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	M Shanmuga Pillai.
Forenames	Dinesh Kumar
Address	
Home telephone number	
Employment No #	
Place of examination	Date:- 08-12-21

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		✓			
16. Marked change in bowel habits		✓	36. Surgical operation		✓	46. Any gynaecological treatment		
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? NO
Average daily alcohol consumption NO .

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

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

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 = 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	VISION	Colour Vision	Blood Group
169	70.5	24.6	145/89	71 /mins.	L N R N	DISTANT R 6/6 L 6/6 (Uncorrected); Corrected: NEAR R N L N	Normal	

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:

- [x] FIT ALL AREAS
- [ ] FIT WITH SPECIFIC RESTRICTION
- [ ] TEMPORARY UNFIT
- [ ] AWAITING SPECIALIST ASSESSMENT

REVIEW/CONSULTATION

DATE: 21/12/21 DOCTOR NAME: Nadia Fahad SIGNATURE: [signature]

DR. NADIA FAHAD
General Practitioner

RECEPTION
nmc specialty hospital Al Ain

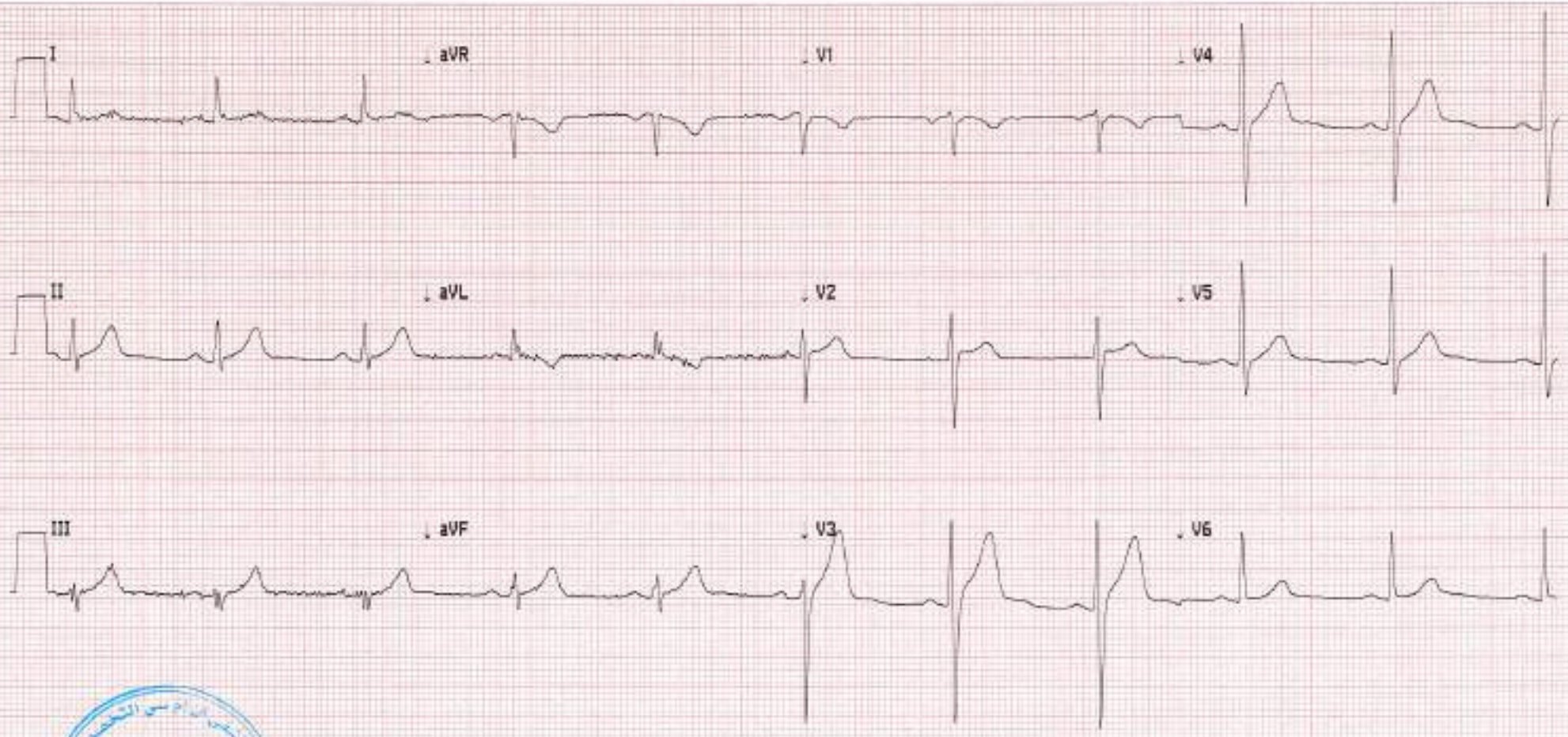
ID: Dinesh kumar
DOB: (50060836.
yr.

8-Dec-2021 11:32:59

Vent rate:	61	BPM
PR int:	172	ms
QRS dur:	99	ms
QT/QTc:	382/386	ms
P-R-T axes:	48 18	79

SINUS RHYTHM
POSSIBLE LEFT ATRIAL ENLARGEMENT (-0.1mV P WAVE IN V1/V2)
EARLY REPOLARIZATION (ST ELEVATION WITH NORMALLY INFLECTED T WAVE)
NONSPECIFIC ST & T-WAVE ABNORMALITY
BORDERLINE ECG
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS

UNCONFIRMED REPORT



Vitalograph

Pulmonary Function Report

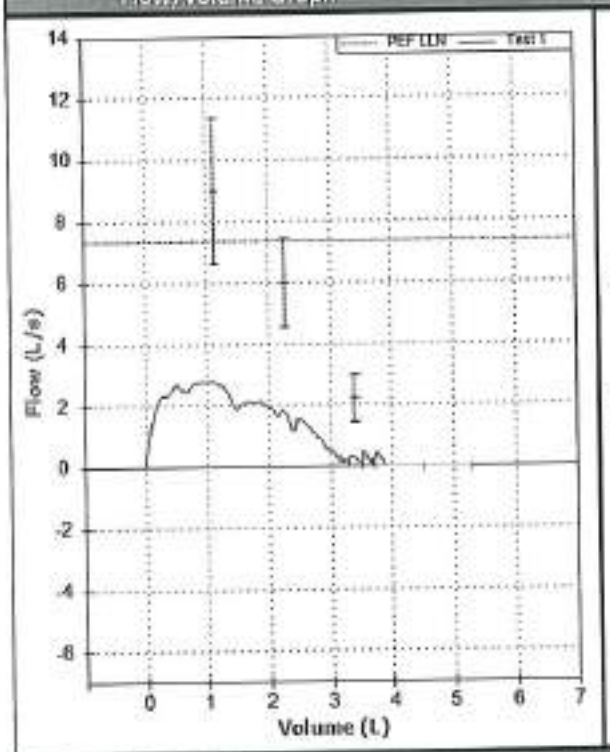
Subject Information

ID:	50060836	Alternate ID:	50060836		
Last Name:	Mohanan Pillai	First Name:	Dinesh	Middle Name:	Kumar
Population:	MIDDLE EAST	Gender:	Male	Date of Birth:	5/27/1984
Age:	37	Height:	169 cm	Weight:	70.5 kg
BMI:	24.7	Smoking:	Non Smoker		

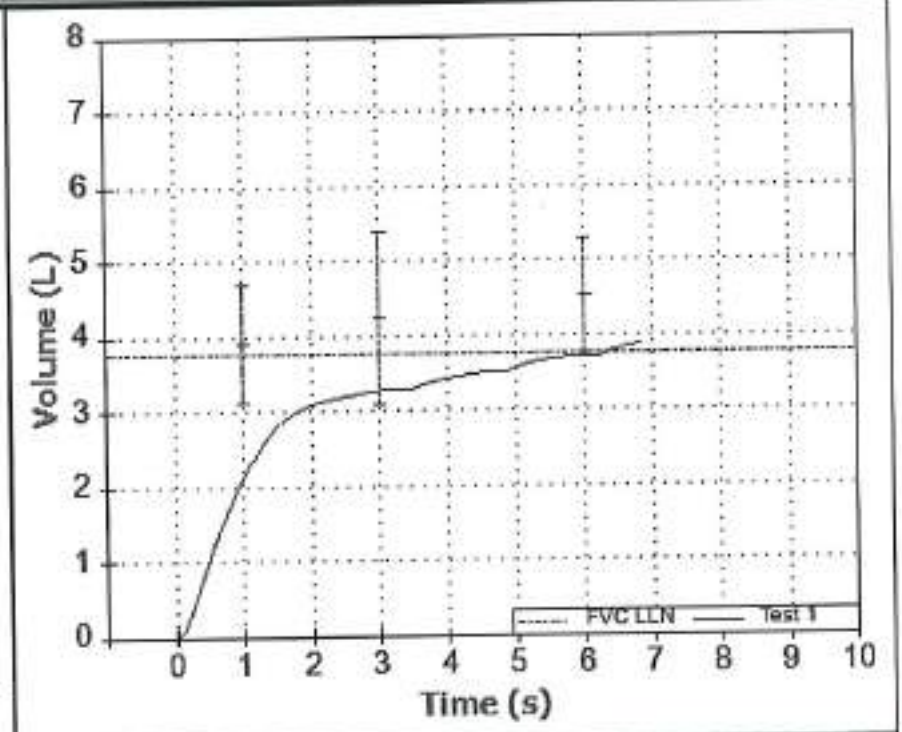
Test Session Information

Test Date:	12/8/2021 12:26	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	6	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)	**4.52**	3.76	**3.87**	**86**	-1.40
FEV1 (L)	**3.92**	3.13	**2.79***	**71**	-2.35
FEV1 Ratio	**0.81**	0.69	**0.72**	**89**	-1.23
FEV6 (L)	**4.52**	3.76	**3.71***	**82**	-1.75
PEF (L/min)	**608**	440	**505**	**83**	-1.00
FEF25-75 (L/s)	**4.89**	3.83	**1.68***	**34**	-4.97

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

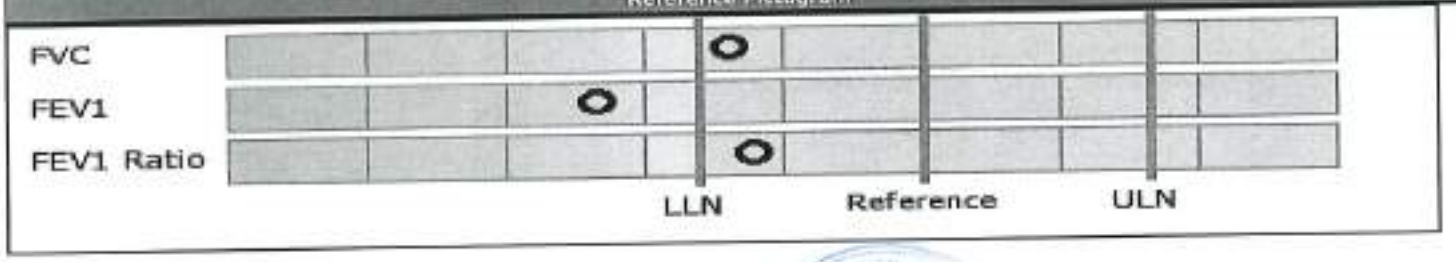
Session Quality and Repeatability Information

Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
B	0.46 L (11.9%)	0.04 L (1.4%)	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



AUDIOMETRY REPORT

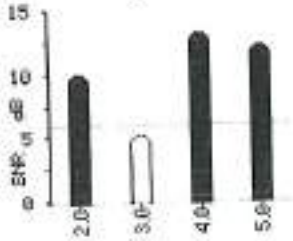
Name of the Patient DINESH KUMAR MOHANAN PILLAI

Age 37 **Sex** M **MRN** 50060836 **Date of Test** 08.12.202

U107.05
08-DEC-21 12:19
DP 4s 4 sec avg
SN: G11005649 G12006239

NAME:

Left: Pass

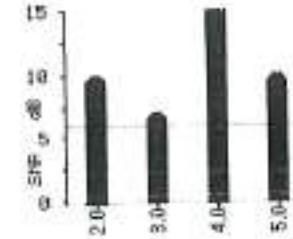


F2	L1	L2	DP	NF	SNR	
2.0	65	55	3	-7	10	P
3.0	65	55	-6	-14	5	
4.0	65	55	-4	-18	13	P
5.0	65	55	-8	-20	12	P

U107.05
08-DEC-21 12:18
DP 4s 4 sec avg
SN: G11005649 G12006239

NAME:

Right: Pass



F2	L1	L2	DP	NF	SNR	
2.0	65	55	-3	-14	10	P
3.0	65	55	-10	-16	7	P
4.0	65	55	-1	-20	19	P
5.0	65	55	-8	-18	10	P

Signature of the Technician

nmc

DEPARTMENT OF LABORATORY MEDICINE

File No: 50060836	**Report No:** 0038525		
Name: DINESH KUMAR MOHANAN PILLAI	**Sample Date:** 08/12/2021	**Time:**	11:07
	Received By:		
Address:	**Received Date:**	**Time:**	
Gender: M **Age:** 37 Y **Nationality:** INDIAN	**Report Date:** 08/12/2021	**Time:**	12:27
GSM No.: 79247125 **ID Card No.:** U2748464	**Bill No:** 0122764	**Bill Date:**	08/12/2021
Ref. By: DR MASOOD SIDDIQUE	**Report Status:** Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE BELOW 40 YEARS		
RANDOM BLOOD SUGAR	6.00 mmol/L	4.11 -7.9mmol/L
CREATININE	76.06 µ mol/L	Adults: MALE: 62 - 106 µ mol/L, FEMALE: 44 - 80 µ mol/L
SGPT (ALT)	69.65 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
TOTAL WBC COUNT	4.80 x 10^3 / µL	4.00-11.00 x 10^3 / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	48.40 %	40-75%
LYMPHOCYTE (%)	34.20 %	20-45%
MONOCYTE (%)	11.00 %	2-8%
EOSINOPHIL (%)	6.20 %	1-6%
BASOPHIL (%)	0.20 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	06 mm/1st hr	MALE:0-9 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
HAEMOGLOBIN	14.70 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

Verified By:

10624
Lab Technologist
Electronically signed at: 12/8/2021 12:27:00

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 08/12/2021 12:35:00

مستشفى إن إم سي التخصصي
nmc specialty hospital

NMC Healthcare LLC

DEPARTMENT OF LABORATORY MEDICINE

File No:	50060836	**Report No:**	0038525		
Name:	DINESH KUMAR MOHANAN PILLAI	**Sample Date:**	08/12/2021	**Time:**	11:07
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 37 Y **Nationality:** INDIAN	**Report Date:**	08/12/2021	**Time:**	12:27
GSM No.:	79247125 **ID Card No.:** U2748464	**Bill No:**	0122764	**Bill Date:**	08/12/2021
Ref. By:	DR MASOOD SIDDIQUE	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE
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	YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	NIL
PUSCELLS	3-5 /hpf	NIL
EPITHELIAL CELLS	0-2 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	NIL	NIL

Verified By:

10624

Lab Technologist

Electronically signed at: 12/8/2021 12:27:00

Approved By:

DR ROSE MARY

Specialist Pathologist

MOH License No: 18178

Electronically signed at: 08/12/2021 12:35:00

nmc specialty hospital

NMC Healthcare LLC
Sultanate of Oman