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	RADWINDER SINGH
Forenames	
Address	
Home telephone number	
Employment No #	

Place of examination: Apollo Hospital	Date: 11/10/21

If a dependant enter employee's name here:
Surname: Forenames:

Birth date: 25-4-1992	Nationality: INDIAN	Country of birth: INDIA	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: 11/10/21 Signature of Applicant: Radwinder Singh

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	Normal
✓		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 /mins.	HEARING L / R	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
175	82.5	26.9	130/80	84/min.		Uncorrected 6/6	6/6	N/6	N/6	N	
						Corrected					

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.)
Transaminitis. Adv. Physician consultation.

ASSESSMENT:

☑ **FIT ALL AREAS** ☐ **FIT WITH RESTRICTION** ☐ **TEMPORARY UNFIT** ☐ **UNFIT**

Medically Stable

Date: Name (Block Capitals): Dr. / Nurse Signature:

Dr. REHMAT MANSOOR SOLANKI
MEDICAL OFFICER
MOH Licence No. 14330
APOLLO HOSPITAL MUSCAT

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr. / Nurse Signature:

مستشفى ابولو مسقط
Apollo HOSPITALS
Sultanate of Oman, C.R. (1795547)
APOLLO HOSPITAL MUSCAT

Apollo HOSPITALS
TOUCHING LIVES
MUSCAT
P.O. Box : 1097, Al-Hamriya, Postal Code : 131
Muscat, Sultanate of Oman
Tel.: 2478 7766, Fax : 2470 6693

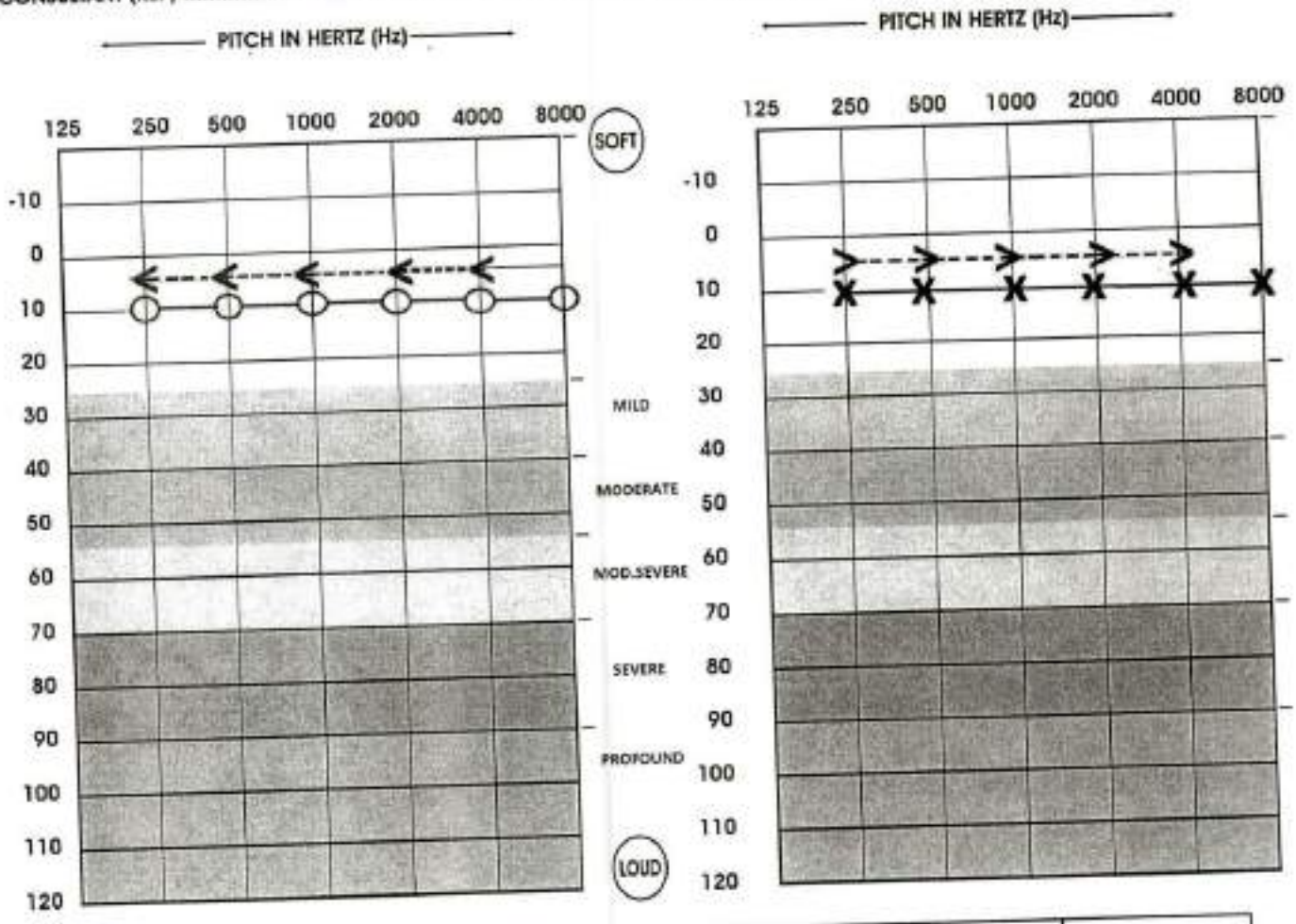
AUDIOGRAM
EXAMINATION SHEET

FILE NO : 355736 BILL NO : ..... DATE : 10/10/21

NAME : RAJWINDER SINGH AGE / SEX : 29/M

COMPANY : TRUCK OMAN DOB : .....

CONSULTANT (REF) : .....



WEBER	RIGHT				
	LEFT				

dBhL	PTA	SRT	SIS(%)	MCL	UCL	SPECIAL TESTS SISI	TDT	MLB/BLB	OAE
RIGHT	10								
LEFT	10								

INTERPRETATION :

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

RECOMMENDATION :

SIKKU SOMAN
AUDIOLOGIST
Apollo Hospitals Muscat

AUDIOLOGIST

DEPARTMENT OF LABORATORY SERVICES

File No:	0355136	**Report No:**	0482788		
Name:	RAJWINDER SINGH	**Sample Date:**	11/10/2021	**Time:**	10:58
		Received Date:	11/10/2021	**Time:**	10:58
Address:		**Report Date:**	11/10/2021	**Time:**	12:35
Gender:	M **Age:** 29 Y **Nationality:** INDIAN	**Bill No:**	1018084	**Bill Date:**	10/10/2021
GSM No.:	95222847 **ID Card No.:** 114679797	**Company:**	TRUCK OMAN LLC		
Doctor:	DR. DIPALI JESRANI				

INVESTIGATION	RESULT	REFERENCE RANGE
TRUCK OMAN PRE-EMPLOYMENT CHECK UP		
Fasting Blood Glucose	94.30 mg/dL	ADA Guidelines Normal <100 mg/dl Pre Diabetes 100-125 mg/dl Diabetes >126 mg/dl
ESR	10 mm/hr	Male : 0-10 mm/hour Female: 0-20 mm/hour
S.Creatinine	**0.58 mg/dL**	Male : 0.7 - 1.2 mg/dl Female : 0.5 - 0.9 mg/dl
Sickle cells (Screen)		
CBC		
WBC COUNT	8.61 10^3uL	4.0-11.0x10^3/mm^3
RBC	5.67 10^6/uL	4.20 - 6.30 10^6/uL
HGB	15.20 g/dl	male 13.5 -18.0 g/dl female 11.5 -16.0 g/dl
HCT	44.80 %	37.0 - 51.0 %
MCV	**79.00 fL**	80.0 - 97.0 fL
MCH	26.80 pg	26.0 - 32.0 pg
MCHC	33.90 g/dL	31.0 - 36.0 g/dL
RDW	13.20 %	11.0 - 14.5 %
NEUT#	3.18 10^3/uL	1.50 - 7.00 10^3/uL
LYMPH#	**4.44 10^3/uL**	0.60 - 4.10 10^3/uL
MONO#	**0.72 10^3/uL**	0.00 - 0.70 10^3/uL
EOS#	0.24 10^3/uL	0.00 - 0.40 10^3/uL
BASO#	0.03 10^3/uL	0.00 - 0.10 10^3/uL

Reported By:

Jothi Rajan

JOTHI
Lab Technologist
MOH License No:

Verified By:

Dr. Mohammed Atif Syed
Specialist Pathologist

Printed at: 11/10/2021 12:35:07 PM

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C.R. No.: 1792547, P.O. Box : 1097, Al Hamriya, P.C.: 131, Sultanate of Oman, Tel. (+968) 24787766 (5 Lines), Fax : (+968) 24700093, E-mail : info@apollomuscat.com
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ضريبة القيمة المضافة OM1200160355 | رقم بطاقة ضريبية 8251325

DEPARTMENT OF LABORATORY SERVICES

File No: 0355136
Name: RAJWINDER SINGH
Address:
Gender: M **Age:** 29 Y **Nationality:** INDIAN
GSM No.: 95222847 **ID Card No.:** 114679797
Doctor: DR. DIPALI JESRANI

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INVESTIGATION	RESULT	REFERENCE RANGE
NEUT%	**36.90 %**	37.0 - 72.0 %
LYMPH%	51.60 %	10.0 - 58.5 %
MONO%	8.40 %	0.0 - 14.0 %
EOS%	2.80 %	0.0 - 6.0 %
BASO%	0.30 %	0.0 - 1.0 %
PLATELET	216.00 10^3/uL	140 - 440 10^3/uL
LFT		
Total Bilirubin	0.75 mg/dL	Up to 1.1 mg/dL
Direct Bilirubin	0.14 mg/dL	Up to 0.3 mg/dL
Indirect Bilirubin	0.61 mg/dL	0.2 - 0.8 mg/dL
AST (SGOT)	32.20 U/L	Men : 10 - 50 U/L Female : 10 - 35 U/L
ALT (SGPT)	**51.90 U/L**	Men : Up to 41 U/L Female : 10 - 35 U/L
ALP	**144.60 U/L**	Men : 40 - 129 U/L Female : 35 - 104 U/L
Total Protein	6.80 g/dL	6.6 - 8.7 g/dlL
Albumin	4.40 g/dL	3.4 - 4.8 g/dL
Globulin	2.4 g/dL	1.8 - 3.6 g/dL
GGT	**51.40 U/L**	0 - 50 U/L
A:G Ratio	**1.833333**	1.1-1.8
LIPID PROFILE		
Total Cholesterol	170.40 mg/dL	< 200 mg/dL
Triglyceride	145.90 mg/dL	<150 mg/dl

Reported By:

Jothi Rajan

JOTHI
Lab Technologist

Verified By:

Dr. Mohammed Atif Syed
Specialist Pathologist

MOH License No:
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Gender: M **Age:** 29 Y **Nationality:** INDIAN		**Bill No:**	1018084	**Bill Date:**	10/10/2021
GSM No.: 95222847 **ID Card No.:** 114679797		**Company:**	TRUCK OMAN LLC		
Doctor: DR. DIPALI JESRANI					

INVESTIGATION	RESULT	REFERENCE RANGE
HDL - CHOL	38.90 mg/dl	>45 mg/dl
LDL - CHOL	**102.32 mg/dl**	<100 mg/dl
Total Chol/HDL Chol ratio	**4.38**	Desirable < 4
URINE DRUG SCREEN		
Amphetamine (AMP)	Negative	Negative
Barbiturates (BAR)	Negative	Negative
Cocaine (COC)	Negative	Negative
Morphine (MOR)	Negative	Negative
Marijuana (THC)	Negative	Negative
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	20 ml	
Colour	Pale yellow	
Sp. Gravity	1.020	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Glucose	Negative	
Protein	Negative	
Ketones	Negative	
Blood	Negative	
Bilirubin	Negative	
Urobilinogen	Normal	
Nitrite	Negative	

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Doctor:	DR. DIPALI JESRANI				

INVESTIGATION	RESULT	REFERENCE RANGE
MICROSCOPIC		
Pus Cell	1-2 Cells/hpf	
RBC	NIL	
Epithelial Cells	Few cells/hpf	
Casts	NIL	
Crystals	NIL	
Others	NIL	
STOOL ROUTINE ANALYSIS		
PHYSICAL		
Colour	Brownish	
Consistency	Soft	
Reaction	Alkaline	
MICROSCOPIC		
Ova:	NIL	
Cyst:	NIL	
Pus Cells:	0-1 Cells/hpf	
RBCs	Nil Cells/hpf	
Others	Nil	

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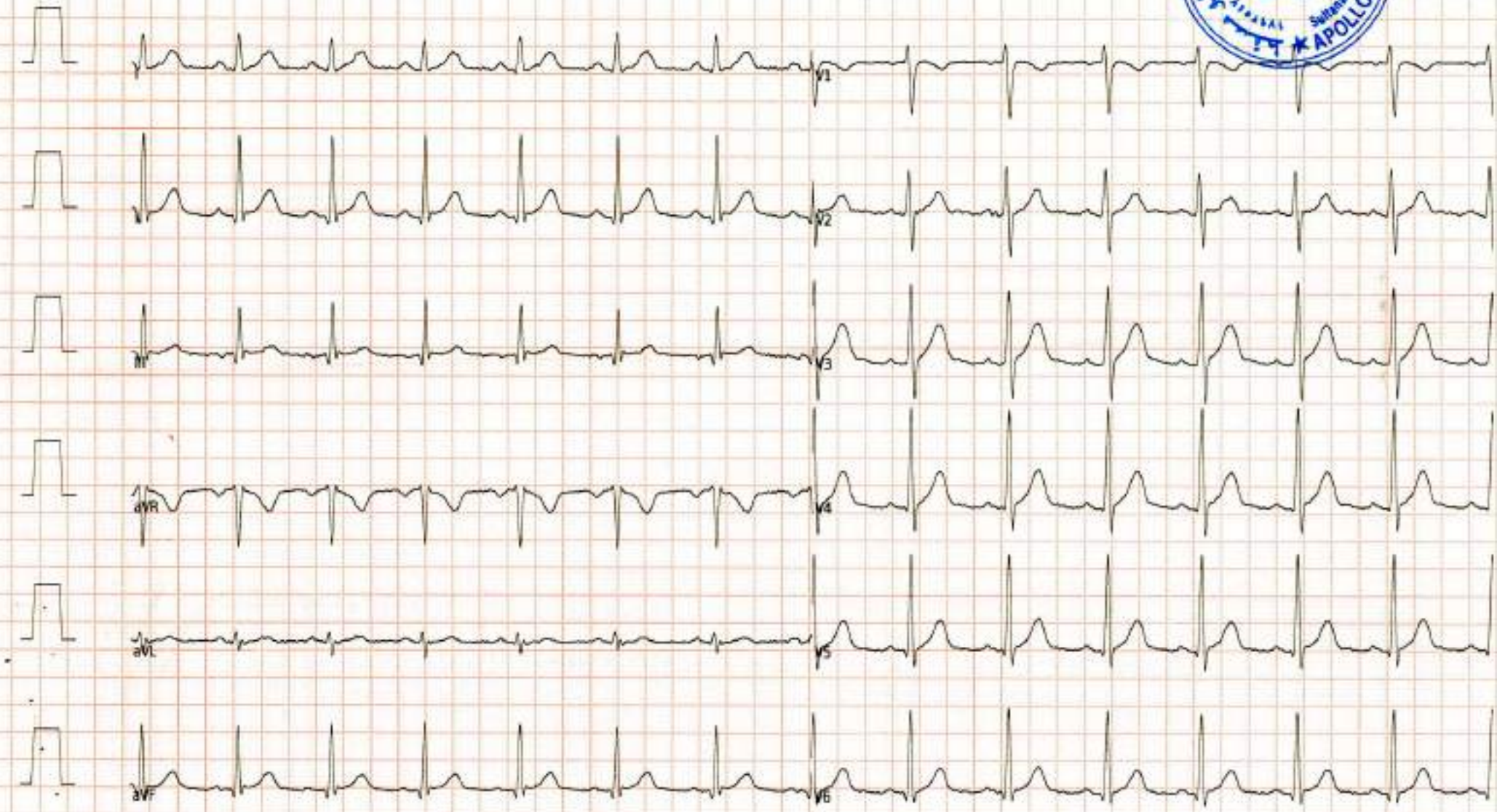
Id: 0355136
RAJWINDER Singh.
Unknown — (—) Unknown
Height: 0 cm Weight: 0 kg BP: 0/0 mmHg
Age - 29 yrs
Med.:
Tech:
Note:

11/10/2021 11:59:19

HR:	84 bpm
PR:	158 ms
QRS:	90 ms
QT/QTcH:	360/402 ms
QTcB:	426 ms
QTcF:	403 ms

R-V5/S-V1:	1.94/0.99 mV
Sok-Lyon:	2.92 mV
Axis:	13/67/48 °



Dep:APOLLO HOSPITAL 25mm/s 10mm/mV 0.05-25Hz/50Hz Cardioline ECG200S v. 2.01.5558

CARDIOLINE

66010052

EXAMINATION REPORT

Patient Name	: RAJWINDER SINGH		
MRN	: 355136	**Procedure Date**	: 11-10-2021
Age/Sex	: 29Y/M	**Hospital**	: APOLLO CLINIC

CHEST X RAY /PA VIEW

FINDINGS:

Lungs and costophernic angles are clear.

Heart of normal size and shape.

Normal hila mediastinum and bony thorax.

IMPRESSION:

Normal study

Dr. Hussam Al Kindi , Consultant Radiologist , MOH License No. - 14814

Al Bashayer Specialized Medical Centre

Dr. Hussam Mohamed Al-Kindi
Senior Specialist Radiologist
Al Bashayer Spe Medical Center

Apollo Healthcare Center

This Report is Digitally Signed