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: RAM
Forenames: ISHAR
Address:

Place of examination: NMC HAIL   Date: 20/12/22
Home telephone number: 91813913

If a dependent enter employee's name here:
Surname: RAM   Forenames: ISHAR.

Birth date: 25/06/1980   Nationality: INDIAN   Country of birth: INDIA   Religion: HINDU

[✓] Male [ ] Female   [✓] Married [ ] Single [ ] Separated /Divorced

Relationship to employee: [ ] Wife [ ] Son [ ] Daughter   Number of children: 2

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
1. Sinus trouble		✓	21. Cancer		✓
2. Neck swelling/glands		✓	22. Heart Disease		✓
3. Difficulty in vision		✓	23. Rheumatic fever		✓
4. Any ear discharge		✓	24. Abnormal heartbeat		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓
6. Hayfever /other significant allergy		✓	26. Stroke		✓
7. Any skin trouble		✓	27. Serious chest pain		✓
8. Tuberculosis		✓	28. Any blood disease		✓
9. Shortness of breath		✓	29. Kidney disease		✓
10. Coughed/vomited blood		✓	30. Blood in urine		✓
11. Severe abdominal pain		✓	31. Diabetes		✓
12. Stomach ulcer		✓	32. Headaches/migraine		✓
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓
14. Jaundice or hepatitis		✓	34. Epilepsy		✓
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓
16. Marked change in bowel habits		✓	36. Surgical operation		✓
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓
18. Marked change in weight		✓	38. Tropical disease		✓
19. Varicose veins		✓	39. Fear of heights		✓
20. Lump in breast/armpit		✓			

HAVE YOU EVER BEEN:-	Y	N
40. Rejected for employment or insurance for medical reasons		✓
41. Awarded benefits for industrial injury/illness		✓
42. Treated for a mental condition, e.g. depression		✓
43. Treated for problem drinking or drug abuse		✓
44. Exposed to toxic substance or noise		✓
FOR WOMEN ONLY Have you ever had:-		
45. An abnormal smear		
46. Any gynaecological treatment		
47. Are you pregnant?		
48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		

How much tobacco each day? Nil   Average daily alcohol consumption: Nil

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

FAMILY HISTORY: Diabetes (X) Tuberculosis (X) Epilepsy (X) Asthma (X) Eczema (X)
Heart disease (X) High blood pressure (X) 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: 20/12/2022   Signature of Applicant: [signature]

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
167	72	25.8	117/81	55/mins.	L R	DISTANT R L / NEAR R L 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 Not done	✓		10. ECG
	✓	5. Lipids (40 years +)	✓		11. CVS risk for 40 yrs. & above
		6. Sickle Cell test – -VE			12. HIV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

advised decreased fat & oil intake. do regular exercise

ASSESSMENT:

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

FIT

21-12-2022

Date: Name (Block Capitals): Dr. / Nurse DR. ASWATHY RAVI General Practitioner MOH Lic. No: 20556 Nmc speciality hospital, Al Hail Signature:

REVIEW/CONSULTATION

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

RECEPTION

DEPARTMENT OF LABORATORY MEDICINE

File No:	35090380	**Report No:**	0072362		
Name:	ISHAR RAM	**Sample Date:**	20/12/2022	**Time:**	9:19
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 42 Y **Nationality:** INDIAN	**Report Date:**	20/12/2022	**Time:**	10:41
GSM No.:	91813913 **ID Card No.:** 68047575	**Bill No:**	0202964	**Bill Date:**	20/12/2022
Ref. By:	DR CHRISTINE ABDALLA	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	5.0	4.6-8.0
SPECIFIC GRAVITY	1.025	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	0-3
PUSCELLS	1-3 /hpf	0-5
EPITHELIAL CELLS	0-2 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	NIL	NIL
LIPID PROFILE		
TOTAL CHOLESTEROL	5.75 mmol/L	< 5.18 mmol/L
HDL	1.26 mmol/L	>1.5 mmol/L
TRIGLYCERIDES	2.34 mmol/L	Desirable : <2.083 mmol/L Boderline high : 2.83 - 5.67 mmol/L Hypertriglyceridemia >5.65 mmol/L
LDL	4.42 mmol/L	< 2.6 mmol/L
VLDL	1.06 mmol/L	0.128-0.645mmol/L

Verified By:

10756
Lab Technologist

Electronically signed at: 12/20/2022

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 20/12/2022 11:51:00

RECEPTION
nmc specialty hospital, Al Hail

مستشفى أن أم سي التخصصي
nmc specialty hospital

NMC Healthcare LLC

Printed at: 21/12/2022 5:12:44 PM

DEPARTMENT OF LABORATORY MEDICINE

File No:	35090380	**Report No:**	0072362		
Name:	ISHAR RAM	**Sample Date:**	20/12/2022	**Time:**	9:19
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Ref. By:	DR CHRISTINE ABDALLA	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE ABOVE 40 YEARS		
RANDOM BLOOD SUGAR	4.56 mmol/L	4.11 -7.9mmol/L
CREATININE	76.30 μ mol/L	Adults: MALE: 62 – 106 μ mol/L FEMALE: 44 - 80 μ mol/L
SGPT (ALT)	48.43 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
TOTAL WBC COUNT	8.50 x 10^3 / μL	4.00-11.00 x 10^3 / μL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	61.50 %	40-75%
LYMPHOCYTE (%)	27.00 %	20-45%
MONOCYTE (%)	8.40 %	2-8%
EOSINOPHIL (%)	2.80 %	1-6%
BASOPHIL (%)	0.30 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	02 mm/1st hr	MALE:0-15 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
HAEMOGLOBIN	15.80 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 Method : Solubility test (If Positive , Hb Electrophoresis / HPLC to be done to confirm Sickle cell anaemia / Trait).	NEGATIVE	
URINE ROUTINE		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE

Verified By:

10756
Lab Technologist
Electronically signed at 12/20/2022

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 20/12/2022 11:51:00

RECEPTION
C.R. No: 1069137
Sultanate of Oman

مستشفى ان ام سي التخصصي
nmc specialty hospital

NMC Healthcare LLC
Sultanate of Oman

Printed at: 21/12/2022 5:12:44 PM

AUDIOMETRY REPORT

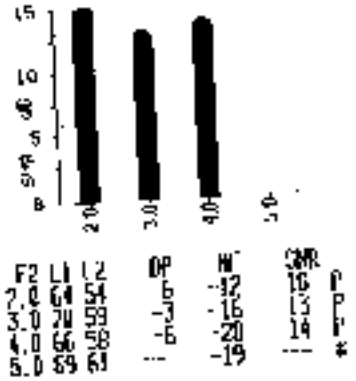
Name of the Patient ISHAR RAM

m MRN 35090380 Date of Test 20/12/22

U107.05
20 DEC 22 21:49
DP 45 4 sec avg
SN: G51005649 GT2010404

NAME:

Left: Pass

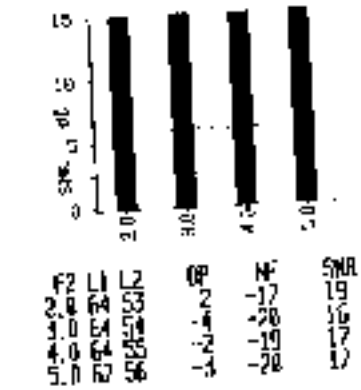


F2	L1	L2	DP	NF	SNR
2.0	64	54		-32	16
3.0	74	59		-16	13
4.0	66	58		-20	14
5.0	69	61		-19	

U107.05
20-DEC-22 21:49
DP 45 4 sec avg
SN: G51005649 GT2010404

NAME:

Right: Pass



F2	L1	L2	DP	NF	SNR
2.0	74	55		-17	19
3.0	74	58		-20	16
4.0	67	54		-19	17
5.0	67	54		-20	17

Signature of the Technician

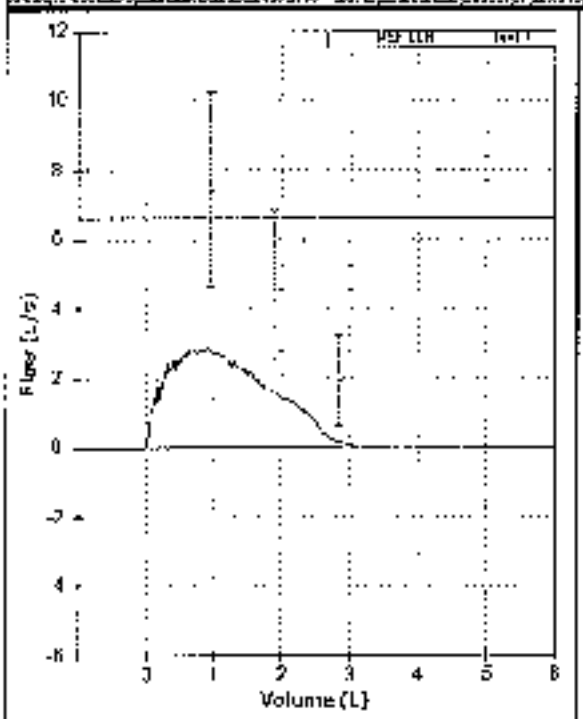
NMCOMAN/DOC/NSG/75

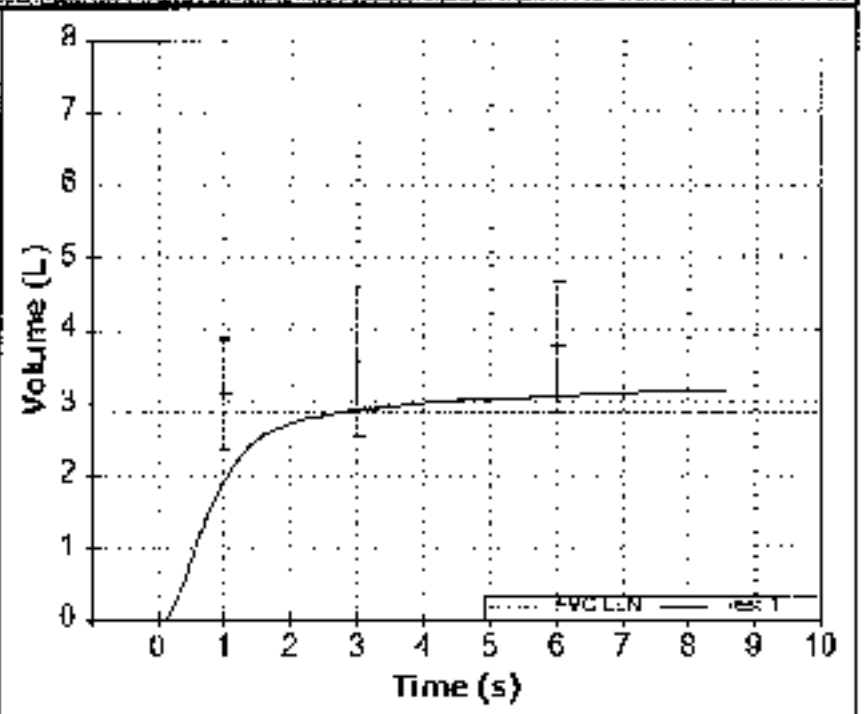
Spirometry

Pulmonary Function Report

ID:	2022351_093335150	Alternate ID:	35090390		
Last Name:		First Name:	Ishar	Middle Name:	Rani
Population:	Asian	Gender:	Male	Date of Birth:	25/06/1980
Age:	42	Height:	167 cm	Weight:	72.0 kg
BMI:	25.8	Smoking:	Non Smoker		

Test Date:	20/12/2022 09:35	Device:	A_PH4 Touch	Serial Number:	32106
No of Tests:	1	Accuracy Chk:	20/05/20 9:15:42	User:	Administrator
Pred. Values:	EHS 93	Pred. Factor:	50%	Posture:	Sitting



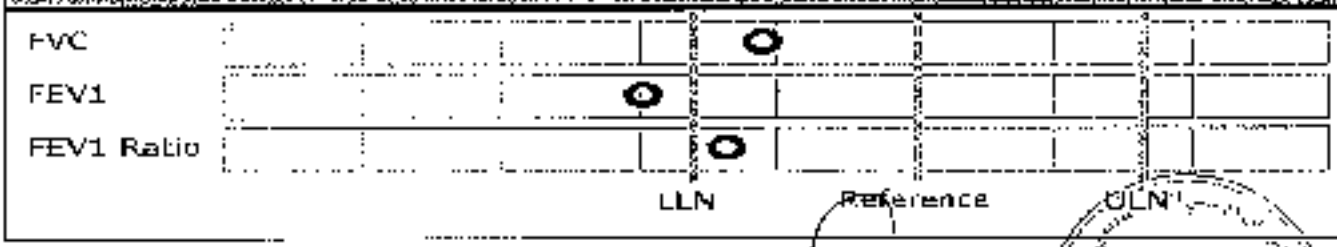


Parameter	Pred	LLN	Best	% Pred.	Z-Score
FVC (L)	3.77	2.87	3.15	84	-1.13
FEV1 (L)	3.12	2.37	2.21*	71	-1.99
FEV1 Ratio	0.80	0.69	0.70	88	-1.37
FEV6 (L)	3.77	2.87	3.10	82	-1.22
PEF (L/min)	516	397	173*	33	-4.73
FEF25-75 (L/s)	4.13	2.42	1.82*	44	-2.22

Values in 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
D	-	-	0 blow(s)	0 blow(s)	0 blow(s)

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

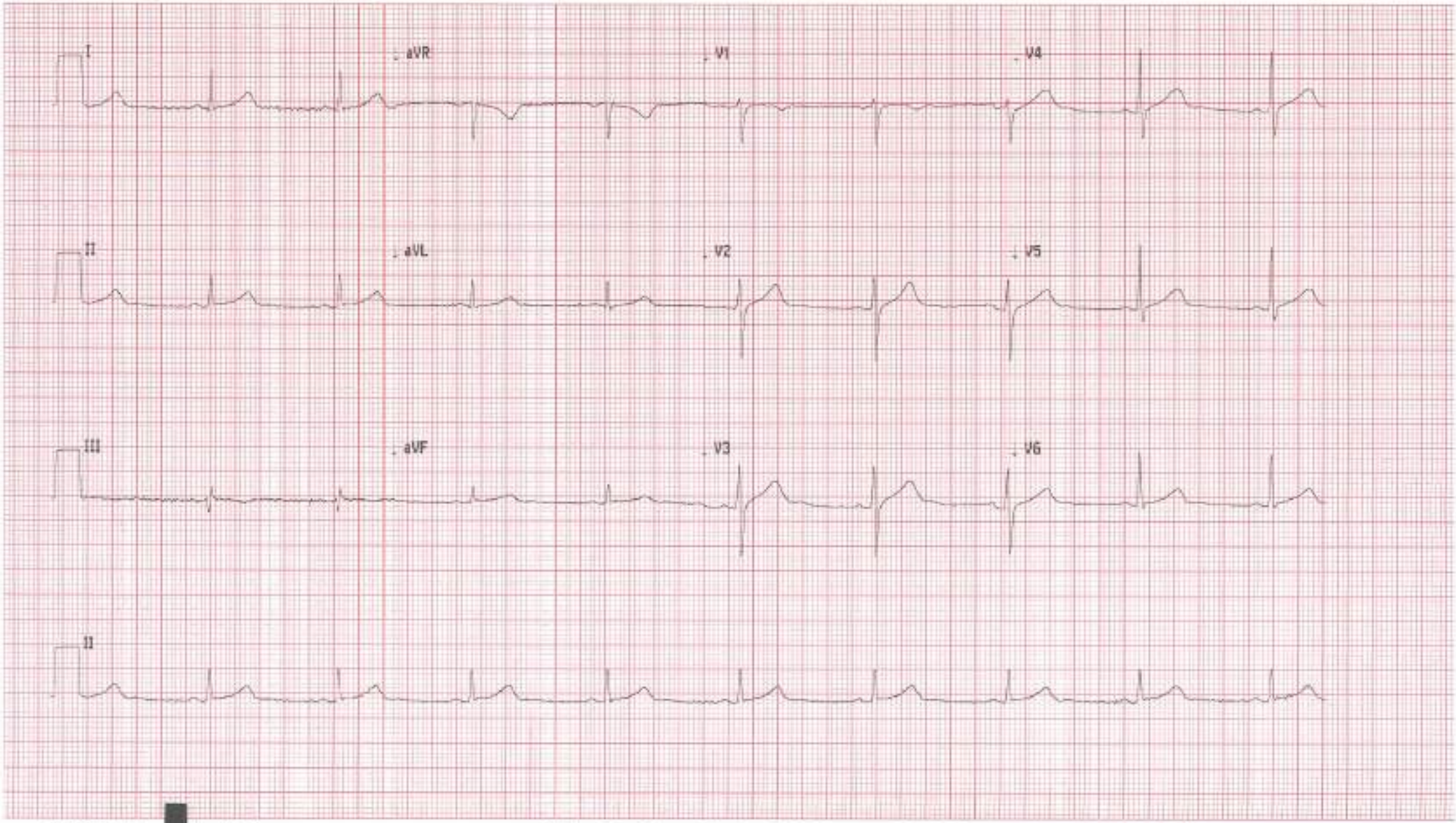


ID: 35090380
DOB:
42yr, Male

Vent rate:	56 BPM
PR int:	128 ms
QRS dur:	90 ms
QT/QTc:	432/423 ms
P-R-T axes:	22 29 30

SINUS BRADYCARDIA
BORDERLINE ECG

UNCONFIRMED REPORT



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ISHAR<RAM<<<<<<<<<<<<<<<<<<<<