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: KUMAR
Forenames: RAHUL
Address:
Home telephone number: 93176360

Place of examination: NMC ALHAIL Date: 23/11/22

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

Birth date: 23/10/1994 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: OPERATOR.
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? (✗) 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:** RAHUL

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	WEIGHT	BMI	B.P.	PULSE	HEARING	VISION	Colour Vision	Blood Group
cm	kg				L	DISTANT R L / NEAR R L		
165	63	23.1	144/90	74 mins.	R	Uncorrected 6/6 6/6 / Corrected	N.	

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

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

REVIEW/CONSULTATION

27/11/2022

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

DEPARTMENT OF LABORATORY MEDICINE

File No:	50089057	**Report No:**	0069885		
Name:	RAHUL KUMAR	**Sample Date:**	23/11/2022	**Time:**	7:04
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 28 Y **Nationality:** INDIAN	**Report Date:**	23/11/2022	**Time:**	08:43
GSM No.:	93176360 **ID Card No.:** 103122944	**Bill No:**	0197490	**Bill Date:**	23/11/2022
Ref. By:	DR CHRISTINE ABDALLA	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE BELOW 40 YEARS		
FASTING BLOOD SUGAR	5.07 mmol/L	4.11 - 6.05 mmol/L
CREATININE	80.69 µ mol/L	Adults: MALE: 62 – 106 µ mol/L FEMALE: 44 - 80 µ mol/L
SGPT (ALT)	27.81 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
TOTAL WBC COUNT	6.30 x 10^3 / µL	4.00-11.00 x 10^3 / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	50.00 %	40-75%
LYMPHOCYTE (%)	38.50 %	20-45%
MONOCYTE (%)	9.60 %	2-8%
EOSINOPHIL (%)	1.70 %	1-6%
BASOPHIL (%)	0.20 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	13 mm/1st hr	MALE:0-15 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
HAEMOGLOBIN	16.30 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: 11/23/2022 8:44:00

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 23/11/2022 9:32:00 AM

مستشفى أن أم سي التخصصي
nmc specialty hospital

Printed at: 27/11/2022 9:14:53 AM

NMC Healthcare LLC
C.R./Nr. 1068127
Plot No: 234, Block: 310
Building No: 812, Al Hail North
Sultanate of Oman
T: (+968) 2426 9222
F: (+968) 2426 9288
www.nmconline.com

DEPARTMENT OF LABORATORY MEDICINE

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Name:	RAHUL KUMAR	**Sample Date:**	23/11/2022	**Time:**	7:04
		Received By:			
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Ref. By:	DR CHRISTINE ABDALLA	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	6.0	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	NIL /hpf	0-3
PUSCELLS	0-1 /hpf	0-5
EPITHELIAL CELLS	0-2 /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: 11/23/2022 8:44:00

Approved By:

DR ROSE MARY

Specialist Pathologist

MOH License No: 18178

Electronically signed at: 23/11/2022 9:32:00 AM

RECEPTION

nmc specialty hospital

Printed at: 27/11/2022 9:14:53 AM

NMC Healthcare LLC
C.R.No: 1668537
Plot No: 294, Block: 318
Building No: 812, Al Hail North
Sultanate of Oman
T: (+968) 2426 9222
F: (+968) 2426 9269

AUDIOMETRY REPORT

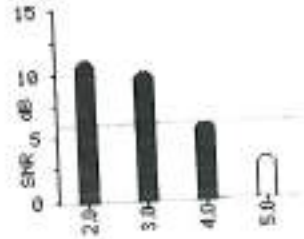
Name of the Patient Rahul Kumar

Sex M MRN 50089057 Date of Test 23/11/22

U107.05
23-NOV-22 21:37
DP 4s 4 sec avg
SN: GI1005649 GI2005991

NAME:

Right: Pass



F2	L1	L2	DP	NF	SNR	
2.0	65	55	-4	-15	11	P
3.0	65	55	-10	-15	10	P
4.0	65	55	-14	-20	6	P
5.0	65	55	-17	-20	3	

U107.05
23-NOV-22 21:38
DP 4s 4 sec avg
SN: GI1005649 GI2005991

NAME:

Left: Pass

F2	L1	L2	DP	NF	SNR	
2.0	65	55	-9	-19	10	P
3.0	65	55	-11	-20	9	P
4.0	65	55	-14	-20	6	P
5.0	65	55	-17	-20	3	

Signature of the Technician

NMCOMAN/DOC/NSG/75

Vitalograph

Pulmonary Function Report

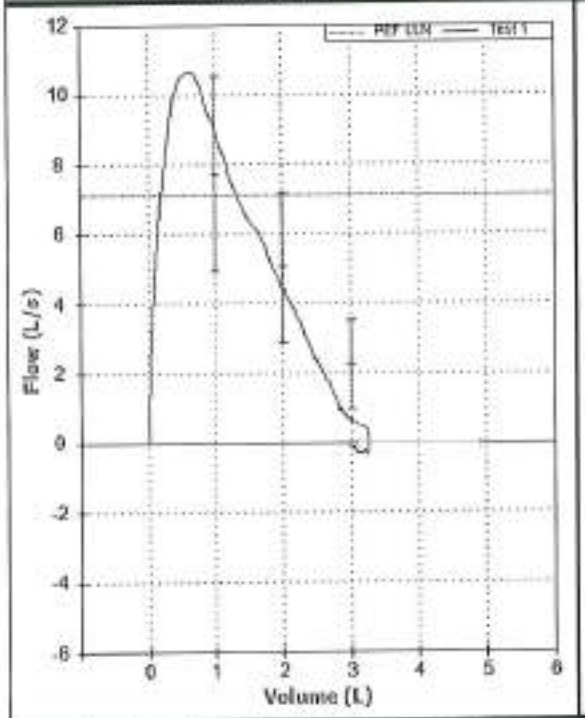
Subject Information

ID:	2022326_104035070	Alternate ID:	50089057		
Last Name:		First Name:	Rahul	Middle Name:	Kumar
Population:	Asian	Gender:	Male	Date of Birth:	23/10/1994
Age:	28	Height:	165 cm	Weight:	63.0 kg
BMI:	23.1	Smoking:	Non Smoker		

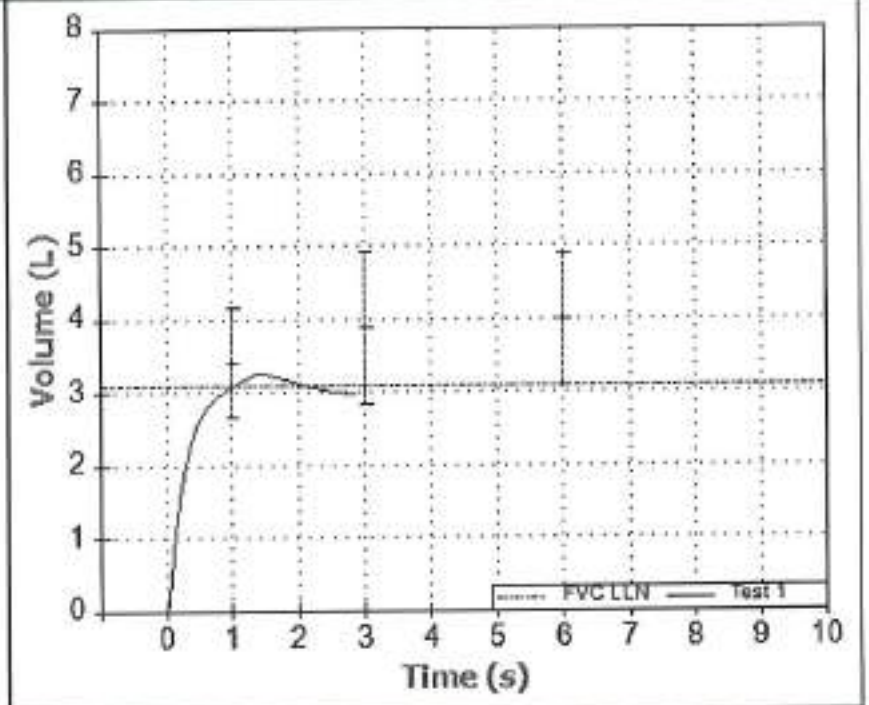
Test Session Information

Test Date:	23/11/2022 09:33	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	4	Accuracy Chk:	30/05/2019 15:42	User:	Administrator
Pred. Values:	ERS 93	Pred. Factor:	90%	Posture:	Sitting

Flow/Volume Graph



Volume/Time Graph



Results

Parameter	Pred	LLN	Best	% Pred.	Z-Score
FVC (L)	**4.00**	3.10	**3.25**	**81**	-1.37
FEV1 (L)	**3.41**	2.66	**3.10**	**91**	-0.68
FEV1 Ratio	**0.82**	0.70	**0.95**	**116**	1.78
PEF (L/min)	**545**	426	**640**	**117**	1.30
FEF25-75 (L/s)	**4.70**	2.99	**5.23**	**111**	0.51

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

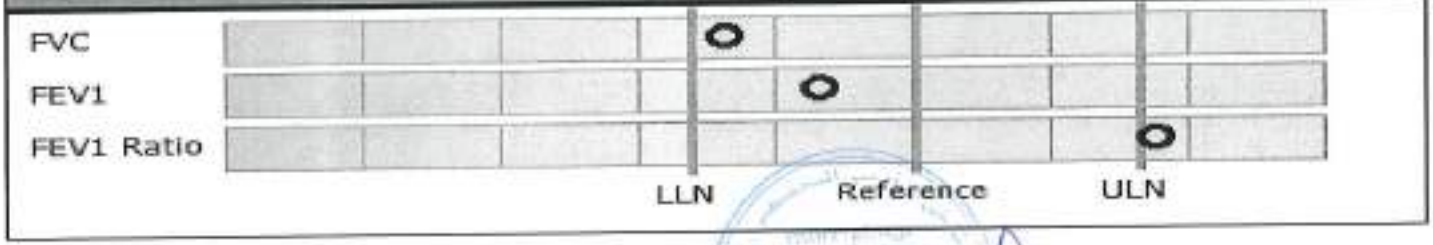
Session Quality and Repeatability Information

FVC Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
D	0.22 L (6.8%)	-	0 blow(s)	2 blow(s)	0 blow(s)

Computer Suggested Interpretation

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

Reference Pictogram



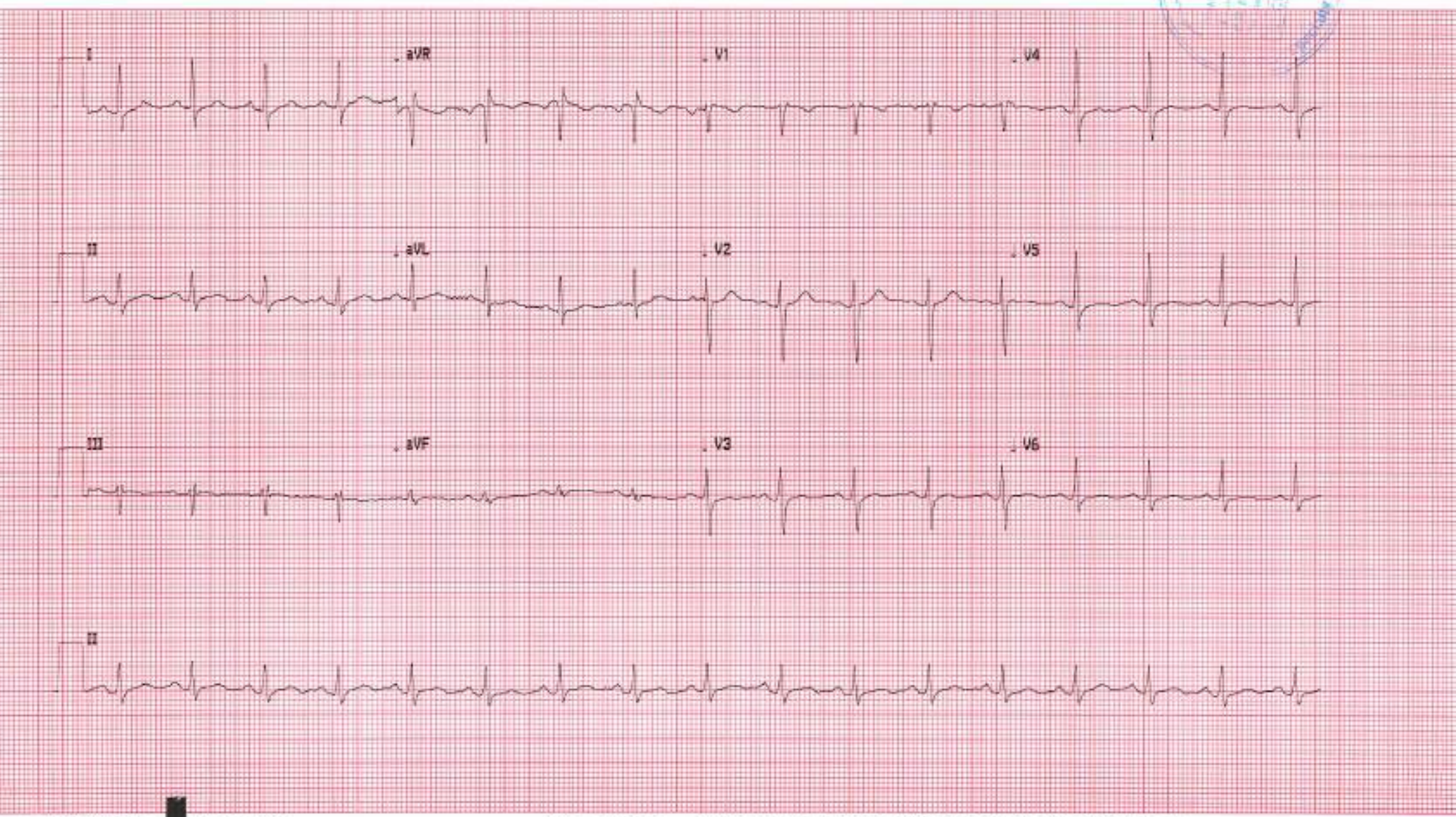
Kumar, Kanul
ID: 50089057
DOB:
28yr, Male

22-Nov-2022 21:57:34

Vent rate:	100 BPM
PR int:	157 ms
QRS dur:	97 ms
QT/QTc:	316/373 ms
P-R-T axes:	39 9 19

SINUS TACHYCARDIA
NONSPECIFIC T-WAVE ABNORMALITY
ABNORMAL RHYTHM ECG

UNCONFIRMED REPORT



119210000838 No Site Name Site # 0 Cart # 0 Version 2.1.0.5 Sequence #03116 25mm/s 10mm/mV 0.05-40 Hz M


VEHICLE DRIVING LICENCE
ROYAL OMAN POLICE
DIR. OF CIVIL STATUS
CLASS
NOTE
NAME RAHUL KUMAR
NATIONALITY INDIAN
IDOMN1031229444<<<<<<<<<<<<<<<
9410235M2304263IND<<<<<<<<<<<0
RAHUL<KUMAR<<<<<<<<<<<<<<<<<<


SULTANATE OF OMAN

RESIDENT CARD

بطاقة مقيم

CIVIL NUMBER 103122944

EXPIRY DATE 24/04/2023

DATE OF BIRTH 23/10/1994

الهند

الاسم راهول كومار

Sultanate of Oman

RECEPTION