



Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

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

Surname		Ahmed Bakri	
Forenames		Sara & Mohammed	
Address			
Home telephone number			
Place of examination	Date		
If a dependant enter employee's name here:			
Surname:		Forenames:	
Birth date:		Country of birth:	
Nationality:		Religion:	
☒ Male ☐ Female	☒ Married ☐ Single ☐ Separated /Divorced	Relationship to employee ☐ Wife ☐ Son ☐ Daughter	Number of children: 4
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	
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? 19.5-6/day		Average daily alcohol consumption X	
Have you ever taken illicit drugs? PDO test all new/potential employees for illicit/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 purposefully withheld important medical information.			
Date: 21/7		Signature of Applicant: 21/7	



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. Hernia/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.
184	64	19	122/86
			PULSE
			68/min.
			HEARING
			L () R ()
			VISION
			DISTANT NEAR
			R L R L
			Uncorrected Corrected
			6/6 6/9 6/6 6/6
			Colour Vision
			20
			Blood Group
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	
		1. Urinalysis	
		2. Hb, Bloodcount, ESR	
		3. LFT, RFT, RBS	
		4. Drug Screen	
		5. Lipids (40 years +)	
		6. Sickle Cell test	
		7. Audiogram	
		8. Lung Function	
		9. Chest X-Ray	
		10. ECG	
		11. CVS risk for 40 yrs. & above	
		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: 03/09/2022		Name (Block Capitals): Dr. Shiva Kumar. S	
Signature: [Signature]		Signature: [Signature]	
REVIEW/CONSULTATION			
Date:		Name (Block Capitals): Dr. / Nurse	
Signature:		Signature:	

DEPARTMENT OF LABORATORY MEDICINE

File No: 50106165	Report No: 0096487
Name: SARFRAZ MUHAMMAD AHMED BASHIR	Sample Date: 31/08/2023 Time: 9:27
Address:	Received By:
Gender: M Age: 40 Y Nationality: PAKISTANI	Received Date: Time:
GSM No.: 98858931 ID Card No.: 88290144	Report Date: 31/08/2023 Time: 12:18
Ref. By: DR ERFAN GHOCEDJANI	Bill No: 0253319 Bill Date: 31/08/2023
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO Package – 1 (Up to 49 yrs)		consultation with physician Eye check up
COMPLETE BLOOD COUNT		
TOTAL WBC COUNT	6.20 x 10 ³ / μ L	4.00-11.00 x 10 ³ / μ L
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	36.70 %	40-75%
LYMPHOCYTE (%)	48.90 %	20-45%
MONOCYTE (%)	11.30 %	2-8%
EOSINOPHIL (%)	2.90 %	1-6%
BASOPHIL (%)	0.20 %	0-1%
HAEMOGLOBIN	15.50 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
RBC COUNT	4.36 million/cu	Male :4.5-6.5 million/cu Female:3.9-5.5 million/cu
PLATELET COUNT	222.00 x 10 ³ / μ L	150 - 400 x 10 ³ / μ L
HEMATOCRIT	41.60 %	Male 42 - 52% Female:37- 47%
MCV	95.30 fl	76 - 96 fl
MCH	35.60 pg	27 - 33 pg
MCHC	37.30 gm/dl	32 - 36 gm/dl
SICKLE CELL	NEGATIVE	
Method : Solubility test (If Positive : Hb Electrophoresis / HPLC to be done to confirm Sick cell anaemia / Trait).		
LIVER FUNCTION TEST		
TOTAL BILIRUBIN	17.20 μ mol/L	Adults:- up to 21 μ mol/L, Children >1 month - up to 17 μ mol/L

Verified By:

Approved By:




10586

DR ROSE MARY

Lab Technologist

Specialist Pathologist

MOH License No: 17976

MOH License No: 18178

Electronically signed at: 8/31/2023 12:18 C3

Electronically signed at: 31/08/2023 12:32:00

Printed at: 03/09/2023 11:26:56 AM

Page : 1 of 3

مستشفى ن.م.ك التخصصي
nmc specialty hospital

NMC Healthcare LLC
CR No: 3668737
Plot No: 294, Block: C-5
Building No: 612 Al Hail North
Dhahran, Eastern Province
T: (+966) 2426 9732
F: (+966) 2426 9296
www.nmchealthcare.com

DEPARTMENT OF LABORATORY MEDICINE

File No: 50106165	Report No: 0096487
Name: SARFRAZ MUHAMMAD AHMED BASHIR	Sample Date: 31/08/2023 Time: 9:27
Address:	Received By:
Gender: M Age: 40 Y Nationality: PAKISTANI	Received Date: Time:
GSM No.: 9885893* ID Card No.: 88290144	Report Date: 31/08/2023 Time: 12:18
Ref. By: DR ERFAN GHODJANI	Bill No: 0253319 Bill Date: 31/08/2023
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
DIRECT BILIRUBIN	4.10 μ mol/L	Neonates :- 1.7 - 180 μ mol/L Adults :- 0 - 5.0 μ mol/L, Neonates:- 0-10 μ mol/L,
TOTAL PROTIEN	76.60 g/L	Adults : 66 - 87 g/L
ALBUMIN	50.10 g/L	39.7 - 49.4 g/L
Globulin	26.5 g/L	23-35g/L
SGOT (AST)	22.20 U/L	MALE : up to 40 U/L, FEMALE : up to 32 U/L.
SGPT (ALT)	14.60 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
ALKPO4 (ALP)	71.00 U/L	Adults: MALES: 40 - 129 U/L, FEMALES: 35 - 104 U/L.
Gamma GT (GGT)	17.00 U/L	MALE- 8 - 61 U/L FEMALE- 5 - 36 U/L
RENAL FUNCTION TEST		
URIC ACID	351.00 μ mol/L	MALE: 202.3 - 416.5 μ mol/L, FEMALE: 142.8 - 339.2 μ mol/L
CREATININE	63.00 μ mol/L	Adults: MALE: 62 - 106 μ mol/L FEMALE: 44 - 80 μ mol/L
UREA	6.90 mmol/L	2.76 - 8.07 mmol/L
LIPID PROFILE		
TOTAL CHOLESTEROL	4.62 mmol/L	< 5.18 mmol/L
HDL	1.04 mmol/L	>1.5 mmol/L
TRIGLYCERIDES	1.16 mmol/L	Desirable : <2.083 mmol/L Boderline high : 2.83 - 5.67 mmol/L Hypertriglyceridemia >5.65 mmol/L
LDL	3.09 mmol/L	< 2.6 mmol/L
VLDL	0.53 mmol/L	0.128-0.645mmol/L

Verified By:

Approved By:




10589

DR ROSE MARY

Lab Technologist

Specialist Pathologist

MOH License No: 17976

MOH License No: 18178

Electronically signed at: 8/3/2023 12:18:00

Electronically signed at: 31/08/2023 12:32:00

Printed at: 03/09/2023 11:26:56 AM

Page : 2 of 3

مستشفى النعمانية التخصصي
nmc specialty hospitals

NMC Healthcare LLC
CR No: 3068107
P.O. Box 294, Block 115
Building No. 912 Al Hail North
Saltanat of Oman
T: (+968) 2426 5032
F: (+968) 2426 5295
www.nmchoalthcare.com

DEPARTMENT OF LABORATORY MEDICINE

File No: 50106165	Report No: 0096487
Name: SARFRAZ MUHAMMAD AHMED BASHIR	Sample Date: 31/08/2023 Time: 9:27
Address:	Received By:
Gender: M Age: 40 Y Nationality: PAKISTANI	Received Date: Time:
GSM No.: 9885893* ID Card No.: 88290144	Report Date: 31/08/2023 Time: 12:18
Ref. By: DR. ERFAN GHODJANI	Bill No: 02533*9 Bill Date: 31/08/2023
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
FASTING BLOOD SUGAR	4.90 mmol/L	4.11 - 5.05 mmol/L
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	7.5	4.6-8.0
SPECIFIC GRAVITY	1.005	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	PALE YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	0-3
WBC	0-2 /hpf	0-5
EPITHELIAL CELLS	0-1 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	NIL	NIL

Verified By:

Approved By:




10589

DR ROSE MARY

Lab Technologist

Specialist Pathologist

MOH License No: 17976

MOH License No: 18178

Electronically signed at: 8/3/2023 12:18:00

Electronically signed at: 31/08/2023 12:32:00

Printed at: 03/09/2023 11:26:56 AM

Page : 3 of 3

مستشفى النجف التخصصي
nmc specialty hospital

NMC Healthcare LLC
D.R.No: 3058127
Plot No: 234, Sector: 13B
Building No: 312 Al-Hadi District
Sulaymaniyah Governorate
T: (+968) 2425 3332
F: (+968) 2425 3288
www.nmc-hospital.com

31/08/2023 9:53:35 AM



Test protocol:

Test protocol:

Pulmonary Function Report

Subject Information

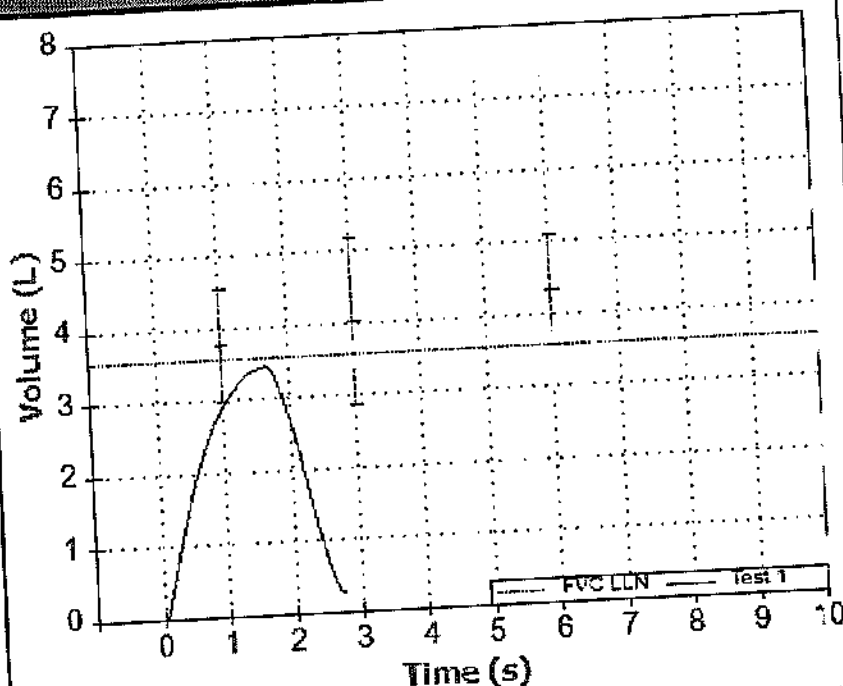
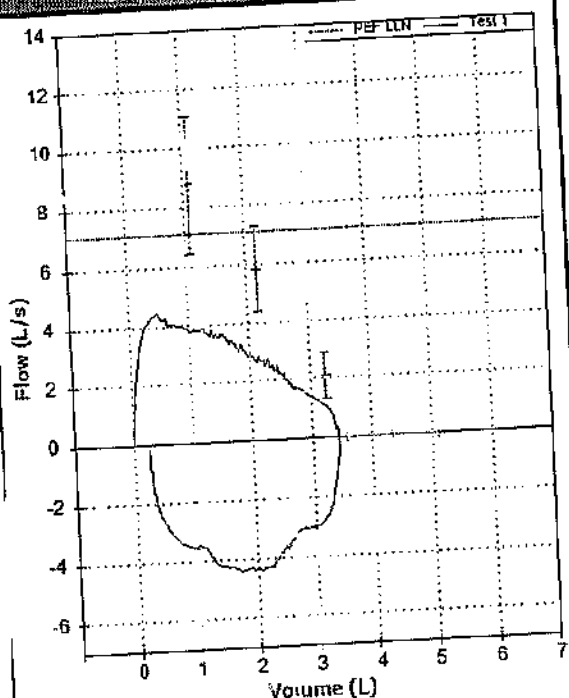
ID: 2023243_100456131 Alternate ID: 50106156 Middle Name: Mohammed
 Last Name: Bashir First Name: Sarfraz Date of Birth: 26/02/1983
 Population: MIDDLE EAST Gender: Male Weight: 57.5 kg
 Age: 40 Height: 167 cm
 BMI: 20.6 Smoking: Smoker

Test Session Information

Test Date: 31/08/2023 10:08 Device: ALPHA Touch Serial Number: 32165
 No. of Tests: 4 Accuracy Chk: 30/05/2019 15:42 User: Administrator
 Pred. Values: Golshan Pred. Factor: 100% Posture: Sitting

Volume/Time Graph

Flow/Volume Graph



Results

Parameter	Pred	LLN	Best	% Pred.	Z-Score
FVC (L)	4.34	3.58	3.45*	79	-1.92
FEV1 (L)	3.76	2.97	2.99	80	-1.60
FEV1 Ratio	0.80	0.68	0.87	109	0.96
PEF (L/min)	591	425	265*	45	-3.22
FEF25-75 (L/s)	4.73	3.68	3.10*	66	-2.55

Values at BTPS, *Below lower limit of normality (LLN)

Session Quality and Repeatability Information

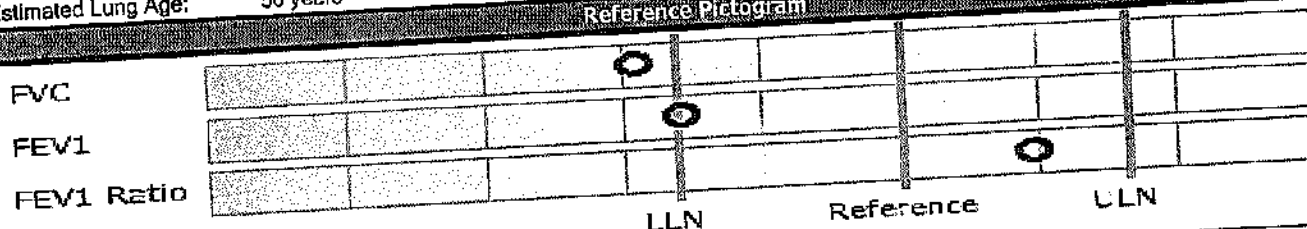
FVC Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
D	-	-	0 blow(s)	1 blow(s)	0 blow(s)

Computer Suggested Interpretation

Computer interpretations cannot be relied upon for diagnosis. Mild restriction.

Estimated Lung Age: 56 years

Reference Pictogram

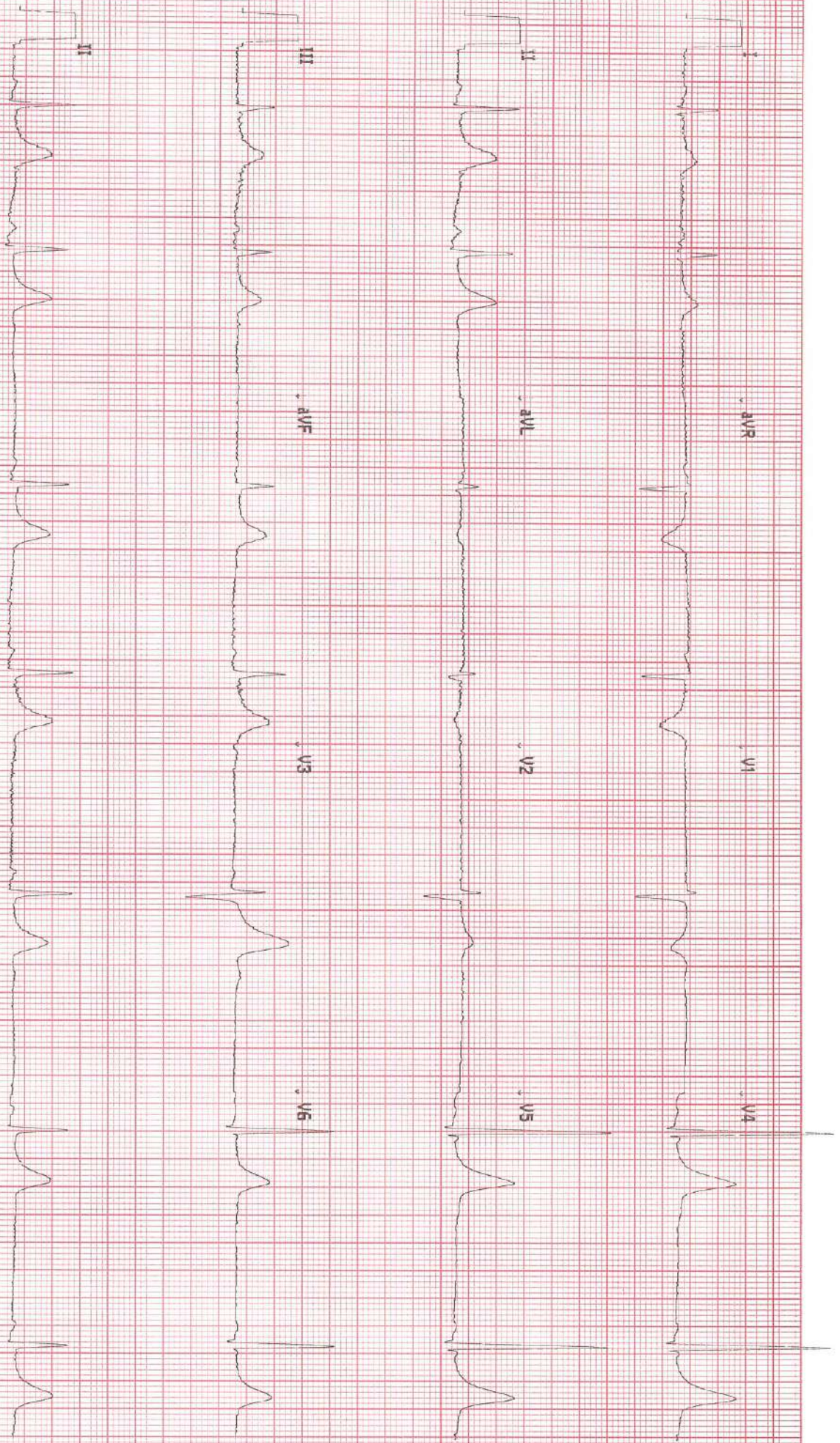


Signature
 Aizhan

id: 53105165
DOB: 10/28/1970
Age: 40yr, Male

Heart rate: 40 BPM
PR int: 144 ms
QRS dur: 92 ms
QT/QTc: 508/439 ms
P-R-T axes: 50 57 70

SINUS BRADYCARDIA WITH OCCASIONAL SUPRAVENTRICULAR PREMATURE COMPLEXES
VOLTAGE CRITERIA FOR LVH (MEETS CRITERIA IN ONE OF: RAVL, SV1, RV5),
RV5/V6>S(V1))
ABNORMAL ECG
UNCONFIRMED REPORT



119210000836

No Site Name

Site # 0 Cart # 0 Version 2.1.0.5 Sequence #05235 25mm/s 10mm/mV 0.05-40 Hz 7M720



nmc specialty hospital,al-hail

P.O BOX : 613, Postal Code : 133
al-hail
24269222

Fitness Certificate

Empno: 7015

Date of issue : 31/08/2023

Ref No : 0000025/FIT/NMC/2023

This is to certify that Mr. / Mrs. *SARFRAZ MUHAMMAD AHMED BASHIR* with file no *50106165* and Resident card no. *88290144* was *Treated* at *nmc specialty hospital,al-hail* on *31/08/2023* and will be *FIT TO WORK* from the medical point of view starting from *31/08/2023*

DIAGNOSIS

Remarks

ECHOCARDIOGRAPHY : NORMAL LV AND RV SIZE NAD FUNCTION , NO VHD,,,,TMT: LOW RISK FOR ISCHEMIA

DR ERFAN GHOODJANI

Place: *nmc specialty hospital,al-hail*

(Hospital Seal)

Signature



Cardiac report: Short

GE Healthcare Hospital
Ultrasound Laboratory

Name **AHMED BASHIR, SARFRAZ**

Patient Id **50106165**

Age **40 years**

Birthdate **26/02/1983**

Height **167.0 cm**

Weight **87.0 kg**

Gender **Male**

Date **31/08/2023**

Diagn.Phys.

Counter

Tape

BSA **1.96 m²**

BP

Site Name **NMC HOSPITAL AL HAIL**

Image 1

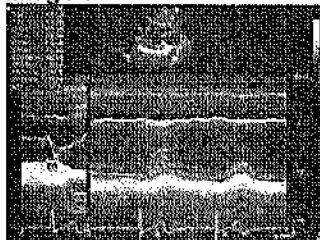


Image 2



Image 3

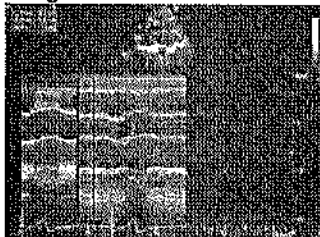
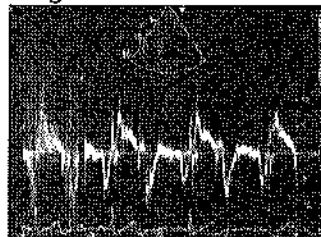


Image 4



2-D

HR_4Ch_Q 46 bpm
LWED_4Ch_Q 83 ml
LWES_4Ch_Q 33 ml
LVEF_4Ch_Q 60 %
LVSV_4Ch_Q 50 ml
LVCO_4Ch_Q 2.3 l/min
LVLs_4Ch_Q 6.5 cm
LVLd_4Ch_Q 8.4 cm

M-Mode

IVSd 0.7 cm
LVIDd 5.5 cm
LVPWd 0.5 cm
IVSs 1.2 cm
LVIDs 3.5 cm
LVPWs 1.2 cm
EDV(Teich) 146 ml
ESV(Teich) 49 ml
EF(Teich) 66 %
%FS 37 %
SV(Teich) 97 ml
Ao Diam 2.2 cm
LA Diam 3.5 cm
LA/Ao 1.63

Doppler

Referral Reason

Diagnosis

Print Date: 31/08/2023

Findings

ECG rhythm: Sinus rhythm. Resting bradycardia (HR<60bpm).

Study quality: This was a technically good study.

Left Ventricle: The left ventricular size is normal. Left ventricular wall thickness is normal. There is normal global left ventricular contractility. Overall left ventricular systolic function is normal with an EF between 55 - 60 %. The diastolic filling pattern is normal for the age of the patient.

Right Ventricle: The right ventricle is normal in size and function.

Left Atrium: The left atrium is normal in size.

Right Atrium: The right atrium is normal in size and function.

Aortic Valve: The aortic valve is trileaflet, and appears structurally normal. No aortic stenosis or regurgitation.

Mitral Valve: There is trace mitral regurgitation.

Tricuspid Valve: Trace tricuspid regurgitation present. There is no evidence of pulmonary hypertension.

Pulmonic Valve: Trace/mild (physiologic) pulmonic regurgitation.

Aorta: The aortic root size is normal.

Pericardium: There is no pericardial effusion.

Conclusions**Comments**

Date

(physician)



31/08/2023

Print Date: 31/08/2023

