



11.32 Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

Petroleum Development Oman
MEDICAL DEPARTMENTPLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname		Wahid Zaman	
Forenames			
Address			
Home telephone number		91-79-7085	
Place of examination		Date 31/12/2011	
If a dependant enter employee's name here			
Surname		Forenames	
Birth date 24/7/90		Country of birth Pakistan	
Nationality Pakistan		Religion	
☐ Male ☐ Female	☐ Married ☐ Single ☐ Separated /Divorced	☐ 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	
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? () PDO 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 PDO reserve the right to dismiss me if it was found that I have purposely withheld important medical information.			
Date: 31/12/2011		Signature of Applicant: [Signature]	

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. Hemal Orifices										
☒		8. Anus & Rectum										
☒		9. Genito-urinary										
☒		10. Extremities										
☒		11. Musculo-skeletal										
☒		12. Skin & Vascular Vns.										
☒		13. C.N.S.										
HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE /min.	HEARING L R	VISION DISTANT R L		NEAR R L	Colour Vision	Blood Group		
175	74	24.2	120/70	84		Uncorrected Corrected	6/6 6/6	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.)												
Advice: Fastly lipid profile, after one month low fat diet, Exercise.												
ASSESSMENT:												
☒ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT												
Date: 30/10/2015 Name (Block Capitals): Dr. Rajan												
REVIEW/CONSULTATION												
Date: Name (Block Capitals): Dr. / Nurse Signature:												

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 31/12/2011
Name: Walid Zaman		Department/Company: T.O.
I.D No: 106234284	Tel # 91797085	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

☐ sitting and reading
☐ watching TV
☐ sitting inactive in a public place (e.g. theatre or meeting)
☐ as a passenger in the car for an hour without a break
☐ Lying down to rest in the afternoon when circumstances permit
☐ Sitting a talking with someone
☐ Sitting quietly after lunch without alcohol
☐ 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, Walid Zaman, certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: [Signature] Date: 31/12/2011

Fitness to Work Certificate

Employee Data		Date <u>31/12/2024</u>	
Name <u>Walid Zaman</u>		Department/Company <u>TO</u>	
I.D No. <u>106234284</u>	Age <u>34y</u>	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 <u>[Signature]</u>	Signature	Date <u>31/12/2024</u>	Date



DEPARTMENT OF LABORATORY MEDICINE

File No: 0264153
Name: WALEED ZAMAN

Address:
Gender: M Age: 30 Y Nationality: PAKISTANI
GSM No.: 91797085 ID Card No.: 106234284
Ref. By: EXTERNAL DOCTOR

Report No: 0643691
Sample Date: 31/12/2022 Time: 9:55
Received By: JIBI
Received Date: 31/12/2022 Time: 10:03
Report Date: 31/12/2022 Time: 10:46
Bill No: 0857888 Bill Date: 31/12/2022
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 40 (Truckoman)		
FBS (FASTING BLOOD SUGAR)	6.08 mmol/L	3.9 - 6.1
Method :- Hexokinase	109.44 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	5.85 mmol/L	1 - 5.1
Method:-Enzymatic	226.16 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	0.912 mmol/L	0.777 - 1.813
Method:-Enzymatic	35.26 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3.51 mmol/L	1.295 - 4.54
Method:-Calculation	135.68 mg/dl	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	1.43 mmol/L	0.259 - 1.036
Method:-Calculation	55.22 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	6.41	3.8 - 5.9
Method:-Calculation		
TRIGLYCERIDES	3.12 mmol/L	0.564 - 2.146
Method : Enzymatic	276.12 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.412 mg/dL	0.1 - 1
Method : Diazo	7.05 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.126 mg/dL	0.1 - 0.5
Method : Diazo	2.14 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	24.30 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	47.40 U/L	Male: 10-50 Female: 10-35

THAYFA THAHA
LAB TECHNICIAN
REG No. : 21829



Processed By:
JIBI
Lab Technologist

Approved By:
181773
Lab Technologist

Released By:
181773
Lab Technologist

DR. SHAYFA P
Specialist Pathologist

MOH LIC NO: 13475

MOH LIC No: 4384

MOH License No: 21829

Electronically Signed at: 31/12/2022 10:47:00 AM

Printed at: 31/12/2022 10:47:21 AM

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DEPARTMENT OF LABORATORY MEDICINE

File No: 0264153	Report No: 0643591
Name: WALEED ZAMAN	Sample Date: 31/12/2022 Time: 9:55
	Received By: JIBI
Address:	Received Date: 31/12/2022 Time: 10:03
Gender: M Age: 30 Y Nationality: PAKISTANI	Report Date: 31/12/2022 Time: 10:46
GSM No.: 91797086 ID Card No.: 106234284	Bill No: 0857888 Bill Date: 31/12/2022
Ref. By: EXTERNAL DOCTOR	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	126.57 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)	7.89 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.80 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3.09 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.55	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	59.09 U/L	Men : 8-61 Female : 5-36
Method :-Enzymatic Assay		
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	3.50 mmol/L	1.7 - 8.3
Method : Kinetic Assay	21.02 mg/dL	10.2 - 49.8
CREATININE - SERUM	71.81 µmol/L	44.2 - 123.7
Method :-Jaffé Method	0.81 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	8200 cells/cumm	4000 - 11000 cells/cumm
Method :-Fluorescence Flow Cytometry		
DC (DIFFERENTIAL COUNT)		
Method :-Fluorescence Flow Cytometry		
NEUTROPHILS	55.6 %	40-75%



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DEPARTMENT OF LABORATORY MEDICINE

File No: 0264153
Name: WALEED ZAMAN

Address:
Gender: M Age: 30 Y Nationality: PAKISTANI
GSM No.: 91797085 ID Card No.: 106234284
Ref. By: EXTERNAL DOCTOR

Report No: 0643591
Sample Date: 31/12/2022 Time: 9:55
Received By: JIBI
Received Date: 31/12/2022 Time: 10:03
Report Date: 31/12/2022 Time: 10:46
Bill No: 0857888 Bill Date: 31/12/2022
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
LYMPHOCYTES	32.9 %	20-45%
EOSINOPHILS	5.4 %	2-6 %
MONOCYTES	6.0 %	2-8 %
BASOPHILS	0.1 %	0-1%
HB (HEMOGLOBIN)	18.0 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
Method : -Cyanide-free SLS haemoglobin		
TOTAL RBC COUNT	6.59 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
Method : - Hydrodynamically focussed impedance		
PLATELET COUNT	2.29 lakhs/cumm	1.0 - 4.0 lakhs / cumm
Method : - Hydrodynamically focussed impedance		
PCV (PACKED CELL VOLUME)	55.60 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	84.40 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	27.30 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	32.40 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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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	



Jibi

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X-RAY REPORT

Doc No:	0066988
Name:	WALEED ZAMAN
Age/DOB:	30 Y Omani ID/ L.Card No:: 106234284
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	31/12/2022
X-Ray Film No:	PDO
Bill No:	0857888
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

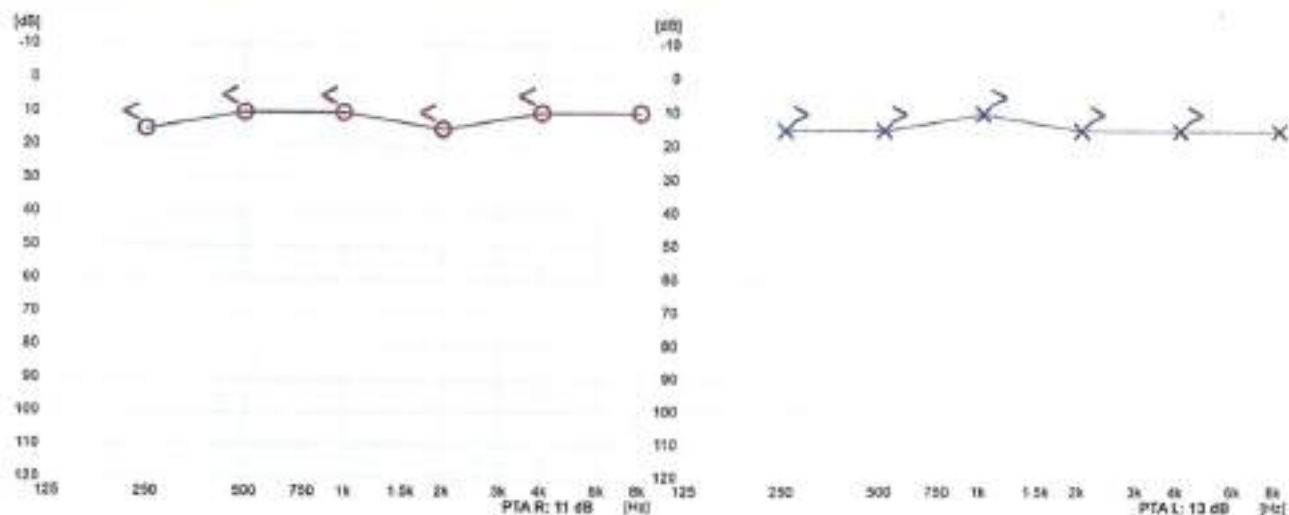
Signature:

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



SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code: 0857888	Last name, First name: WALEED, ZAMAN	Born: 31.12.2022
Test type: Tonal audiometry	Test date: 31.12.2022	



Legend	R	L
Air	○	×
AirMasked	△	□
Bow	<	>
Scrambled	[	]
MCL	M	M
UCL	m	m
Free Field	⊗	⊗
Free FieldAided	A	A
Binaural	B	
No response	I	

PTA

Right: 11dBHL

Left: 13dBHL

Comments
BILATERAL NORMAL HEARING SENSITIVITY

Signature:

Heard by Hedera Biomedics GmbH - www.hedera-biomedics.com



Date: 31/12/2022