

11.32 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: Tanveer Ahmad		Forenames: Tanveer Ahmad	
Address: 95504395		Home telephone number: 95504395	
Place of examination: 6/12/2023	Date: 6/12/2023		
If a dependant enter employee's name here: Surname: P. Tarek		Forenames: Omar	
Birth date: 24/11/1981	Nationality: Pakistan	Country of birth: Pakistan	Religion: Islam
☒ Male ☐ Female	☐ Married ☐ Single ☐ Separated / Divorced	☐ Wife ☐ Son ☐ Daughter	Number of children: 0
Reason for examination: Pre-Employment		Job: 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 (7) 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? () POO test all new/potential employees for illicit/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 POO reserve the right to dismiss me if it was found that I have purposely withheld important medical information.			
Date: 6/12/2023	Signature of Applicant: Tanveer Ahmad		

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: Tanweer Ahmad Rasheed Ahmad

Emp #: 11056395

Date of Assessment: 6/12/2022

1	Age	Years	<u>41</u>
2	Gender	Female/Male	<u>3</u>
3	Total Cholesterol	mmol/L	<u>4.72</u>
4	HDL Cholesterol	mmol/L	<u>1.130</u>
5	Smoker	Yes/No	<u>3</u>
6	Diabetes	Yes/No	<u>3</u>
7	Systolic Blood pressure	mm Hg	<u>120</u>
8	Is the patient being treated for High blood pressure?	Yes/No	<u>3</u>

Framingham Risk score: 4.2 %

Framingham Risk Rating (Circle the appropriate score):

Low

Medium

High

Any further action or recommendations?

Assessment or Examination conducted by:



Epworth Screening Quest, for Sleep Apnoea

Employee Data		Date: 6/12/2021
Name: Tanveer Ahmad Rashid	Department/Company: T.O	
I. D No. 111056395	Tel # 95504395	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
Lying down to rest in the afternoon when circumstances permit
0 Sitting a 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 on site before continuing to drive or operate machinery in the workplace.

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

Signature: Date: 6/12/2021

Fitness to Work Certificate

Employee Data		Date: 6/12/2025	
Name: Tanweer Ahmad Rashad	Department/Company: T.O.		
LD No. 11056395	Age: 41yH	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			
Name of health advisor	Signature: [Signature]	Date: 6/12/2025	Date:

Dr. Kham Al-Khaili
GENERAL PRACTITIONER

DEPARTMENT OF LABORATORY MEDICINE

File No: 0262561
Name: TANVEER AHMED RASHEED AHMED
Address:
Gender: M Age: 41 Y Nationality: PAKISTANI
GSM No.: 95504395 ID Card No.: 111056395
Ref. By: EXTERNAL DOCTOR

Report No: 0640564
Sample Date: 06/12/2022 Time: 12:11
Received By: 181773
Received Date: 06/12/2022 Time: 12:24
Report Date: 06/12/2022 Time: 14:35
Bill No: 0854273 Bill Date: 06/12/2022
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	5.17 mmol/L	3.9 - 6.1
Method :- Hexokinase	93.06 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	4.72 mmol/L	1 - 5.1
Method:-Enzymatic	182.48 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.170 mmol/L	0.777 - 1.813
Method:-Enzymatic	45.23 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	2.66 mmol/L	1.295 - 4.54
Method:-Calculation	102.56 mg/dl	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.9 mmol/L	0.259 - 1.036
Method:-Calculation	34.69 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	4.03	3.8 - 5.9
Method:-Calculation		
TRIGLYCERIDES	1.96 mmol/L	0.564 - 2.146
Method : Enzymatic	173.46 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.857 mg/dL	0.1 - 1
Method : Diazo	14.65 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.205 mg/dL	0.1 - 0.5
Method : Diazo	3.51 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	21.87 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	28.74 U/L	Male: 10-50 Female: 10-35

THANSILA THAHA
LAB TECHNOLOGIST
REG NO: 21829

DR. SHAYRA P. C.
Specialist Pathologist
MOH LIC NO: 13475

Processed By:
SREERAJ
Lab Technologist

Approved By:
181773
Lab Technologist

Released By:
181773
Lab Technologist

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Page 1 of 4

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INVESTIGATION	RESULT	REFERENCE RANGE
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	123.25 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	29.91 U/L	Men : 8-61 Female : 5-36
Method :-Enzymatic Assay		
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	3.06 mmol/L	1.7 - 8.3
Method : Kinetic Assay	18.38 mg/dL	10.2 - 49.8
CREATININE - SERUM	65.90 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.75 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	9350 cells/cumm	4000 - 11000 cells/cumm
Method :-Fluorescence Flow Cytometry		
DC (DIFFERENTIAL COUNT)		
Method :-Fluorescence Flow Cytometry		
NEUTROPHILS	53.2 %	40-75%

Processed By:
SREERAJ
Lab Technologist

MOH License No: 6644

Approved By:
181773
Lab Technologist

Released By:
181773
Lab Technologist

MOH License No: 21829



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Page 2 of 4

DEPARTMENT OF LABORATORY MEDICINE

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Address:
Gender: M **Age:** 41 Y **Nationality:** PAKISTANI
GSM No.: 95504395 **ID Card No.:** 111056395
Ref. By: EXTERNAL DOCTOR

Report No: 0640564
Sample Date: 06/12/2022 **Time:** 12:11
Received By: 181773
Received Date: 06/12/2022 **Time:** 12:24
Report Date: 06/12/2022 **Time:** 14:35
Bill No: 0854273 **Bill Date:** 06/12/2022
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
LYMPHOCYTES	35.5 %	20-45%
EOSINOPHILS	2.6 %	2-8 %
MONOCYTES	8.1 %	2-8 %
BASOPHILS	0.6 %	0-1%
HB (HEMOGLOBIN)	15.5 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
Method : -Cyanide-free SLS haemoglobin		
TOTAL RBC COUNT	5.45 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
Method : - Hydrodynamically focussed impedance		
PLATELET COUNT	2.65 lakhs/cumm	1.0 - 4.0 lakhs / cumm
Method : - Hydrodynamically focussed impedance		
PCV (PACKED CELL VOLUME)	47.50 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	87.20 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	28.40 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	32.60 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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Lab Technologist

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Lab Technologist



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MOH License No: 21829



DR. SHAYFA P
Specialist Pathologist
MOH LIC No:13475

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Page 3 of 4

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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	
ECG		



Processed By:
SREERAJ
Lab Technologist

MOH License No: 8544

Approved By:
181773
Lab Technologist



Released By:
181773
Lab Technologist

MOH License No: 21829



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Page 4 of 4

X-RAY REPORT

Doc No:	0066155
Name:	TANVEER AHMED RASHEED AHMED
Age/DOB:	41 Y Omani ID/ L.Card No:: 111056395
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	06/12/2022
X-Ray Film No:	PDO
Bill No:	0854273
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:

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



262561

tanveer

12/6/2022 05:23:23 AM

Aster Hospital IBRI
ECG Room
ECG Room

Rate 73

PR 149

QRS 91

QT 389

QTc 429

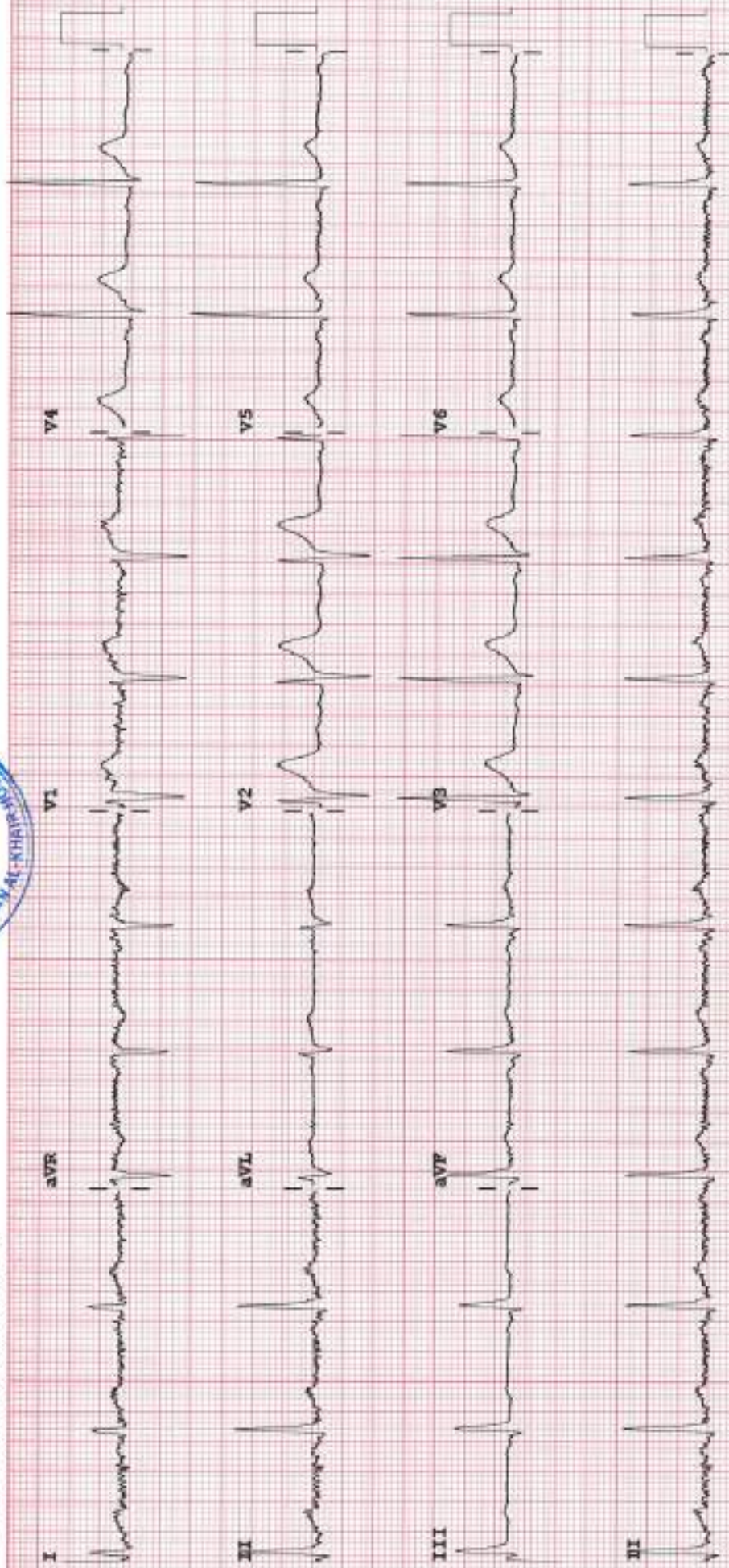
--AXIS--

P 53

QRS 67

T 25

12 Lead; Standard Placement



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

50~ 0.50~ 40 Hz W

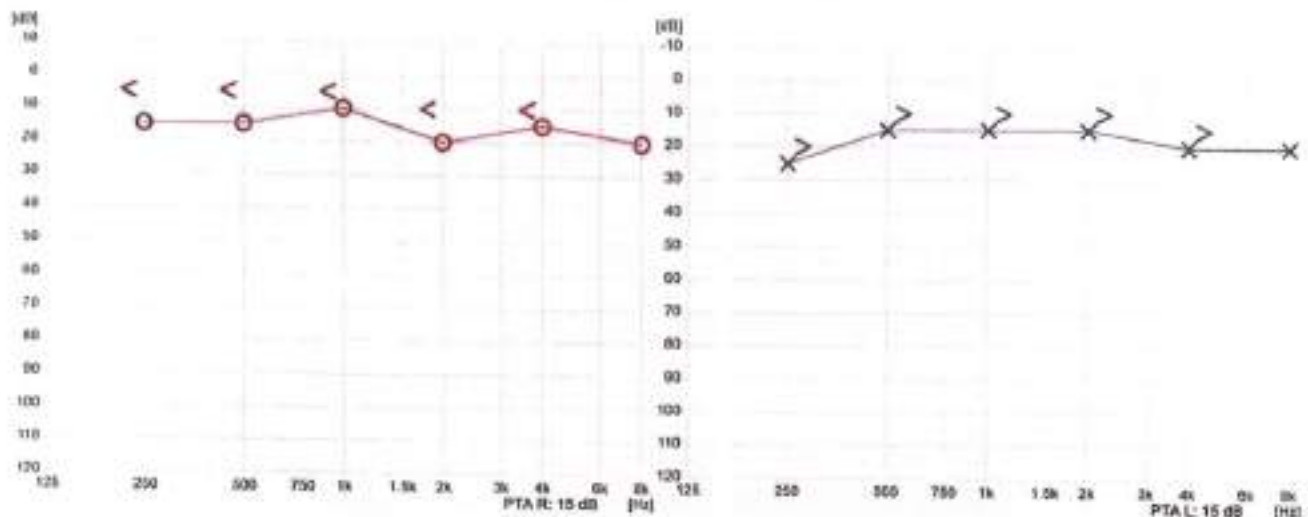
PH10

L

P?

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code: 0854273	Last name, First name TANVEER AHMED, RASHID	DOB: 06.12.2022
Test type: Tonal audiometry	Test date: 06.12.2022	



Legend	R	L
Air	○	×
Air/Masked	△	□
Bone	<	>
Bone/Masked	[	]
MCL	M	M
UCL	m	m
Free Field	⊗	⊗
Free Field/Aided	A	A
Blindfold		B
No response		I

PTA
Right: 15 dB HL
Left: 15 dB HL

Comments
BILATERAL NORMAL HEARING SENSITIVITY

Signature:

Handled by: Hodera Biomedica Pvt. Ltd. - www.hoderabiomedica.com



Date: 6 / 12 / 2022