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	Arif
Forenames	Nur Mohammad
Address	
Home telephone number	
Employment No #	

Place of examination	NMC Al-Hail
Date:-	12-12-21

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

Birth date:	Nationality:	Country of birth:	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		✓	41. Awarded benefits for industrial injury/illness		✓
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	42. Treated for a mental condition, e.g. depression		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓	43. Treated for problem drinking or drug abuse		✓
6. Hayfever /other significant allergy		✓	26. Stroke		✓	44. Exposed to toxic substance or noise		✓
7. Any skin trouble		✓	27. Serious chest pain		✓	FOR WOMEN ONLY		
8. Tuberculosis		✓	28. Any blood disease		✓	Have you ever had:-		
9. Shortness of breath		✓	29. Kidney disease		✓	45. An abnormal smear		
10. Coughed/vomited blood		✓	30. Blood in urine		✓	46. Any gynaecological treatment		
11. Severe abdominal pain		✓	31. Diabetes		✓	47. Are you pregnant?		
12. Stomach ulcer		✓	32. Headaches/migraine		✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABCVE		
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/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: **Signature of Applicant:**

RECEIVED

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	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
159	67.4	26.6	123/72	78 /mins.	L N R N	Uncorrected 6/6 Corrected	6/6	N	N	Normal	A +ve

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. HBV, 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

DATE: 21/12/21 DOCTOR NAME: Nadia Fahad SIGNATURE:

DR. NADIA FAHAD
General Practitioner
MOH LIC. NO. 17482
nmc specialty hospital Al Hail

RECEPT

DEPARTMENT OF LABORATORY MEDICINE

File No:	50061245	**Report No:**	0038866		
Name:	NUR MOHAMMAD ARIF	**Sample Date:**	12/12/2021	**Time:**	11:04
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 25 Y **Nationality:** BANGLADESHI	**Report Date:**	12/12/2021	**Time:**	12:46
GSM No.:	72034366 **ID Card No.:** EF0073084	**Bill No:**	0123659	**Bill Date:**	12/12/2021
Ref. By:	DR MASOOD SIDDIQUE	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	6.0	<6.0
SPECIFIC GRAVITY	1.020	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	NIL
PUSCELLS	1-2 /hpf	NIL
EPITHELIAL CELLS	0-3 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	NIL	NIL
SICKLE CELL	NEGATIVE	

Method : Solubility test
(If Positive , Hb Electrophoresis / HPLC to be done to confirm Sickle cell anaemia / Trait).

Verified By:

10195
Lab Technologist
MOH License No:
Electronically signed at: 12/12/2021

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 12/12/2021 1:01:00 PM

Printed at: 21/12/2021 9:50:17 AM

DEPARTMENT OF LABORATORY MEDICINE

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Ref. By:	DR MASOOD SIDDIQUE	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE		
TOTAL WBC COUNT	5.30 x 10^3 / µL	4.00-11.00 x 10^3 / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	50.40 %	40-75%
LYMPHOCYTE (%)	35.70 %	20-45%
MONOCYTE (%)	7.40 %	2-8%
EOSINOPHIL (%)	6.30 %	1-6%
BASOPHIL (%)	0.20 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	14 mm/1st hr	MALE:0-9 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
RANDOM BLOOD SUGAR	6.42 mmol/L	4.11 -7.9mmol/L
SGPT (ALT)	41.85 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
CREATININE	77.58 µ mol/L	Adults: MALE: 62 - 106 µ mol/L, FEMALE: 44 - 80 µ mol/L
HAEMOGLOBIN	14.50 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
URINE ROUTINE		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE

Verified By:

10195

Lab Technologist

MOH License No:
Electronically signed at: 12/12/2021

Approved By:

DR ROSE MARY

Specialist Pathologist

MOH License No: 18178
Electronically signed at: 12/12/2021 1:01:00 PM

Printed at: 21/12/2021 9:50:17 AM

RECEPTION

AUDIOMETRY REPORT

Name of the Patient NUR MOHAMMED ARIF

Age 25 **Sex** M **MRN** 50061245 **Date of Test** 12.12

V107.05
12-DEC-21 12:13
DP 4s 4 sec avg
SN: GI1005649 GI2006259

NAME:

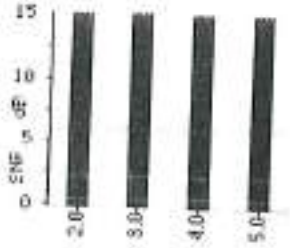
Left: Pass

F2	L1	L2	DP	NF	SNR	
2.0	65	57	0	-11	11	P
3.0	69	58	-2	-17	16	P
4.0	67	53	-4	-18	14	P
5.0	60	47	-20	-20	0	

V107.05
12-DEC-21 12:12
DP 4s 4 sec avg
SN: GI1005649 GI2006259

NAME:

Right: Pass



F2	L1	L2	DP	NF	SNR	
2.0	65	55	2	-17	29	P
3.0	65	56	2	-18	30	P
4.0	67	57	6	-18	24	P
5.0	66	56	12	-19	30	P

Signature of the Technician

Vitalograph

Pulmonary Function Report

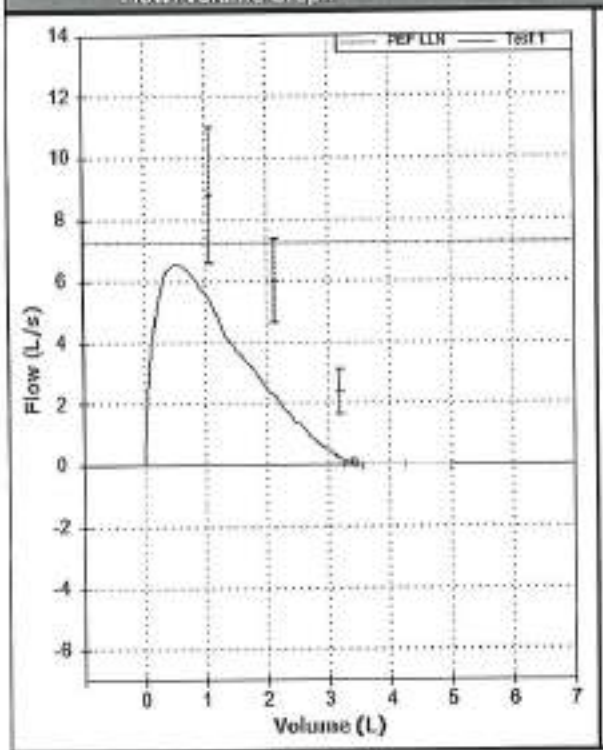
Subject Information

ID:	50061245	Alternate ID:	50061245		
Last Name:	Arif	First Name:	Nur	Middle Name:	Mohammed
Population:	MIDDLE EAST	Gender:	Male	Date of Birth:	5/6/1996
Age:	25	Height:	159 cm	Weight:	67.4 kg
BMI:	26.7	Smoking:	Non Smoker		

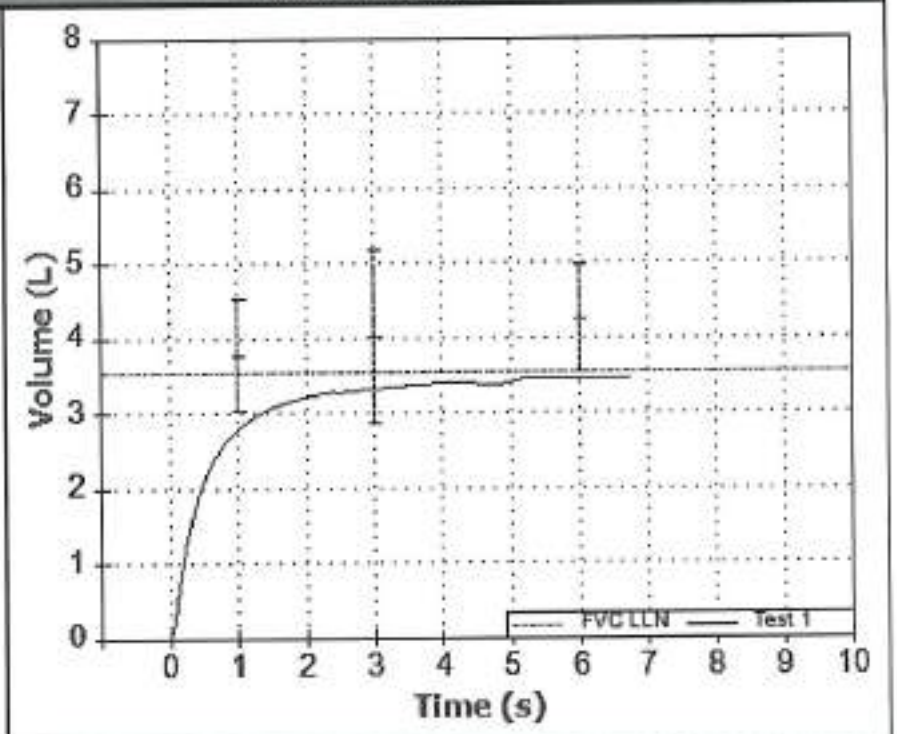
Test Session Information

Test Date:	12/12/2021 12:14	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	4	Accuracy Chk:	5/30/2019 15:42	User:	Administrator
Pred. Values:	Golshan	Pred. Factor:	100%	Posture:	Sitting

Flow/Volume Graph



Volume/Time Graph



Results

Parameter	Pred	LLN	ATS/ERS Best	% Pred.	Z-Score
FVC (L)	**4.26**	3.55	**3.47***	**81**	-1.82
FEV1 (L)	**3.78**	3.03	**2.81***	**74**	-2.12
FEV1 Ratio	**0.83**	0.71	**0.81**	**98**	-0.27
FEV6 (L)	**4.26**	3.55	**3.45***	**81**	-1.87
PEF (L/min)	**593**	434	**401***	**68**	-1.98
FEF25-75 (L/s)	**5.06**	4.06	**2.69***	**53**	-3.89

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

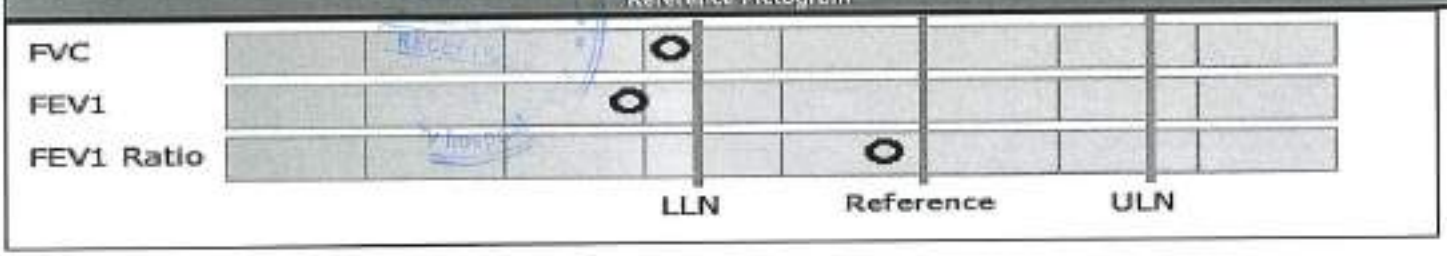
Session Quality and Repeatability Information

Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
A	0.14 L (4.0%)	0.14 L (5.0%)	0 blow(s)	2 blow(s)	0 blow(s)

Computer Suggested Interpretation

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

Reference Pictogram



ATS

Nur mohammad arif,
ID: 50061245
DOB:
yr,

12-Dec-2021 11:39:32

Vent rate:	56 BPM	SINUS BRADYCARDIA
PR int:	131 ms	EARLY REPOLARIZATION [ST ELEVATION WITH NORMALLY INFLECTED T WAVE]
QRS dur:	106 ms	BORDERLINE ECG
QT/QTc:	386/377 ms	INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS
P-R-T axes:	26 60 43	UNCONFIRMED REPORT