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	Syed Iram Ali Shamim Syed
Forenames	
Address	
Home telephone number	9[illegible]35-70. Oman

Place of examination	Date: 4/2/2023		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: 18/4/1987	Nationality: Pakistani	Country of birth: Pakistani	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 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: 4/2/2023 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 DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
155	104	[illegible]	120/80	74 /mins.	L R	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 ☐ EMPORARY UNFIT ☐ NFIT

Date: 4/2/2013 Name (Block Capitals): [illegible] Signature:

REVIEW/CONSULTATION

Date: Name (Block Capitals): [illegible] Signature

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 4/9/2023
Name: Syed Imam Ali Shumim		Department/Company: Aon
I. D No. 91333113	Tel # 94113570	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
1	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	2

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

Signature: _____ **Date:** 4/9/2023

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مستشفى أستر
نحن نعتني بك دائما

Fitness to Work Certificate

Employee Data			Date	4/2/2023
Name	Syed Inam Ali Shamsi		Department/Company	FD
I.D No.	91833118	Age 35/4H	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			
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	**Signature**	**Date** 4/2/2023	

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ص.ب: ٤٠٠ الرمز البريدي: ٥١١
عبري سلطنة عمان

DEPARTMENT OF LABORATORY MEDICINE

File No:	0213998	**Report No:**	0647389		
Name:	SYED INAM ALI	**Sample Date:**	04/02/2023	**Time:**	9:30
		Received By:	SREERAJ		
Address:		**Received Date:**	04/02/2023	**Time:**	9:35
Gender:	M **Age:** 35 Y **Nationality:** PAKISTANI	**Report Date:**	04/02/2023	**Time:**	10:47
GSM No.:	99624394 **ID Card No.:** 91333113	**Bill No:**	0862356	**Bill Date:**	04/02/2023
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 40 (Truckoman)		
FBS (FASTING BLOOD SUGAR)	5.22 mmol/L	3.9 - 6.1
	93.96 mg/dL	70 - 110
Method :- Hexokinase		
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**5.30 mmol/L**	1 - 5.1
	204.9 mg/dl	40 - 200
Method:-Enzymatic		
HDL (HIGH DENSITY LIPOPROTEIN)	1.14 mmol/L	0.777 - 1.813
	44.07 mg/dl	30 - 70
Method:-Enzymatic		
LDL (LOW DENSITY LIPOPROTEIN)	3.56 mmol/L	1.295 - 4.54
	137.29 mg/dl	50 - 172
Method:-Calculation		
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.61 mmol/L	0.259 - 1.036
	23.54 mg/dl	10 - 40
Method:-Calculation		
RATIO (TOTAL CHOL / HDL CHOL)	4.65	3.8 - 5.9
Method:-Calculation		
TRIGLYCERIDES	1.33 mmol/L	0.564 - 2.146
	117.705 mg/dl	50 - 190
Method : Enzymatic		
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.57 mg/dL	0.1 - 1
	9.75 µmol/L	1 - 17.1
Method : Diazo		
DIRECT BILIRUBIN - SERUM	0.20 mg/dL	0.1 - 0.5
	3.42 µmol/L	1 - 8.55
Method : Diazo		
SGOT (AST)-SERUM (IFCC)	23.30 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	33.20 U/L	Male: 10-50 Female:10-35

SREERAJ
Medical Lab Technologist

Processed By:
181773
Lab Technologist
MOH License No: 21829

Approved By:
SREERAJ
Lab Technologist

Released By:
SREERAJ
Lab Technologist
MOH License No: 8644

DR. SHAYFA P
Specialist Pathologist
MOH LIC NO:13475
Electronically Signed at: 04/02/2023 10:47:00 AM

Printed at: 04/02/2023 10:47:51 AM

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GSM No.:	99624394 **ID Card No.:** 91333113	**Bill No:**	0862356	**Bill Date:**	04/02/2023
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	69.15 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)	8.26 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.50 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	**3.76 gm/dL**	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.2	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM Method :-Enzymatic Assay	48.85 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	5.50 mmol/L	1.7 - 8.3
Method : Kinetic Assay	33.03 mg/dL	10.2 - 49.8
CREATININE - SERUM	100.45 µmol/L	44.2 - 123.7
Method :-Jaffé Method	1.14 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	5300 cells/cumm	4000 - 11000 cells/cumm
Method : -Fluorescence Flow Cytometry		
DC (DIFFERENTIAL COUNT)		
Method : -Fluorescence Flow Cytometry		
NEUTROPHILS	52.2 %	40-75%

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DEPARTMENT OF LABORATORY MEDICINE

File No: 0213998
Name: SYED INAM ALI
Address:
Gender: M **Age:** 35 Y **Nationality:** PAKISTANI
GSM No.: 99624394 **ID Card No.:** 91333113
Ref. By: EXTERNAL DOCTOR

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Received By: SREERAJ
Received Date: 04/02/2023 **Time:** 9:35
Report Date: 04/02/2023 **Time:** 10:47
Bill No: 0862356 **Bill Date:** 04/02/2023
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
LYMPHOCYTES	34.2 %	20-45%
EOSINOPHILS	5.3 %	2-6 %
MONOCYTES	7.9 %	2-8 %
BASOPHILS	0.4 %	0-1%
HB (HEMOGLOBIN)	16.3 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
Method : -Cyanide-free SLS haemoglobin		
TOTAL RBC COUNT	5.44 million/cu	MALE: 4.5-6 5million/cu FEMALE: 3.9-5.5million/cu
Method : - Hydrodynamically focussed impedance		
PLATELET COUNT	1.99 lakhs/cumm	1.0 - 4.0 lakhs / cumm
Method : - Hydrodynamically focussed impedance		
PCV (PACKED CELL VOLUME)	51.60 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	94.90 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	30.00 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	31.60 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		

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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	

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X-RAY REPORT

Doc No:	0068021
Name:	SYED INAM ALI
Age/DOB:	35 Y — Omani ID/ L.Card No:: 91333113
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	04/02/2023
X-Ray Filim No:	PDO
Bill No:	0862356
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 License: 21058
ASTER HOSPITAL IBRI

OMAN AL-KHAIR HOSPITAL L.L.C

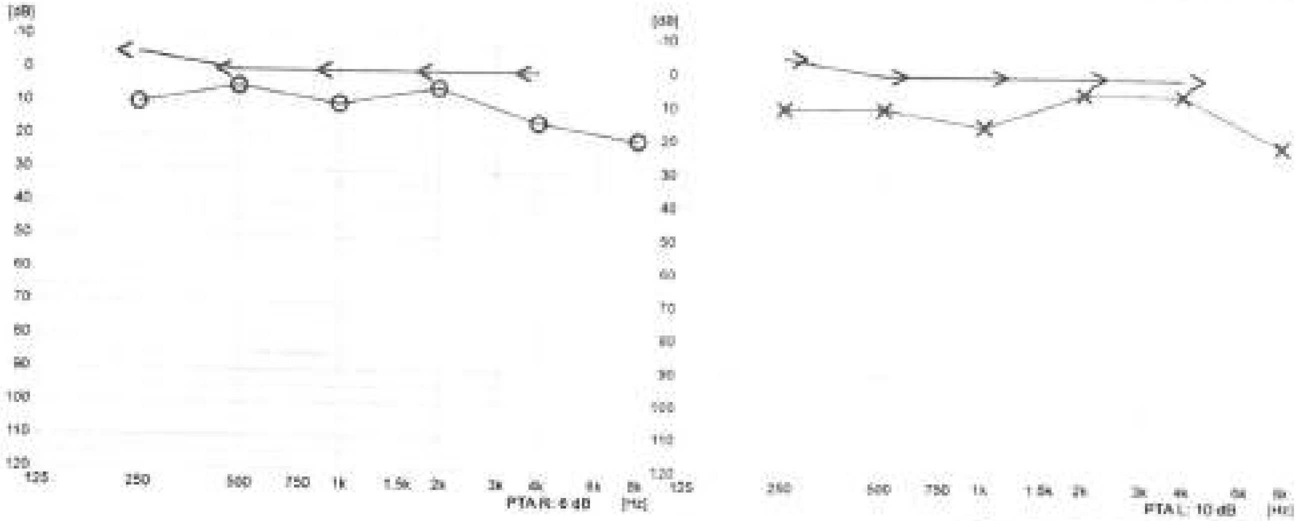
Seal

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

IBRI

22349191

Code	Last name , First name	Born
0862356	SYED INAM , ALI	04.02.2023
Test type	**Test date**	
Tonal audiometry	04.02.2023	



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

PTA

Right :- 6 dBHL

Left :- 10dBHL

Comments

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

Signature:

C.R. No: 1093393

P.O. Box: 2273

Postal Code: 133

Ibri: 3903

Date: 04/02/2023