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: AL MASKARI

Forenames: PAYAL KAMLESH PAYAL MALE

Address:

Home telephone number:

Place of examination: OMC, BLNGL

Date:

If a dependant enter employee's name here:

Employment No #

Surname:

Birth date: 4 Jan 1994

Nationality: OMANI

Forenames:

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
1. Sinus trouble		
2. Neck swe Dupglands		
3. Difficulty in vision		
4. Any ear discharge		
5. Asthma/Bronchitis		
6. hayfever /other significant allergy		
7. Any skin trouble		
8. Tuberculosis		
9. Shortness of breath		
10. Coughed/vomited blood		
11. Severe abdominal pain		
12. Stomach ulcer		
13. Recurrent Indigestion		
14. Jaundice or hepatitis		
15. Gall Bladder disease		
16. Marked change in bowel habits		
17. Blood in stools (motions)		
18. Marked change in weight		
19. Varicose veins		
20. Lump in breast/armpit		
21. Cancer		
22. Heart Disease		
23. Rheumatic fever		
24. Abnormal heartbeat		
25. High blood pressure		
26. Stroke		
27. Serious chest pain		
28. Any blood disease		
29. Kidney disease		
30. Blood in urine		
31. Diabetes		
32. Headaches/migraine		
33. Dizziness/fainting		
34. Epilepsy		
35. Joints/spinal trouble		
36. Surgical operation		
37. Serious accident/fracture		
38. Tropical disease		
39. Fear of heights		

	Y	N
HAVE YOU EVER BEEN:-		
40. Rejected for employment or insurance for medical reasons		
41. Awarded benefits for industrial injury/illness		
42. Treated for a mental condition, e.g. depression		
43. Treated for problem drinking or drug abuse		
44. Exposed to toxic substance or noise		
FOR WOMEN ONLY		
Have you ever had:-		
45. An abnormal smear		
46. Any gynaecological treatment		
47. Are you pregnant?		
49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		

How much tobacco each day?

Average daily alcohol consumption

Have you ever taken illicited drugs? ( ) PDO test all new/potential employees for illicited/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 those 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 /mins.	HEARING L / R	VISION DISTANT R L / NEAR R L (Uncorrected / Corrected)	Colour Vision	Blood Group
172	111		115/77			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			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.)

Abnormal Report urine Analysis, due to Haematuria.

ASSESSMENT:

- ☑ **FIT ALL AREAS**
- ☐ **FIT WITH SPECIFIC RESTRICTION**
- ☐ **TEMPORARY UNFIT**
- ☐ **AWAITING SPECIALIST ASSESSMENT**

RECEPTION

REVIEW/CONSULTATION

DATE: DOCTOR'S NAME: SHIVA KUMAR SIDDAIAH SIGNATURE:

SHIVA KUMAR SIDDAIAH
General Practitioner
MOH Lic. No: 5070
Specialty Hospital, Al Hail

DEPARTMENT OF LABORATORY MEDICINE

File No:	50055420	**Report No:**	0034676		
Name:	FAYAL KHALIFA FAYAL MABROCK AL MASKARI	**Sample Date:**	18/10/2021	**Time:**	12:05
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 43 Y **Nationality:** OMAN.	**Report Date:**	18/10/2021	**Time:**	14:52
GSM No.:	96022092 **ID Card No.:** 4064556	**Bill No:**	01098775	**Bill Date:**	18/10/2021
Ref. By:	DR NADIA FAHAD	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE ABOVE 40 YEARS		
TOTAL WBC COUNT	6.10 x 10^3 / µL	4.00-11.00 x 10^3 / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	55.20 %	40-75%
LYMPHOCYTE (%)	30.70 %	20-45%
MONOCYTE (%)	9.00 %	2-8%
EOSINOPHIL (%)	4.90 %	1-6%
BASOPHIL (%)	0.20 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	13 mm/1st hr	MALE:0-9 mm/1st hr FEMALE:0-20 mm/1st hr
FASTING BLOOD SUGAR	5.11 mmol/L	4.11 - 6.05 mmol/L
SGPT (ALT)	34.15 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
CREATININE	69.22 µ mol/L	Adults: MALE: 62.- 106 µ mol/L, FEMALE: 44 - 80 µ mol/L
HAEMOGLOBIN	15.20 gm/d	Male : 13 -18 gm/dl Female:11-15 gm /dl children 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
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	5.0	<6.0

Verified By:

10593
Lab Technologist
MOH License No:
Electronically signed at: 18/10/2021 2:52:00

Approved By

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 18/10/2021 6:02:00 PM

Printed at: 20/10/2021 5:20:37 PM

DEPARTMENT OF LABORATORY MEDICINE

File No:	50055420	**Report No:**	0034676		
Name:	FAYAL KHALIFA FAYAL MABROOK AL MASKARI	**Sample Date:**	18/10/2021	**Time:**	12:05
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 43 Y **Nationality** OMAN	**Report Date:**	18/10/2021	**Time:**	14:52
GSM No.:	96022092 **ID Card No.:** 4964556	**Bill No:**	0109875	**Bill Date:**	18/10/2021
Ref. By:	DR NADIA FAHAD	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
SPECIFIC GRAVITY	1.025	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	PALE YELLOW	
APPEARANCE	SLIGHTLY CLOUDY	
URINE MICROSCOPY		
PUS CELLS	2-5 /hpf	NIL
RBCs	4-6 /hpf	NIL
EPITHELIAL CELLS	1-3 /hpf	NIL
CRYSTAL	NIL	NIL
CAST	NIL	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	+	Nil
LIPID PROFILE		
TOTAL CHOLESTEROL	5.01 mmol/L	< 5.18 mmol/l
HDL	1.03 mmol/L	>1.5 mmol/L
TRIGLYCERIDES	3.20 mmol/L	Desirable : <2.083 mmol/L Boder line high : 2.83 - 5.67 mmol/L Hypertriglyceridemia >5.65 mmol/L
LDL	2.53 mmol/L	< 2.6 mmol/L
VLDL	1.45 mmol/L	0.128-0.645mmol/L
SICKLE CELL (Solubility test)	NEGATIVE	

Verified By:

10593
Lab Technologist
MOH License No:
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DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 18/10/2021 6:03:00 PM

Printed at: 20/10/2021 5:20:37 PM

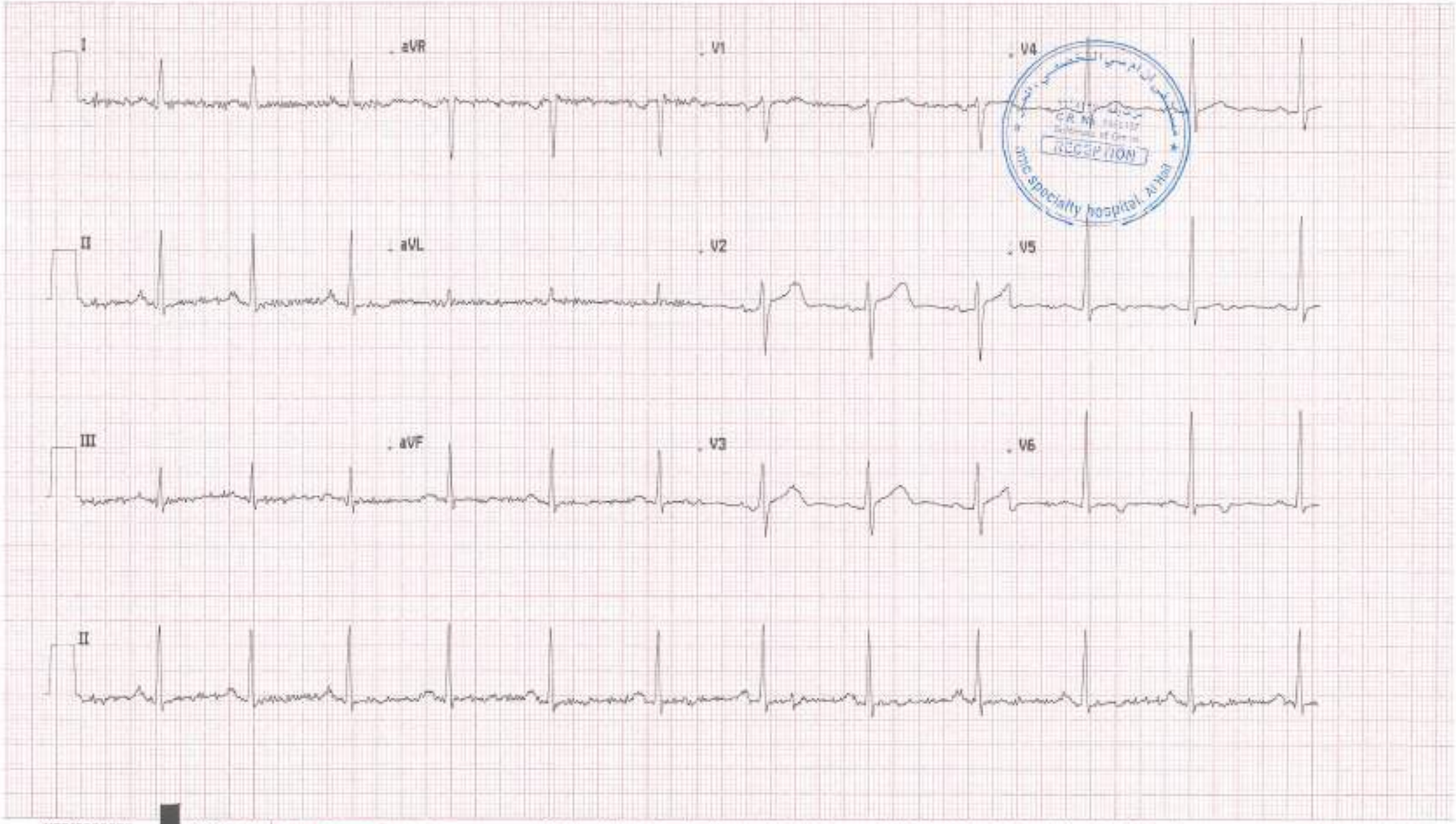
Faysl mabrook, Faysl khalifa
ID: 50055420
DOB:
43yr, Male

18-Oct-2021 14:16:07

Vent rate:	72 BPM
PR int:	166 ms
QRS dur:	95 ms
QT/QTc:	386/410 ms
P-R-T axes:	56 53 -20

SINUS RHYTHM
MODERATE T-WAVE ABNORMALITY, CONSIDER LATERAL ISCHEMIA [-0.1+ mV T WAVE IN I/aVL/V5/V6]
ABNORMAL ECG

UNCONFIRMED REPORT



119210000835 No Site Name Mortara Quantum Site # 0 Cart # 0 Version 2.1.0.5 Sequence #03704 25mm/s 10mm/mV 0.05-40 Hz M

Vitalograph

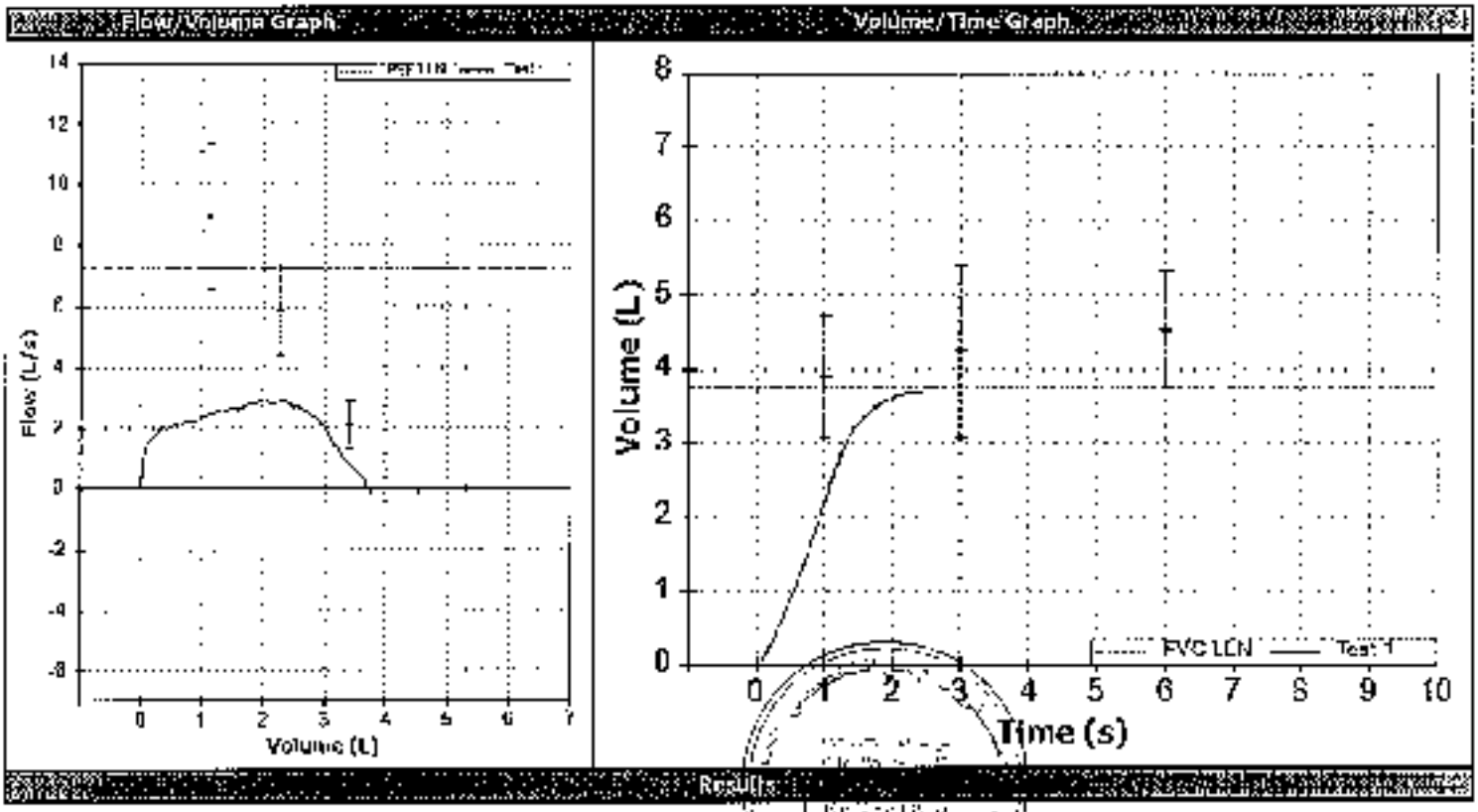
Pulmonary Function Report

Subject Information

ID:	50055420	Alternate ID:	50055420		
Last Name:	Al Maskari	First Name:	Fayal	Middle Name:	Khalifa
Population:	MIDDLE EAST	Gender:	Male	Date of Birth:	7/1/1978
Age:	43	Height:	172 cm	Weight:	111.0 kg
BMI:	37.5	Smoking:	Non Smoker		

Test Session Information

Test Date:	10/18/2021 12:55	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	1	Accuracy Chk:	5/30/2019 15:42	User:	aspr
Pred. Values:	Golshan	Pred. Factor:	100%	Posture:	Sitting



Parameter	Pred	LLN	ATS/ERS Best	% Pred.	Z-Score
FVC (L)	**4.54**	3.77	**3.68***	**81**	-1.83
FEV1 (L)	**3.91**	3.10	**2.86***	**73**	-2.13
FEV1 Ratio	**0.79**	0.68	**0.78**	**99**	-0.15
PEF (L/min)	**607**	435	**176***	**29**	-4.11
FEF25-75 (L/s)	**4.75**	3.67	**2.67***	**56**	-3.16

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

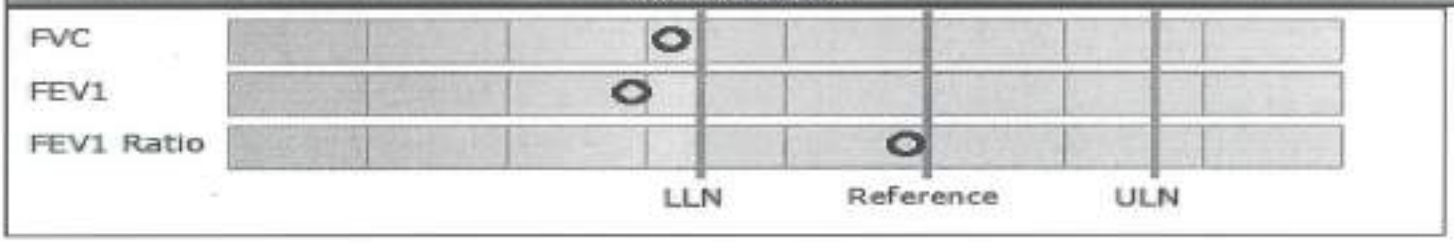
Session Quality and Repeatability Information

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)	1 blow(s)	0 blow(s)

Computer Suggested Interpretation

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

Reference Pictogram



AUDIOMETRY REPORT

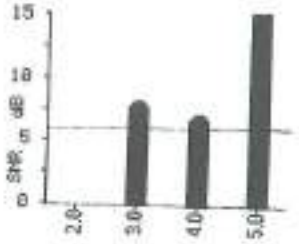
Name of the Patient Rayal Khadija Sayat Mabsook

Age 43 Sex Female MRN 50055420 Date of Test 18/10/21

U107.05
18-OCT-22 12:46
DP 4s 4 sec avg
SN: GI1005649 GI2006239

NAME:

Left: Pass

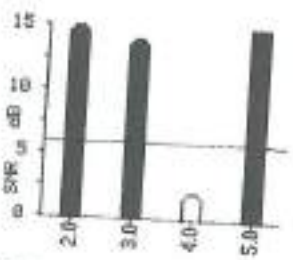


F2	LI	L2	DP	NF	SNR	
2.0	65	55	-13	-7	-6	
3.0	68	54	-10	-18	8	P
4.0	61	57	-13	-20	7	P
5.0	67	56	-2	-20	18	P

U107.05
18-OCT-22 12:47
DP 4s 4 sec avg
SN: GI1005649 GI2006239

NAME:

Right: Pass



F2	LI	L2	DP	NF	SNR	
2.0	65	55	-11	-16	15	P
3.0	65	55	-10	-19	14	P
4.0	65	55	-18	-20	2	
5.0	65	55	-3	-20	17	P

Signature of the Technician

AL MASKARI, FAYAL
50055420

Patient Information

10/18/2021 2:43:32 PM
Bruce

ID: 50055420 | Second ID: | Admission ID:

Date of Birth:
Age: 43 Years

Height: 172 cm
Weight: 111 kg

Gender: Male
Race: Unknown

Indications

Medications

Referring Physician: DR. MOHAMED MOUSTAFA | Location: NMC AL HAIL | Procedure Type: TMT

Attending Phy:
Technician: Remia

Target HR: 150 bpm 85%
Max HR(%MPHR): 160 bpm 90

Reasons for end: Completion of Protocol
Symptoms: NO CHEST PAIN

Diagnosis

Notes

Conclusions

The patient was tested using the Bruce protocol for a duration of 08:16 mm:ss and achieved 10.3 METs. A maximum heart rate of 160 bpm with a target predicted heart rate of 106% was obtained at 08:00. A maximum blood pressure of 150/90 was obtained .The patient reached target heart rate with appropriate heart rate response to exercise. No significant ST changes during exercise or recovery. No evidence of ischemia. Normal exercise stress test.

Reviewed by:

UNCONFIRMED REPORT

Signed by: Mohamed Ahmed Mousty
Date: 18-10-2021

Burdick Mortara Quinton

AL MASKARI, FAYAL
50055420

Exam Summary

10/18/2021 2:43:32 PM
Bruce

Summary

Exercise Time: 08:16
Leads with 100uV ST: II, III, aVF, V1, V2, V3, V5, V6
PVCs: 1
Duke Treadmill Score: 0

Max Values

Speed: 3.4 MPH
Grade: 14 %
METs: 10.3
HR: 160 BPM
SBP: 162/112 mmHg
DBP: 162/112 mmHg
90% of MPHR (177 bpm)
HR*BP: 25920 BPM * mmHg
ST/HR Index: 3.75 uV/bpm in II at 00:30

Max ST

ST elevation: 1.8 mm in V2 at 00:20
ST depression: -1.5 mm in V6 at 08:10

Max ST Changes

ST elevation change: 1 mm in V6 at 01:00
ST depression change: -1.6 mm in V2 at 04:20

STAGE SUMMARY

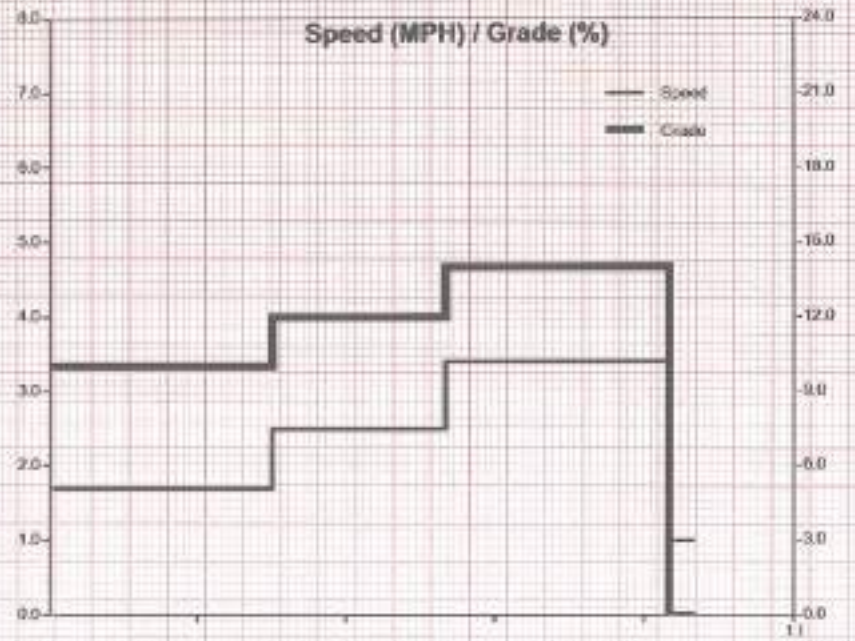
ST measurement based on J+60ms

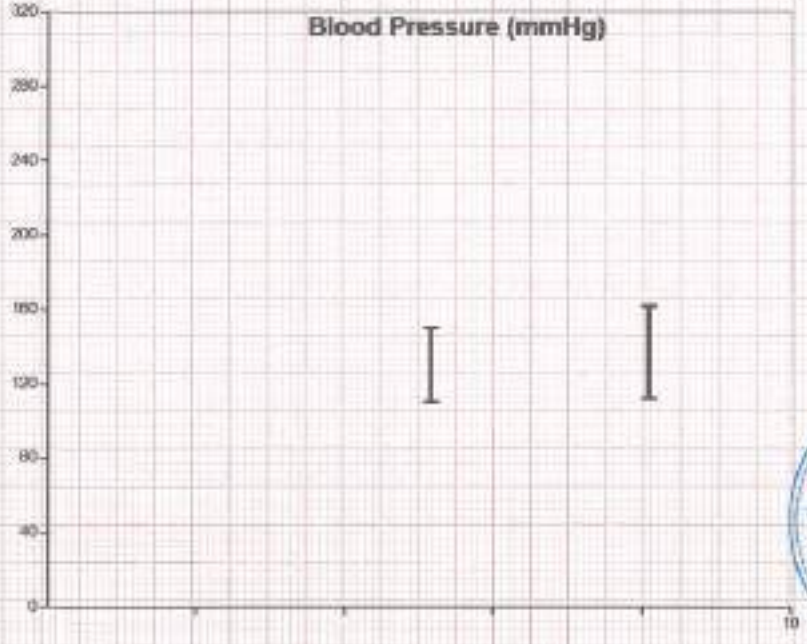
		Speed (MPH)	Grade (%)	HR (BPM)	BP (mmHg)	METs	HR*BP	ST LEVEL (mm) I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
Treadmill Started	PRE-X	1.0	0.0	75	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
BP	PRE-X	1.0	0.0	81	115/77	-	9315	0	0	-0.1	-0.1	0	0	0.9	2.1	1.3	0.7	0	0.1
START EXE	EXE 00:00	1.0	0.0	93	-	1.3	-	-0.2	-0.3	-0.1	0.1	-0.1	-0.2	0.8	2	1.2	0.7	0.1	-0.5
STAGE 1	EXE 03:00	1.7	10.0	128	-	4.7	-	-0.1	-0.4	-0.3	0.2	0	-0.4	1	1.3	0.9	0.3	-0.2	-0.8
BP	EXE 05:10	2.5	12.0	148	150/110	7.1	22200	0	-0.6	-0.7	0.2	0.3	-0.7	0.9	0.8	0.3	-0.4	-1	-0.8
STAGE 2	EXE 05:18	3.4	14.0	147	-	7.4	-	0	-0.6	-0.7	0.2	0.3	-0.7	0.9	0.8	0.3	-0.4	-1	-0.8
BP	EXE 08:05	3.4	14.0	160	162/112	10.3	25920	0.4	1.2	0.8	0.7	0.1	1	0.7	1	0.1	-0.6	-1.3	-1.3
STAGE 3	EXE 08:10	4.2	16.0	160	-	10.3	-	-0.2	-1	-0.8	0.5	0.3	-0.9	0.8	0.7	0.1	-0.7	-1.4	-1.5
Peak	EXE 08:16	4.2	16.0	160	-	10.3	-	-0.2	-1	-0.8	0.5	0.3	-0.9	0.8	0.7	0.1	-0.7	-1.4	-1.5
END REC	REC 00:16	1.0	0.0	158	-	9.7	-	-0.2	-1.1	-0.9	0.5	0.3	-1	0.8	1	0.2	-0.5	-1.2	-1.2

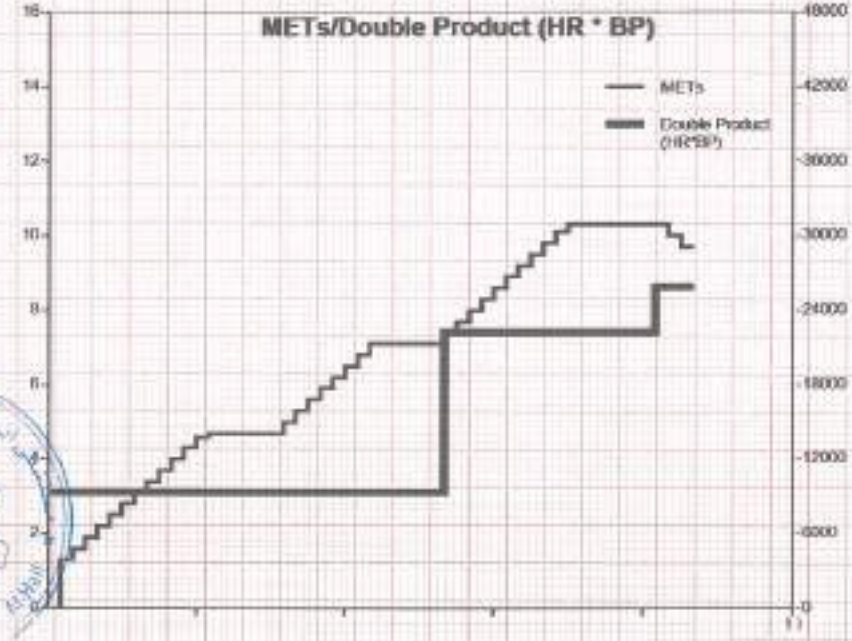
AL MASKARI, FAYAL
50055420

Rate/BP/Workload Trends

10/18/2021 2:43:32 PM
Bruce







REGISTRATION


سلطنة عمان
SULTANATE OF OMAN
IDENTITY CARD
بطاقة شخصية
CIVIL NUMBER 4964556
EXPIRY DATE 12/12/2024
DATE OF BIRTH 31/07/1978
FAYAL KHALIFA FAYAL MABROOK AL MASKARI
IDOMN4964556<<1<<<<<<<<<<<<<<<
7807013M2412126OMN<<<<<<<<<<<8
FAYAL<KHALIFA<FAYAL<<AL<MASKAR


RECEPTION
nine specialty hospital