

11.32 Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)



Petroroleum Development Oman
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname: Farhan Amir Khan		Forenames: Chaudhry Amir	
Address: 949 25th St		Home telephone number: 949 25th St	
Place of examination:	Date:	If a dependant enter employee's name here: Surname: Farhan Amir Khan Chaudhry Forenames: Amir	
Birth date: 5/1/89	Nationality: Pakistani	Country of birth: Pakistan	Religion: Muslim
☒ 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	
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/arm/pit	☒		
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: 28/11/2022		Signature of Applicant: Farhan	

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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. Hemial 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 b/min	HEARING L R	VISION DISTANT R L NEAR R L Uncorrected Corrected	Colour Vision	Blood Group
185	90	26.3	120/70	75		G/B G/B		

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:

28/11/2022 Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 28/1/22
Name: Fashan Amir Khan Chaudhary		Department/Company:
I. D No. 113275317	Tel #94922474	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
- 1 Lying down to rest in the afternoon when circumstances permit
- 0 Sitting and 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, Fashan Amir Khan Chaudhary (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Fashan Amir Khan Chaudhary Date: 28/1/22

Fitness to Work Certificate

Employee Data		Date 28/11/22	
Name <i>Faheem Amir Khan Chaudhary</i>		Department/Company	
ID No. 113275315	Age 33yr	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			
Lifting, 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 <i>Dr. Qasim</i>	Signature	Date 28/11/2022	Date



DEPARTMENT OF LABORATORY MEDICINE

File No: 0178076	Report No: 0639619
Name: FARHAN AMIR KHAN CHAUDHRY	Sample Date: 28/11/2022 Time: 11:23
	Received By: 181773
Address:	Received Date: 28/11/2022 Time: 11:49
Gender: M Age: 33 Y Nationality: PAKISTANI	Report Date: 28/11/2022 Time: 13:09
GSM No.: 98162220 ID Card No.: 113275317	Bill No: 0853144 Bill Date: 28/11/2022
Ref. By: EXTERNAL DOCTOR	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 40 (Truckman)		
FBS (FASTING BLOOD SUGAR)	5.03 mmol/L	3.9 - 6.1
Method :- Hexokinase	90.54 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	5.16 mmol/L	1 - 5.1
Method:-Enzymatic	199.49 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.08 mmol/L	0.777 - 1.813
Method:-Enzymatic	41.75 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3.05 mmol/L	1.295 - 4.54
Method:-Calculation	117.91 mg/dl	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	1.03 mmol/L	0.259 - 1.036
Method:-Calculation	39.83 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	4.78	3.8 - 5.9
Method:-Calculation		
TRIGLYCERIDES	2.25 mmol/L	0.564 - 2.146
Method : Enzymatic	199.125 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.50 mg/dL	0.1 - 1
Method : Diazo	8.55 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.20 mg/dL	0.1 - 0.5
Method : Diazo	3.42 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	24.70 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	37.30 U/L	Male: 10-50 Female: 10-35

Processed By:

181773

Lab Technologist

Approved By:

SREERAJ

Lab Technologist

Released By:

SREERAJ

Lab Technologist

DR. SHAYFA P

Specialist Pathologist

MOH LIC NO:13475

MOH License No: 21829

MOH License No: 6644

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INVESTIGATION	RESULT	REFERENCE RANGE
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	161.91 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)	8.45 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.79 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3.66 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.31	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	27.20 U/L	Men : 8-61 Female : 5-36
Method :-Enzymatic Assay		
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	3.90 mmol/L	1.7 - 8.3
Method : Kinetic Assay	23.42 mg/dL	10.2 - 49.8
CREATININE - SERUM	86.40 µmol/L	44.2 - 123.7
Method :-Jaffe Method	0.98 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	7130 cells/cumm	4000 - 11000 cells/cumm
Method : -Fluorescence Flow Cytometry		
DC (DIFFERENTIAL COUNT)		
Method : -Fluorescence Flow Cytometry		
NEUTROPHILS	53.5 %	40-75%

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Ref. By: EXTERNAL DOCTOR	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
LYMPHOCYTES	35.1 %	20-45%
EOSINOPHILS	4.5 %	2-6 %
MONOCYTES	5.9 %	2-8 %
BASOPHILS	1.0 %	0-1%
HB (HEMOGLOBIN)	17.6 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
Method : -Cyanide-free SLS haemoglobin		
TOTAL RBC COUNT	6.39 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
Method : - Hydrodynamically focussed impedance		
PLATELET COUNT	1.85 lakhs/cumm	1.0 - 4.0 lakhs / cumm
Method : - Hydrodynamically focussed impedance		
PCV (PACKED CELL VOLUME)	51.40 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	80.40 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	27.50 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	34.20 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	06 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:

181773

Lab Technologist

Approved By:

SREERAJ

Lab Technologist

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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	

Chromalab

Processed By:
181773
Lab Technologist

Approved By:
SREERAJ
Lab Technologist

SREERAJ
SREERAJ
Lab Technologist

Released By:
SREERAJ
Lab Technologist

DR. SHAYEA P
DR. SHAYEA P
Specialist Pathologist

MOH License No: 21829

MOH License No: 6844

MOH LIC NO:13475

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X-RAY REPORT

Doc No:	0065971
Name:	FARHAN AMIR KHAN CHAUDHRY
Age/DOB:	33 Y Omani ID/ L.Card No:: 113275317
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	28/11/2022
X-Ray Film No:	PDO
Bill No:	0853144
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

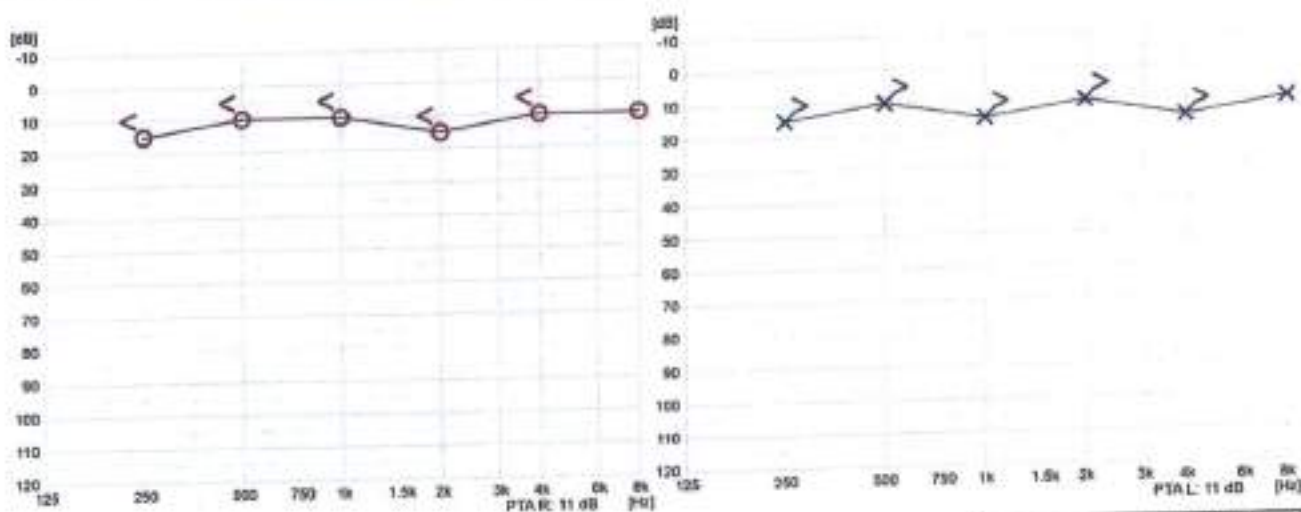
Conclusion: A normal X-ray appearance

Signature:

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



Code: 0853144	Last name, First name FARHAN AMIR KHAN, CHOLURIGWEZ	Born: 28.11.2022
Test type Pure tone	Test date: 28.11.2022	



Legend	R	L
Air		
AirMasked		
Bone		
BoneMasked		
MDL		
UCL		
Free Field		
Free FieldAidort		
Binaries		
No response		

PTA

Right: 11dB HL

left: 112 BHz

Comments
BILATERAL NORMAL HEARING SENSITIVITY

Signature:

Healed by Hadeerah Blomfield - www.hadeerahblomfield.com



Date: 28/11/2022