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 KHAWALDI
Forenames	ADI AAMIR SAIF AL DHABAUN
Address	
Home telephone number	92085278.

Place of examination	NMC HALL
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		✓	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? NO — Average daily alcohol consumption NO

Have you ever taken elicited drugs? (X) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes (X) Tuberculosis (X) Epilepsy (X) Asthma (X) Eczema (X)
Heart disease (X) High blood pressure (✓) Stroke (X) Blood Disease (X) Cancer (X)

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:**

RECEPTION

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		B/L Corrected vision is 6/6.
	✓	1. Eyes & Pupils	
✓		2. E.N.T.	
✓		3. Teeth & Mouth	
✓		4. Lungs & Chest	
✓		5. Cardiovascular System	
✓		6. Abdo. Viscera	
✓		7. Harnial 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	
171	77	26.3	130/90	82/mins.	L N R N	Uncorrected			N	N	Normal
						Corrected	6/6	6/6			

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis		✓		7. Audiogram
	✓	2. Hb, Bloodcount, ESR	→ (Polycythemia)	✓		8. Lung Function
	✓	3. LFT, RFT, RBS	→ ↑ ALT.			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

Date: 17/11/22 Name (Block Capitals): Dr. / Nurse MASOOD SIDDIQUE Signature:

REVIEW/CONSULTATION

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

DEPARTMENT OF LABORATORY MEDICINE

File No:	50088561	**Report No:**	0069175		
Name:	ADI AAMIR SAIF AL DHABAAUN AL KHAWALDI	**Sample Date:**	15/11/2022	**Time:**	9:16
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 25 Y **Nationality:** OMANI	**Report Date:**	15/11/2022	**Time:**	11:06
GSM No.:	92085278 **ID Card No.:** 15688513	**Bill No:**	0195892	**Bill Date:**	15/11/2022
Ref. By:	DR MASOOD SIDDIQUE	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE BELOW 40 YEARS		
RANDOM BLOOD SUGAR	5.61 mmol/L	4.11 -7.9mmol/L
CREATININE	75.45 µ mol/L	Adults: MALE: 62 – 106 µ mol/L FEMALE: 44 - 80 µ mol/L
SGPT (ALT)	103.74 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
TOTAL WBC COUNT	5.30 x 10^3 / µL	4.00-11.00 x 10^3 / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	29.40 %	40-75%
LYMPHOCYTE (%)	55.40 %	20-45%
MONOCYTE (%)	12.60 %	2-8%
EOSINOPHIL (%)	2.30 %	1-6%
BASOPHIL (%)	0.30 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	08 mm/1st hr	MALE:0-15 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
HAEMOGLOBIN	16.90 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	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE

Verified By:

10624
Lab Technologist
Electronically signed at: 11/15/2022

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18175
Electronically signed at: 15/11/2022 11:11:00

RECEPTION

Printed at: 16/11/2022 7:28:47 PM

DEPARTMENT OF LABORATORY MEDICINE

File No:	50088561	**Report No:**	0069175		
Name:	ADI AAMIR SAIF AL DHABAAUN AL KHAWALDI	**Sample Date:**	15/11/2022	**Time:**	9:16
		Received By:			
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GSM No.:	92085278 **ID Card No.:** 15688513	**Bill No:**	0195892	**Bill Date:**	15/11/2022
Ref. By:	DR MASOOD SIDDIQUE	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	6.5	4.6-8.0
SPECIFIC GRAVITY	1.020	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	1-2 /hpf	0-3
PUSCELLS	0-2 /hpf	0-5
EPITHELIAL CELLS	1-3 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	NIL	NIL

Verified By:

10624
Lab Technologist
Electronically signed at: 11/15/2022

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 15/11/2022 11:11:06

RECEPTION
C.R. No. 1568137
nmc specialty hospital

NMC Healthcare LLC

AUDIOMETRY REPORT

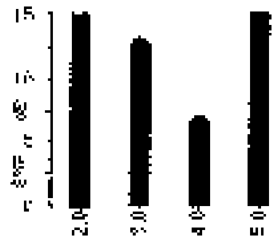
Name of the Patient Adi Aamir Saif Al Dhabaan Al Khawaldi

Age 075Y **Sex** Male **MRN** 50088561 **Date of Test** 15/11/22

U197.05
15-NOV-22 21:44
DP 45 4 SEC AVG
SN: 61E005649 612005991

NAME:

Left: Pass

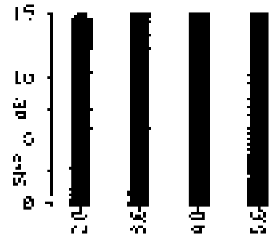


F2	L1	L2	DP	NF	SNR	
2.0	65	55	11	-8	19	P
3.0	65	55	1	12	13	P
4.0	65	55	-9	-16	7	P
5.0	65	55	11	-17	28	P

U107.05
15-NOV-22 21:44
DP 45 4 SEC AVG
SN: 613005649 612005990

NAME:

Right: Pass



F2	L1	L2	DP	NF	SNR	
2.0	65	55	14	1	15	P
3.0	65	55	12	-8	20	P
4.0	65	55	20	10	30	P
5.0	65	55	25	-14	40	P

Signature of the Technician

NMCOMAN/DOC/NSG/75

Vitalograph

Pulmonary Function Report

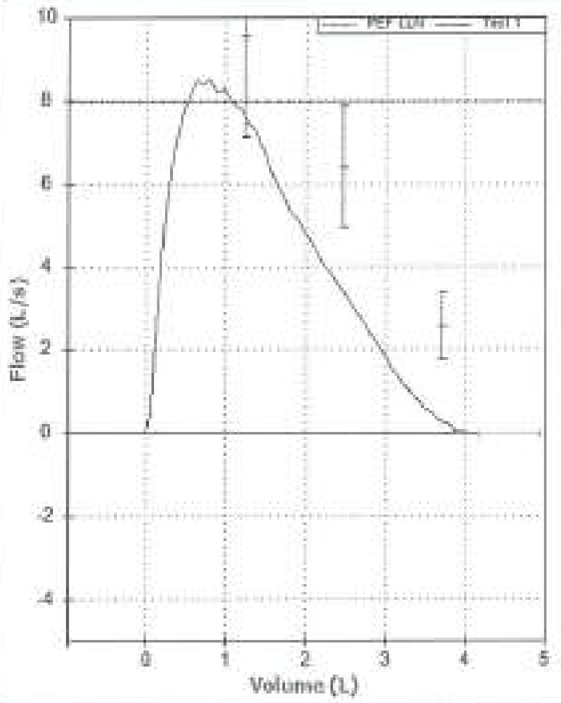
Subject Information

ID:	2022319_093734269	Alternate ID:	50088561		
Last Name:	Al Khawaldi	First Name:	Adi Aamir Saif	Middle Name:	Al Dhabaaun
Population:	MIDDLE EAST	Gender:	Male	Date of Birth:	18/02/1997
Age:	25	Height:	171 cm	Weight:	77.0 kg
BMI:	26.3	Smoking:	Non Smoker		

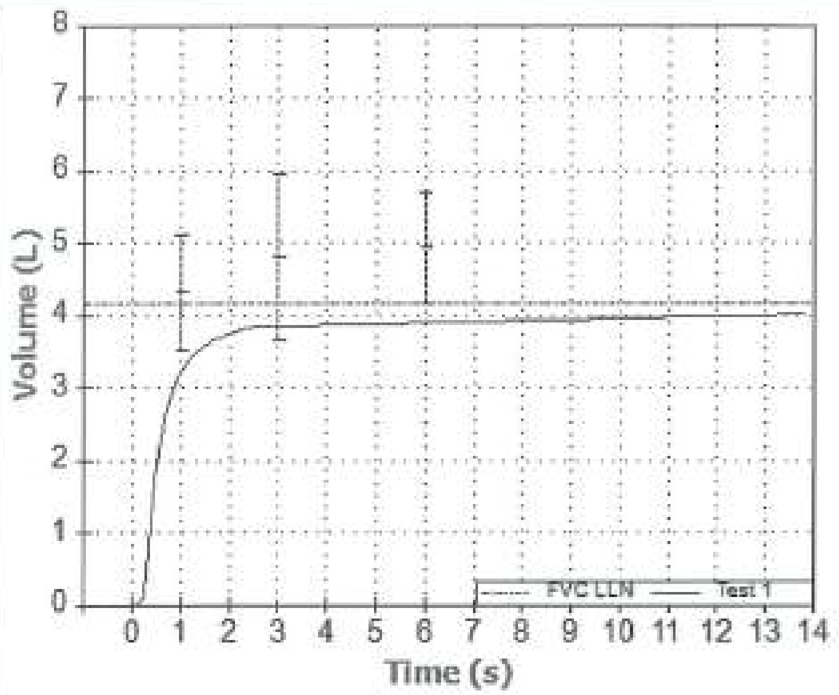
Test Session Information

Test Date:	15/11/2022 09:39	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	2	Accuracy Chk:	30/05/2019 15:42	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)	**4.94**	4.17	**4.01***	**81**	-1.98
FEV1 (L)	**4.32**	3.52	**3.44***	**80**	-1.80
FEV1 Ratio	**0.83**	0.71	**0.86**	**104**	0.41
FEV6 (L)	**4.94**	4.17	**3.90***	**79**	-2.22
PEF (L/min)	**649**	478	**511**	**79**	-1.33
FEF25-75 (L/s)	**5.37**	4.30	**4.06***	**76**	-2.01

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

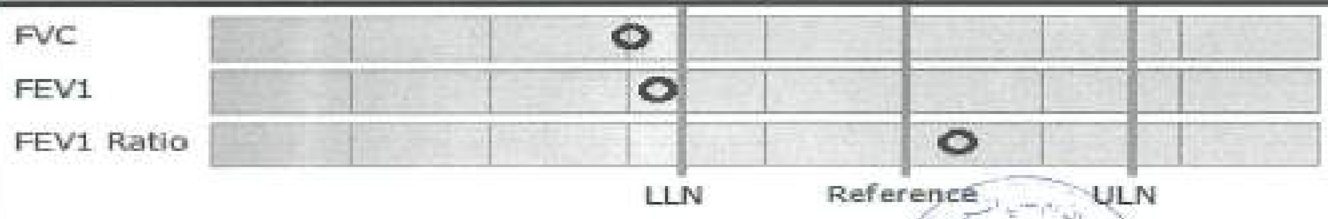
Session Quality and Repeatability Information

FVC Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
C	0.36 L (9.0%)	0.12 L (3.5%)	0 blow(s)	1 blow(s)	0 blow(s)

Computer Suggested Interpretation

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

Reference Pictogram



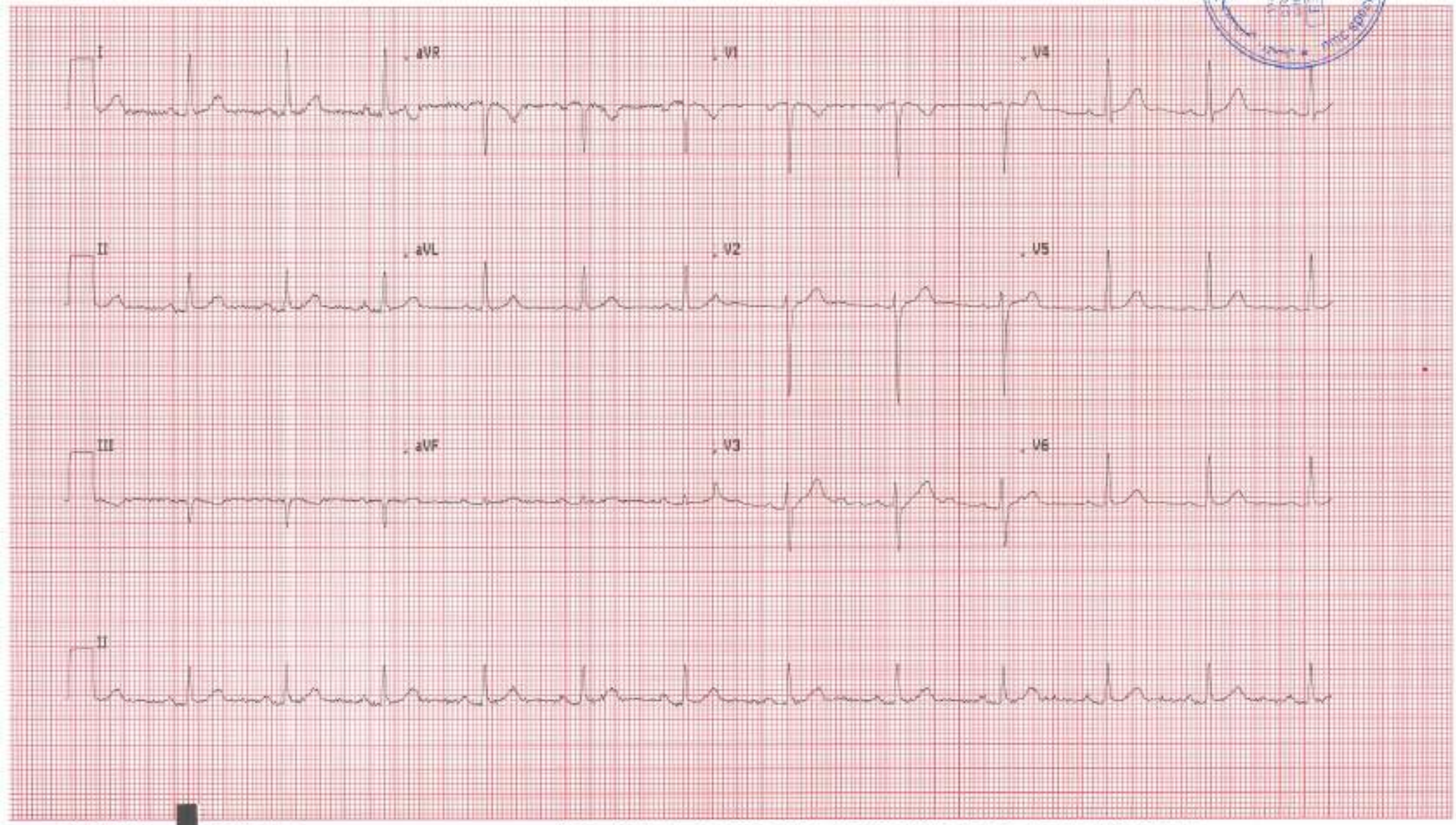
RECEPTION
nmc specialty hospital, Al Ain

ID: 50088561
DOB:
25yr, Male

Vent rate:	72 BPM
PR int:	170 ms
QRS dur:	89 ms
QT/QTc:	358/382 ms
P-R-T axes:	38 9 25

SINUS RHYTHM
POSSIBLE LEFT ATRIAL ENLARGEMENT [-0.1mV P WAVE IN V1/V2]
BORDERLINE ECG

UNCONFIRMED REPORT



No Site Name

Site # 0 Cart # 0 Version 2105 Sequence #003065 25mm/s 10mm/mV 0.05-40 Hz M


VEHICLE DRIVING LICENSE
CLASS
NOTE
NAME
ADI AAMIR SAIF AL DHABAAUN
AL-KHAWALDI
IDOMN15688513<9<<<<<<<<<<<<<<<
9702189M2410177OMN<<<<<<<<<<<4
ADI<AAMIR<SAIF<<AL<KHAWALDI<<<


SULTANATE OF OMAN
IDENTITY CARD
15688513
17/10/2024
18/02/1997
ذكر


RECEPTION
nmc specialty hospital Al Ain