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 JULANDANI
Forenames: AWADH ALI HAMED
Address:
Home telephone number: 93941157

Place of examination: NMC HAIL | Date:

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

Birth date: | Nationality: OMANI | Country of birth: OMAN | Religion: MUSLIM

☑ 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		✓			
16. Marked change in bowel habits		✓	36. Surgical operation		✓	46. Any gynaecological treatment		
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: | **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 cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION				Colour Vision	Blood Group
							DISTANT		NEAR		
							R	L	R	L	
172	105	35,4	124/82	87 mins.	L (N) R (N)	Uncorrected	6/6	6/6	(N)	(N)	(N)
						Corrected					

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.)

ASSESSMENT:

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

FIT

10/11/2022 DR. MUHAMMAD KAMRAN

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

DR. MUHAMMAD KAMRAN
General Practitioner
MOH Lic. No. 7635
Prime specialty hospital, Al-Hail

REVIEW/CONSULTATION

RECEPTION

Prime Specialty Hospital, Al Hail

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

DEPARTMENT OF LABORATORY MEDICINE

File No:	50088269	**Report No:**	0068757		
Name:	AWADH ALI HAMED ALI AL-JULANDANI	**Sample Date:**	10/11/2022	**Time:**	12:45
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 38 Y **Nationality:** OMANI	**Report Date:**	10/11/2022	**Time:**	14:03
GSM No.:	93941157 **ID Card No.:** 4223448	**Bill No:**	0194940	**Bill Date:**	10/11/2022
Ref. By:	DR MASOOD SIDDIQUE				

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE BELOW 40 YEARS		
RANDOM BLOOD SUGAR	5.02 mmol/L	4.11 -7.9mmol/L
CREATININE	103.17 µ mol/L	Adults: MALE: 62 – 106 µ mol/L FEMALE: 44 - 80 µ mol/L
SGPT (ALT)	23.82 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
TOTAL WBC COUNT	4.50 x 10^3 / µL	4.00-11.00 x 10^3 / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	23.80 %	40-75%
LYMPHOCYTE (%)	64.50 %	20-45%
MONOCYTE (%)	8.10 %	2-8%
EOSINOPHIL (%)	3.40 %	1-6%
BASOPHIL (%)	0.20 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	46 mm/1st hr	MALE:0-15 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
HAEMOGLOBIN	13.60 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	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: *Approved By:*

11011

Lab Technologist *Specialist Pathologist*

MOH License No:
Electronically signed at: 11/10/2022 2:05:00

RECEPTION
مستشفى إن إم سي التخصصي
nmc specialty hospital

NMC Healthcare LLC

DEPARTMENT OF LABORATORY MEDICINE

File No:	50088269	**Report No:**	0068757		
Name:	AWADH ALI HAMED ALI AL-JULANDANI	**Sample Date:**	10/11/2022	**Time:**	12:45
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GSM No.:	93941157 **ID Card No.:** 4223448	**Bill No:**	0194940	**Bill Date:**	10/11/2022
Ref. By:	DR MASOOD SIDDIQUE				

INVESTIGATION	RESULT	REFERENCE RANGE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	6.0	4.6-8.0
SPECIFIC GRAVITY	1.030	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	YELLOW	
APPEARANCE	SLIGHTLY TURBID	
URINE MICROSCOPY		
RBC	2-3 /hpf	0-3
PUSCELLS	4-5 /hpf	0-5
EPITHELIAL CELLS	6-8 /hpf	NIL
CRYSTAL	CALCIUM OXALATE CRYSTALS SEEN /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	NIL	NIL

Verified By:

11011

Lab Technologist

MOH License No:

Electronically signed at: 11/10/2022 2:05:00

Approved By:

Specialist Pathologist

RECEPTION

nmc specialty hospital

Printed at: 10/11/2022 5:19:59 PM

NMC Healthcare LLC
C.R.No: 1000137
Plot No: 294, Block: 318
Building No: 812, Al Hail North
Sultanate of Oman
T: (+968) 2426 9222
F: (+968) 2426 9299

AUDIOMETRY REPORT

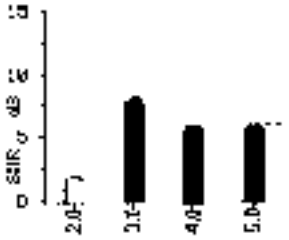
Name of the Patient AWADH ALI HAMED ALI AL-JULANDANI

Age 38 yrs Sex Male MRN 50088269 Date of Test 10/11/2022

U107.05
11-NOV-22 01:30
DP 4s 4 sec avg
SN: G1100S649 G12005991

NAME:

Left: Pass

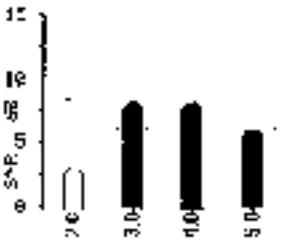


F2	L1	L2	DP	NF	SNR	
2.0	65	55	-16	-19	2	
3.0	65	55	-13	-17	6	P
4.0	64	54	-11	-17	6	P
5.0	64	54	-14	-20	6	P

U107.05
11-NOV-22 01:28
DP 4s 4 sec avg
SN: G1100S649 G12005991

NAME:

Right: Pass



F2	L1	L2	DP	NF	SNR	
2.0	65	55	-13	-16	3	
3.0	65	55	-11	-19	8	P
4.0	64	54	-10	-18	8	P
5.0	65	55	-14	-20	6	P

Signature of the Technician

NMCOMAN/DOC/NSG/75

Spirometer

Pulmonary Function Report

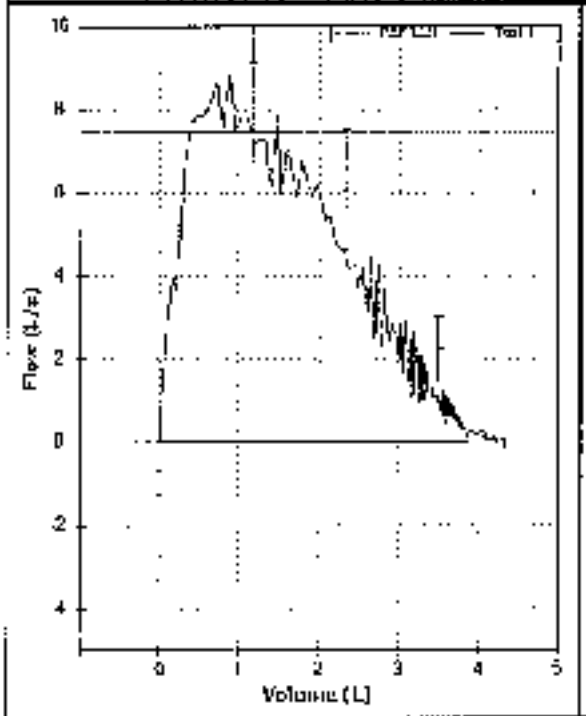
Subject Information

ID:	2022314_132557991	Alternate ID:	530882269		
Last Name:	Al-Julandan	First Name:	Awadh Ali	Middle Name:	Hamad Ali
Population:	MIDDLE EAST	Gender:	Male	Date of Birth:	03/12/1994
Age:	28	Height:	172 cm	Weight:	105.0 kg
BMI:	35.5	Smoking:	Non Smoker		

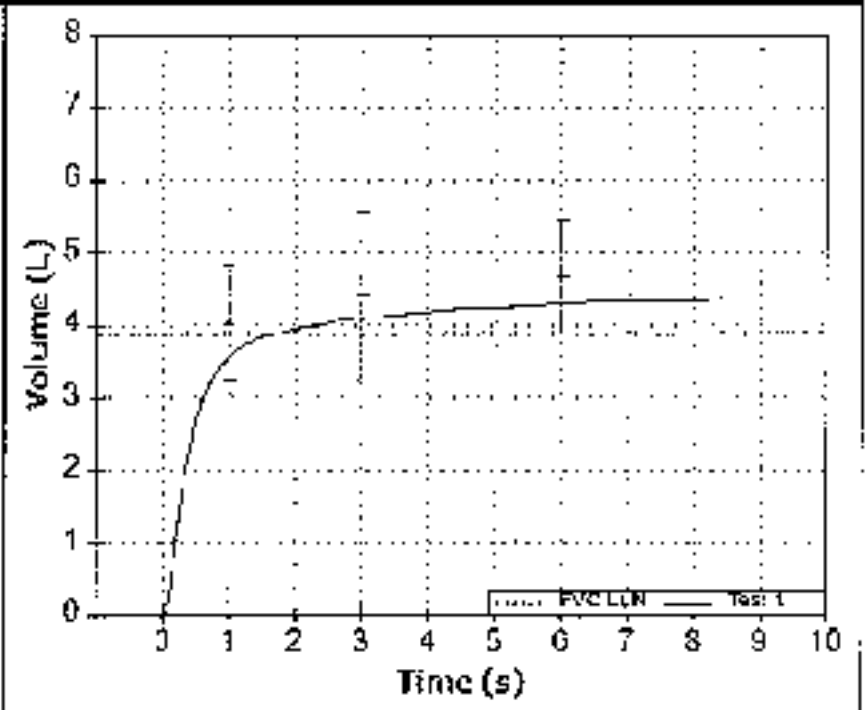
Test Information

Test Date:	10/11/2022 13:29	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	2	Accuracy Chk:	30/05/2019 16:42	User:	Administrator
Pred. Values:	Golshan	Pred. Factor:	100%	Posture:	Sitting

Flow Volume Graph



Volume Time Graph



Results

Parameter	Pred	LLN	Best	% Pred.	Z-Score
FVC (L)	4.67	3.89	4.35	93	-0.67
FEV1 (L)	4.03	3.23	3.62	90	-0.84
FEV1 Ratio	0.80	0.69	0.83	104	0.45
FEV6 (L)	4.67	3.89	4.30	92	-0.78
PEF (L/min)	619	449	530	86	-1.85
FEF25-75 (L/s)	4.93	3.85	4.01	81	-1.40

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

Session Grade and Repeatability Information

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

Computer Suggested Interpretation

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

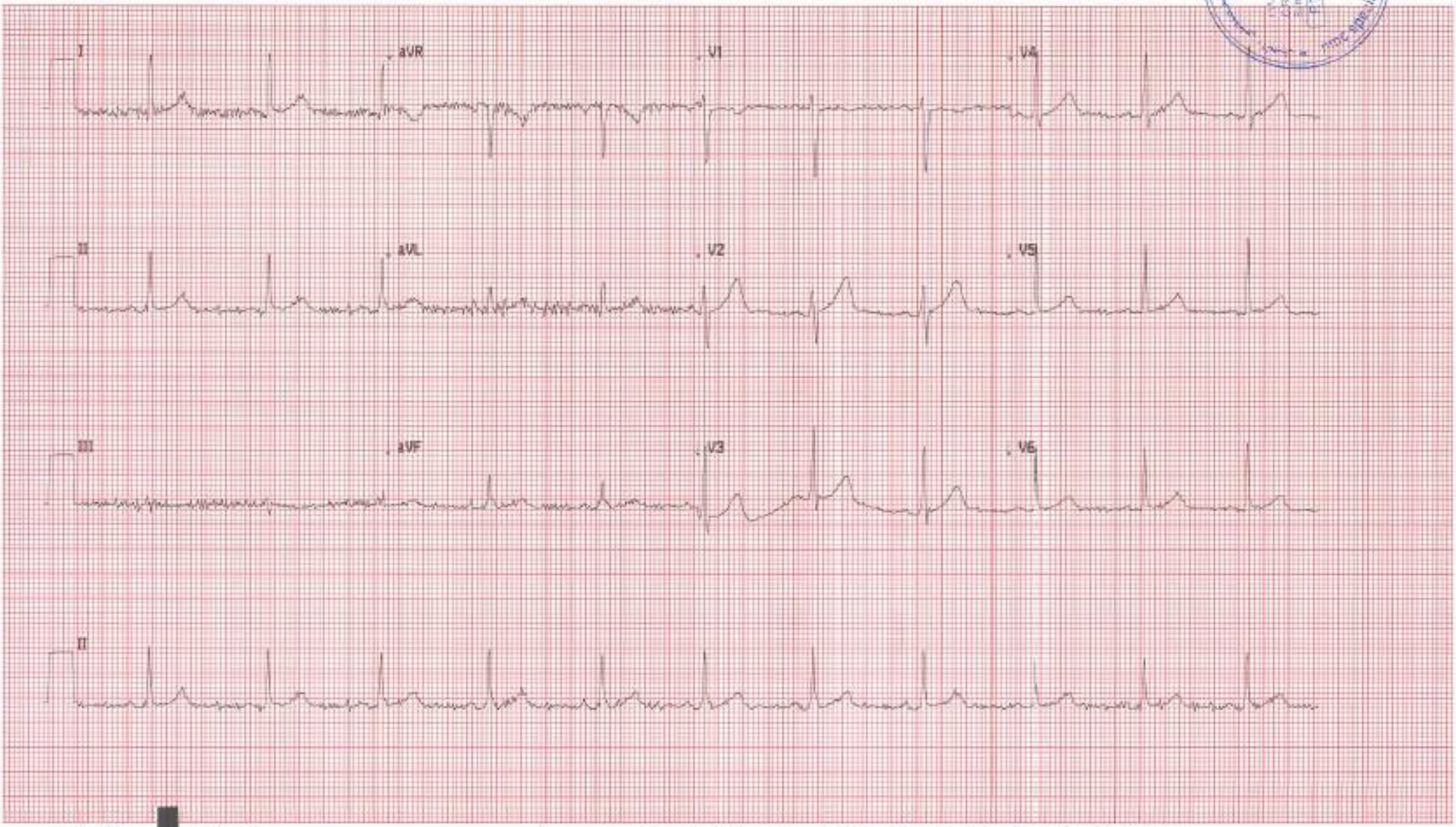
Reference Pictogram

ID: 50088269
DOB:
38yr, Male

Vent rate:	67 BPM
PR int:	158 ms
QRS dur:	87 ms
QT/QTc:	402/418 ms
P-R-T axes:	29 46 35

SINUS RHYTHM
NORMAL ECG
WARNING: DATA QUALITY MAY AFFECT INTERPRETATION

UNCONFIRMED REPORT

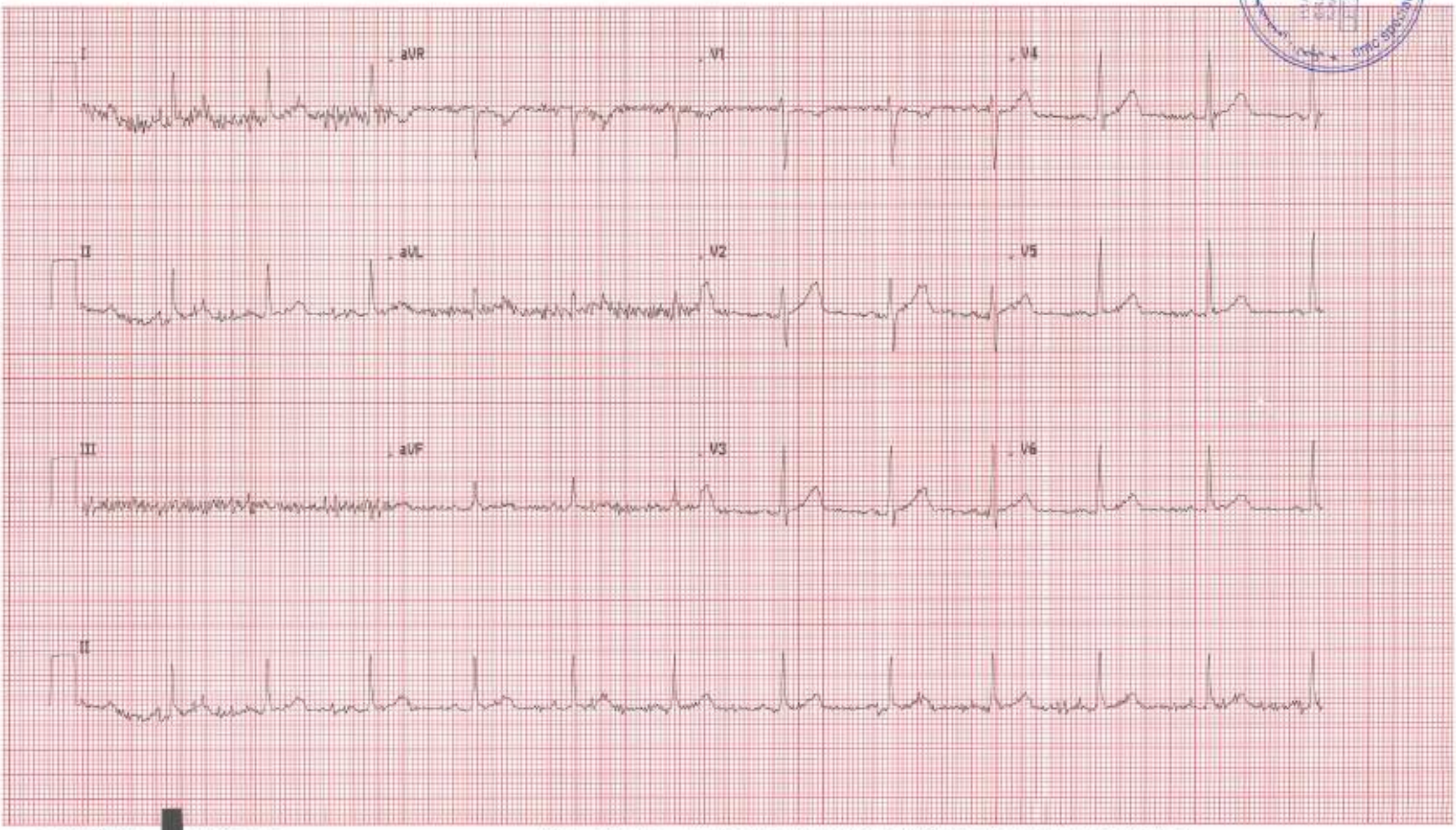


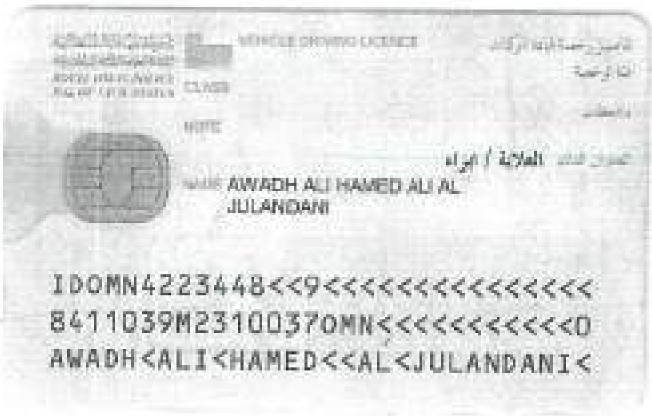
ID: 50088269
DOB:
38yr, Male

Vent rate:	71 BPM
PR int:	147 ms
QRS dur:	93 ms
QT/QTc:	386/409 ms
P-R-T axes:	54 42 35

SINUS RHYTHM
NORMAL ECG

UNCONFIRMED REPORT





VEHICLE DRIVING LICENCE

CLASS

NOTE

العلامة / الرؤية

NAME AWADH ALI HAMED ALI AL
JULANDANI

IDOMN4223448<<9<<<<<<<<<<<<<<<<
8411039M2310037OMN<<<<<<<<<<<<0
AWADH<ALI<HAMED<<AL<JULANDANI<

سلطنة عمان
SULTANATE OF OMAN

IDENTITY
CARD

البطاقة
الشخصية

CIVIL NUMBER 4223448
EXPIRY DATE 03/10/2023
DATE OF BIRTH 03/11/1984

عوض بن علي بن حمد بن علي الجلنداني