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	Nanahar Singh
Forenames	
Address	
Home telephone number	7209597

Place of examination	Date 23/1/2024		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date 2/10/1986	Nationality Indian	Country of birth: Indian	Religion: Sikh
☐ Male ☐ Female	☐ Married ☐ Single ☐ Separated /Divorced	Relationship to employee ☐ Wife ☐ Son ☐ Daughter	Number of children:
Reason for examination	Pre-Employment ☐ Pre-Overseas ☐	Job: 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 ABOVE		
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: 23/1/2024 **Signature of Applicant:**

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N	A	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	WEIGHT	BMI	B.P.	PULSE	HEARING	VISION		Colour Vision	Blood Group
cm	kg					DISTANT	NEAR		
182 cm	105 kg	31.7	130/80	82 /mins.	L	Uncorrected R 6/6 L 6/6	R L		
					R	Corrected			

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Unnalysis		✓		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.)

Exercise, less fat diet.

ASSESSMENT:

☑ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT

Date: 23/1/2014 Name (Block Capitals): Dr. / Nurse: [illegible] Signature:

REVIEW/CONSULTATION

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

Appendix 15: Fitness to Work Certificate

Employee Data				Date	23/1/2024
Name	Manohar Singh			Department/Company	TO
I.D No.	7743487	Age	54/y	Occupation	

Type of Medical Evaluation			Mark those applying √
A1	Aircraft refuelling	A6	Fire / Emergency response team work
A2	Breathing apparatus	A7	Professional driving
A3	Business traveller	A8	Remote location work
A4	Catering and food preparation	A9	Transfers – group A country
A5	Crane or forklift driving & all heavy vehicles	A10	Transfers – group B country

Health Advisor Statement : The above named person has been examined according to the statements laid down in "Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work". At this time his/her fitness to work status for the above tasks is as follows.

Fit with no restrictions			✓
Fit with following restriction(s)			
The employee is fit for above work but should avoid the following task(s)	*Temporary restriction*	*Permanent restriction*	
Work near moving machinery or sharp edges			
Working at height			
Puling, pushing, or carrying weight over ___ Kg			
Ascend/descend ladders or stairs			
Operate motor vehicles, forklifts or heavy machinery			
Use of a respirator			
Repetitive twisting of valves or wrenches			
Flying			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			Date 23/1/2024

Appendix 20: (Form SQ5): Epworth Screening Quest. for Sleep Apnoea

Employee Data	Date: 23/1/2024
Name: Manohar Singh	Department/Company: PDO
I. D No. 7743467 Tel # 72661597	Occupation :

This questionnaire will help identify if you have any health condition which may need a more detailed medical assessment as part of your fitness to work determination. If you have any queries please contact your local Health Services staff. All information provided on this form and during consultations remains strictly confidential. When further clinical evaluation is required following completion of a screening questionnaire, the details should be recorded on Q1 and E1 forms.

How likely are you to fall asleep in the following situations? (use 0 to 3 score as shown below)

0 Would never doze

1 Slight chance of dozing

2 Moderate chance of dozing

3 High chance of dozing

0	sitting and reading
0	watching TV
0	sitting inactive in a public place (e.g. theatre or meeting)
0	as a passenger in the car for an hour without a break
1	Lying down to rest in the afternoon when circumstances permit
0	Sitting a talking with someone
0	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total	1

If you score a total of 15 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

Declaration: I Manohar Singh (*Print Name*) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: [signature] Date: 23/1/2024

AL NAMIR HOSPITAL L.L.C

Laboratory Investigation Report

Patient Name	MANOHAR SINGH	**Requesting Date/Time**	23/01/2024 12:46PM
DOB/Gender	02/10/1986 (37 Yrs/Male)		
MRN / Nationality	700286282 / India	**Collection Date/Time**	23/01/2024 12:49PM
Requesting Physician	Dr. OP SELF	**Reception Date/Time**	23/01/2024 1:03PM
Lab Number	7023465	**Reporting Date/Time**	23/01/2024 1:54PM
Test Priority	Routine	**Reporting Stage**	Final

Test	Result	Flag	Units	Reference Range	Sample Type	Methodology
BIOCHEMISTRY						
Random Blood Sugar (RBS)	5.52		mmol/L	3.7 - 7.8		Hexokinase
LIPID PROFILE						
LIPID PROFILE						
Cholesterol - Total	5.60		mmol/L	Desirable : <5.17 Borderline High : 5.17 - 6.18 High : >6.21	Serum	Enz. Colorimetric
Triglyceride	2.51	H	mmol/L	0.73 - 1.8	Serum	Enz. Colorimetric
HDL Cholesterol	1.10		mmol/L	No Risk : >1.68 Moderate Risk : 1.15 - 1.68 High Risk : <1.15	Serum	
LDL Cholesterol	3.36		mmol/L	Desirable: < 3.34 Borderline High : 3.37 - 4.12 High : >4.14	Serum	CALCULATED
VLDL	1.14	H	mmol/L	0.128 - 0.645		
Cholesterol / HDL Ratio	5.09	H	mmol/L	3.5 - 5		Calculation
LIVER FUNCTION TEST						
LIVER FUNCTION TEST						
Bilirubin-Total	0.456		mg/dl	0.1 - 1.2		
Direct Bilirubin	0.137		mg/dl	< 0.2	Serum	Diazo
SGOT (AST)	39.83		IU/L	0 - 40	Serum	

Ms. Jibi George

Dr. Shayfa Ralliyalil
Specialist Pathologist

OMAN AL KHAIR HOSPITAL L.L.C

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Requesting Physician	Dr. OP SELF	**Reporting Date/Time**	23/01/2024 7:54PM
Lab Number	7023465	**Reporting Stage**	Final
Test Priority	Routine		

SGPT (ALT)	58.90		IU/L	10 - 60	Serum	FCC ;Tris buffer without P5P ; Kinsearch
Alkaline Phosphatase	111.83		IU/L	Adult: 37-116 1- 5 days : <245 6 days - 1 yr : 104-462 1 - 12 yrs : 42-300 13 - 17 yrs female : 47-187 13 -17 yrs male : 52-390	Serum	Colorimetric assay ; AMP buffer IFCC ; kinetic
Gamma GT	42.55	H	U/L	5 - 40	Serum	Enzymatic colorimetric assay : IFCC; Kinetic
Total Protein	7.09		g/dl	6.6 - 8.7		Colorimetric assay (Biuret reaction, endpoint)
Albumin	4.33		g/dl	3.2 - 5.4	Serum	Homogeneous enzymatic colorimetric assay:End point
Globulin	2.76		g/dl	2.3 - 3.2	Serum	Calculation
A/G Ratio	1.6		Ratio			

RENAL FUNCTION TEST

RENAL FUNCTION TEST

Urea	5.12		mmol/L	2 - 9	Serum	Kinetic test, urease and glutamate dehydrogenase

Ms. Jibi George

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Specialist Pathologist

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Lab Number	7023465	**Reporting Date/Time**	23/01/2024 1:39PM
Test Priority	Routine	**Reporting Stage**	Final

Creatinine	74.24	umol/L	Male: 62 - 106 Female: 44 - 80 Neonates: 21 - 91 Children (2 To 12 Month) : 15 - 37 Children (1 To 9 Years) : 21 - 53 Children (9 To 15 Years) : 34 -77	Serum	Kinetic colorimetric assay based on Jaffe method

End Of Report

HAEMATOLOGY

ESR / ERYTHROCYTE SEDIMENTATION RATE

Erythrocyte Sedimentation Rate	03	mm/hr	1 - 15	W. B. EDTA	Modified Westergren
Sickle Cell Screening	Negative		Negative		

Ms. Jibi George
TECHNICIAN

Dr. Shayfa Pallyalil
Specialist Pathologist

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CBC (COMPLETE BLOOD COUNT)

COMPLETE BLOOD COUNT

WBC Count	8.42	10^3/uL	4 - 11	EDTA WB	Impedance
DIFFERENTIAL COUNT (%)					
Neutrophils	53.1	%	45 - 75	EDTA WB	Impedance and Absorbance
Lymphocytes	34.9	%	20 - 45	EDTA WB	Optical
Eosinophils	5.5	%	1 - 6	EDTA WB	
Monocytes	5.9	%	2 - 10	EDTA WB	Impedance and Absorbance
Basophils	0.6	%	0 - 1	EDTA WB	Impedance and Absorbance
Hb/Hemoglobin	15.2	g/dl	13 - 17	EDTA WB	Photometry
RBC Count	4.93	10^6 / uL		EDTA WB	Impedance
Platelet Count	210	10^3/uL		EDTA WB	
HCT (Hematocrit)	43.9	%	37 - 51	EDTA WB	Calculation
MCV	89.1	fl	83 - 101	W. B. EDTA	Measurement
MCH	30.8	pg	27 - 32	W. B. EDTA	Calculation
MCHC	34.6	g/dl	31 - 37	W. B. EDTA	Calculation

End Of Report

SEROLOGY & IMMUNOLOGY

HIV(HUMAN IMMUNODEFICIENCY VIRUS)

HIV (Human Immunodeficiency Viruses)	0.149	COI	Non Reactive: <1.0 Reactive: =>1.0	Serum	ECLIA
HIV - Remarks	Non-reactive		Non-Reactive		

METHOD: ELECTROCHEMILUMINESCENCE ASSAY (ECLIA)
Specimen: SERUM

Ms. Jibi George
TECHNICIAN

Dr. Shayfa Palliyalil
Specialist Pathologist

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HBSAG / HEPATITIS B SURFACE ANTIGEN

HBsAg (Hepatitis B surface Antigen)	0.502	COI	Non-Reactive (0 - 1.0) Reactive (>1.0)	Serum	ECLIA
HBsAg (Hepatitis B surface Antigen) -	Non-reactive		Non-Reactive		

METHOD: Electrochemiluminescence immunoassay(ECLIA)
Specimen: SERUM

HCV / HEPATITIS C VIRUS ANTIBODY

HEPATITIS C VIRUS ANTIBODY	0.049	COI	Non-Reactive (0 - 1.0) Reactive (>1.0)		
HEPATITIS C VIRUS ANTIBODY-	Non-reactive				

METHOD: ELECTROCHEMILUMINESCENCE ASSAY (ECLIA)
Specimen: SERUM

End Of Report

CLINICAL PATHOLOGY

URINE ROUTINE

URINE ANALYSIS

CHEMICAL EXAMINATION

Glucose	Negative	Negative		GOD-POD
Protein	Negative	Negative		Protein error of pH indicator
Ketone	Negative	Negative		legal's test
Bilirubin	Negative	Negative		
pH	5.5			Litmus paper
Urobilinogen	Negative	Trace		Diazo

MICROSCOPIC EXAMINATION

RBCs	0-1	/hpf	0 - 2	Urine	
Pus Cells	0-2	/hpf	0 - 3	Urine	Microscopy
Epithelial Cells	NIL				

Ms. Jibi George

Dr. Shayna Palliyalil
Specialist Pathologist

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Test Priority	Routine		

Bacteria	Present	Absent	Microscopy
Calcium -oxalate	NIL		
Triple-phosphate	NIL		
Uric acid crystal	NIL		
Amorphous urate	NIL		
Amorphous Phosphate	NIL		
Hyaline casts	NIL		
Granular Casts	NIL		
Yeast cells	NIL		

End Of Report

Ms. Jibi George
LAB TECHNICIAN

Dr. Shayfa Palliyalil
Specialist Pathologist

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أستر مستشفى
نحن نعتني بك دائما

Patient name	MANOHAR SINGH	**Patient ID**	700286282
Gender	Male	**Age**	37Y 3M
Study DateTime	2024-01-23 13:06:28	**Referring Physician**	OP SELF

CHEST X-RAY
PA view

Findings:
Lungs: Clear, no signs of infection or masses.
Heart: Normal size and shape.
Bones: Ribs, spine, and other bones appear normal.
CP angles: Clear with no evidence of effusion
Domes of diaphragm: Normal appearances
.

Impression:
No significant lung abnormality.

AL RAFFAH HOSPITAL SOHAR
Dr. Mohammed Abdul Wajid
Specialist - Radiologist
MOH License No: 6794

Dr.Mohammed Abdul Wajid
MBBS,MD,EDiR
Specialist Radiologist

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700286282 MANOHAR SINGH

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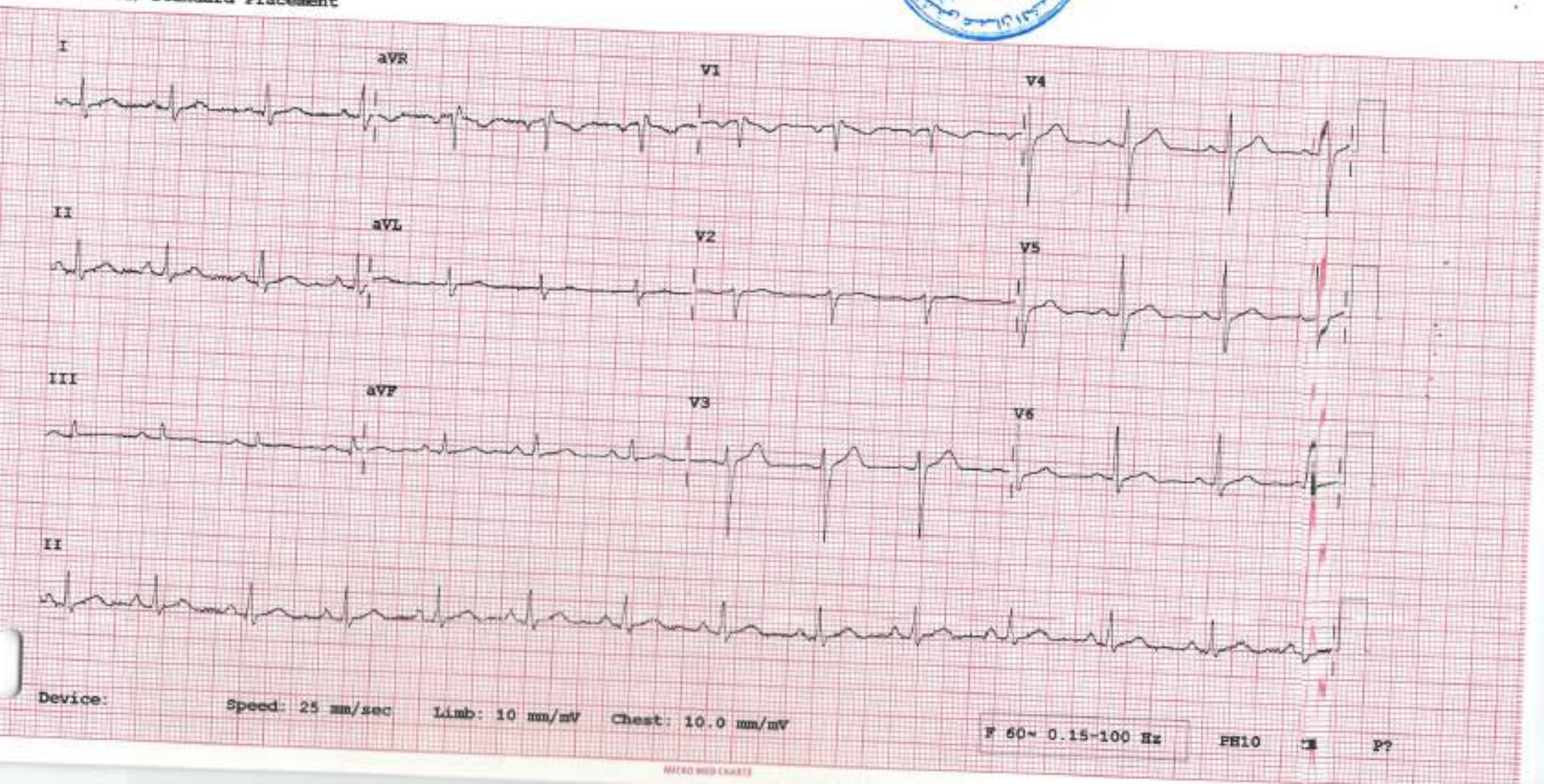
ECG Room
ECG Room

Rate	82
PR	162
QRSD	101
QT	359
QTc	420

--AXIS--

P	61
QRS	60
T	39

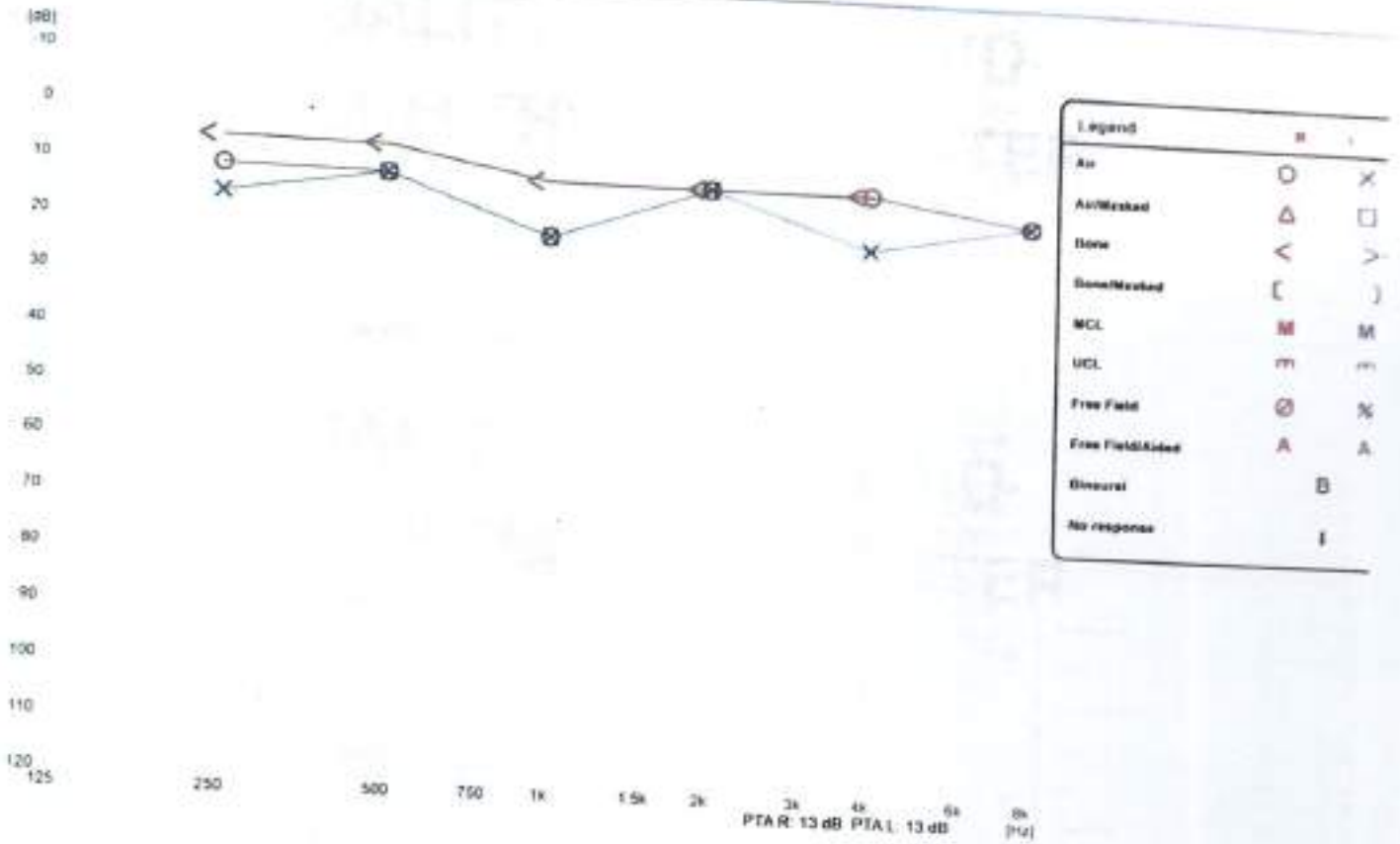
12 Lead; Standard Placement



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 60~ 0.15-100 Hz PH10 P?

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code	Last name First name	Born
700286282/77434487	MANOHAR , SINGH	23.01.2024
Test type	**Test date**	
Tonal audiometry	23.01.2024	



Comments

BILATERAL NORMAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

Signature:

Date: 23/01/2024