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: Tasawar 'Cheema'
Forenames:
Address: P. Muck. Oman
Home telephone number: 9695 9730

Place of examination: | Date: 17/12/2024

If a dependant enter employee's name here
Surname: | Forenames:

Birth date: 10/9/1998 | Nationality: Pakistani | Country of birth: Pakistan | 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		✓	41. Awarded benefits for industrial injury/illness		✓
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	42. Treated for a mental condition, e.g. depression		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓	43. Treated for problem drinking or drug abuse		✓
6. Hayfever /other significant allergy		✓	26. Stroke		✓	44. Exposed to toxic substance or noise		✓
7. Any skin trouble		✓	27. Serious chest pain		✓	FOR WOMEN ONLY Have you ever had:-		
8. Tuberculosis		✓	28. Any blood disease		✓	45. An abnormal smear		
9. Shortness of breath		✓	29. Kidney disease		✓	46. Any gynaecological treatment		
10. Coughed/vomited blood		✓	30. Blood in urine		✓	47. Are you pregnant?		
11. Severe abdominal pain		✓	31. Diabetes		✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
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 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 Medical Officer 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 purposely withheld important medical information.

Date: 17/12/2024 | Signature of Applicant:

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.	PULSE	HEARING	VISION	Colour Vision	Blood Group
172	94	31.8	132/72	74/mins.	L R	DISTANT R L / NEAR R L Uncorrected 6/6 / 6/6 Corrected		

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 +)	Borderline total			11. CVS risk for 40 yrs. & above
✓		6. Sickle Cell test	cholesterol, and TG			12. HIV, Hepatitis screening

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

Advised diet control and exercise. To check Fasting lipid profile after 3 months

ASSESSMENT

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

Date: 17/12/2022 Name (Block Capitals): Dr. / Nurse RAKESH Signature: [signature]

REVIEW/CONSULTATION

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

DR. RAKESH TELLA

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 17/12/2022
Name: Tasawar Cheema		Department/Company: Tech
I. D No. 10934857	Tel # 96935730	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)
1	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
0	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total	

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 Tasawar *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and **correct.**

Signature: _____ **Date:** 17/12/2022

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman

T : +968 2568 8075
F : +968 2568 8025
M : +968 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com

[Aster@Home]
M : +968 9830 3232

هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
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ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

Fitness to Work Certificate

Employee Data			Date 17/12/2022
Name Tasawar Cheema			Department/Company IO
I.D No. 109342857	Age 29/yr		Occupation

Type of Medical Evaluation			Mark those applying √
A1	Aircraft refuelling		
A2	Breathing apparatus		
A3	Business traveller		
A4	Catering and food preparation		
A5	Crane or forklift driving & all heavy vehicles		
A6	Fire / Emergency response team work		
A7	Professional driving		
A8	Remote location work		
A9	Transfers – group A country		
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			
Puling, 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. [illegible]	Signature	Date 17/12/2022	

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عبري-سلطنة عمان

DEPARTMENT OF LABORATORY MEDICINE

File No:	0263282	**Report No:**	0641917		
Name:	TASAWAR CHEEMA	**Sample Date:**	17/12/2022	**Time:**	9:16
		Received By:	SREERAJ		
Address:		**Received Date:**	17/12/2022	**Time:**	9:26
Gender:	M **Age:** 29 Y **Nationality:** PAKISTANI	**Report Date:**	17/12/2022	**Time:**	11:12
GSM No.:	96959730 **ID Card No.:** 109342857	**Bill No:**	0855863	**Bill Date:**	17/12/2022
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 40 (Truckoman)		
FBS (FASTING BLOOD SUGAR)	5.15 mmol/L	3.9 - 6.1
Method :- Hexokinase	92.7 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**5.50 mmol/L**	1 - 5.1
Method:-Enzymatic	**212.63 mg/dl**	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.0 mmol/L	0.777 - 1.813
Method:-Enzymatic	38.66 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3.36 mmol/L	1.295 - 4.54
Method:-Calculation	129.72 mg/dl	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	**1.15 mmol/L**	0.259 - 1.036
Method:-Calculation	**44.25 mg/dl**	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	5.5	3.8 - 5.9
Method:-Calculation		
TRIGLYCERIDES	**2.50 mmol/L**	0.564 - 2.146
Method : Enzymatic	**221.25 mg/dl**	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.40 mg/dL	0.1 - 1
Method : Diazo	6.84 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.15 mg/dL	0.1 - 0.5
Method : Diazo	2.57 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	24.50 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	41.90 U/L	Male: 10-50 Female:10-35

Processed By:	*Approved By:*	*Released By:*	
JIBI	SREERAJ	SREERAJ	DR. SHAYFA P
Lab Technologist	*Lab Technologist*	*Lab Technologist*	*Specialist Pathologist*
MOH LIC No: 4384		MOH License No: 6644	MOH LIC NO:13475

Electronically Signed at: 17/12/2022 11:12:00 AM

Printed at: 17/12/2022 11:13:02 AM

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P.O. Box 400, Postal Code : 511
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T : +968 2568 8075
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Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	122.38 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)	8.18 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.59 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	**3.59 gm/dL**	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.28	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	51.02 U/L	Men : 8-61 Female : 5-36
Method :-Enzymatic Assay		
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	4.70 mmol/L	1.7 - 8.3
Method : Kinetic Assay	28.23 mg/dL	10.2 - 49.8
CREATININE - SERUM	92.26 µmol/L	44.2 - 123.7
Method :-Jaffé Method	1.04 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	7000 cells/cumm	4000 - 11000 cells/cumm
Method : -Fluorescence Flow Cytometry		
DC (DIFFERENTIAL COUNT)		
Method : -Fluorescence Flow Cytometry		
NEUTROPHILS	51.1 %	40-75%

Processed By:	*Approved By:*	*Released By:*	
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Lab Technologist	*Lab Technologist*	*Lab Technologist*	*Specialist Pathologist*
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GSM No.:	96959730 **ID Card No.:** 109342857	**Bill No:**	0855863	**Bill Date:**	17/12/2022
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
LYMPHOCYTES	39.1 %	20-45%
EOSINOPHILS	1.6 %	2-6 %
MONOCYTES	7.6 %	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	5.55 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
Method : - Hydrodynamically focussed impedance		
PLATELET COUNT	2.76 lakhs/cumm	1.0 - 4.0 lakhs / cumm
Method : - Hydrodynamically focussed impedance		
PCV (PACKED CELL VOLUME)	48.20 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	86.80 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	27.90 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	32.20 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	05 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		

Processed By:	*Approved By:*	*Released By:*	
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Lab Technologist	*Lab Technologist*	*Lab Technologist*	*Specialist Pathologist*
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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	1-2 /hpf	
EPITHELIAL CELLS	NIL /hpf	
CRYSTALS	NIL /hpf	
CAST	NIL /hpf	
BACTERIA	PRESENT /hpf	
YEAST CELLS	NIL /hpf	

Processed By:	*Approved By:*	*Released By:*	
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نحن نعتني بك دائما

X-RAY REPORT

Doc No:	0066529
Name:	TASAWAR CHEEMA
Age/DOB:	29 Y — ID Card No 109342857
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	17/12/2022
X-Ray Filim No:	TRUCK OMAN
Bill No:	0855863
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

Seal

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : + 968 2568 8075
F : + 968 2568 8025
M : +968 7155 9977
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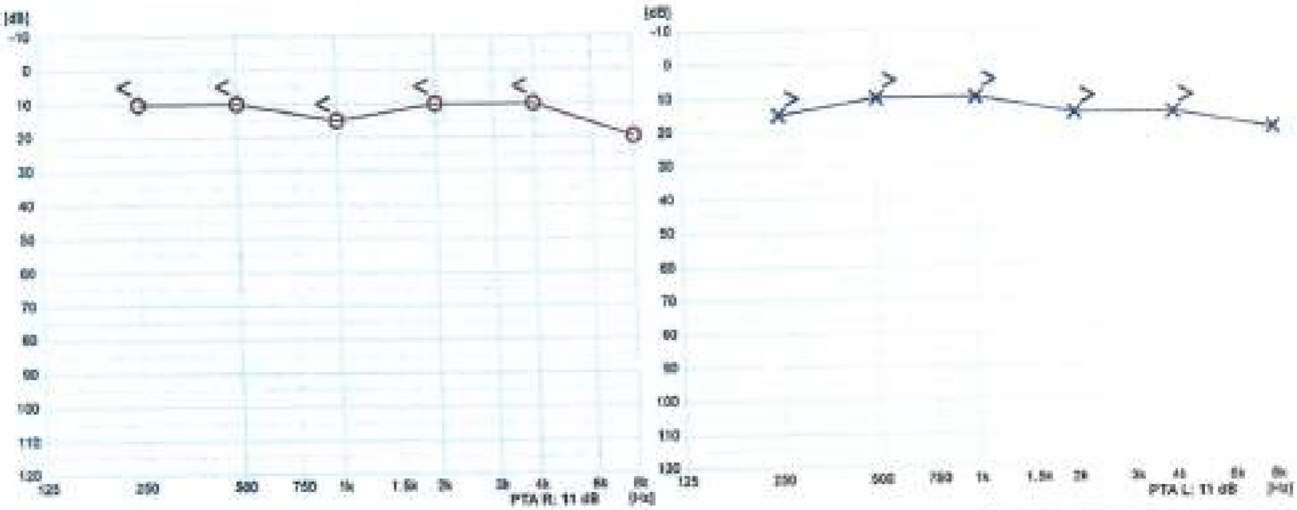
SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code: 0655863	Last name , First name TASAWAR , CHEEMA	Born: 17.12.2022
Test type Tonal audiometry	Test date: 17.12.2022	



Legend	R	L
Air	O	X
Air/Masked	Δ	☐
Bone	<	>
Bone/Masked	[	]
MCL	M	M
UCL	m	m
Free Field	Ø	N
Free Field/Aided	A	A
Binaural	B	
No response	↓	

PTA
Right: 11dBHL
Left: 11dBHL

Comments
BILATERAL NORMAL HEARING SENSITIVITY

س.ت رقم : ١٠٩٣٣٩٣
C.R. No: 1093393
PO Box: 2273
Postal Code: 133
Ibri: 3903
SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTRE

Signature:

Date: 17/12/2022

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