11.32 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	Biju Vijayan
Forenames	
Address	
Home telephone number	718213815

Place of examination	Date 7/4/2015		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date: 20/5/1974 Nationality: Indian		Country of birth: India	Religion: Hindu
☐ 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 Have you ever had:-		
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓			
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? ✓ 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: 7/4/2015 Signature of Applicant:

M.O.H LICENCE NO: 2215
C.R. NO: 1015048
AL-KHAIR HOSPITAL

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 L / R	VISION DISTANT R L / NEAR R L	Colour Vision	Blood Group
163	63	23.7	130/90	73 /mins.		Uncorrected Corrected 6/6 6/6		

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

Glucotyp DM and high Sugar levels.
Advised to Follow up with HBA1c levels for medications

ASSESSMENT:

☑ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ EMPORARY UNFIT ☐ NFIT

Date: 17/4/2023 Name (Block Capitals): Dr. / Nurse [illegible] Signature:

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr. / AL-KHAIR HOSPITAL L.L.C Signature:

DR. RAKESH YELLA

Framingham Risk Assessment form

Framingham Risk Assessment (For all professional drivers, crane operators, forklift operator or other employees who are above 40 years of age):

Employee Name: Biju Vijayan
Emp #: 78247151
Date of Assessment: 17/4/2023

1	Age	Years	48
2	Gender	Female/Male	Male
3	Total Cholesterol	mmol/L	3.61
4	HDL Cholesterol	mmol/L	1.03
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	mm Hg	130
8	Is the patient being treated for High blood pressure?	Yes/No	

Framingham Risk score: 10.2 %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by: Dr. Rakesh

Epworth Screening Quest. for Sleep Apnoea

Employee Data	Date: 17/4/2023
Name: Biju Vijayan	Department/Company: To
I. D No. 78247151 Tel #: 98213865	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, _____ *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: _____ Date: 17/4/2023

OMAN AL-KHAIR HOSPITAL L.L.C

Fitness to Work Certificate

Employee Data		Date	17/4/2023
Name	Biju Vijayan	Department/Company	TO
I.D No.	7824785	Age	48/41
		Occupation	

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

Name of health advisor	DR. RAKESH	Signature		Date	17/4/2023

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DR. RAKESH YELLA
LICENCE NO: 1220

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عبري سلطنة عمان

DEPARTMENT OF LABORATORY MEDICINE

File No: 0223275
Name: BIJU VIJAYAN
Address:
Gender: M **Age:** 48 Y **Nationality:** INDIAN
GSM No.: 92145779 **ID Card No.:** 78247151
Ref. By: EXTERNAL DOCTOR

Report No: 0655748
Sample Date: 17/04/2023 **Time:** 9:04
Received By: 181773
Received Date: 17/04/2023 **Time:** 9:35
Report Date: 17/04/2023 **Time:** 10:37
Bill No: 0872989 **Bill Date:** 17/04/2023
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	**17.21 mmol/L**	3.9 - 6.1
Method :- Hexokinase	**309.78 mg/dL**	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	3.61 mmol/L	1 - 5.1
Method:-Enzymatic	139.56 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.03 mmol/L	0.777 - 1.813
Method:-Enzymatic	39.82 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	1.77 mmol/L	1.295 - 4.54
Method:-Calculation	68.23 mg/dl	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.82 mmol/L	0.259 - 1.036
Method:-Calculation	31.51 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	**3.5**	3.8 - 5.9
Method:-Calculation		
TRIGLYCERIDES	1.78 mmol/L	0.564 - 2.146
Method : Enzymatic	157.53 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.321 mg/dL	0.1 - 1
Method : Diazo	5.49 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.245 mg/dL	0.1 - 0.5
Method : Diazo	4.19 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	23.10 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	32.00 U/L	Male: 10-50 Female:10-35

THANSILA THA...
LAB TECHNICIAN
REG No.: 21829

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MOH License No: 21829

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Released By: 181773 *Lab Technologist*
MOH License No: 21829

DR. SHAYEA P
Specialist Pathologist
MOH LIC NO:13475
Electronically Signed at: 17/04/2023 10:40:00 AM

Printed at: 17/04/2023 10:40:39 AM

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Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	64.07 U/L	Adult : Men -40-129 :Female 35-104 Children:(Aged) 7months - 1Year :- <462 1Year - 3 Years :- <281 4 Years - 6 Years :- <269 7 Years - 12 Years :- <300 13 Years - 17 Years(M) :-<390 13 Years - 17 Years(F) :- <187
TOTAL PROTEIN-SERUM(Colorimetric Assay)	6.97 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	**4.91 gm/dL**	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	**2.06 gm/dL**	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	**2.38**	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	58.54 U/L	Men : 8-61 Female : 5-36
Method :-Enzymatic Assay		
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	4.00 mmol/L	1.7 - 8.3
Method : Kinetic Assay	24.02 mg/dL	10.2 - 49.8
CREATININE - SERUM	91.57 µmol/L	44.2 - 123.7
Method :-Jaffé Method	1.04 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	6770 cells/cumm	4000 - 11000 cells/cumm
Method : -Fluorescence Flow Cytometry		
DC (DIFFERENTIAL COUNT)		
Method : -Fluorescence Flow Cytometry		
NEUTROPHILS	43.8 %	40-75%

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GSM No.:	92145779 **ID Card No.:** 78247151	**Bill No:**	0872989 **Bill Date:** 17/04/2023
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final

INVESTIGATION	RESULT	REFERENCE RANGE
LYMPHOCYTES	45.1 %	20-45%
EOSINOPHILS	1.3 %	2-6 %
MONOCYTES	9.5 %	2-8 %
BASOPHILS	0.3 %	0-1%
HB (HEMOGLOBIN)	15.5 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
Method : -Cyanide-free SLS haemoglobin		
TOTAL RBC COUNT	4.99 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
Method : - Hydrodynamically focussed impedance		
PLATELET COUNT	2.32 lakhs/cumm	1.0 - 4.0 lakhs / cumm
Method : - Hydrodynamically focussed impedance		
PCV (PACKED CELL VOLUME)	45.70 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	91.60 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	31.10 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	33.90 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	03 mm/ 1st hr	MALE:0-9 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
Capillary Photometry Technology		
Measures the kinetics of red cells aggregation.Clinical Laboratory and Standard Institute (CLSI) procedure for the ESR Test.		
SICKLE CELL	NEGATIVE	
Method : -Haemoglobin solubility test		

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Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final

INVESTIGATION	RESULT	REFERENCE RANGE
URINE ROUTINE		
URINE BIOCHEMISTRY		
Method :- Colorimetric Assay		
GLUCOSE	'+++'	
PROTEIN	NIL	
KETONE	NIL	
BILIRUBIN	NIL	
pH	ACIDIC	
UROBILINOGEN	NORMAL	
URINE MICROSCOPY (Centrifugation Method)		
RED BLOOD CELLS (RBC)	NIL /hpf	
PUS CELLS	0-2 /hpf	
EPITHELIAL CELLS	NIL /hpf	
CRYSTALS	NIL /hpf	
CAST	NIL /hpf	
BACTERIA	PRESENT /hpf	
YEAST CELLS	NIL /hpf	

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X-RAY REPORT

Doc No:	0070254
Name:	BIJU VIJAYAN
Age/DOB:	48 Y — Omani ID/ L.Card No:: 78247151
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	17/04/2023
X-Ray Filim No:	TRUCOMAN
Bill No:	0872989
Charge Sheet No:	

Both lung fields are normal

Both cp angles are clear

Mediastinal shadow and bony thorax are normal

Cardiac configuration is within normal limits

Conclusion: A normal X-ray appearance

Signature: .....

DR. NITHINMON CU
SPECIALIST RADIOLOGY
MOH Licence: 21058
ASTER HOSPITAL IBRI

Seal

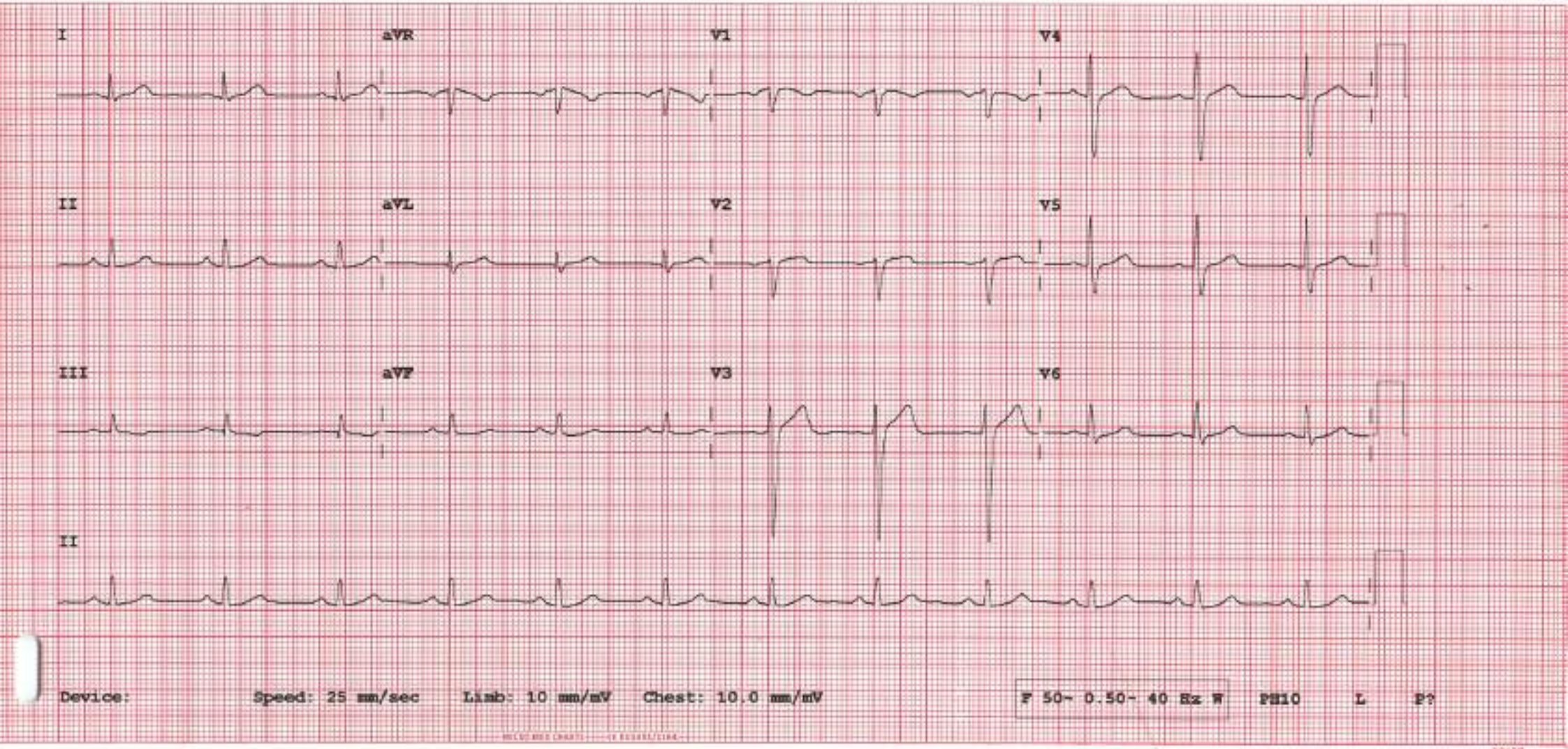
OMAN AL-KHAIR HOSPITAL L.L.C

223275 BIJU VIJAYAN 4/17/2023 09:22:13 AM

Aster Hospital IBRI
ECG Room
ECG Room

Rate	73
PR	159
QRSD	98
QT	372
QTc	410
--AXIS--	
P	58
QRS	63
T	19

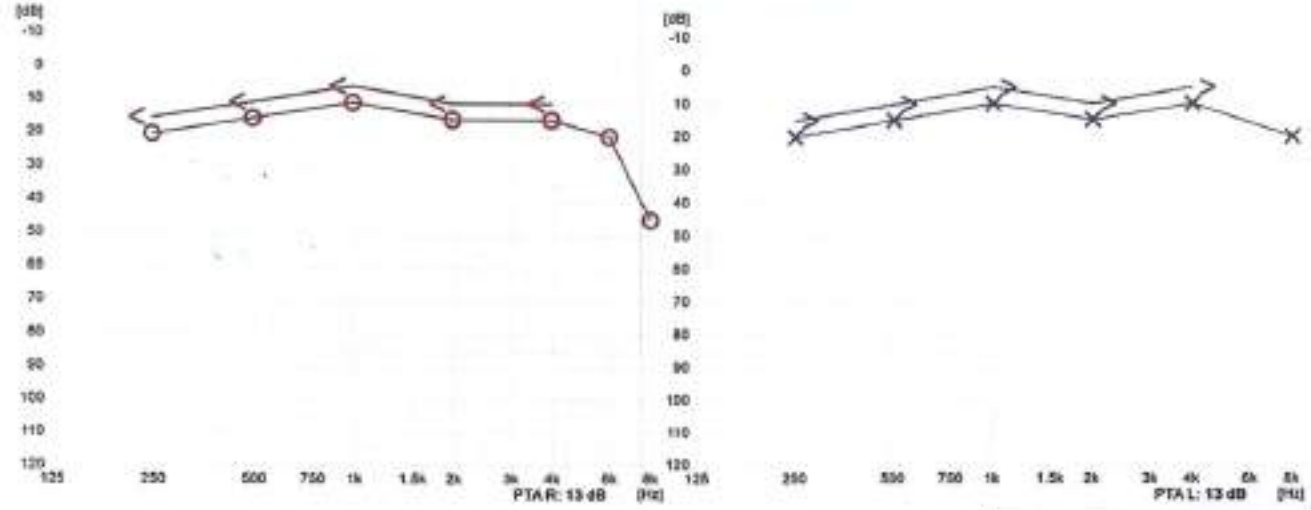
12 Lead; Standard Placement



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.50~ 40 Hz W PM10 L P?

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code:	Last name , First name	Born
0872989	BIJU , VIJAYAN	17.04.2023
Test type	**Test date:**	
Tonal audiometry	17.04.2023	



Legend	R	L
Air	O	X
Air/Masked	△	□
Bone	<	>
Bone/Masked	[	]
MCL	M	M
UCL	m	m
Free Field	⊘	⊗
Free Field/Aided	A	A
Binaural		B
No response		∤

Comments
BILATERAL NORMAL HEARING (WITH MILD SLOPE AT 8KHZ)

Signature:

C.R. No 1089393
P.O Box 2273
Postal Code 133

Date: 17/04/2023

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