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	Vishnu
Forenames	Prashant
Address	
Home telephone number	
Employment No #	
Place of examination: Nmc Alain	Date:- 23/11/2023

If a dependant 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		/			
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: **Signature of Applicant:**

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N	A	N = Normal / = Abnormal (please describe)	PHYSICAL EXAMINATION
		1. Eyes & Pupils	
		2. E.N.T.	
		3. Teeth & Mouth	
		4. Lungs & Chest	
		5. Cardiovascular System	WNL
		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
169	45	15.76	117/68	78 /mins.	L ✓ R ✓	Uncorrected 6	6	6	6	normal	
						Corrected					

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. HIV, 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

DR. NADIA FAHAD
General Practitioner
MOH Lic. No. 17453
NMC Specialty Hospital, Al Hail

DATE: 21/12/21 **DOCTOR NAME:** **SIGNATURE:**

NMC Specialty hospital, Al Hail
RECEPTION

AUDIOMETRY REPORT

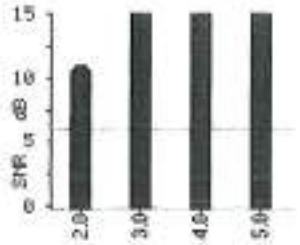
Name of the Patient Vishnu Gopidas

Age 31Y **Sex** M **MRN** 50060722 **Date of Test** 07/12/2021

U107.05
07-DEC-21 14:58
DP 4s 4 sec avg
SN: G11005649 G12006239

NAME:

Left: Pass

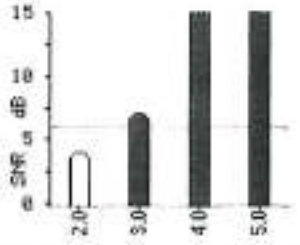


F2	L1	L2	DP	NF	SNR	
2.0	68	60	-1	-12	11	P
3.0	64	55	2	-16	19	P
4.0	64	53	3	-18	21	P
5.0	63	57	4	-20	24	P

U107.05
07-DEC-21 14:59
DP 4s 4 sec avg
SN: G11005649 G12006239

NAME:

Right: Pass



F2	L1	L2	DP	NF	SNR	
2.0	61	53	-7	-11	4	
3.0	59	53	-8	-15	7	P
4.0	66	46	1	-19	20	P
5.0	52	47	0	-20	20	P

Signature of the Technician

RECEPTION

Vitalograph

Pulmonary Function Report

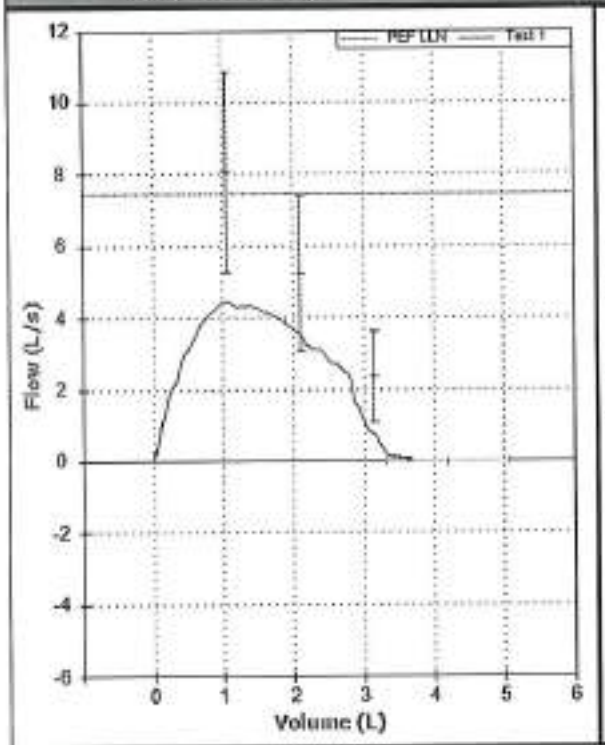
Subject Information

ID:	2021341_151947610	Alternate ID:	50060721		
Last Name:	Gopidas	First Name:	Vishnu	Middle Name:	
Population:	African/S.Indian	Gender:	Male	Date of Birth:	6/19/1900
Age:	31	Height:	173 cm	Weight:	74.0 kg
BMI:	24.7	Smoking:	Non Smoker		

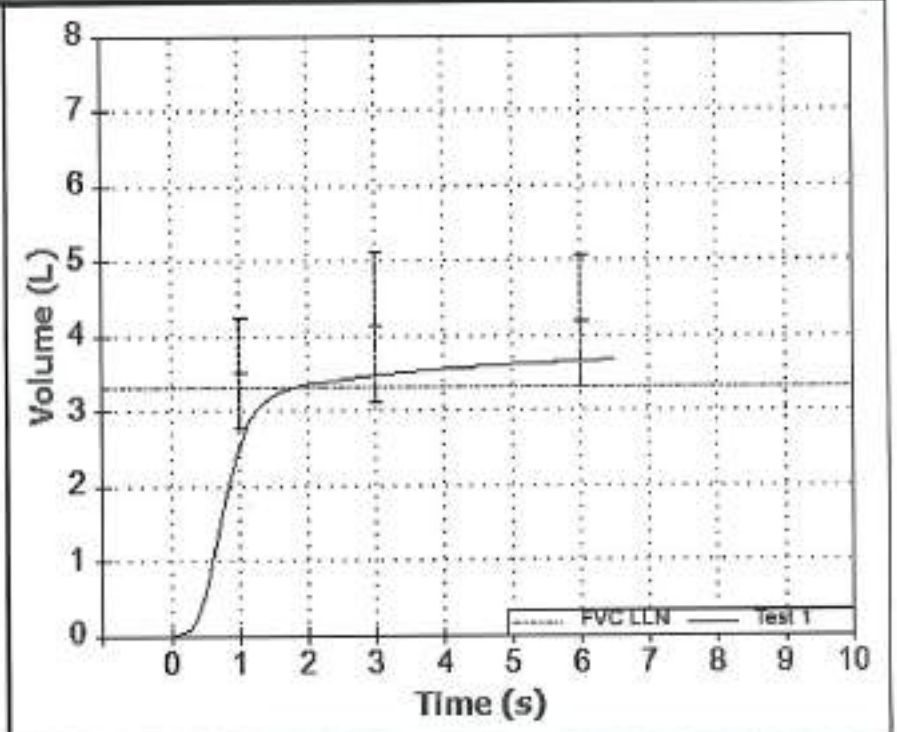
Test Session Information

Test Date:	12/7/2021 15:22	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	2	Accuracy Chk:	5/30/2019 15:42	User:	Administrator
Pred. Values:	ERS 93	Pred. Factor:	87%	Posture:	Sitting

Flow/Volume Graph



Volume/Time Graph



Results

Parameter	Pred	LLN	ATS/ERS Best	% Pred.	Z-Score
FVC (L)	**4.19**	3.32	**3.67**	**88**	-0.98
FEV1 (L)	**3.52**	2.79	**3.12**	**89**	-0.90
FEV1 Ratio	**0.82**	0.70	**0.85**	**104**	0.41
FEV6 (L)	**4.19**	3.32	**3.67**	**88**	-0.98
PEF (L/min)	**566**	448	**268***	**47**	-4.15
FEF25-75 (L/s)	**4.72**	3.01	**3.59**	**76**	-1.08

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

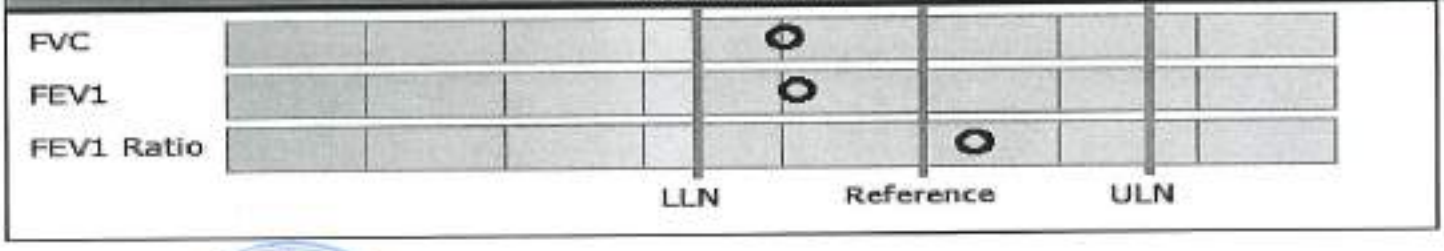
Session Quality and Repeatability Information

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

Computer Suggested Interpretation

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

Reference Pictogram



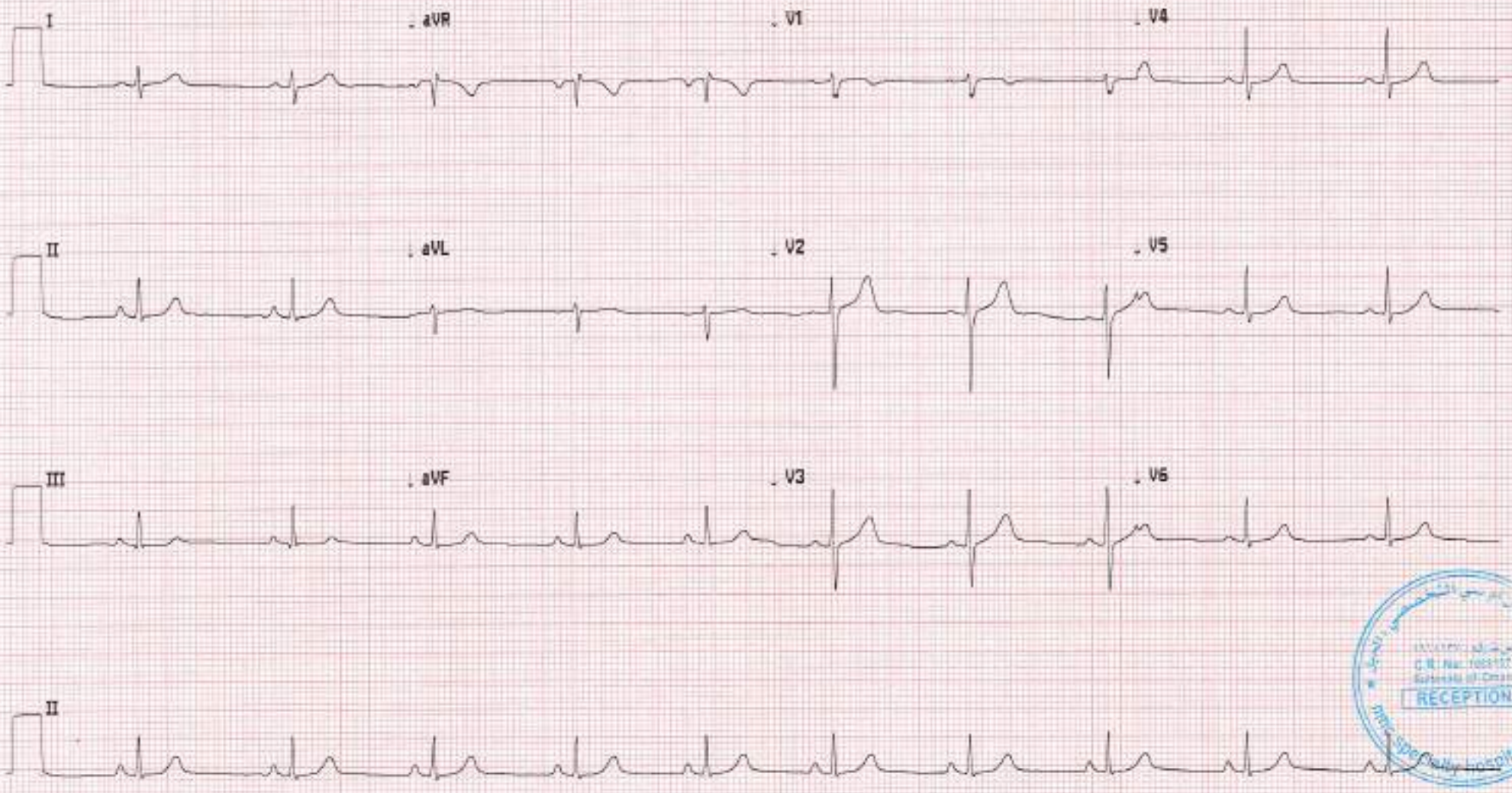
Vishnu bhadran,
ID: 50060722
DOB:
24yr, Male

1-Jan-2010 00:00:34

Vent rate:	62 BPM
PR int:	137 ms
QRS dur:	79 ms
QT/QTc:	361/367 ms
P-R-T axes:	70 87 48

SINUS RHYTHM
NORMAL ECG

UNCONFIRMED REPORT



DEPARTMENT OF LABORATORY MEDICINE

File No:	50060722	**Report No:**	0038440		
Name:	VISHNU BHADRAN	**Sample Date:**	07/12/2021	**Time:**	12:53
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 24 Y **Nationality:** INDIAN	**Report Date:**	07/12/2021	**Time:**	15:18
GSM No.:	95328619 **ID Card No.:** 0	**Bill No:**	0122495	**Bill Date:**	07/12/2021
Ref. By:	DR MASOOD SIDDIQUE	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE		
TOTAL WBC COUNT	7.00 x 10^3 / µL	4.00-11.00 x 10^3 / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	47.30 %	40-75%
LYMPHOCYTE (%)	37.40 %	20-45%
MONOCYTE (%)	10.80 %	2-8%
EOSINOPHIL (%)	4.20 %	1-6%
BASOPHIL (%)	0.30 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	04 mm/1st hr	MALE:0-9 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
RANDOM BLOOD SUGAR	4.89 mmol/L	4.11 -7.9mmol/L
SGPT (ALT)	10.00 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
CREATININE	80.56 µ mol/L	Adults: MALE: 62 - 106 µ mol/L, FEMALE: 44 - 80 µ mol/L
HAEMOGLOBIN	16.20 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: *Approved By:*

10625
Lab Technologist
Electronically signed at: 12/8/2021 1:03:00

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 08/12/2021 1:03:00 PM

Printed at: 21/12/2021 9:45:44 AM

DEPARTMENT OF LABORATORY MEDICINE

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

INVESTIGATION	RESULT	REFERENCE RANGE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	6.5	<6.0
SPECIFIC GRAVITY	1.015	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	PALE YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	NIL
PUSCELLS	1-2 /hpf	NIL
EPITHELIAL CELLS	0-2 /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:

Approved By:

10625
Lab Technologist
Electronically signed at: 12/8/2021 1:03:00

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 08/12/2021 1:03:00 PM

Printed at: 21/12/2021 9:45:44 AM

مستشفى ان ام سي التخصصي
nmc specialty hospital
NMC Healthcare LLC