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	
Forenames	Taswar Abbas.
Address	
Home telephone number	

Place of examination	Date
If a dependant enter employee's name here: Surname:	Forenames:
Birth date: 16/05/199 Nationality: Pakistani	Country of birth: pakistan Religion: islam.
☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated /Divorced	Relationship to employee ☐ Wife ☐ Son ☐ Daughter — Number of children: zero
Reason for examination: Pre-Employment ☐ Pre-Overseas ☐	Job: operator Area: Fahud
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? Ø — Average daily alcohol consumption Ø

Have you ever taken elicited drugs? ( ) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes (Ø) Tuberculosis (Ø) Epilepsy (Ø) Asthma (Ø) Eczema (Ø) Heart disease (Ø) High blood pressure (Ø) Stroke ( ) Ø Blood Disease (Ø) Cancer (Ø)

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:**

RECEPTION — Specialty hospital — Sultanate of Oman

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. 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 L R	VISION	Colour Vision	Blood Group
176	92	29.70	143/84	54 /mins.	(N)	DISTANT R 6/6 L 6/6; NEAR R (N) L (N) — Uncorrected / Corrected	(N)	

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

FIT

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

REVIEW/CONSULTATION

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

C.R. No: 1608137

RECEPTION

specialty hospital

Vitalograph

Pulmonary Function Report

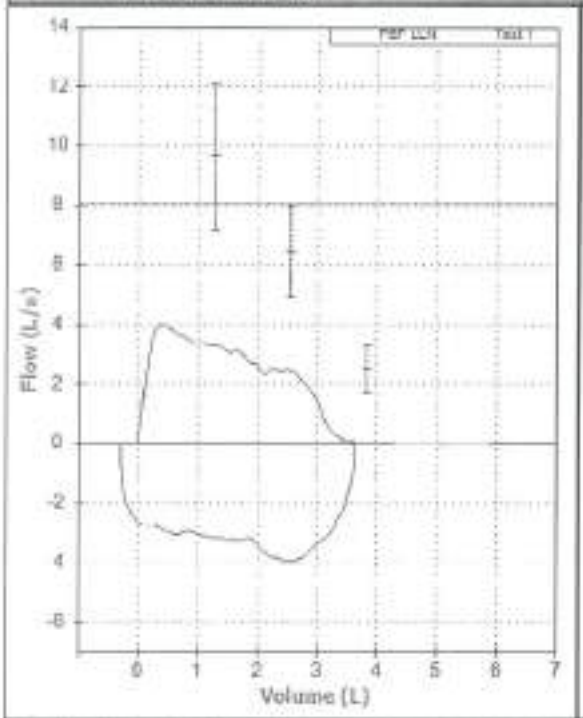
Subject Information

ID:	2023330_092606916	Alternate ID:	50111693		
Last Name:		First Name:	Taswar Abbas	Middle Name:	
Population:	MIDDLE EAST	Gender:	Male	Date of Birth:	16/03/1993
Age:	30	Height:	176 cm	Weight:	92.0 kg
BMI:	29.7	Smoking:	Non Smoker		

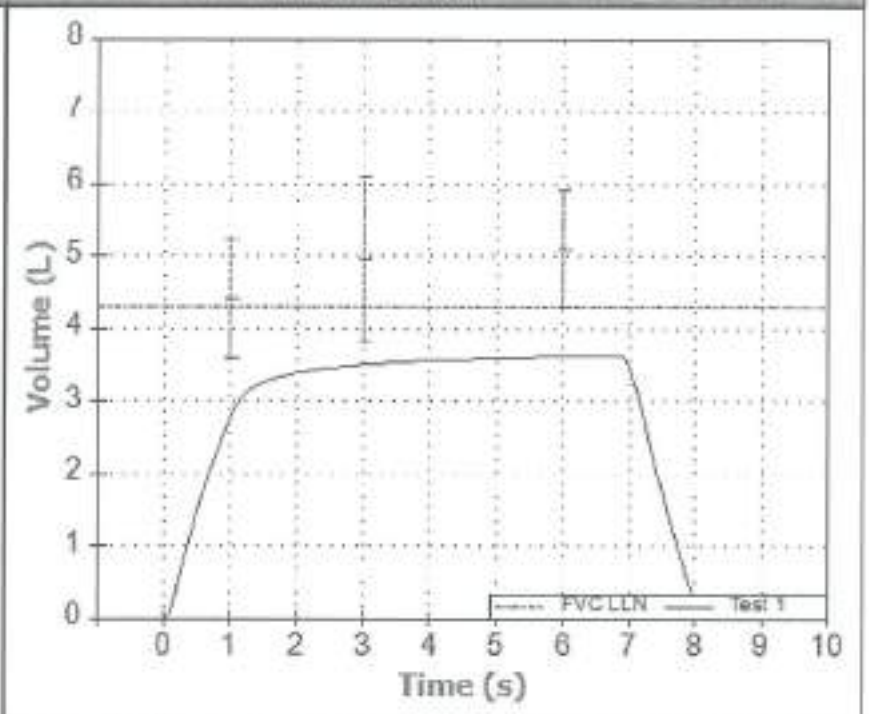
Test Session Information

Test Date:	26/11/2023 09:30	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	3	Accuracy Chk:	30/05/2019 15:42	User:	Administrator
Pred. Values:	Golshan	Pred. Factor:	100%	Posture:	Sitting

Flow/Volume Graph



Volume/Time Graph



Results

Parameter	Pred	LLN	Best	% Pred.	Z-Score
FVC (L)	**5.10**	4.30	**3.63***	**71**	-3.01
FEV1 (L)	**4.42**	3.60	**3.02***	**68**	-2.80
FEV1 Ratio	**0.82**	0.70	**0.77**	**94**	-0.68
FEV6 (L)	**5.10**	4.30	**3.62***	**71**	-3.03
PEF (L/min)	**659**	484	**341***	**52**	-2.98
FEF25-75 (L/s)	**5.32**	4.22	**2.79***	**52**	-3.77

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

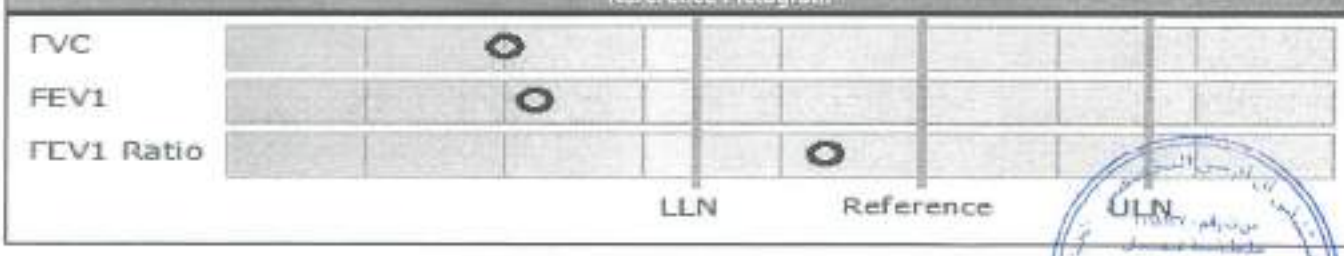
Session Quality and Repeatability Information

FVC Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
C	0.23 L (6.3%)	0.09 L (3.0%)	0 blow(s)	1 blow(s)	0 blow(s)

Computer Suggested Interpretation

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

Reference Pictogram



Tone threshold audiometric test

28/11/2023 11:09:37 AM

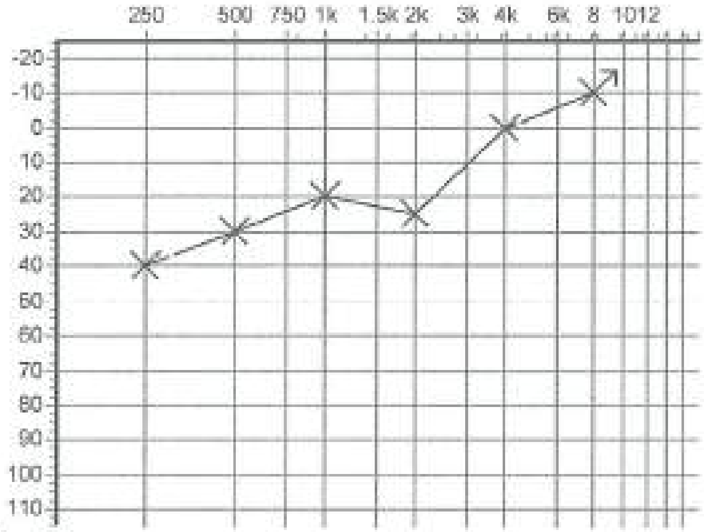
Name: **TASWAR ABBAS**
Surname:

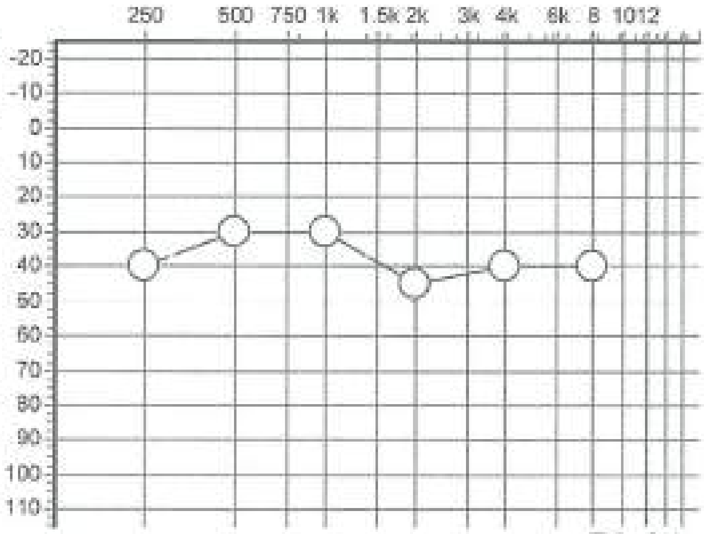
Date of birth: 1983/03/10
Age in years: 30

Company: Dr-NADIA FAHAD GP
Department: opd
Job title: audiometry
Number:

ID/SS number: 50111693
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		40	30	20	25		0		-10						
Noise in ear canal		-30	-33	-30	-34		-39		-39						
Noise for threshold-5dB		-30	-34	-30	-33		-39		-38						

Right

Frequencies	125	250	500	1k	2k	3k	4k	6k	8k	9k	10k	11.2	12.5	14k	16k
Air thresholds		40	30	30	45		40		40						
Noise in ear canal		-13	-19	-24	-26		-25		-20						
Noise for threshold-5dB		-15	-24	-26	-30		-31		-33						

Bone thresholds
Noise in ear canal
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)
25

Patient response statistics

n	52
Mean	738
Standard deviation	160

Test re-test reliability (1st freq.)
False positive response % 0

Pure tone avg. (500 1k 2k)
35

C.R. No: 1050137
Sultanate of Oman
RECEPTION
Specialty hospital

Audiogram notes:

TASWAR ABBAS

fatma alzdajali NMC AL HAIL 10734

KUDUwave™

Capturer of data version number: 2.12.12.0
Report software version: 2.4.3.0
Report generated on: 28/11/2023 11:15:32 AM
Unique Global Patient Number: 81AF1D27ACD04A22B1C77EC44BCE9CD8

Last calibration date: 20/10/2017
KUDUwave serial number: 0901-00672
Bone vibrator serial number: A26527
Sound booth: SANS 10182 Diagnostic
Type of audiometer: Near Type 1
Test protocol:

DEPARTMENT OF LABORATORY MEDICINE

File No:	50111693	**Report No:**	0105448		
Name:	TASAWAR ABBAS 7011	**Sample Date:**	26/11/2023	**Time:**	8:43
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 30 Y **Nationality:** PAKISTANI	**Report Date:**	26/11/2023	**Time:**	10:52
GSM No.:	97730224 **ID Card No.:** 100898445	**Bill No:**	027/1561	**Bill Date:**	26/11/2023
Ref. By:	DR NADIA FAHAD	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE BELOW 40 YEARS		
RANDOM BLOOD SUGAR	5.41 mmol/L	4.11 -7.9mmol/L
CREATININE	71.00 µ mol/L	Adults: MALE: 62 – 106 µ mol/L FEMALE: 44 - 80 µ mol/L
SGPT (ALT)	44.80 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
TOTAL WBC COUNT	6.97 x 10^3 / µL	4.00-11.00 x 10^3 / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	52.00 %	40-75%
LYMPHOCYTE (%)	35.70 %	20-45%
MONOCYTE (%)	6.01 %	2-8%
EOSINOPHIL (%)	5.28 %	1-6%
BASOPHIL (%)	1.07 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	11 mm/1st hr	MALE:0-15 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
HAEMOGLOBIN	16.90 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	NEGATIVE	
Method : Solubility test (If Positive , Hb Electrophoresis / HPLC to be done to confirm Sickle cell anaemia / Trait).		
URINE ROUTINE		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE

Verified By:

10589
Lab Technologist
MOH License No: 17976
Electronically signed at: 11/26/2023

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 26/11/2023 10:55:00

C.R. No: 1648137
Sultanate of Oman
RECEPTION
nmc specialty hospital, Al Hail

Printed at: 26/11/2023 6:00:10 PM

DEPARTMENT OF LABORATORY MEDICINE

File No:	501111693	**Report No:**	0105448		
Name:	TASAWAR ABBAS 7011	**Sample Date:**	26/11/2023	**Time:**	8:43
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 30 Y **Nationality:** PAKISTANI	**Report Date:**	26/11/2023	**Time:**	10.52
GSM No..	97730224 **ID Card No.:** 100898445	**Bill No:**	027 1561	**Bill Date:**	26/11/2023
Ref. By:	DR NADIA FAHAD	**Report Status:**	Final		

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:

10589
Lab Technologist
MOH License No: 17976
Electronically signed at: 11/26/2023

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 26/11/2023 10:55:09

C.R. No: 1558137
Sultanate of Oman
RECEPTION
nmc specialty hospital, Al Hail

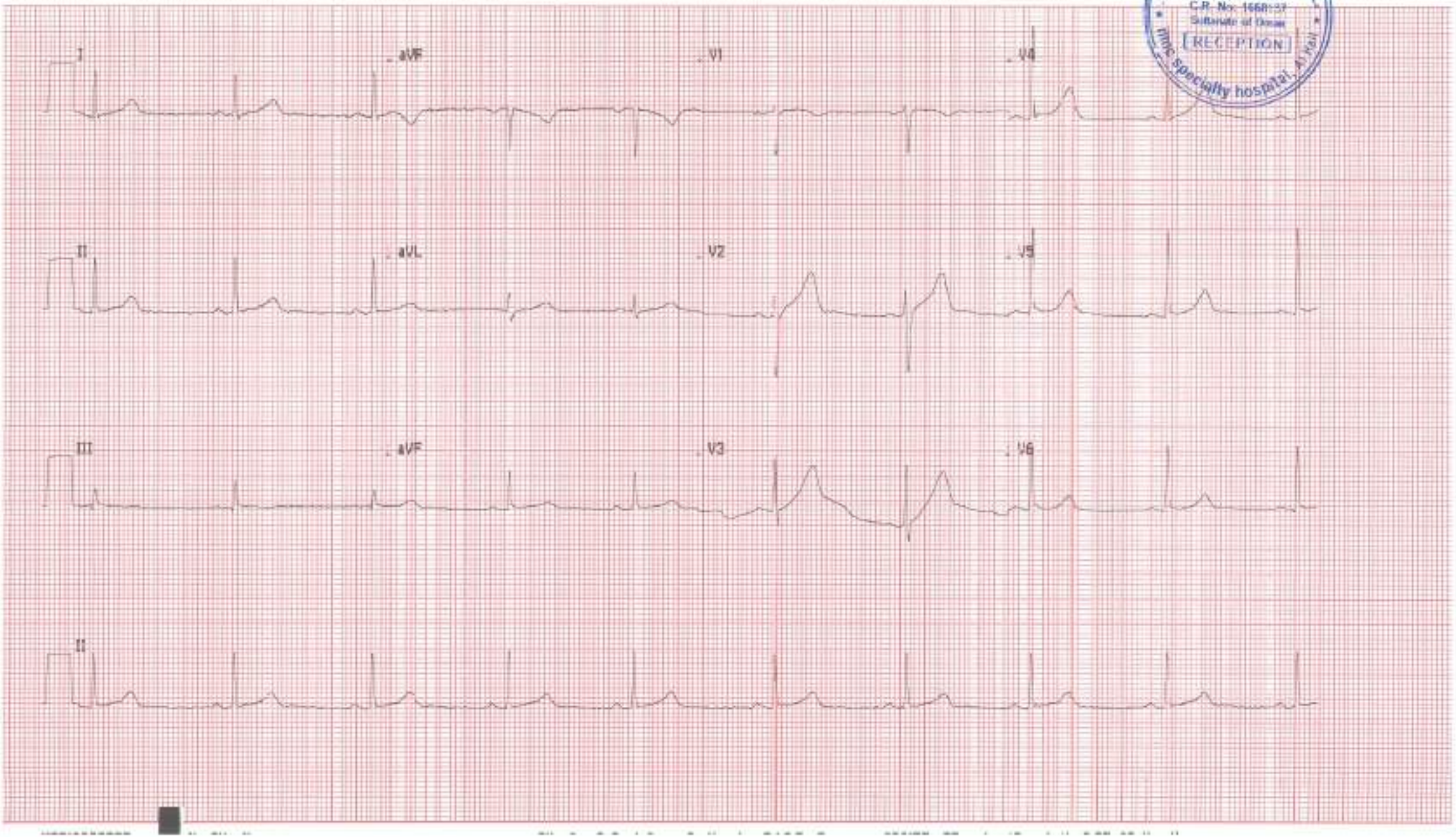
Printed at: 26/11/2023 6:00:10 PM

ID: 50111693
DOB:
30yr, Male

Vent rate:	55 BPM
PR int:	145 ms
QRS dur:	82 ms
QT/QTc:	426/415 ms
P-R-T axes:	38 48 30

SINUS BRADYCARDIA
BORDERLINE ECG

UNCONFIRMED REPORT



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9303162M2509079PAK<<<<<<<<<<<8
TASAWAR<ABBAS<<<<<<<<<<<<<<<<