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	Yuwanthom
Forenames	Indrajith
Address	
Home telephone number	
Employment No #	
Place of examination: Nmc Al Hail	Date:- 12/12/21

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

Birth date 24/Feb/1999	Nationality: Indian	Country of birth: India	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? once occasionally 2-3 cigarettes Average daily alcohol consumption Nil

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

FAMILY HISTORY: Diabetes (✓) Father 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: 12/12/21 Signature of Applicant:

C.R. No. [illegible] Sultanate of Oman RECEPTION nmc specialty hospital, AL HAIL

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 DISTANT R L	VISION NEAR R L	Colour Vision	Blood Group
171	71.1	24.5	146/91	78/mins.	L R	Unconnected 6 | 6 Corrected	6 | 6		

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	High ALT Level.			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** — Internal Medicine

FIT

DR. MASOOD SIDDIQUE
General Physician
MOH Reg. No: 11044
mmc specialty hospital, Al Hail

18/11/22

*Remarks:- Fit to work.

REVIEW/CONSULTATION

DATE: 12/11/2022 DOCTOR NAME: DR. NADIA FAHAD General Physician DHPT Lic. No: 19833 mmc specialty hospital, Al Hail SIGNATURE:

C.R. No: 1668137
Sultanate of Oman
RECEPTION
mmc specialty hospital, Al Hail

REPUBLIC OF INDIA

V4783589

VISWANATHAN

INDRAJITH

26/04/1990 M

KARUVATTA,KERALA

COCHIN

25/11/2021

22/11/2031

P<INDVISWANATHAN<<INDRAJITH<<<<<<<<<<<<<<<<<<<<

V4783589<9IND9904260M3111220106373469552157<<

C.R. No: 1568137
Sultanate of Oman
RECEPTION
nmc specialty hospital, Al Hail

nmc specialty hospital,al-hail

P.O BOX : 613, Postal Code : 133
al-hail
24269222

Medical Report

Ref.No: 0000327/MED/NMC/2022

NAME: *INDRAJITH VISWANATHAN*			
AGE : *22 Y*	**DOB :** *26/04/1999*	**GENDER :** *M*	**NATIONALITY :** *INDIAN*
FILE NO : *50064839*	**ResidentCardNo :** *u4783589*		

To Whom it may Concern

This is to inform that Mr INDRAJITH VISWANATHAN was found to have elevated ALT (125.35) during his employment related medical check up. He is apparently asymptomatic now and has no features of acute or chronic liver disease on clinical examination. His HBV and HCV viral markers are negative. USG shows Mild Fatty liver. No w he is being advised supportive treatment along with diet and lifestyle modification. NO ABSOLUTE CONTRAINDICATION FOR CONTINUING HIS JOB.

ON EXAMINATION:

INVESTIGATION:

DIAGNOSIS:

TREATMENT GIVEN:

FURTHER PLAN:

DR NISANTH KALLINKEEL
GENERAL MEDICINE
(Name with seal)

DR NISANTH KALLINKEEL
Specialist - General Medicine
MOH Lic. No: 15247
nmc specialty hospital, Al Hail

Place : nmc specialty hospital,al-hail

nmc specialty hospital, Al Hail
C.R. No: 1000127
Sultanate of Oman
RECEPTION

nmc specialty hospital,al-hail

P.O BOX : 613, Postal Code : 133 al-hail Sultanate of Oman

Sl No: 10217		Bill Date:	Report Date :Jan 17 202
Patient Name: INDRAJITH VISWANATHAN		Reg No: 50064839	
Age: 22Y	Gender: Male	Nationality: INDIA	Phone:
Address:			
Company: CASH PATIENT		Policy No:	
Certificate No:		Consultant Name: DR NISANTH KALLINKEEL	
Region: ULTRASOUND OF ABDOMEN			

LIVER: measures 19cm and shows increased echogenicity. No dilated intrahepatic biliary radicles are seen.

GALL BLADDER: partially distended

PORTAL VEIN and CBD are normal.

PANCREAS: visualized part appears unremarkable.

KIDNEYS:

RIGHT KIDNEY –Measures 10.4 x 4.3cm

Is normal in size and echogenisity.

No calculi seen. No dilatation of the pelvicalyceal system is noted.

LEFT KIDNEY –Measures 10.2 x 4.36cm

Is normal in size and echogenisity.

No calculi seen. No dilatation of the pelvicalyceal system is noted.

SPLEEN: Is normal in size and echotexture. No focal lesion

No free fluid in the abdomen.

IMPRESSION:

- **Fatty liver**
- **No other significant abnormality**

17/01/2022 14:52:35

DR PRERNA KULKARNI
Radiology

Disclaimer: This is an electronically generated report and does not require a doctor's signature

مستشفى ان ام سي التخصصي
nmc specialty hospital

NMC Healthcare LLC
C.R.No: 1248387, P.O.Box: 613
P.C: 133, Al Ghoubra
Governorate of Muscat
Sultanate of Oman
T: (+968) 2450 4000
F: (+968) 2450 1101
E: nmc.ghoubra@nmcoman.com

DEPARTMENT OF LABORATORY MEDICINE

File No:	50064839	**Report No:**	004127		
Name:	INDRAJITH VISWANATHAN	**Sample Date:**	11/01/2022	**Time:**	12.37
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 22 Y **Nationality:** INDIAN	**Report Date:**	11/01/2022	**Time:**	13:55
GSM No.:	79036956 **ID Card No.:** v4783589	**Bill No:**	0130943	**Bill Date:**	11/01/2022
Ref. By:	DR MASOOD SIDDIQUE	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE BELOW 40 YEARS		
RANDOM BLOOD SUGAR	4.73 mmol/L	4.11 -7.9mmol/L
CREATININE	68.90 µ mol/L	Adults: MALE: 62 - 106 µ mol/L, FEMALE: 44 - 80 µ mol/L
SGPT (ALT)	125.35 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L
TOTAL WBC COUNT	8.60 x 10^3 / µl	4.00-11.00 x 10^3 / µl
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	40.80 %	40-75%
LYMPHOCYTE (%)	45.60 %	20-45%
MONOCYTE (%)	9.40 %	2-8%
EOSINOPHIL (%)	4.10 %	1-6%
BASOPHIL (%)	0.10 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	02 mm/1st hr	MALE:0-9 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
HAEMOGLOBIN	15.60 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 BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE

Verified By:

10577
Lab Technologist
Electronically signed at: 1/11/2022 1:55:00

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 11/01/2022 5:24:00 PM

C.R. No: 1668137 Sultanate of Oman RECEPTION
nmc specialty hospital, Al Hail

nmc specialty hospital

Printed at: 18/01/2022 10:11:33 AM

DEPARTMENT OF LABORATORY MEDICINE

File No:	50064839	**Report No:**	0041277		
Name:	INDRAJITH VISWANATHAN	**Sample Date:**	11/01/2022	**Time:**	12.37
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 22 Y **Nationality:** INDIAN	**Report Date:**	11/01/2022	**Time:**	13:55
GSM No.:	79036956 **ID Card No.:** v4783589	**Bill No:**	0130943	**Bill Date:**	11/01/2022
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	1.030	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	NIL
PUSCELLS	2-3 /hpf	NIL
EPITHELIAL CELLS	0-1 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	NIL	NIL

C.R. No: 1668137
Sultanate of Oman
RECEPTION
nmc specialty hospital, Al Hail

Verified By:

10677
Lab Technologist
Electronically signed at: 1/11/2022 1:55:00

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 11/01/2022 5:24:00 PM

Printed at: 18/01/2022 10:11:33 AM

nmc specialty hospital

NMC Healthcare LLC