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

MAZHAR HUSSAIN

Surname

Forenames

Address

Home teleph.

Employment No #

Place of examination	Date:- 9/9/2021

If a dependant enter employee's name here:

Surname: Forenames:

Birth date: 04/4/1978 Nationality: Pakistani Country of birth: Pakistan Religion: Islam

☐ Male ☐ Female ☑ Married ☐ Single ☐ Separated /Divorced

Relationship to employee: ☐ Wife ☑ Son ☐ Daughter

Number of children: 2

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? NO Average daily alcohol consumption NO

Have you ever taken elicited drugs? (NO) PDO test all new/potential employees for elicited/recreational drugs (NO)

FAMILY HISTORY: Diabetes ( ) Tuberculosis ( ) Epilepsy ( ) Asthma ( ) Eczema ( )
Heart disease ( ) High blood pressure (FATHER) 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: 9/9/2021 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
✓		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
166cm	67.6kg	24.5	128/90	65 /mins.	L R	Uncorrected 6/6 | 6/6 Corrected	6/6 | 6/6		

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**

REVIEW/CONSULTATION

DR. JAMES PALLIVATHUKKAL
Specialist - Internal Medicine
MOH Lic. No: 7728
Inno specialty hospital, Al Ghoubra

DATE: 9/9/21 DOCTOR NAME: Dr. James SIGNATURE:

[redacted]

Id: 14308702
, Mazhar
Male --- (---) Unknown
Height: 0 cm Weight: 0 kg BP: 0/0 mmHg

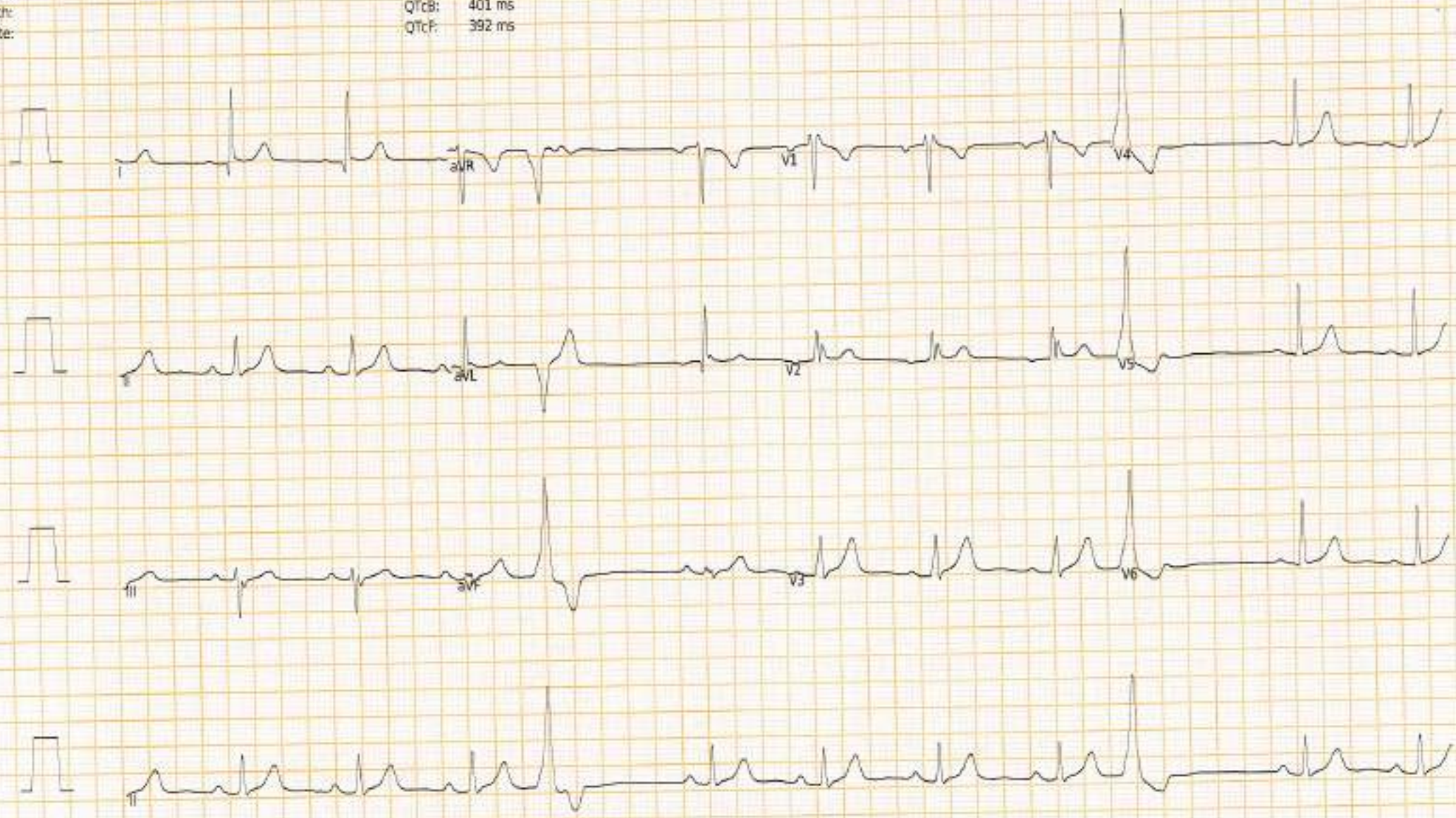
Med.:
Tech:
Note:

07/09/2021 11:07:48

HR:	67 bpm
PR:	188 ms
QRS:	100 ms
QT/QTcH:	374/390 ms
QTcB:	401 ms
QTcF:	392 ms

R-v5/S-v1:	1.43/0.99 mV
Sok-Lyon:	2.42 mV
Axis:	71/6/48 °

UNCONFIRMED REPORT



Dep: _____ 25mm/s 10mm/mV LP:40Hz AC:50Hz Cardioline ECG200S v. 2.11.7693

66010052

Id: 2029464 Mazhar Hussain

07/09/2021 14:28:30

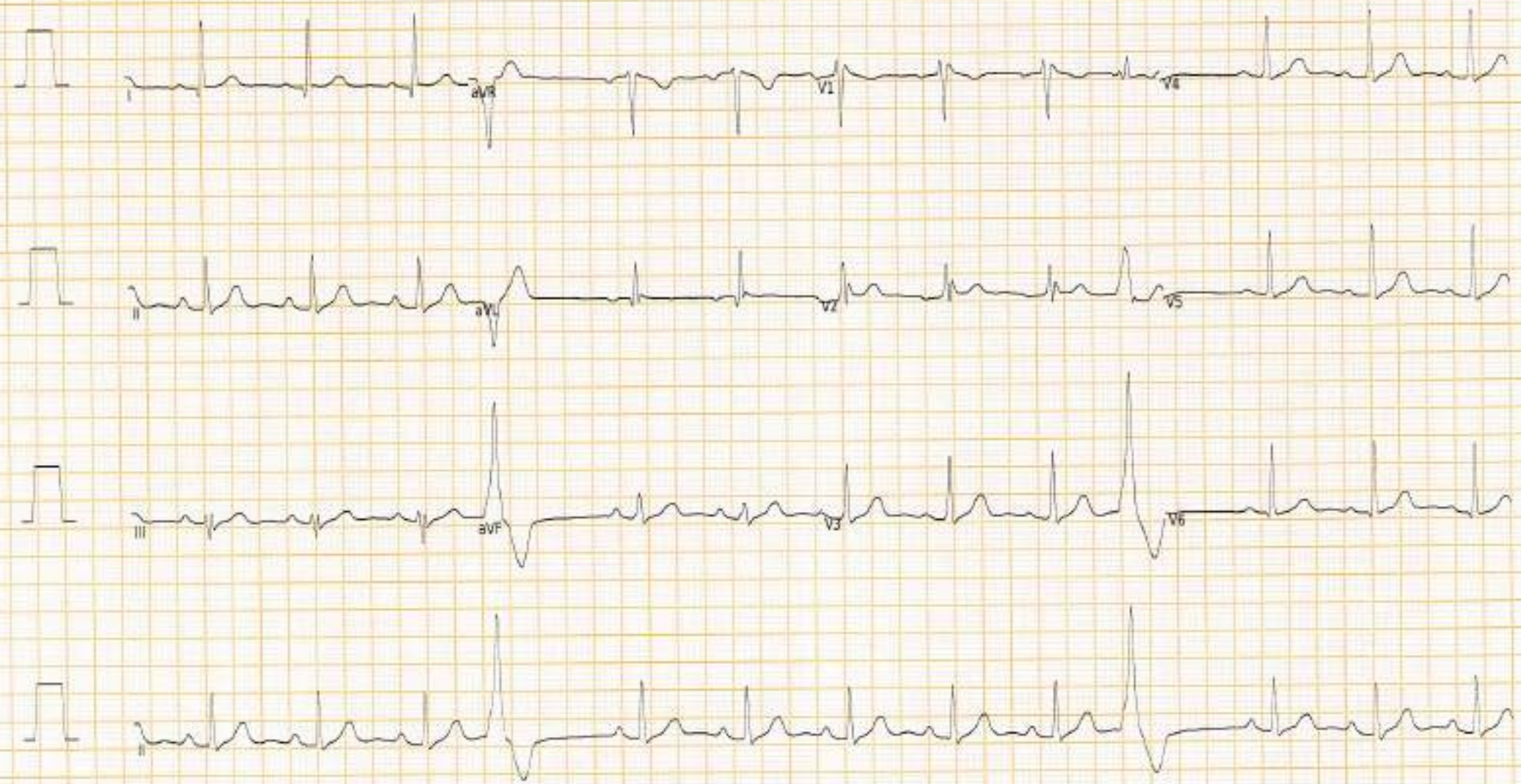
Unknown --- (---) Unknown
Height: 0 cm Weight: 0 kg BP: 0/0 mmHg

Med.:
Tech:
Note:

HR: 78 bpm
PR: 180 ms
QRS: 100 ms
QT/QTcH: 362/395 ms
QTcB: 415 ms
QTcF: 397 ms

R/S-ratio: 1.40/0.99 mV
Sok-Lyon: 2.39 mV
Axis: 72/24/59 °

UNCONFIRMED REPORT



Dep.

25mm/s 10mm/mV LP:40Hz AC:50Hz Cardioline ECG200S v. 2.11.7693

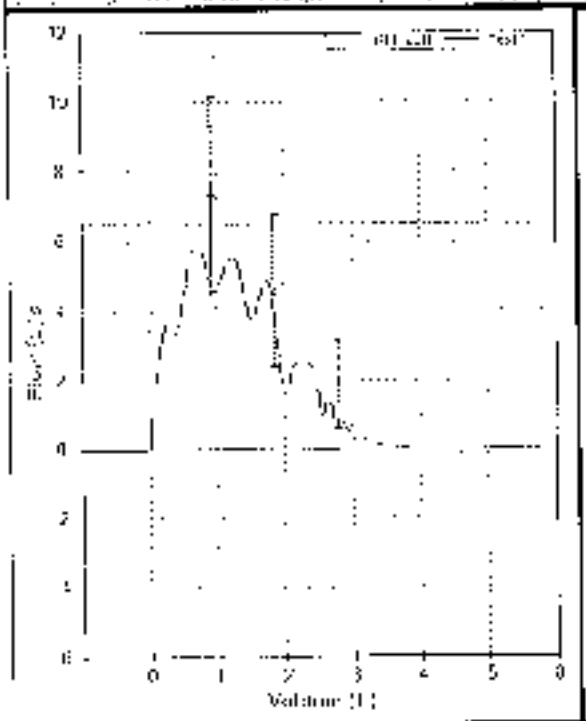
CARDIOLINE

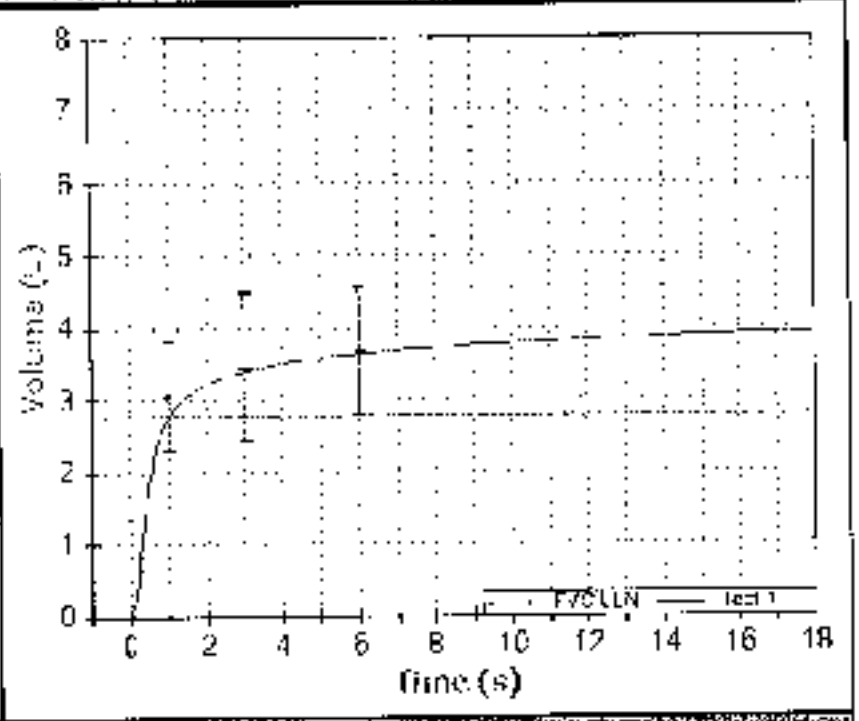
66010052

Pulmonary Function Report

ID:	2025464	Alternate ID:	1430/5/02		
Last Name:	Hussain	First Name:	Mazhar	Middle Name:	
Population:	Asian	Gender:	Male	Date of Birth:	4/4/1978
Age:	43	Height:	160 cm	Weight:	67.6 kg
BMI:	24.5	Smoking	Ex Smoker		

Test Date:	9/9/2021 12:19	Device:	ALPHA Touch	Serial Number:	31950
No. of Tests:	4	Accuracy Chk:	3/7/2019 16:04	User:	user
Pred. Values:	ERS 93	Pred. Factor:	90%	Posture:	Sitting



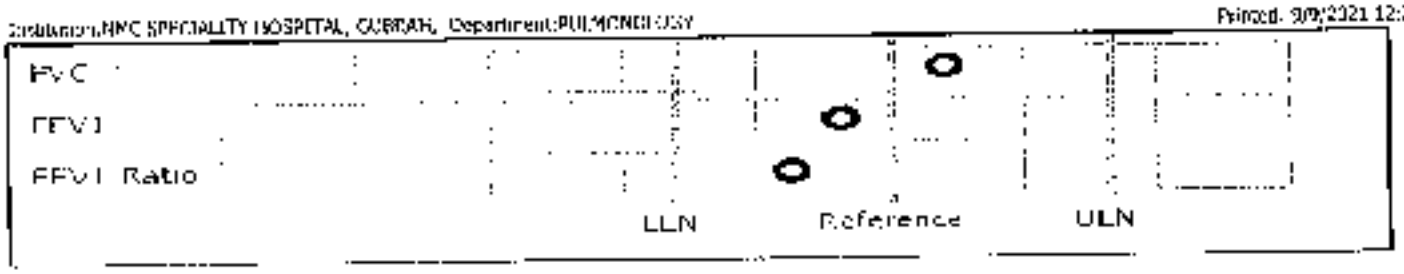


Parameter	Pred	LLN	ATS/ERS Best	% Pred.	Z-Score
VC (L)	3.84	3.02	3.74	97	0.20
FVC (L)	3.69	2.79	3.92	106	0.42
FEV1 (L)	3.86	2.31	3.89	94	-0.27
FEV1 Ratio	0.79	0.69	0.74	94	-0.75
FEV1/VC	0.78	0.68	0.74	94	-0.75
FEV6 (L)	3.69	2.79	3.65	99	-0.07
PEF (L/min)	509	291	437	86	-1.01

Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
A	0.07 L (1.8%)	0.02 L (0.7%)	0 blow(s)	0 blow(s)	1 blow(s)

Computer interpretations cannot be relied upon for diagnosis. Normal ventilatory function.

Estimated Lung Age: 38 years



ATS

DEPARTMENT OF LABORATORY MEDICINE

REPORT

File No:	14308702	**Report No:**	0756283		
Name:	MAZHAR HUSSAIN	**Sample Date:**	09/09/2021	**Time:**	11:11
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 43 Y **Nationality:** PAKISTANI	**Report Date:**	09/09/2021	**Time:**	13:26
GSM No.:	97557038 **ID Card No.:** KR6897353	**Bill No:**	2029464	**Bill Date:**	09/09/2021
Ref. By:	OUT PATIENT	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE ABOVE 40 YEARS		
TOTAL WBC COUNT	6600 cells/cumm	4000-11000cells/cumm
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	54 %	40-75%
LYMPHOCYTE (%)	36 %	20-45%
MONOCYTE (%)	8 %	2-8%
EOSINOPHIL (%)	2 %	1-6%
BASOPHIL (%)	%	0-1%
ERYTHROCYTE SEDIMENTATION RATE	2 mm/1st hr	MALE:0-9 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
RANDOM BLOOD SUGAR	5.70 mmol/L	3.8 to < 7.8 mmol/L
SGPT (ALT)	15.5 U/L	10-40 U/L
CREATININE	73 µ mol/L	MALE: 60 – 110 µ mol/L FEMALE: 50 - 100 µ mol/L
HAEMOGLOBIN	16.2 gm/dl	Male : 13-18 gm/dl Female:11-15 gm /dlchildren upto 1year-11.0-13.0 upto12years-11.5-14.5 Infant full term cord blood:13-19.5
URINE ROUTINE		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NIL	NIL
URINE PROTEIN	NIL	NIL
URINE KETONE	NIL	NIL
URINE BILIRUBIN	NIL	NIL
NITRITE	NEGATIVE	NEGATIVE
URINE PH	5	<6
SPECIFIC GRAVITY	1.015	1.010-1.030
BLOOD	NIL	NIL
UROBILINOGEN	NORMAL	NORMAL

Verified By:

10050
Lab Technologist
MOH License No: 4598
Electronically signed at: 9/9/2021 1:37:00

Approved By:

DR. SURESH VENUGOPAL
Specialist Pathologist
MOH License No: 5950
Electronically signed at: 09/09/2021 1:37:00 PM

Printed at: 09/09/2021 1:41:22 PM

DEPARTMENT OF LABORATORY MEDICINE

REPORT

File No:	14308702	**Report No:**	0756283		
Name:	MAZHAR HUSSAIN	**Sample Date:**	09/09/2021	**Time:**	11:11
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 43 Y **Nationality:** PAKISTANI	**Report Date:**	09/09/2021	**Time:**	13:26
GSM No.:	97557038 **ID Card No.:** KR6897353	**Bill No:**	2029464	**Bill Date:**	09/09/2021
Ref. By:	OUT PATIENT	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE MACROSCOPY		
COLOUR	PALE YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	
PUSCELLS	1-2 /hpf	
EPITHELIAL CELLS	0-1 /hpf	
CRYSTAL	NIL	
CAST	NIL	
BACTERIA	NIL	
MUCOUS THREAD	NIL	
LIPID PROFILE		
TOTAL CHOLESTEROL	3.45 mmol/L	< 5.2 mmol/L
HDL	0.99 mmol/L	MALE: > 1.0 mmol/L FEMALE: > 1.3 mmol/L
TRIGLYCERIDES	1.46 mmol/L	< 1.7 mmol/L
LDL	2.06 mmol/L	< 3.4 mmol/L
VLDL	0.66 mmol/L	< 0.77 mmol/L
SICKLE CELL (Solubility test)	NEGATIVE	

Verified By:

10050
Lab Technologist
MOH License No: 4598
Electronically signed at: 9/9/2021 1:37:00

Approved By:

DR. SURESH VENUGOPAL
Specialist Pathologist
MOH License No: 5950
Electronically signed at: 09/09/2021 1:37:00 PM

Printed at: 09/09/2021 1:41:22 PM