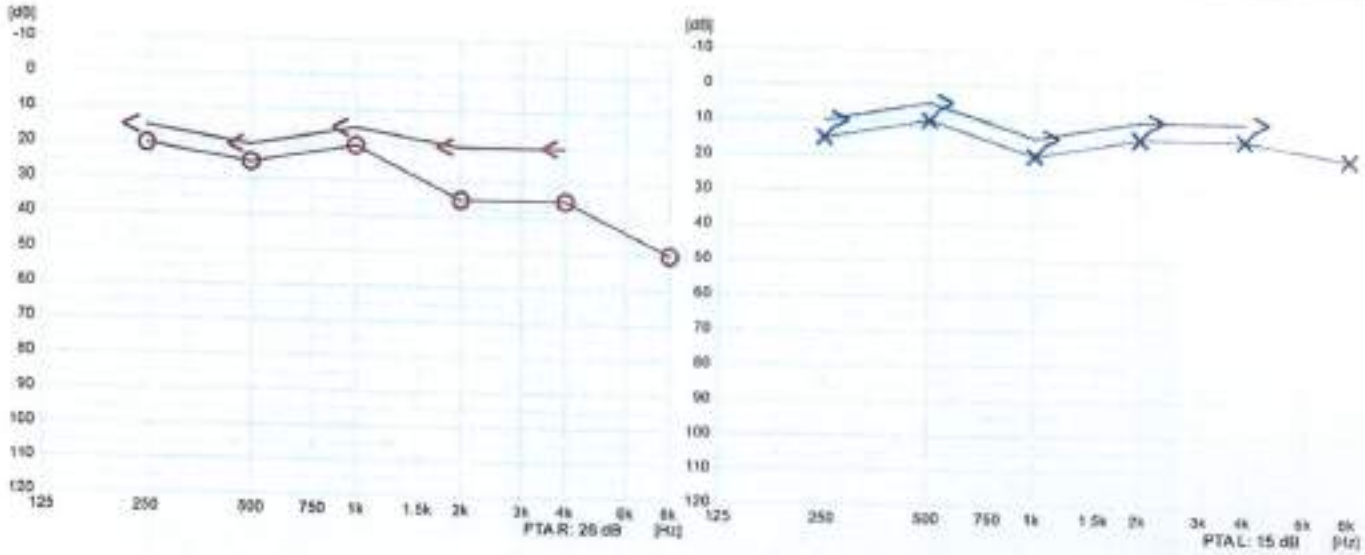
12 Lead; Standard Placement



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV 50- 0.50- 40 Hz W PH10 CL P?

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code:	Last name , First name	Born:
0868015	KHALFAN SAIF FADHIL , A[illegible]023	
Test type	Test date:	
Tonal audiometry	12.03.2023	



Legend	R	L
Air	O	X
AirMasked	△	□
Bone	<	>
BoneMasked	[	]
MCL	M	M
UCL	m	m
Free Field	⊘	%
Free FieldAided	A	A
Binaural		B
No response		I

Comments

RIGHT:MILD MIXED HEARING LOSS(WITH MODERATE SLOPE AT HIGH FREQUENCY)
LEFT:NORMAL HEARING SENSITIVITY

Signature:

Date: 12 / 03 / 2023