



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 Khalfia Loguel
 Forenames FAYAL
 Address #12 Kamil Al Mofji
Stajma
 Home telephone number

Date of examination 13/11/22
 Name of examiner NMC Al-Hadi

If a dependant enter employee's name here:
 Surname

Forenames
 Country of birth
 Religion

Gender: Male Female
 Marital status: Married Single Separated / Divorced
 Relationship to employer: Wife Son Daughter
 Number of children: 5

Reason for examination: Pre-Employment Job Delayed
 Pre-Overseas Area Misfa Jafain

Name and address of family: NMC Al-Hadi
 List your last 3 jobs:
 (1)
 (2)

Are you a Registered Disabled Person? (JK 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			<input checked="" type="checkbox"/>	21. Cancer				HAVE YOU EVER BEEN:-			
2. Neck swelling/glands			<input checked="" type="checkbox"/>	22. Heart Disease				40. Rejected for employment or insurance for medical reasons			<input checked="" type="checkbox"/>
3. Difficulty in vision			<input checked="" type="checkbox"/>	23. Rheumatic fever				41. Awarded benefits for industrial injury/illness			<input checked="" type="checkbox"/>
4. Any ear discharge			<input checked="" type="checkbox"/>	24. Abnormal heartbeat				42. Treated for a mental condition, e.g. depression			<input checked="" type="checkbox"/>
5. Asthma/bronchitis			<input checked="" type="checkbox"/>	25. High blood pressure				43. Treated for problem drinking or drug abuse			<input checked="" type="checkbox"/>
6. Hayfever/other significant allergy			<input checked="" type="checkbox"/>	26. Stroke				44. Exposed to toxic substance or noise			<input checked="" type="checkbox"/>
7. Any skin trouble			<input checked="" type="checkbox"/>	27. Serious chest pain				FOR WOMEN ONLY			
8. Tuberculosis			<input checked="" type="checkbox"/>	28. Any blood disease				Have you ever had:-			
9. Shortness of breath			<input checked="" type="checkbox"/>	29. Kidney disease				45. An abnormal smear			
10. Cough/chronic/acute bronch			<input checked="" type="checkbox"/>	30. Blood in urine				46. Any gynaecological treatment			
11. Severe abdominal pain			<input checked="" type="checkbox"/>	31. Diabetes				47. Are you pregnant?			
12. Stomach ulcer			<input checked="" type="checkbox"/>	32. Headaches/migraine				48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE			
13. Recurrent indigestion			<input checked="" type="checkbox"/>	33. Dizziness/fainting							
14. Jaundice or hepatitis			<input checked="" type="checkbox"/>	34. Epilepsy							
15. Gall Bladder disease			<input checked="" type="checkbox"/>	35. Joint/sjital trouble							
16. Marked change in bowel habits			<input checked="" type="checkbox"/>	36. Serious spinal fracture							
17. Blood in stools (melena)			<input checked="" type="checkbox"/>	37. Serious accident/fracture							
18. Marked change in weight			<input checked="" type="checkbox"/>	38. Tropical disease							
19. Venous varic			<input checked="" type="checkbox"/>	39. Fear of heights							
20. Lump in breast/armpit			<input checked="" type="checkbox"/>								

How much tobacco each day? No Average daily alcohol consumption: No

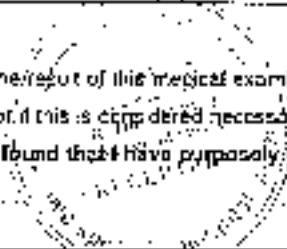
Have you ever taken illicit drugs? () PDD test at new/potential employees for illicit/recreational drugs

FAMILY HISTORY: Diabetes () Tuberculosis () Epilepsy () Asthma () Foreign ()
 Heart disease () High blood pressure () Stroke () Blood Disease () Cancer () NO

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 report 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: 13/11/22 Signature of Applicant: [Signature]





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 <i>Normal</i>
		2. E.N.T. <i>N</i>
		3. Teeth & Mouth <i>N</i>
		4. Lungs & Chest <i>N</i>
		5. Cardiovascular System <i>N</i>
		6. Abdo. Viscera <i>N</i>
		7. Hernial Orifices <i>N</i>
		8. Anus & Rectum <i>N</i>
		9. Conito-urinary <i>N</i>
		10. Extremities <i>N</i>
		11. Musculo-skeletal <i>N</i>
		12. Skin & Varicose Vns. <i>INTACT</i>
		13. C.N.S. <i>N</i>

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE /mins.	HEARING L N R N	VISION DISTANT NEAR Uncorrected Corrected	Colour Vision	Blood Group								
176	112	36.16	140/87	63		<table border="1"> <tr> <td>R</td> <td>L</td> <td>R</td> <td>L</td> </tr> <tr> <td>6/6</td> <td>6/6</td> <td>6/6</td> <td>6/6</td> </tr> </table>	R	L	R	L	6/6	6/6	6/6	6/6	<i>N</i>	
R	L	R	L													
6/6	6/6	6/6	6/6													

N A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N A	
	<input checked="" type="checkbox"/>	1. Urinalysis <i>→ Haematuria</i>	<input checked="" type="checkbox"/>	7. Audiogram
<input checked="" type="checkbox"/>		2. Hb, Bloodcount, ESR	<input checked="" type="checkbox"/>	8. Lung Function
<input checked="" type="checkbox"/>		3. LFT, RFT, RBS		9. Chest X-Ray
		4. Drug Screen		10. ECG
<input checked="" type="checkbox"/>		5. Lipids (40 years +) <i>High Risk</i>	<input checked="" type="checkbox"/>	11. CVS risk for 40 yrs. & above
<input checked="" type="checkbox"/>		6. Sickle Cell test		12. HIV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)
Needs Cardiology Evaluation in view of

ASSESSMENT:
 FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

14/6/2023 *DR. SHIVA KUMAR*
Date: Name (Block Capitals): Dr. / Nurse

DR. SHIVA KUMAR REDDAJAN
General Practitioner
Signature: *[Signature]*
16/6/2023

REVIEW/CONSULTATION
Fit to work
16/6/2023
FIT
Date: *16/6/2023* Name (Block Capitals): Dr. / Nurse

DR. ERFAN GHODDJANI
Date: *16/6/2023* Name (Block Capitals): Dr. / Nurse
Specialist - Cardiology
G.P. No. 21454
16/6/2023



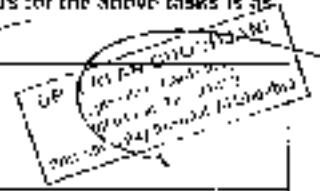
Fitness to Work Certificate for drivers

Employee Data		Date	13/11/23	
Name	RAYAL KUNDIJA RAYAL		Department/Company	INDUSTRIAL ENGINEERING CENTRE
I.D No.	4964556	Age	45	
		Occupation	DRIVER	

Type of Medical Evaluation	Mark those applying ✓
A5 - HVD- Grade of Forklift driving & all heavy vehicles	A7 - Professional driving-light vehicles

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** (Number case) 13/11/23 ✓



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			
Operate Heavy motor vehicles, forklifts or heavy machinery			
Other (Specify):			

Temporarily Unfit until Complete Cardiac Evaluation

Permanently Unfit

Name of health adviser **DR. SHIVA KUMAR** Signature Date 16/11/2023





nmc specialty hospital,al-hail

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

Fitness Certificate

Empuo:

Date of issue : 16/11/2023

Ref No : 0000251/FIT/NMC/2023

This is to certify that Mr. / Mrs. *FAYAL KHALIFA FAYAL MABROOK AL MASKARI* with file no. 50055420 and Resident card no. 4964556 was *Examined* at *nmc specialty hospital,al-hail* on 16/11/2023 and will be *FIT TO WORK* from the medical point of view starting from 16/11/2023

DIAGNOSIS

Remarks

CORONARY ANGIOGRAPHY: NORMAL

DR ERFAN GHOODJANI

Place: *nmc specialty hospital,al-hail*

Signature



(Hospital Seal)



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

13/11/2023

Employee Data		Date:
Name: <u>PANA Ikhofa Royal</u>		Department/Company: <u>PLATEAU CHAN E.K</u>
I. D No. <u>4964556</u>	Tel# <u>9602209</u>	Occupation: <u>DRIVER</u>

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.

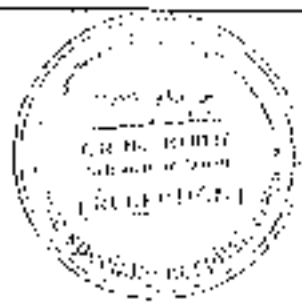
How likely are you to fall asleep in the following situations? (use 0 to 3 score as shown below)

- 0 Would never doze
 - 1 Slight chance of dozing
 - 2 Moderate chance of dozing
 - 3 High chance of dozing
- sitting and reading No
 watching TV No
 sitting inactive in a public place (e.g. theatre or meeting) No
 as a passenger in the car for an hour without a break No
 lying down to rest in the afternoon when circumstances permit No
 sitting and talking with someone No
 sitting quietly after lunch without alcohol No
 in a car, while stopped for a few minutes in traffic No
- total 0

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, _____ (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: [Signature] Date: 13/11/2023



DEPARTMENT OF LABORATORY MEDICINE

File No: 50055420	Report No: 0104283
Name: FAYAL KHALIFA FAYAL MABROOK AL MASKARI	Sample Date: 13/11/2023 Time: 10:00
Address:	Received By:
Gender: M Age: 45 Y Nationality: OMANI	Received Date: Time:
GSM No.: 96022092 ID Card No.: 4964556	Report Date: 13/11/2023 Time: 12.49
Ref. By: DR ERFAN GHOOJANI	Bill No: 0269089 Bill Date: 13/11/2023
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE ABOVE 40 YEARS		
RANDOM BLOOD SUGAR	5.50 mmol/L	4.11 -7.9mmol/L
CREATININE	71.00 µ mol/L	Adults: MALE: 62 – 106 µ mol/L FEMALE: 44 - 80 µ mol/L
SGPT (ALT)	28.80 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
TOTAL WBC COUNT	5.10 x 10 ³ / µL	4.00-11.00 x 10 ³ / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	46.50 %	40-75%
LYMPHOCYTE (%)	39.00 %	20 -45%
MONOCYTE (%)	7.70 %	2-8%
EOSINOPHIL (%)	6.70 %	1-6%
BASOPHIL (%)	0.10 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	26 mm/1st hr	MALE:0-15 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
HAEMOGLOBIN	14.80 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		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	TRACE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE

Verified By



10589

Lab Technologist

MOH License No: 17976

Electronically signed at: 11/13/2023

Approved By



DR ROSE MARY

Specialist Pathologist

MOH License No: 18178

Electronically signed at: 13/11/2023 12:52:00



NMC Healthcare LLC

CR No: 2568137

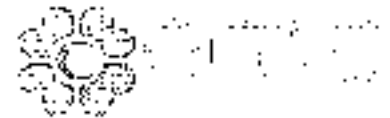
4th floor, 25th Block, 21B

Building No: 402, Al-Rodhah

Southern of Oman

Tel: +968 2486 6222

Fax: +968 2486 6288



DEPARTMENT OF LABORATORY MEDICINE

File No: 50055420	Report No: 0104283
Name: FAYAL KHALIFA FAYAL MABROOK AL MASKARI	Sample Date: 13/11/2023 Time: 10:00
Address:	Received By:
Gender: M Age: 45 Y Nationality: OMANI	Received Date: Time:
GSM No.: 96022092 ID Card No.: 4964556	Report Date: 13/11/2023 Time: 12:49
Ref. By: DR ERFAN GHOOJANI	Bill No: 0269089 Bill Date: 13/11/2023
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	8.0	4.6-8.0
SPECIFIC GRAVITY	1.015	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	YELLOW	
APPEARANCE	SLIGHTLY TURBID	
URINE MICROSCOPY		
RBC	12-14 /hpf	0-3
WBC	4-5 /hpf	0-5
EPITHELIAL CELLS	3-4 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	++	NIL
LIPID PROFILE		
TOTAL CHOLESTEROL	4.74 mmol/L	< 5.18 mmol/L
HDL	2.26 mmol/L	> 1.5 mmol/L
TRIGLYCERIDES	1.76 mmol/L	Desirable : <2.083 mmol/L Borderline High : 2.03 - 5.67 mmol/L Hypertriglyceridemia >5.65 mmol/L
LDL	2.13 mmol/L	< 2.6 mmol/L
VLDL	0.8 mmol/L	0.128-0.645mmol/L

Verified By:

Approved By:

10589

DR ROSE MARY

Lab Technologist

Specialist Pathologist

MCH License No: 17976
Electronically signed at: 13/11/2023

MCH License No: 18178
Electronically signed at: 13/11/2023 12:52:00



Tone threshold audiometric test

13/11/2023 10:52:04 AM

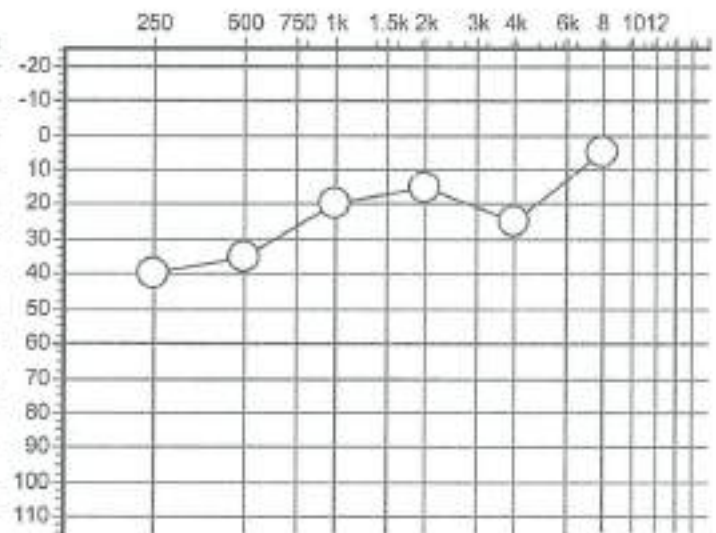
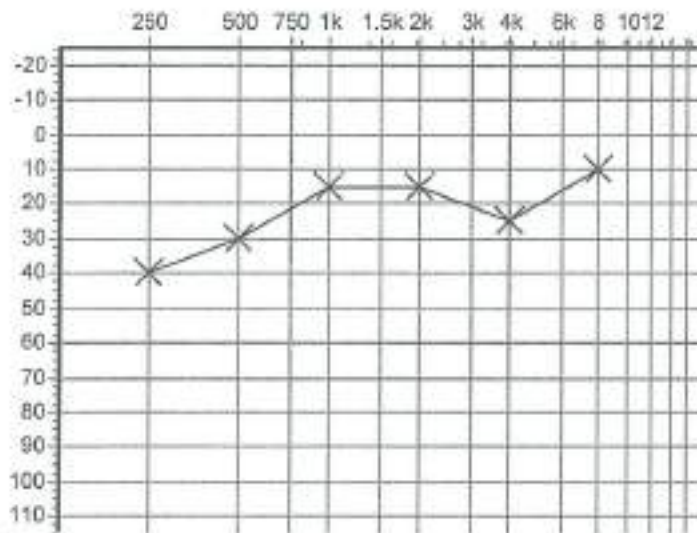
Name: **FAYAL KHALIFA FAYAL MUBARAK**
Surname: **AL MASKARI**

Date of birth: 1978/07/01
Age in years: 45
Company: DR SHIVAKUMAR
Department: OPD
Job title: AUDIOMETRY
Number:



ID/SS number: 50055420
Passport no.:

Significance: None



Left

Right

Frequencies													
125	250	500	1k	2k	3k	4k	6k	8k	9k	10k	11.212k	14k	16k
Air thresholds													
40	35	20	15	25	5								
Bone thresholds													
Noise in ear canal													
-14	-15	-20	-27	-34	-31								
Maximum masking													
Noise for threshold-5dB													
-14	-18	-23	-23	-30	-33								

ZA PLH Binaural impairment	Bone unmasked		Patient response statistics	Pure tone avg. (500 1k 2k)
	Noise in ear canal			
Pure tone avg. (500 1k 2k)	Mean	Test re-test reliability (1st freq.)	False positive response % 2	23
20	721			
	Standard deviation			
	279			

Audiogram notes:



FAYAL KHALIFA FAYAL MUBARAK AL MASKARI

fatma alzdajal HNO-PL HNL

10734

KUDUwave

Capture of data version number: 2.12.12.0
Report software version: 2.4.3.0
Report generated on: 13/11/2023 11:05:10 AM
Unique Global Patient Number: 08708B9C0EF445408B5A04FA3C8B8A95

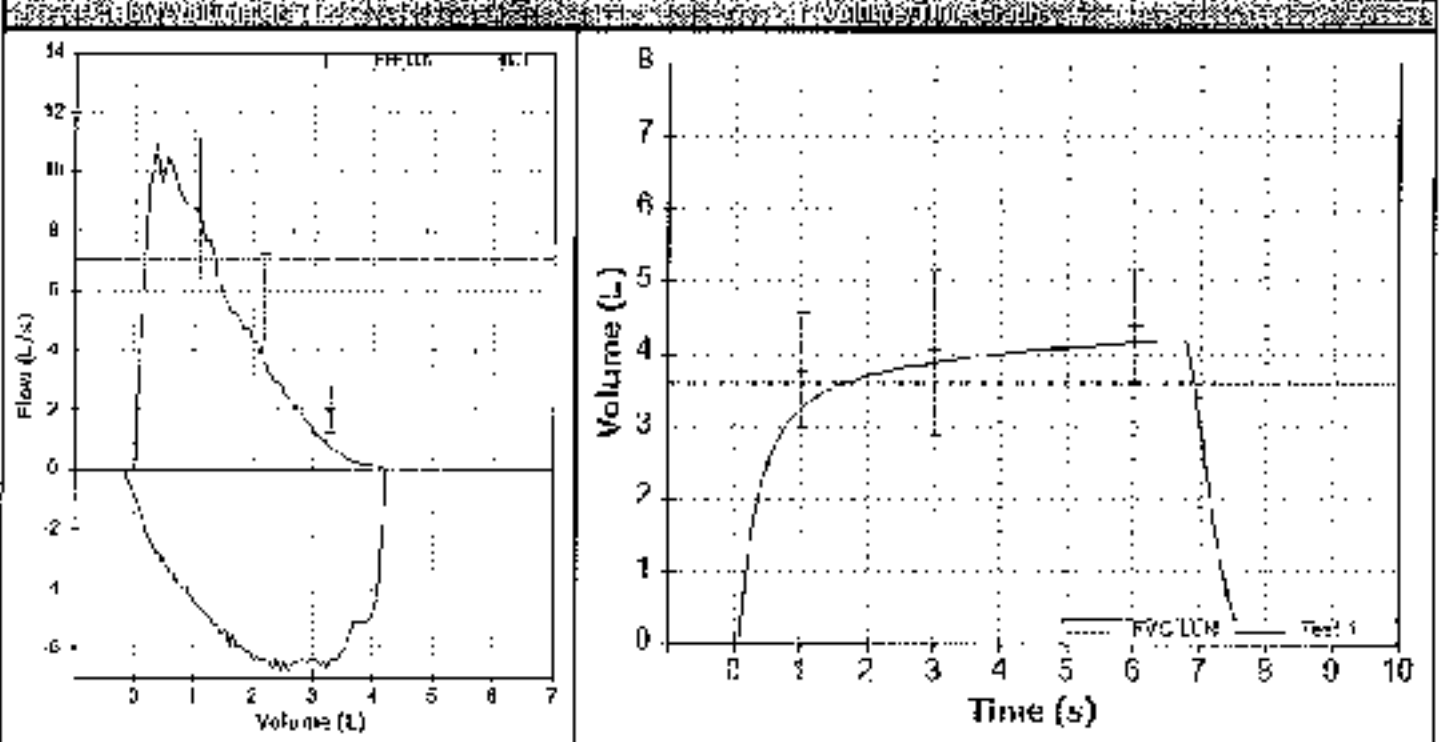
Last calibration date: 20/10/2017
KUDUwave serial number: 0901-00672
Bone vibrator serial number: A-10617
Sound booth: BANG 10182 Diagnostic
Type of audiometer: Near Type 1
Test protocol:



Pulmonary Function Report

ID:	2023317_104956280	Alternate ID:	50655420
Last Name:	Al Maskari	First Name:	Fayal Khalifa
Population:	MIDDLE EAST	Gender:	Male
Age:	45	Height:	176 cm
BMI:	38.8	Smoking:	Non Smoker
Middle Name:	Fayal Mubarak	Date of Birth:	01/07/1978
Weight:	112.0 kg		

Test Date:	13/11/2023 10:54	Device:	ALPHA Total	Serial Number:	32765
No. of Tests:	3	Accuracy Chk:	30/05/2010 15:42	User:	Administrator
Pred. Values:	Galshan	Pred. Factor:	100%	Posture:	Sitting



Parameter	Pred	LLN	Best	% Pred.	Z-Score
FVC (L)	4.38	3.61	4.20	96	-0.38
FEV1 (L)	3.76	2.97	3.31	88	0.09
FEV1 Ratio	0.79	0.67	0.76	96	0.41
FEV6 (L)	4.38	3.61	4.16	95	-0.47
PEF (L/min)	592	423	658	111	0.63
FEF25-75 (L/s)	4.62	3.56	2.95*	64	-2.58

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

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

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

FVC	4.20	3.61	4.38
FEV1	3.31	2.97	3.76
FEV1 Ratio	0.76	0.67	0.79

LLN Reference

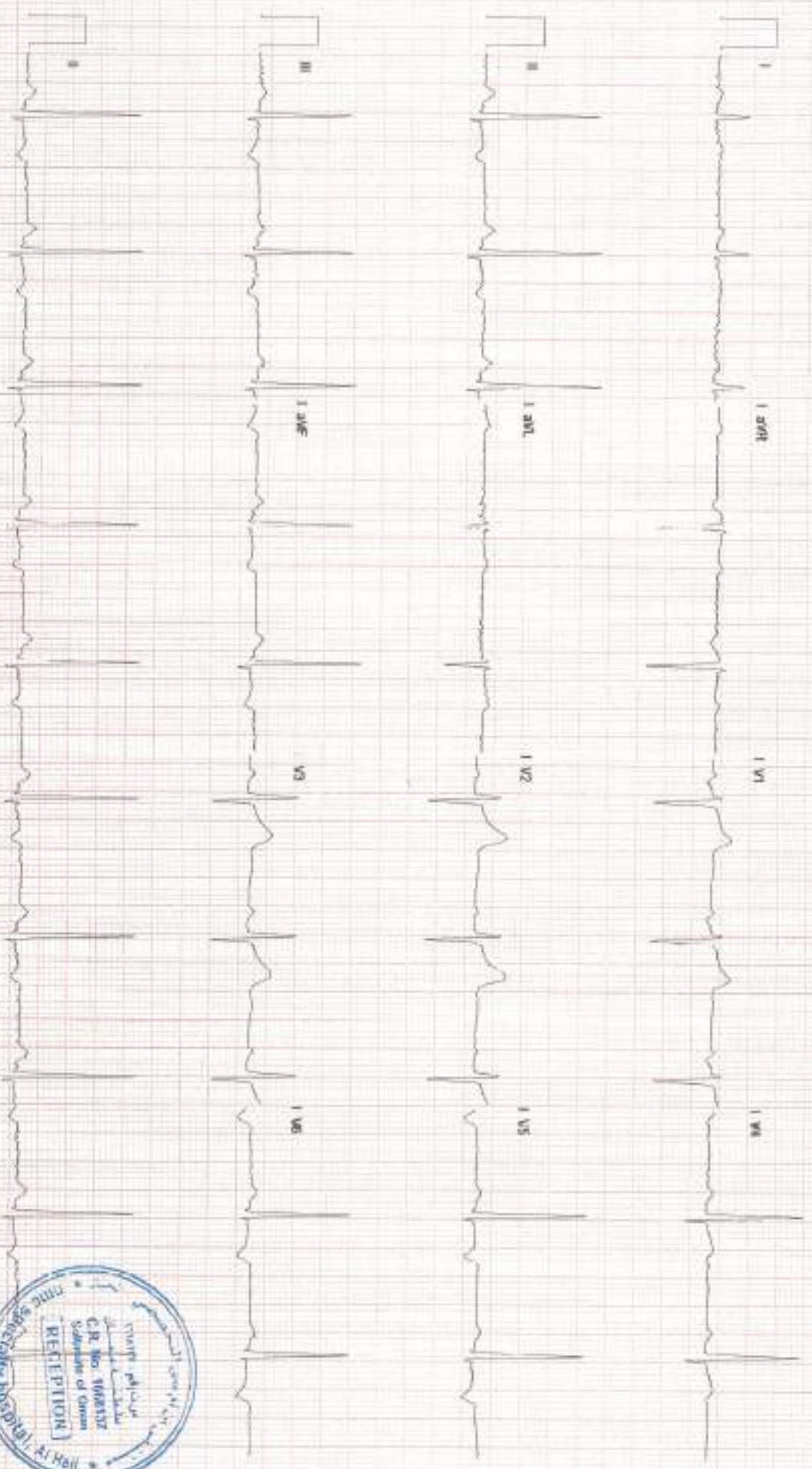


FAYYAL K AL MANSKARI
50055420
Bruce

Exam Start 11.13.2023 11:49:21 AM
Print Time:
Date of Birth:
Gender: Male

---MPH
---%

RATE 62
BP ---/---



XScale 0.2 559416

25mm/s 10mm/mV 0.05-0.1Pa 50Hz 50°C

AL MASKARI, FAYAL
50055420

Exam Summary

11/13/2023 11:49:47 AM

Bruce

Summary

Exercise Time: 09:43
Leads with 100uv ST-II, III, aVF, V1, V2, V3, V4, V5, V6
PVCs: 0
Duke Treadmill Score: 0

Max Values

Speed: 4.2 MPH
Grade: 16 %
METs: 10.6
HR+BP: 30636 BPM * mmHg
ST/HR Index: 2.13 uv/bpm in II at 03:40

Max ST

ST elevation: 1.6 mm in V3 at 10:20
ST depression: -1.5 mm in V5 at 09:20

Max ST Changes

ST elevation change: 0.5 mm in V1 at 10:10
ST depression change: -1.8 mm in V3 at 09:20

STAGE SUMMARY

ST measurement based on 1-60ms

	Speed (MPH)	Grade (%)	HR (bpm)	BP (mmHg)	METS	HR+BP	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
BP	0.0	0.0	60	153/99	-	9180	0	-0.3	-0.3	0	0.1	-0.3	1	1.6	1.4	0.4	-0.2	-0.5
BP	0.0	0.0	58	139/99	-	8062	0.2	-0.1	-0.3	-0.1	0.2	-0.2	0.8	1.5	1.1	0.3	-0.3	-0.5
START EXE	0.0	0.0	72	-	1.3	-	0.1	-0.2	-0.4	-0.1	0.2	-0.3	0.9	1.5	1.1	0.3	-0.3	-0.5
BP	1.7	10.0	121	202/89	4.7	24442	-0.2	-1	-0.8	0.5	0.3	-0.9	1	0.7	0.4	-0.3	-1	-0.8
STAGE 1	1.7	10.0	118	-	4.7	-	-0.2	-1	-0.9	0.5	0.3	-0.9	1	0.7	0.4	-0.6	-1	-0.8
BP	2.5	12.0	137	213/102	7.1	29181	-0.3	-1.2	-1	0.7	0.3	-1.1	0.9	0.4	0	-1	-1.3	-1.1
STAGE 2	2.5	12.0	130	-	7.1	-	-0.2	-1	-0.8	0.5	0.2	-0.9	0.9	0.5	0.2	-0.7	-1	-0.9
BP	3.4	14.0	148	207/94	10.3	30836	-0.3	-1.4	-1.2	0.7	0.4	-1.3	0.9	0.6	0.1	-0.9	-1.3	-1
STAGE 3	3.4	14.0	150	-	10.3	-	-0.3	-1	-0.8	0.5	0.2	-0.9	0.7	0.3	0.1	-1	-1.3	-1.3
Treadmill Stopped	0.0	0.0	154	-	10.6	-	-0.3	-1	-0.7	0.6	0.1	-0.8	0.7	0.4	-0.3	-1.2	-1.4	-1.1
Peak	0.0	0.0	139	-	9.7	-	-0.1	-0.6	-0.6	0.2	0.2	-0.6	0.9	0.7	0.6	-0.5	-1	-0.9
BP	0.0	0.0	80	188/76	8.1	15040	-0.1	-0.3	-0.2	0.1	0	-0.3	1.1	0.9	0.9	0	-0.5	-0.6
BP	0.0	0.0	76	180/78	4.6	13908	-0.1	-0.7	-0.6	0.3	0.2	-0.6	0.8	0.8	0.6	-0.2	-0.6	-0.7
BP	0.0	0.0	74	145/63	3.1	10730	-0.1	-0.6	-0.6	0.3	0.2	-0.6	0.8	0.8	0.6	-0.2	-0.6	-0.7
END REC	0.0	0.0	86	-	1.9	-	0	-0.6	-0.6	0.2	0.3	-0.6	0.8	0.8	0.2	-0.4	-0.7	-0.7



