1.1 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	AL MASRUDI
Forenames	ADIL HASAN ALI
Address	
Home telephone number	95198096
Employment No #	

Place of examination	Date:-
MOC AL HAIL	May 30, 2021

If a dependant enter employee's name here:

Surname:	Forenames:		
Birth date: 9-03-1982	Nationality: OMANI	Country of birth:	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 (X) Tuberculosis (X) Epilepsy (X) Asthma (X) Eczema (X)
Heart disease (X) High blood pressure (X) Stroke (X) Blood Disease (X) Cancer (X)

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: May 30, 2021 **Signature of Applicant:**

CR No 1658137
Sultanate of Oman
RECEPTION
mmc specialty hospital Al Hail

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
✓		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 L	VISION NEAR R L	Colour Vision	Blood Group
177	87.7	28	131/80	76/mins.	L N R N	Uncorrected 6/6 6/6 Corrected	6/6 6/6	N	—

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis		✓		7. Audiogram
✓		2. Hb, Blood count, 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 SPECIFIC RESTRICTION**
- [ ] **TEMPORARY UNFIT**
- [ ] **AWAITING SPECIALIST ASSESSMENT**

FIT

REVIEW/CONSULTATION

Adv to Consult internal medicine for abnormal lipid profile

DR. MUHAMMAD KAMRAN

DATE: 17/06/2021 DOCTOR NAME: SIGNATURE:

DR. MUHAMMAD KAMRAN
General Practitioner
MOH Lic. No: 7638
nmc speciality hospital, Al Hail

C.R. No: 1662137
Sultanate of Oman
RECEPTION
nmc speciality hospital, Al Hail

DEPARTMENT OF LABORATORY MEDICINE

File No:	50041530	**Report No:**	0025847		
Name:	ADIL HASAN ALI AL MASOUDI	**Sample Date:**	30/05/2021	**Time:**	10:52
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 39 Y **Nationality:** OMANI	**Report Date:**	30/05/2021	**Time:**	14:38
GSM No.:	95188096 **ID Card No.:** 7486226	**Bill No:**	0080208	**Bill Date:**	30/05/2021
Ref. By:	DR MUHAMMAD KAMRAN	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE ABOVE 40 YEARS		
TOTAL WBC COUNT	5.11 x 10^3 / µL	4.00-11.00 x 10^3 / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	35.53 %	40-75%
LYMPHOCYTE (%)	53.38 %	20-45%
MONOCYTE (%)	5.59 %	2-8%
EOSINOPHIL (%)	4.20 %	1-6%
BASOPHIL (%)	1.30 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	6 mm/1st hr	MALE:0-9 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
RANDOM BLOOD SUGAR	5.5 mmol/L	4.11 -7.9mmol/L
SGPT (ALT)	51.4 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
CREATININE	83.8 umol/L	Adults: MALE: 62 - 106 µ mol/L, FEMALE: 44 - 80 µ mol/L
HAEMOGLOBIN	15.40 gm/dl	Male : 13 -18 gm/dl Female:11-15 gm /dl childrens upto 1year-11.0 - 13.0 gm /dl upto12years-11.5 - 14.5 gm /dl cord blood:13 -19.5 gm /dl
URINE ROUTINE		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	8.0	<6.0

Verified By:

10195
Lab Technologist
MOH License No:
Electronically signed at: 5/30/2021 2:38:00

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 30/05/2021 8:04:00 PM

RECEPTION

nmc speciality hospital

Printed at: 15/06/2021 5:29:26 PM

DEPARTMENT OF LABORATORY MEDICINE

File No:	50041530	**Report No:**	0025847		
Name:	ADIL HASAN ALI AL MASOUDI	**Sample Date:**	30/05/2021	**Time:**	10:52
		Received By:			
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Gender:	M **Age:** 39 Y **Nationality:** OMANI	**Report Date:**	30/05/2021	**Time:**	14:38
GSM No.:	95188096 **ID Card No.:** 7486226	**Bill No:**	0080208	**Bill Date:**	30/05/2021
Ref. By:	DR MUHAMMAD KAMRAN	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
SPECIFIC GRAVITY	1.020	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
PUS CELLS	1-2 /hpf	NIL
RBCs	0-1 /hpf	NIL
EPITHELIAL CELLS	0-2 /hpf	NIL
CRYSTAL	NIL	NIL
CAST	NIL	NIL
BACTERIA	NIL	
MUCOUS THREAD	NIL	
LIPID PROFILE		
TOTAL CHOLESTEROL	7.57 mmol/L	Up to 5.2 mmol/L
HDL	1.3 mmol/L	>1.5 mmol/L
TRIGLYCERIDES	5.8 mmol/L	Desirable : <2.083 mmol/L Boderline high : 2.83 - 5.67 mmol/L Hypertriglyceridemia >5.65 mmol/L
LDL	4.0 mmol/L	< 2.6 mmol/L
VLDL	2.64 mmol/L	0.128-0.645mmol/L
SICKLE CELL	NEGATIVE	
(Solubility test)		

Verified By:

10195

Lab Technologist

MOH License No:

Electronically signed at: 5/30/2021 2:38:00

Approved By:

DR ROSE MARY

Specialist Pathologist

MOH License No: 18178

Electronically signed at: 30/05/2021 8:04:00 PM

nmc specialty hospital

Printed at: 15/06/2021 5:29:26 PM

Tone threshold audiometric test

30/05/2021 12:28:54 PM

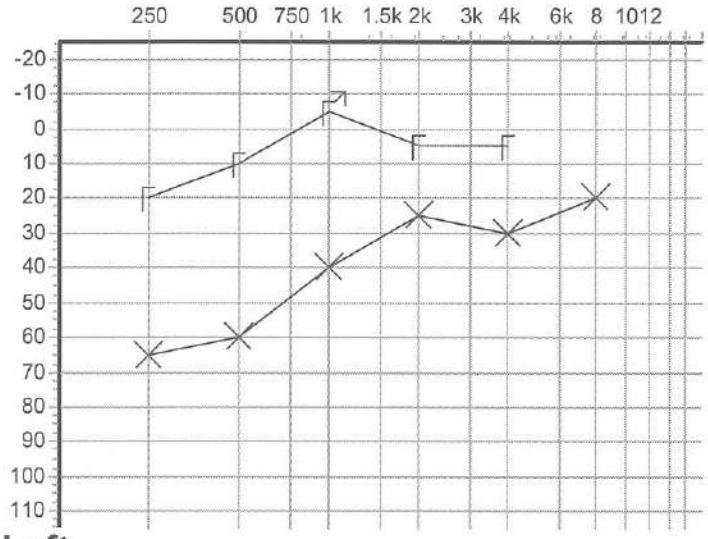
Name: **adil hasan ali**
Surname: **al masoudi**

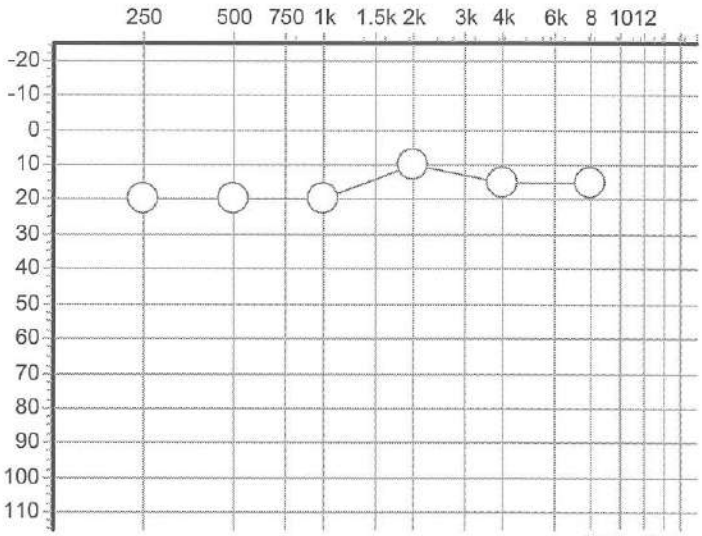
Date of birth: 1982/03/30
Age in years: 39

Company: DR. MUHAMMAD KAMRAN
Department:
Job title:
Number:

ID/SS number: 50041530
Passport no.:

Significance: **None**





Left **Right**

Left 125	250	500	1k	2k	3k	4k	6k	8k	9k	10k	11.2	12.5	14k	16k	Frequencies	Right 125	250	500	1k	2k	3k	4k	6k	8k	9k	10k	11.2	12.5	14k	16k
	65	60	40	25		30		20							**Air thresholds**	20	20	20	10		15		15						
	-9	-8	-2	-18		-14		-30							Noise in ear canal	-6	-10	-16	-18		-28		-32						
	-8	-6	-7	-16		-23		2							Noise for threshold-5dB	-6	-10	-14	-19		-25		-34						
	20	10	-5	5		5									**Bone thresholds**														
	-8	-7	-6	-16		-24									Noise in ear canal														
	-8	-6	-3	-17		-14									Noise for threshold-5dB														
															Maximum masking														

ZA PLH

Binaural impairment

Bone unmasked
Noise in ear canal
Noise for threshold-5dB

Pure tone avg. (500 1k 2k)	Patient response statistics			Pure tone avg. (500 1k 2k)
42	n	73	Test re-test reliability (1st freq.) -5	17
	Mean	706	False positive response % 0	
	Standard deviation	152		

Audiogram notes:

adil hasan ali al masoudi

esraa al hammadi NMC AL HAIL 10762

KUDUwave

Last calibration date: 20/10/2017

Capturer of data version number: 2.12.12.0
Report software version: 2.4.3.0
Report generated on: 17/06/2021 10:38:04 AM
Unique Global Patient Number: C03D7451E37C4B199F8E0A2466F65A97

KUDUwave serial number: 0901-00672
Bone vibrator serial number: A59827
Sound booth: SANS 10182 Diagnostic
Type of audiometer: Near Type 1
Test protocol:

Vitalograph

Pulmonary Function Report

Subject Information

Miner ID:	2021150_124201050	Miner Alternate ID:	50041530		
Miner Last Name:	Al Masoudi	Miner First Name:	Adil Hasan	Miner Middle Name:	Ali
Population Group:	MIDDLE EAST	Gender:	Male	Date of Birth:	3/30/1982
Age:	39	Height:	177 cm	Weight:	87.0 kg
BMI:	27.8	Smoking Details:	Non Smoker		

Test Session Information

Test Date:	30/05/2021 12:45	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	5	Accuracy Chk:	5/30/2019 15:42	Technician ID:	user
Pred. Values:	Golshan	Pred. Factor:	100%	Posture:	Sitting
Temperature:	00.0°C	Barometric Pressure:	0	Humidity:	0
Calibration Result:	P				
Values at BTPS					

Results

Parameter	Best	LLN	Pred	% Pred	Best Test	Best 2	Best 3
FVC (L)	4.79	4.13	4.93	97			
FEV1 (L)	2.91*	3.41	4.24	69			
FEV1 Ratio	0.61*	0.68	0.80	76			
FEV6 (L)	4.77	4.13	4.93	97			
PEF (L/min)	224*	464	640	35			
FEF25-75 (L/s)	2.52*	3.92	5.02	50			

* Below lower limit of normality (LLN)

Session Quality and Repeatability Information

Session Grade	FVC Rep	FEV1 Rep	Slow Start of Test	End of test criteria not achieved	Cough detected in 1st second
C	0.01 L (0.2%)	0.68 L (23.4%)	0 blow(s)	1 blow(s)	1 blow(s)

Computer Suggested Interpretation

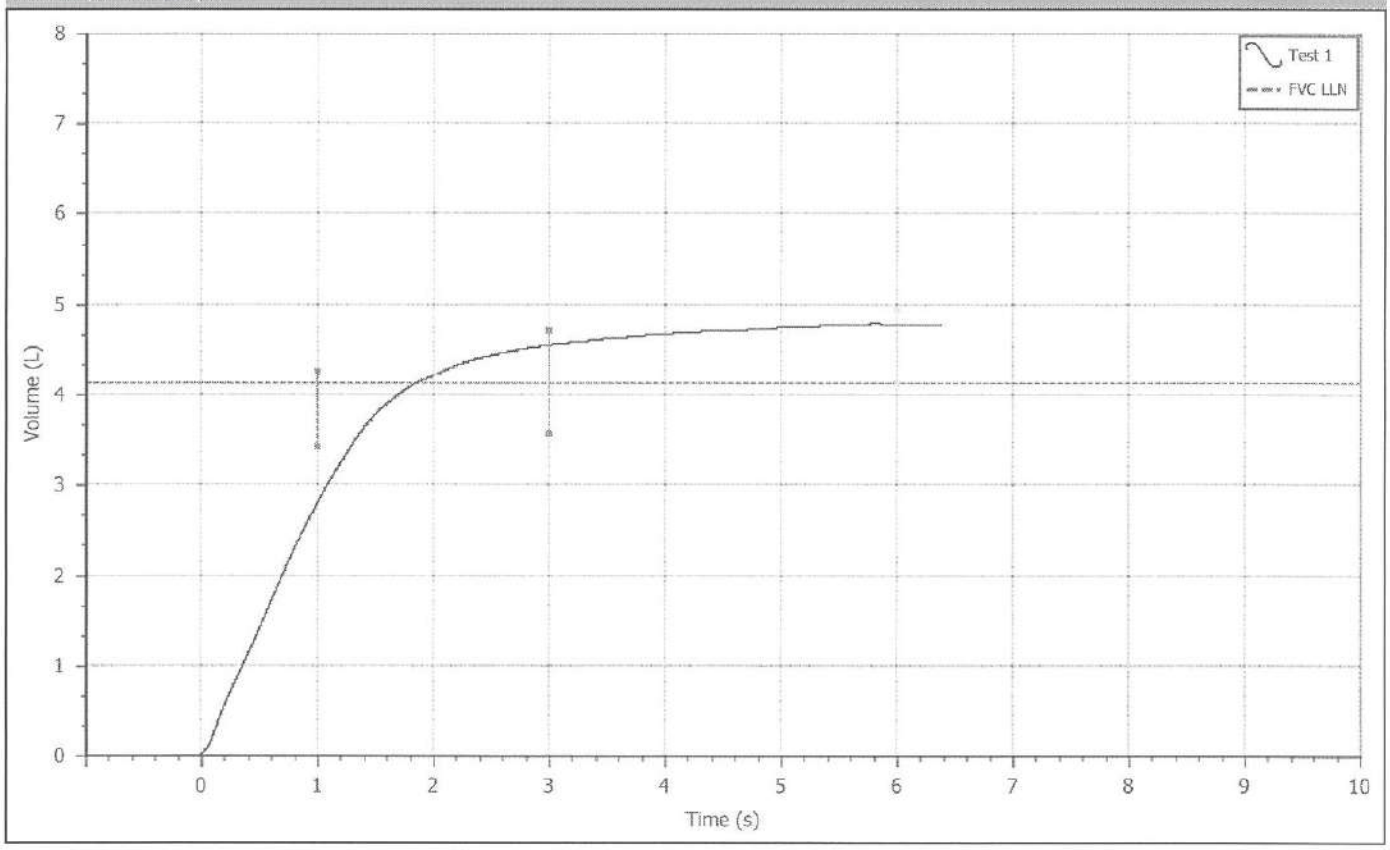
Computer interpretations cannot be relied upon for diagnosis. PRE: Moderate airways obstruction.

User Interpretation

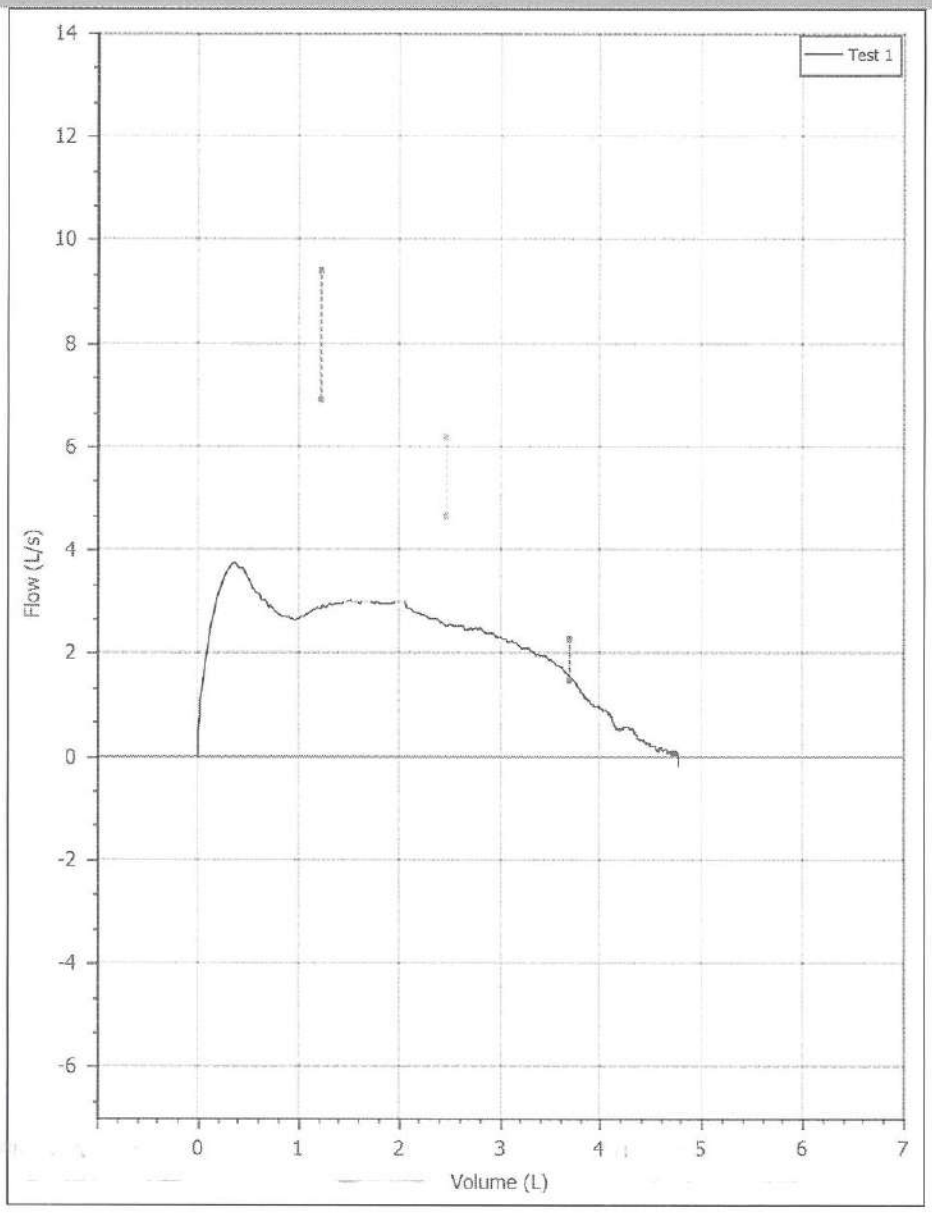
Session Comments

مستشفى ان ام سي التخصصي - الحيل
سجل رقم : ١٦٦٨١٣٧
C.R. No: 1668137
Sultanate of Oman
RECEPTION
nmc specialty hospital, Al Hail

Volume/Time Graph

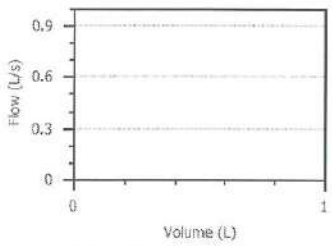


Flow/Volume Graph

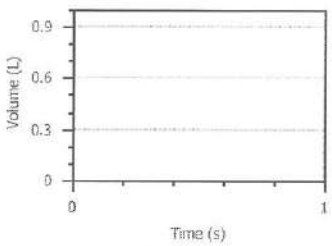


Individual Tests

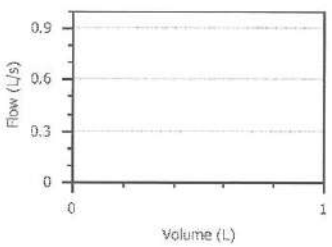
Flow/Volume Graph: Test 1



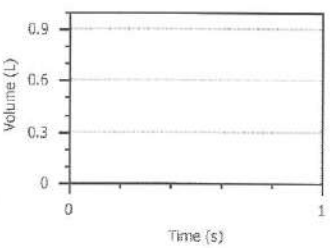
Volume/Time Graph: Test 1



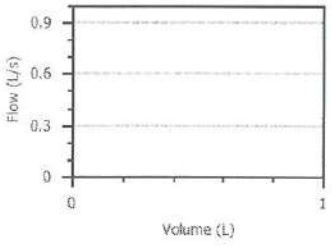
Flow/Volume Graph: Test 2



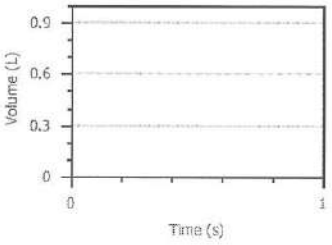
Volume/Time Graph: Test 2



Flow/Volume Graph: Test 3



Volume/Time Graph: Test 3



Signature: _____ **Date:** May 30, 2021

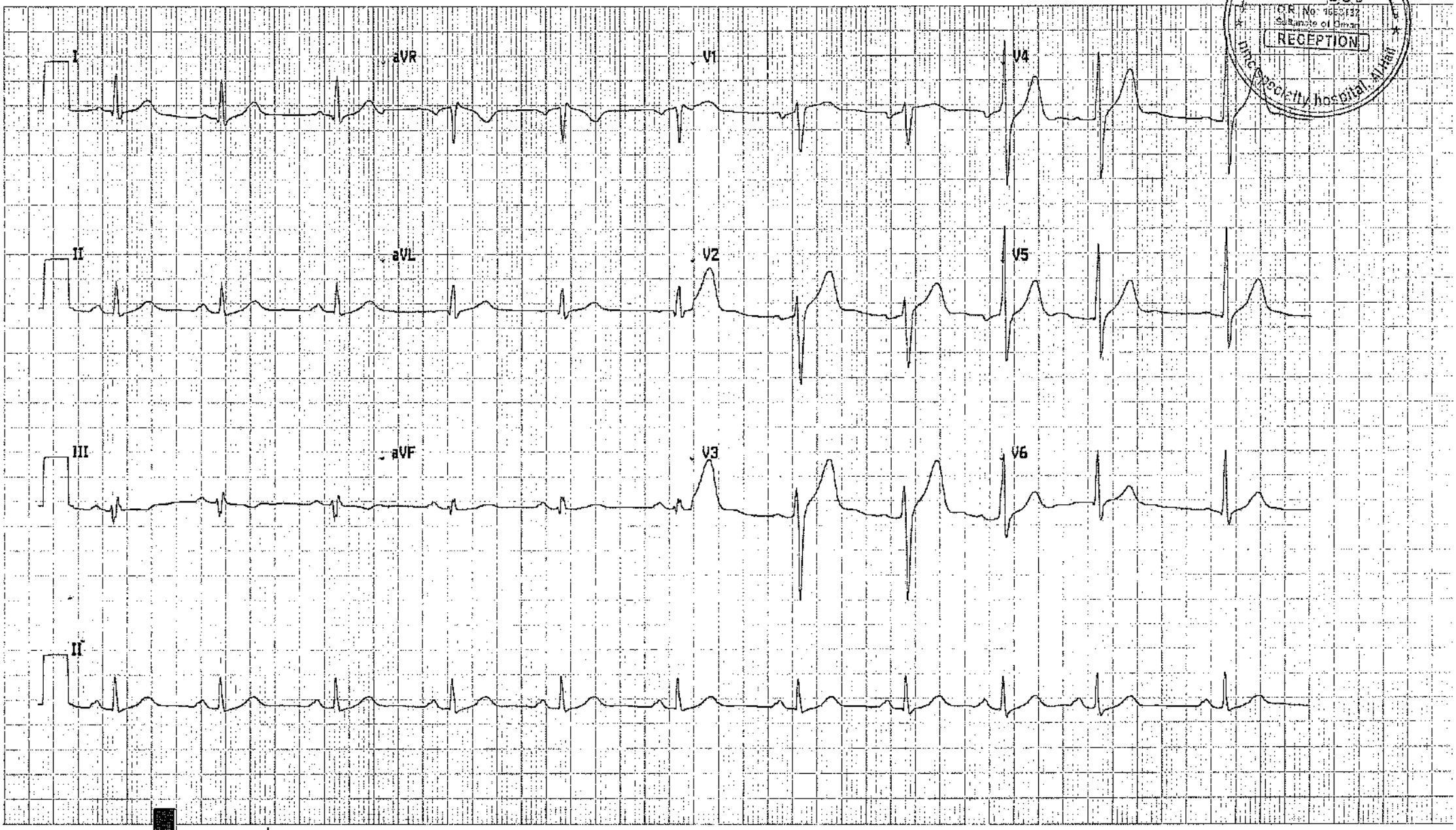
Adil hasan ali, Al masoudi
ID: 50041530
DOB:
39yr,

30-May-2021 11:10:39

Vent rate:	66 BPM
PR int:	174 ms
QRS dur:	101 ms
QT/QTc:	396/410 ms
P-R-T axes:	65 31 27

SINUS RHYTHM WITH SINUS ARRHYTHMIA
POSSIBLE LEFT ATRIAL ENLARGEMENT [-0.1mV P WAVE IN V1/V2]
ST ELEVATION, PROBABLY EARLY REPOLARIZATION [ST ELEVATION WITH NORMALLY INFLECTED T WAVE]
BORDERLINE ECG

UNCONFIRMED REPORT



Mr/M/s .....

.....

.....

مستشفى أن أم سي التخصصي،الغبرة
nmc specialty hospital, al ghoubra

PATIENT REFFERAL FORM

To :

أن أم سي للرعاية الصحية ش م م
سجل تجاري ١٣٤٨٣٨٧، ص.ب ٦١٣، الرمز البريدي ١٣٣، الغبرة، محافظة مسقط
سلطنة عمان، هاتف: ٢٤٥٠٠٣٠٠ (٩٦٨+)، فاكس: ٢٤٥٠١١٠١ (٩٦٨+)
البريد الإلكتروني: nmc.ghoubra@nmcoman.com

NMC Healthcare LLC
C.R.No: 1348387, P.O.Box: 613, P.C: 133, Al Ghoubra, Governorate of Muscat
Sultanate of Oman, T: (+968) 2450 3030, F: (+968) 2450 1101
E: nmc.ghoubra@nmcoman.com

Please treat Mr./Ms. Adil Hasan Al-Maseudi

No. 7486226 against Cash / Credit Payment and oblige

Date : 30/5/2021

Seal & Signature

Consultation

Laboratory PDO Fit

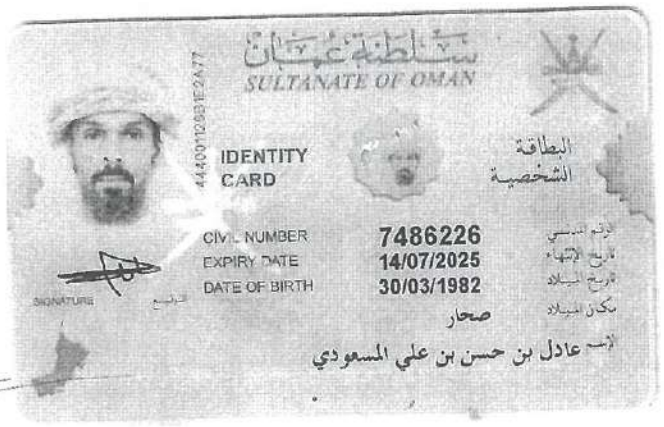
CT/MRI

X-ray

ECG

Inj./IV

Others


سلطنة عمان
SULTANATE OF OMAN
IDENTITY CARD
البطاقة الشخصية
CIVIL NUMBER 7486226
EXPIRY DATE 14/07/2025
DATE OF BIRTH 30/03/1982
صحار
عادل بن حسن بن علي المسعودي
SIGNATURE


VEHICLE DRIVING LICENCE
ROYAL OMAN POLICE
D.G. OF CIVIL STATUS
CLASS
NOTE
NAME ADIL HASAN ALI AL MASOUDI
IDOMN7486226<<1<<<<<<<<<<<<<<<
8203302M25071450MN<<<<<<<<<<<0
ADIL<HASAN<ALI<<AL<MASOUDI<<<<


C.R. No.
REC
Nmc specialty hospital, Al Hail