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	Manoj. V. Ramakrishnan
Forenames	
Address	
Home telephone number	T.O 79673600

Place of examination	Date 13/8/2013		
If a dependant enter employee's name here: Surname		Forenames	
Birth date: 11/5/1974	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 ☐ Pre-Overseas ☐	Job: 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?	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: 13/8/2013 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 /mins.	HEARING L / R	VISION DISTANT R / L	VISION NEAR R / L	Colour Vision	Blood Group
167	69.1	24.7	140/100	101		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.)

Hypertriglyceridemia. Advised exercise, diet, follow up after 3 months with fasting lipid profile.

ASSESSMENT: elevated BP. Advised to re-check after 1 week

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

Date 13/8/2023 Name (Block Capitals) Dr/ Vandana Pamidi Signature

DR. VANDANA PAMIDI LICENCE NO: 12872 GENERAL PRACTITIONER

REVIEW/CONSULTATION

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

DUQM AL-KHAIR HOSPITAL L.L.C.

Appendix 15: Fitness to Work Certificate

Employee Data			Date 13/6/2023
Name Mony. V. Q.			Department/Company To
I.D No. 7729353	Age 51/4		Occupation

Type of Medical Evaluation			Mark those applying √
A1	Aircraft refuelling	A6	Fire / Emergency response team work
A2	Breathing apparatus	A7	Professional driving
A3	Business traveller	A8	Remote location work
A4	Catering and food preparation	A9	Transfers – group A country
A5	Crane or forklift driving & all heavy vehicles	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			
Pulling, 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			Date 13/6/2023
D.V. Nandana Ramesh			

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: Manoj. V. P.
Emp #: 772933 33
Date of Assessment: 13/8/2023

1	Age	Years	51
2	Gender	Female/Male	Male
3	Total Cholesterol	mmol/L 4.71	
4	HDL Cholesterol	mmol/L 1.00	
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	mm Hg 140	
8	Is the patient being treated for High blood pressure?	Yes/No	

Framingham Risk score: 18.4 %

Framingham Risk Rating (Circle the appropriate score):

Low Medium High

Any further action or recommendations?

Assessment or Examination conducted by:

Dr. Nandana Panicker
LICENSE NO: 12572
GENERAL PRACTITIONER

Laboratory Investigation Report

Patient Name	MANOJ VELANPARAMBIL RAMAKRISHNANA	**Requesting Date/Time**	13/08/2023 10:06AM
DOB/Gender	11/05/1972 **(51 Yrs/Male)**	**Collection Date/Time**	13/08/2023 10:07AM
MRN / Nationality	700277334 / India	**Reception Date/Time**	13/08/2023 10:13AM
Requesting Physician	Dr. OP SELF	**Reporting Date/Time**	13/08/2023 11:08AM
Lab Number	7001339		
Test Priority	Routine	**Reporting Stage**	Final

Test	Result	Flag	Units	Reference Range	Sample Type	Methodology
BIOCHEMISTRY						
Fasting Blood Sugar (FBS)	5.10		mmol/L	3.9 - 6.05	Serum	
LIPID PROFILE						
LIPID PROFILE						
Cholesterol - Total	4.71		mmol/L	Desirable : <5.2 Borderline High : 5.2 - 6.2 High : >6.2	Serum	Enz. Colorimetric
Triglyceride	2.28	H	mmol/L	0.73 - 1.8	Serum	Enz. Colorimetric
HDL Cholesterol	1.00		mmol/L	No Risk : >1.68 Moderate Risk : 1.15 - 1.68 High Risk : <1.15	Serum	
LDL Cholesterol	2.68		mmol/L			Calculation
VLDL	1.03	H	mmol/L	0.126 - 0.645		
Cholesterol / HDL Ratio	4.71		mmol/L	3.5 - 5		Calculation
LIVER FUNCTION TEST						
LIVER FUNCTION TEST						
Bilirubin-Total	0.603		mg/dl	0.1 - 1		
Direct Bilirubin	0.161		mg/dl	0.1 - 0.5	Serum	Diazo
SGOT (AST)	31.65		IU/L	0 - 40	Serum	
SGPT (ALT)	30.43		IU/L	10 - 60	Serum	IFCC ;Tris buffer without P5P ; Kinsearch

Ms. Thansila Thaha

THANSILA THAHA
LAB TECHNICIAN
REG No. : 21829

AL-KHAIR HOSPITAL L.L.C
Dr. Shayla Palliyath
Specialist Pathologist

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ص.ب -٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

Laboratory Investigation Report

Patient Name	MANOJ VELANPARAMBIL RAMAKRISHNANA	**Requesting Date/Time**	13/08/2023 10:05AM
DOB/Gender	11/05/1972 **(51 Yrs/Male)**	**Collection Date/Time**	13/08/2023 10:07AM
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Requesting Physician	Dr. OP SELF	**Reporting Date/Time**	13/08/2023 11:08AM
Lab Number	7001339		
Test Priority	Routine	**Reporting Stage**	Final

Alkaline Phosphatase	81.77		IU/L	Adult: 37-116 1- 5 days : <245 6 days - 1 yr : 104-462 1 - 12 yrs : 42-300 13 - 17 yrs female : 47-187 13 -17 yrs male : 52-390	Serum	Colorimetric assay : AMP buffer IFCC ; kinetic
Gamma GT	29.90		U/L	5 - 40	Serum	Enzymatic colorimetric assay : IFCC: Kinetic
Total Protein	7.42		g/dl			Colorimetric assay (Biuret reaction, endpoint)
Albumin	4.70	H	g/dl	2.3 - 3.5	Serum	Homogeneous enzymatic colorimetric assay End point
Globulin	2.72		g/dl	2.3 - 3.5	Serum	Calculation
A/G Ratio	1.7		Ratio			

RENAL FUNCTION TEST

RENAL FUNCTION TEST

Urea	6.92		mmol/L	2 - 9	Serum	Kinetic test, urease and glutamate dehydrogenase

Ms. Thansila Thaha

THANSILA THAHA
LAB TECHNICIAN
REG No.: 218 39

OMAN AL KHAIR HOSPITAL L.L.C

Dr. Shayfa Palliyalil
Specialist Pathologist

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Laboratory Investigation Report

Patient Name	MANOJ VELANPARAMBIL RAMAKRISHNANA	Requesting Date/Time	13/08/2023 10:05AM
DOB/Gender	11/05/1972 (51 Yrs/Male)	Collection Date/Time	13/08/2023 10:07AM
MRN / Nationality	700277334 / India	Reception Date/Time	13/08/2023 10:14AM
Requesting Physician	Dr. OP SELF	Reporting Date/Time	13/08/2023 10:47AM
Lab Number	7001339	Reporting Stage	Final
Test Priority	Routine		

Creatinine	105.01	umol/L	Male: 62 - 106 Female: 44 - 80 Neonstes: 21 - 91 Children (2 To 12 Month) : 15 - 37 Children (1 To 9 Years) : 21 - 53 Children (9 To 15 Years) : 34 -77	Serum	Kinetic colorimetric assay based on Jaffe method

End Of Report

HAEMATOLOGY

Erythrocyte Sedimentation Rate	04	mm/hr	1 - 15	W. B. EDTA	Modified Westergren

Ms. Thansila Thaha

THANSILA THAHA
LAB TECHNICIAN
REG No. : 218

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CBC (COMPLETE BLOOD COUNT)

COMPLETE BLOOD COUNT

WBC Count	7.91		10^3/uL	4 - 11	EDTA WB	Impedance
DIFFERENTIAL COUNT (%)						
Neutrophils	50.0		%	45 - 75	EDTA WB	Impedance and Absorbance
Lymphocytes	37.9		%	20 - 45	EDTA WB	Optical
Eosinophils	2.8		%	1 - 6	EDTA WB	
Monocytes	8.2		%	2 - 10	EDTA WB	Impedance and Absorbance
Basophils	1.1	H	%	0 - 1	EDTA WB	Impedance and Absorbance
Hb/Hemoglobin	16.8		g/dl	13 - 17	EDTA WB	Photometry
RBC Count	5.51	H	10^12/L	4.5 - 5.5	EDTA WB	Impedance
Platelet Count	199		10^9/L	150 - 400	EDTA WB	
HCT (Hematocrit)	49.3		%	37 - 51	EDTA WB	Calculation
MCV	89.5		fl	83 - 101	W. B. EDTA	Measurement
MCH	30.5		pg	27 - 32	W. B. EDTA	Calculation
MCHC	34.1		g/dl	31 - 37	W. B. EDTA	Calculation
Sickle Cell Screening	Negative			Negative		

End Of Report

CLINICAL PATHOLOGY

URINE ANALYSIS

CHEMICAL EXAMINATION

Ms. Thansila Thaha

THANSILA THAHA
LAB TECHNICIAN
REG No.: 21829

Dr. Shayfa Palkyalil
Specialist Pathologist

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Test Priority	Routine	**Reporting Stage**	Final

Glucose	Negative		Negative		GOD-POD
Protein	Negative		Negative		Protein error of pH indicator
Ketone	Negative		Negative		legal's test
Bilirubin	Negative		Negative		
pH	6.0				Litmus paper
Urobilinogen	Negative		Negative		Diaro

MICROSCOPIC EXAMINATION

RBCs	0-2	/hpf	0 - 2	URINE	
Pus Cells	1-2	/hpf	0 - 3	URINE	Microscopy
Epithelial Cells	Nil				
Bacteria	Present				Microscopy
Calcium -oxalate	Nil				
Triple-phosphate	Nil				
Uric acid crystal	Nil				
Amorphous urate	Nil				
Amorphous Phosphate	Nil				
Hyaline casts	Nil				
Granular Casts	Nil				
Yeast cells	Nil				

Ms. Thansila Thaha

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THANSILA THAHA
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Patient Name	V MANOJ	Patient ID	700277334
Gender	Male	Age	
Study DateTime	2023-08-13 10:45:28	Referring Physician	

X-RAY CHEST

FINDINGS:
Lungs clear.
Both CP angles clear.
Cardiac silhouette normal.
Domes of diaphragm normal.
Bones and soft tissues normal.

IMPRESSION:
- **No significant abnormality seen.**

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

Dr. Nithinmon Chakiriyil Ulahannan
Specialist Radiology
DNB Radiodiagnosis
MOH License No: 21058

Please intimate us for any typing mistake and send the report for correction within 7 days. The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinically correlation is required to enable the clinician to reach the final diagnosis.

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عبري سلطنة عمان

700277334 manoj

13-Aug-23 10:26:47 AM

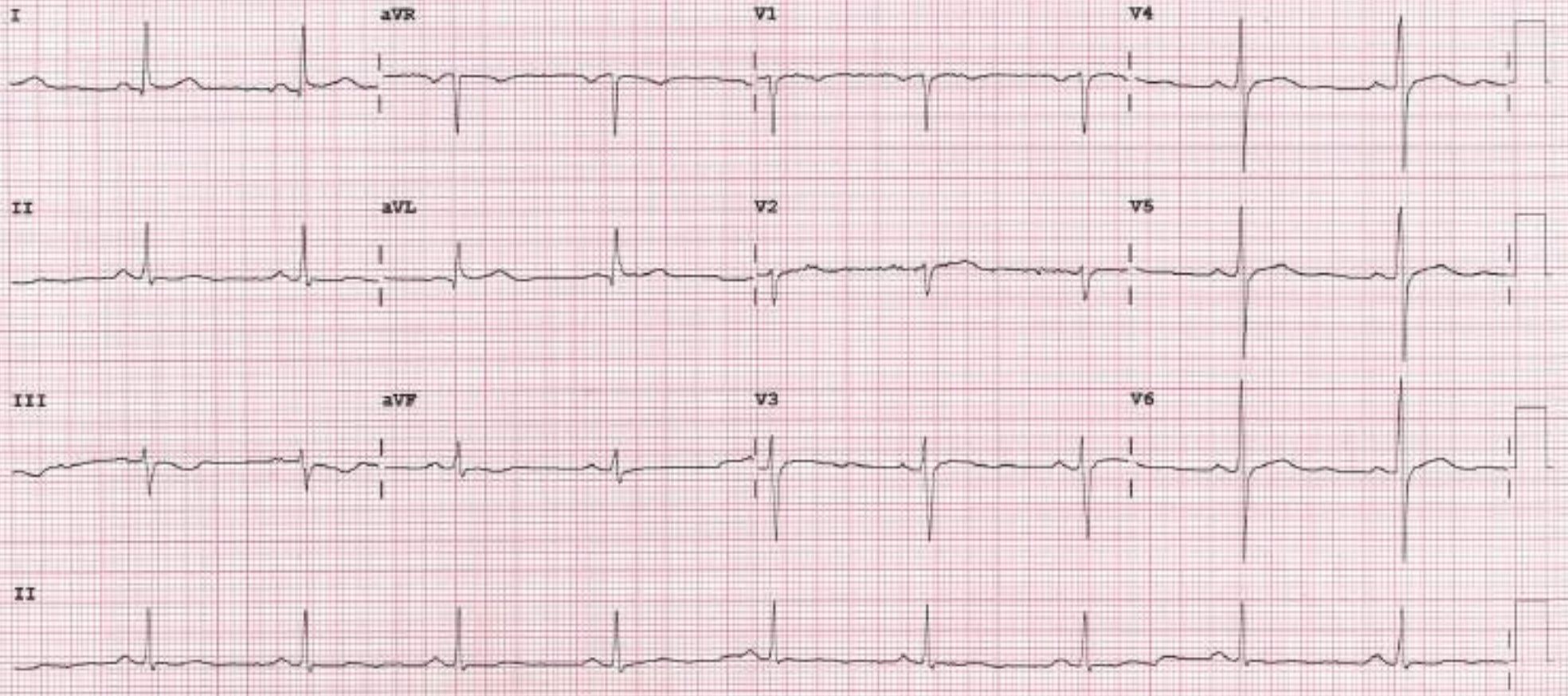
Aster Hospital IBRI
ECG Room
ECG Room

Rate 58

PR 181
QRSD 95
QT 453
QTc 445

--AXIS--
P 39
QRS 9
T -25

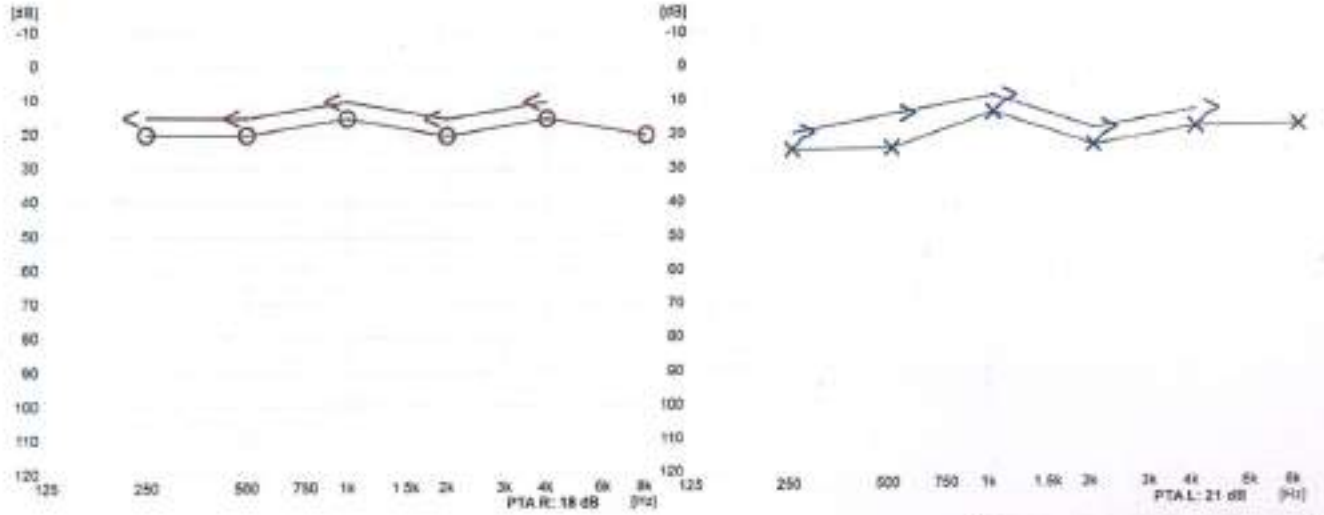
12 Lead; Standard Placement



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 60~ 0.15-100 Hz PH10 CL P?

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code:	Last name , First name	Born:
700277334/77293333	MANOJ VELANPARAMBIL[illegible]RISHNANA	
Test type:	Test date:	
Tonal audiometry	13.08.2023	



Legend	R	L
Air	O	X
Air/Masked	Δ	□
Bone	<	>
Bone/Masked	[	]
MCL	M	M
UCL	m	m
Free Field	Ø	%
Free Field/Aided	A	A
Binaural	B	
No response	∎	

Comments
BILATERAL MINIMAL HEARING LOSS

Signature:

Date: 13 / 08 / 2023