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: Mohammad Haibil
Forenames: Omar Hayat
Address:
Home telephone number:

Place of examination: Nimr-Hail Date: [illegible]

If a dependant enter employee's name here:
Surname: Forenames:
Birth date: [illegible] Nationality: Pakistan Country of birth: Pakistan Religion:

☑ Male ☐ Female ☐ Married ☑ Single ☐ Separated /Divorced
Relationship to employee: ☐ Wife ☐ Son ☐ Daughter Number of children:

Reason for examination: Pre-Employment ☐ Job: Driver
Pre-Overseas ☐ Area: Adam.

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? 8-10 / day x 8 year Average daily alcohol consumption: No

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

FAMILY HISTORY. Diabetes (No) Tuberculosis ( ) Epilepsy (–) Asthma (No) Eczema (No) Heart disease (–) High blood pressure (–) Stroke (–) ~~Blood Disease~~ (No) Cancer (No)

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: **Signature of Applicant:** [signature]

specialty hospital, Al RECEPTION

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	USML
✓		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	Colour Vision	Blood Group
178	94	29	113/75	75 /mins.	L ✓ R ✓	DISTANT R 1/1 L 1/1 NEAR R 1/1 L 1/1 Uncorrected Corrected	✓	R Positive

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

DR. SHAHID NAUSHEED KHAN General Practitioner MOH Lic. No: 21632 nmc specialty hospital, Al Hail

nmc specialty hospital, Al Hail RECEPTION C.R. No: 1666137

REVIEW/CONSULTATION

Date: 29/11/23 Name (Block Capitals): Dr. / Nurse Signature:

Vitalograph

Pulmonary Function Report

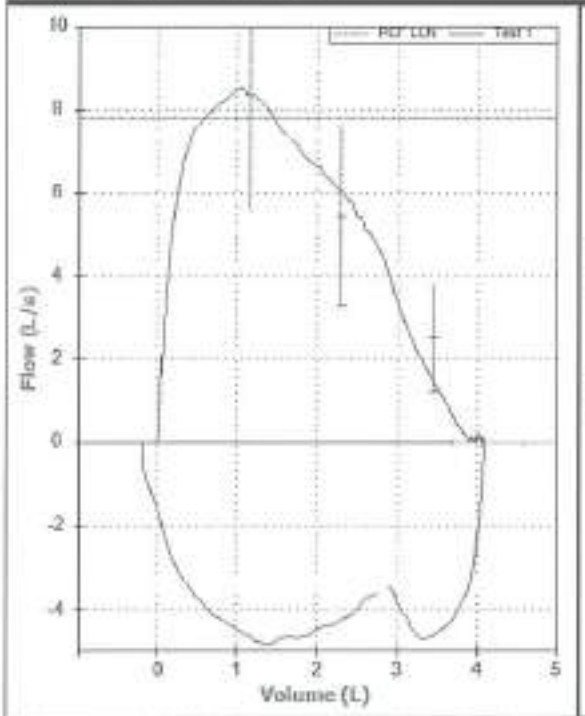
Subject Information

ID:	2023333_141638618	Alternate ID:	50111933		
Last Name:	Hayat	First Name:	Muhammad Kashif	Middle Name:	Umar
Population:	Asian	Gender:	Male	Date of Birth:	01/01/1992
Age:	31	Height:	178 cm	Weight:	94.0 kg
BMI:	29.7	Smoking:	Non Smoker		

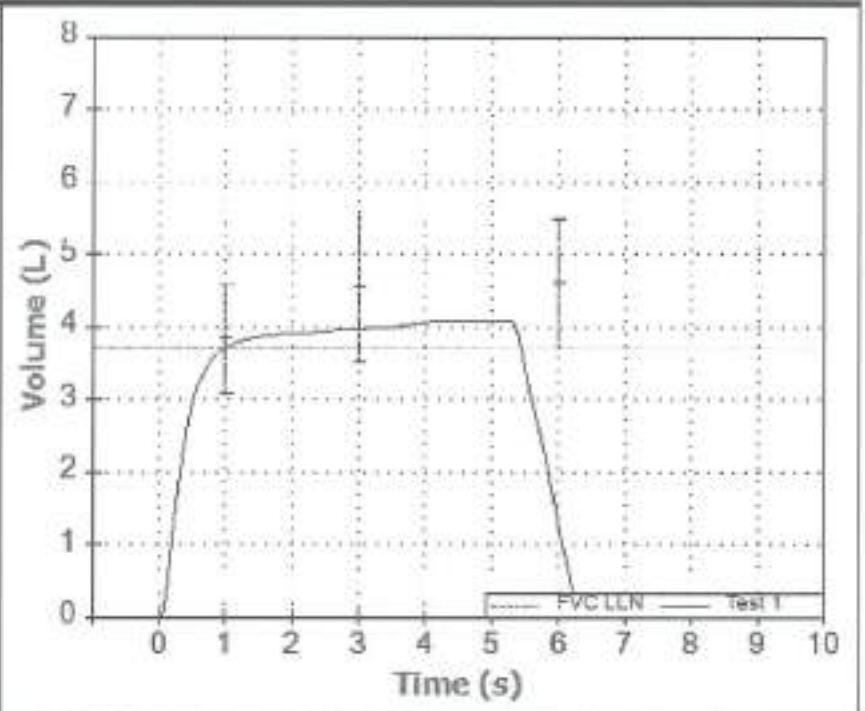
Test Session Information

Test Date:	29/11/2023 14:18	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	2	Accuracy Chk:	30/05/2019 15:42	User:	Administrator
Pred. Values:	ERS 93	Pred. Factor:	90%	Posture:	Sitting

Flow/Volume Graph



Volume/Time Graph



Results

Parameter	Pred	LLN	Best	% Pred.	Z-Score
FVC (L)	**4.60**	3.70	**4.09**	**89**	-0.93
FEV1 (L)	**3.84**	3.09	**3.74**	**97**	-0.22
FEV1 Ratio	**0.82**	0.70	**0.87**	**106**	0.68
FEV6 (L)	**4.60**	3.70	**4.09**	**89**	-0.93
PEF (L/min)	**585**	466	**512**	**88**	-1.00
FEF25-75 (L/s)	**4.82**	3.11	**5.88**	**122**	1.02

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

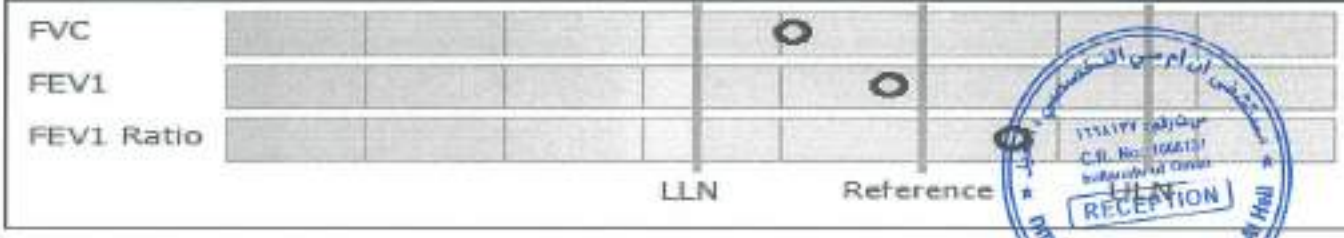
Session Quality and Repeatability Information

FVC Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
C	0.36 L (8.8%)	0.95 L (25.4%)	0 blow(s)	0 blow(s)	0 blow(s)

Computer Suggested Interpretation

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

Reference Pictogram



Tone threshold audiometric test

20/11/2023 2:21:23 PM

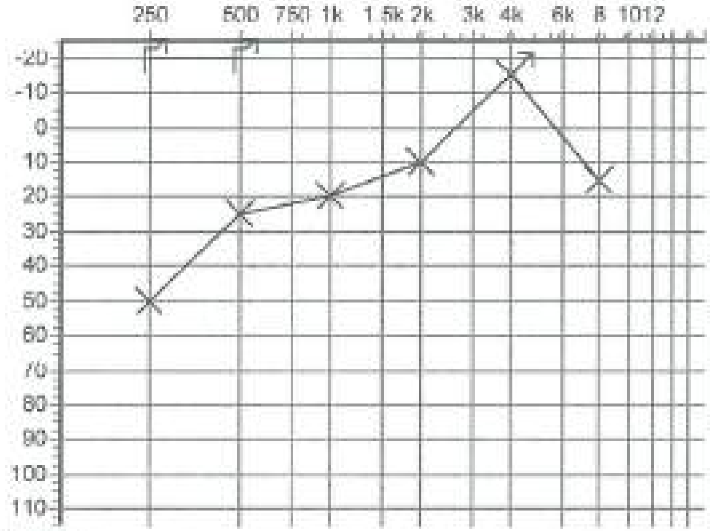
Name: **MUHAMMAD KASHIF**
Surname: **UMAR HAYAT**

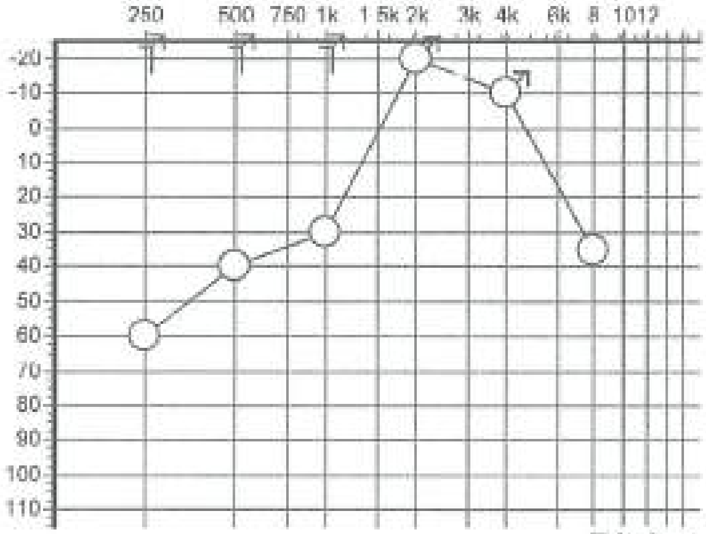
Date of birth: 1950/11/19
Age in years: 73

Company: DR SHIVAKUMAR
Department: OPD
Job title: AUDIOMETRY
Number: 91745139

ID/SS number: 50111933
Passport no.:

Significance: **None**





Left | **Right**

Left — Frequencies

	125	250	500	1k	2k	3k	4k	6k	8k	9k	10k	11.2	12.5	14k	16k
Air thresholds		50	25	20	10		-15		15						
Noise in ear canal		-27	-27	-23	-33		-29		-28						
Noise for threshold-5dB		-27	-27	-24	-25		-36		-38						
Bone thresholds		-20	-20												
Noise in ear canal		-23	-24												
Noise for threshold-5dB															
Maximum masking															
Bone unmasked															
Noise in ear canal															
Noise for threshold-5dB															

Right — Frequencies

	125	250	500	1k	2k	3k	4k	6k	8k	9k	10k	11.2	12.5	14k	16k
Air thresholds		60	40	30	-20		-10		35						
Noise in ear canal		-4	-10	-17	-16		-26		-33						
Noise for threshold-5dB		-4	-11	-12			-31		-26						
Bone thresholds		-20	-20	-20											
Noise in ear canal		-2	-10	-11											
Noise for threshold-5dB															
Maximum masking															
Bone unmasked															
Noise in ear canal															
Noise for threshold-5dB															

ZA PLH
Binaural impairment

Pure tone avg. (500 1k 2k)	Patient response statistics		Pure tone avg. (500 1k 2k)
18	n: 108 Mean: 641 Standard deviation: 595	Test re-test reliability (1st freq.) -50 False positive response % 234	17

Audiogram notes:

MUHAMMAD KASHIF UMAR HAYAT

fatma 10734

RECEPTION

KUDUwave

Capturer of data version number: 2.12.12.0
Report software version: 2.4.3.0
Report generated on: 20/11/2023 2:33:23 PM
Unique Global Patient Number: 03A0E0A2A6294EF39209FA65F0FA6216

Last calibration date: 20/10/2017
KUDUwave serial number: 0901-00672
Bone vibrator serial number: A4467
Sound booth: SANS 10182 Diagnostic
Type of audiometer: Near Type 1
Test protocol:

DEPARTMENT OF LABORATORY MEDICINE

File No: 50111933		**Report No:** 0105797	
Name: MUHAMMAD KASHIF UMAR HAYAT		**Sample Date:** 29/11/2023	**Time:** 13:34
		Received By:	
Address:		**Received Date:**	**Time:**
Gender: M **Age:** 31 Y	**Nationality:** PAKISTANI	**Report Date:** 29/11/2023	**Time:** 15:29
GSM No.: 91745139	**ID Card No.:** 121710976	**Bill No:** 0272388	**Bill Date:** 29/11/2023
Ref. By: DR SHIVAKUMAR SIDDAIAH			

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE BELOW 40 YEARS		
RANDOM BLOOD SUGAR	5.32 mmol/L	4.11 -7.9mmol/L
CREATININE	83.00 µ mol/L	Adults: MALE: 62 – 106 µ mol/L FEMALE: 44 - 80 µ mol/L
SGPT (ALT)	19.90 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
TOTAL WBC COUNT	9.30 x 10^3 / µL	4.00-11.00 x 10^3 / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	60.50 %	40-75%
LYMPHOCYTE (%)	30.40 %	20-45%
MONOCYTE (%)	6.15 %	2-8%
EOSINOPHIL (%)	2.09 %	1-6%
BASOPHIL (%)	0.79 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	02 mm/1st hr	MALE:0-15 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
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
SICKLE CELL Method : Solubility test (If Positive , Hb Electrophoresis / HPLC to be done to confirm Sickle cell anaemia / Trait)	NEGATIVE	
URINE ROUTINE		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE

Verified By: *Approved By:*

10195

Lab Technologist *Specialist Pathologist*

MOH License No:
Electronically signed at: 11/29/2023 3:33:00

RECEPTION
NMC specialty hospital, Al Ain

Printed at: 29/11/2023 5:51:22 PM

DEPARTMENT OF LABORATORY MEDICINE

File No:	50111933	**Report No:**	0105797		
Name:	MUHAMMAD KASHIF UMAR HAYAT	**Sample Date:**	29/11/2023	**Time:**	13:34
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 31 Y **Nationality:** PAKISTANI	**Report Date:**	29/11/2023	**Time:**	15:29
GSM No.:	91745139 **ID Card No.:** 121716976	**Bill No:**	0272388	**Bill Date:**	29/11/2023
Ref. By:	DR SHIVAKUMAR SIDDAIAH				

INVESTIGATION	RESULT	REFERENCE RANGE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	7.5	4.6-8.0
SPECIFIC GRAVITY	1.010	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	PALE YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	0-3
PUSCELLS	1-2 /hpf	0-5
EPITHELIAL CELLS	0-2 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	NIL	NIL

Verified By:

10195

Lab Technologist

MOH License No:

Electronically signed at: 11/29/2023 5:35:00

Approved By:

Specialist Pathologist

nmc specialty hospital, Al Ain RECEPTION

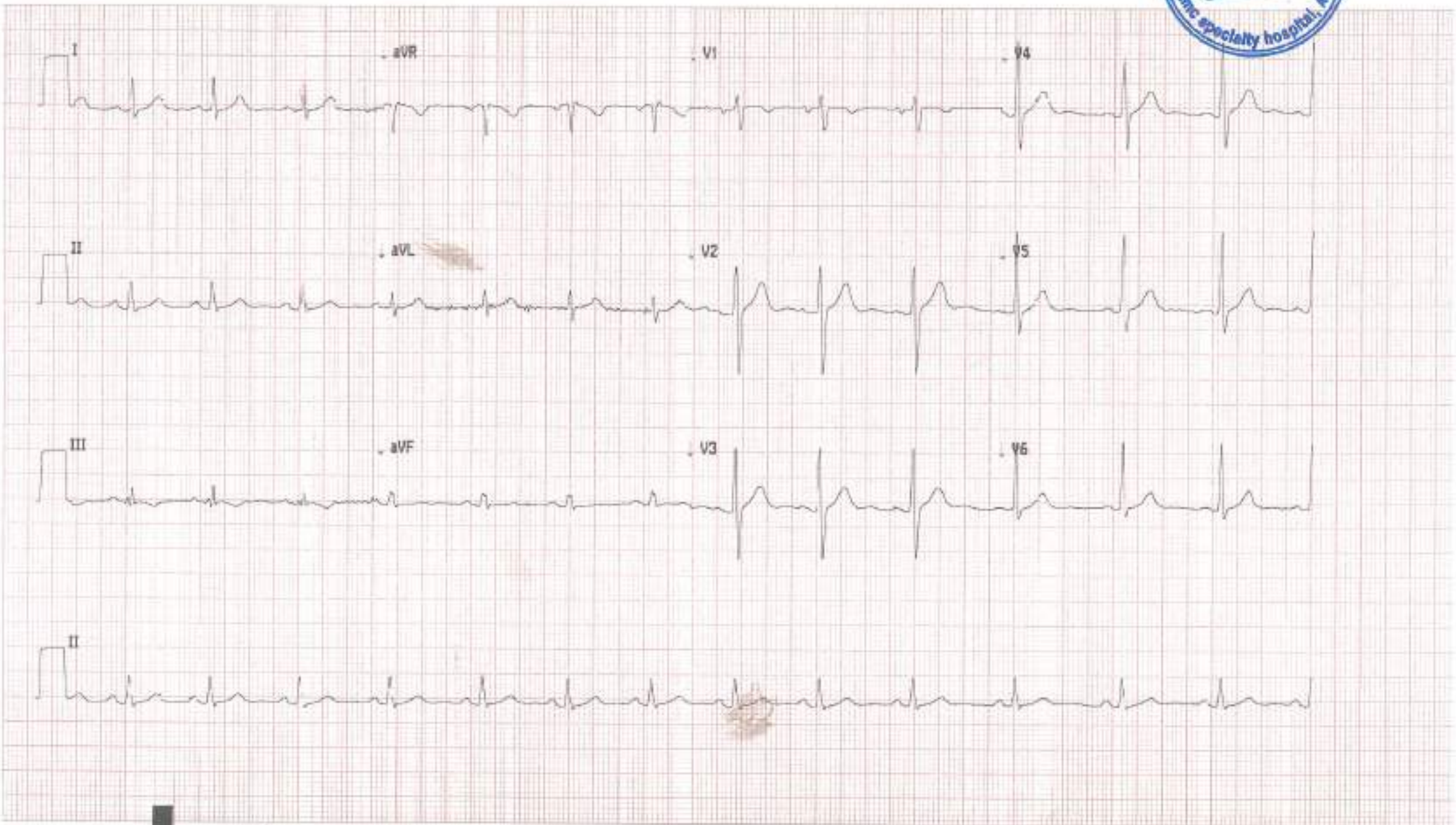
Muahmmad kashif, Hayat
ID: 50111933
DOB:
31yr, Male

29-Nov-2023 13:43:22

Ven rate:	81 BPM
PR int:	154 ms
QRS dur:	90 ms
QT/QTc:	324/362 ms
P-R-T axes:	54 46 17

SINUS RHYTHM WITH SINUS ARRHYTHMIA
NORMAL ECG

UNCONFIRMED REPORT



RESIDENT
CARD

121716976
25|09|2025
01|01|1992

MUHAMMAD KASHIF UMAR HAYAT

PAKISTAN

IDOMN1217169767<<<<<<<<<<<<<<<
9201017M2509253PAK<<<<<<<<<<<4
MUHAMMAD<KASHIF<UMAR<HAYAT<<<<