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: Suresh manikkan

Forenames:

Address:

Home telephone number:

Place of examination: AHM | Date: 17/10/23

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

Birth date: 6/3/1973 | 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:
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		✓	41. Awarded benefits for industrial injury/illness		✓
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	42. Treated for a mental condition, e.g. depression		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓	43. Treated for problem drinking or drug abuse		✓
6. Hayfever /other significant allergy		✓	26. Stroke		✓	44. Exposed to toxic substance or noise		✓
7. Any skin trouble		✓	27. Serious chest pain		✓	**FOR WOMEN ONLY**		
8. Tuberculosis		✓	28. Any blood disease		✓	Have you ever had:-		
9. Shortness of breath		✓	29. Kidney disease		✓	45. An abnormal smear		
10. Coughed/vomited blood		✓	30. Blood in urine		✓	46. Any gynaecological treatment		
11. Severe abdominal pain		✓	31. Diabetes		✓	47. Are you pregnant?		
12. Stomach ulcer		✓	32. Headaches/migraine		✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
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		✓						

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: 17/10/23 **Signature of Applicant:** Suresh, M

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
170 cm	63	21.8	130/70	60		Uncorrected 6/6 6/6	N/6 N10	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.)

Dr. REHMAT MANSOOR SOLANKI
MEDICAL OFFICER
MOH Licence No.: 14330
APOLLO HOSPITAL MUSCAT

Framingham Score – 1.7%

ASSESSMENT:

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

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

REVIEW/CONSULTATION

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

APOLLO HOSPITAL MUSCAT
C.R : 1792547
P.O. Box : 1097
Postal Code : 131
Sultanate of Oman

Id: _____

17/10/2023 10:10:07

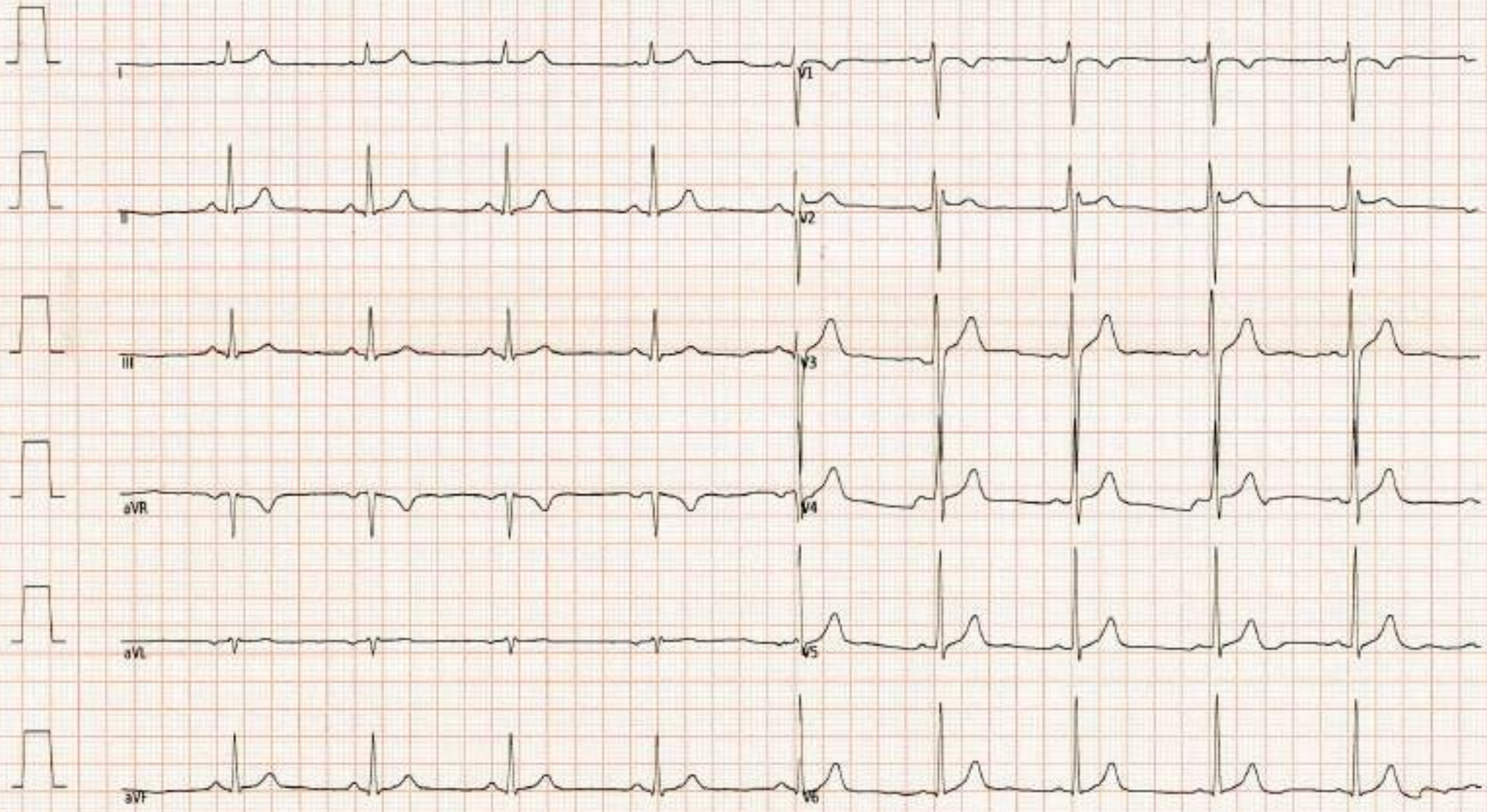
Unknown --- (---) Unknown
Height: 0 cm Weight: 0 kg BP: 0/0 mmHg

Med.:
Tech:
Note:

HR:	58 bpm
PR:	152 ms
QRS:	96 ms
QT/QTcH:	400/397 ms
QTcB:	393 ms
QTcF:	396 ms

$R_{V5}+S_{V1}$:	1.98/1.20 mV
Sok-Lyon:	3.17 mV
Axis:	74/67/53 °

SURESH NONIKHON
40/M, 398490



Dep:APOLLO HOSPITAL 25mm/s 10mm/mV LP:40Hz AC:50Hz Cardioline ECG2005 v. 2.11.7693

CARDIOLINE

70.007

66010052

DEPARTMENT OF LABORATORY SERVICES

File No:	0398490	**Report No:**	0579218
Name:	SURESH MANIKKAN	**Sample Date:**	17/10/2023 **Time:** 9:40
Address:		**Received Date:**	17/10/2023 **Time:** 9:40
Gender:	M **Age:** 40 Y **Nationality:** INDIAN	**Report Date:**	17/10/2023 **Time:** 10:32
GSM No.:	79134487 **ID Card No.:** 132654221	**Bill No:**	1185409 **Bill Date:** 17/10/2023
Doctor:	DR. RAJESH RAJENDRAN	**Company:**	TRUCK OMAN LLC

INVESTIGATION	RESULT	REFERENCE RANGE
TRUCK OMAN PRE-EMPLOYMENT CHECK UP		
Fasting Blood Glucose	100.90 mg/dL	Normal: <100 mg/dl Prediabetes: 100-125 mg/dl Diabetes: 126 mg/dl or higher
ESR	04 mm/hr	Male : 0-10 mm/hour Female: 0-20 mm/hour
S Creatinine	0.76 mg/dL	Male : 0.7 - 1.2 mg/dl Female : 0.5 - 0.9 mg/dl
Sickle cell Screen test	Negative	
CBC		
WBC COUNT	7.48 10^3uL	4.0-11.0x10^3/mm^3
RBC	5.63 10^6/uL	4.20 - 6.30 10^6/uL
HGB	14.90 g/dl	male 13.5 -18.0 g/dl female 11.5 -16.0 g/dl
HCT	44.50 %	37.0 - 51.0 %
MCV	**79.00 fL**	80.0 - 97.0 fL
MCH	26.50 pg	26.0 - 32.0 pg
MCHC	33.50 g/dL	31.0 - 36.0 g/dL
RDW	13.50 %	11.0 - 14.5 %
NEUT#	3.07 10^3/uL	1.50 - 7.00 10^3/uL
LYMPH#	3.55 10^3/uL	0.60 - 4.10 10^3/uL
MONO#	0.48 10^3/uL	0.00 - 0.70 10^3/uL
EOS#	0.32 10^3/uL	0.00 - 0.40 10^3/uL
BASO#	0.06 10^3/uL	0.00 - 0.10 10^3/uL
NEUT%	41.00 %	37.0 - 72.0 %

Reported By:

DHANYA
Lab Technologist
MOH License No: 7129
Printed at: 17/10/2023 11:24:12 AM

Verified By:

Dr. Mohammed Atif Syed
Specialist Pathologist
MOH License No: 20491

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ضريبة القيمة المضافة: OM1200160355 | رقم لطاقة ضريبة 8251325

DEPARTMENT OF LABORATORY SERVICES

File No: 0398490
Name: SURESH MANIKKAN
Address:
Gender: M **Age:** 40 Y **Nationality:** INDIAN
GSM No.: 79134487 **ID Card No.:** 132654221
Doctor: DR. RAJESH RAJENDRAN

Report No: 0579218
Sample Date: 17/10/2023 **Time:** 9:40
Received Date: 17/10/2023 **Time:** 9:40
Report Date: 17/10/2023 **Time:** 10:32
Bill No: 1185409 **Bill Date:** 17/10/2023
Company: TRUCK OMAN LLC

INVESTIGATION	RESULT	REFERENCE RANGE
LYMPH%	47.50 %	10.0 - 58.5 %
MONO%	6.40 %	0.0 - 14.0 %
EOS%	4.30 %	0.0 - 6.0 %
BASO%	0.80 %	0.0 - 1.0 %
PLATELET	283.00 10^3/uL	140 - 440 10^3/uL
LFT		
Total Bilirubin	**1.11 mg/dL**	Up to 1.1 mg/dL
Direct Bilirubin	0.13 mg/dL	Up to 0.3 mg/dL
Indirect Bilirubin	**0.98 mg/dL**	0.2 - 0.8 mg/dL
AST (SGOT)	22.00 U/L	Men : 10 - 50 U/L Female : 10 - 35 U/L
ALT (SGPT)	20.20 U/L	Men : Up to 41 U/L Female : 10 - 35 U/L
ALP	54.90 U/L	Men : 40 - 129 U/L Female : 35 - 104 U/L
Total Protein	7.30 g/dL	6.6 - 8.7 g/dlL
Albumin	4.60 g/dL	3.4 - 4.8 g/dL
Globulin	2.7 g/dL	1.8 - 3.6 g/dL
GGT	21.00 U/L	0 - 50 U/L
A:G Ratio	1.703703	1.1-1.8
LIPID PROFILE		
Total Cholesterol	**278.50 mg/dL**	< 200 mg/dL
Triglyceride	123.80 mg/dL	<150 mg/dl
HDL Cholesterol	**59.30 mg/dl**	>45 mg/dl

Reported By:

DHANYA
Lab Technologist
MOH License No: 7129
Printed at: 17/10/2023 11:24:12 AM

Verified By:

Dr. Mohammed Atif Syed
Specialist Pathologist
MOH License No: 20491

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DEPARTMENT OF LABORATORY SERVICES

File No: 0398490
Name: SURESH MANIKKAN
Address:
Gender: M **Age:** 40 Y **Nationality:** INDIAN
GSM No.: 79134487 **ID Card No.:** 132654221
Doctor: DR. RAJESH RAJENDRAN

Report No: 0579218
Sample Date: 17/10/2023 **Time:** 9:40
Received Date: 17/10/2023 **Time:** 9:40
Report Date: 17/10/2023 **Time:** 10:32
Bill No: 1185409 **Bill Date:** 17/10/2023
Company: TRUCK OMAN LLC

INVESTIGATION	RESULT	REFERENCE RANGE
LDL Cholesterol	**194.44 mg/dl**	<100 mg/dl
Total Chol/HDL Chol ratio	**4.7**	Desirable < 4
URINE DRUG SCREEN		
Amphetamine (AMP)	Negative	Negative
Barbiturates (BAR)	Negative	Negative
Cocaine (COC)	Negative	Negative
Morphine (MOR)	Negative	Negative
Marijuana (THC)	Negative	Negative
URINE ROUTINE ANALYSIS		
Physical		
Quantity	30 ml	
Colour	Pale Yellow	Pale yellow
Sp. Gravity	1.005	1.003-1.035
pH	8	5-9
Appearance	Clear	Clear
Chemical		
Glucose	Negative	Negative
Protein	Negative	Negative
Ketones	Negative	Negative
Blood / haemoglobin	Negative	Negative
Bilirubin	Negative	Negative
Urobilinogen	Normal	Normal
Nitrite	Negative	Negative
Leucocytes	Negative	Negative

Reported By:

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GSM No.:	79134487 **ID Card No.:** 132654221	**Bill No:**	1185409 **Bill Date:** 17/10/2023
Doctor:	DR. RAJESH RAJENDRAN	**Company:**	TRUCK OMAN LLC

INVESTIGATION	RESULT	REFERENCE RANGE
Microscopic Examination		
Pus Cells	2 - 4 Cells/hpf	0-5 cells/hpf
RBC	NIL cells/hpf	0-2 cells/hpf
Epithelial Cells	0 - 1 Cells/hpf	0-8 cells/hpf
Casts	Absent	Absent
Crystals	Absent	Absent
Others	Absent	Absent
STOOL ROUTINE ANALYSIS		
PHYSICAL		
Colour	Yellowish Brown	Yellowish Brown
Consistency	Semi solid	Well Formed
Reaction	Alkaline	Acidic
Adult Worms	Absent	Absent
MICROSCOPIC		
Ova:	Absent	Absent
Cyst:	Absent	Absent
Pus Cells:	0-2 Cells/hpf	Few
RBCs	Absent Cells/hpf	Absent
Epithelial cells	Few Cells/hpf	Few
Trophozoites	Absent	Absent
Larvae	Absent	Absent
Eggs	Absent	Absent
Worms	Absent	Absent
Fat globules	Absent	Absent

Reported By:

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DEPARTMENT OF LABORATORY SERVICES

File No:	0398490	**Report No:**	0579218		
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GSM No.:	79134487 **ID Card No.:** 132654221	**Company:**	TRUCK OMAN LLC		
Doctor:	DR. RAJESH RAJENDRAN				

INVESTIGATION	RESULT	REFERENCE RANGE
Vegetable cells	Present	Present

Remarks and comments - Sickle cell screen test:

1. A False negative solubility test result may occur with blood taken from severe anemic patients or if the proportion of Hb-S is less than 20 % or following blood transfusion.
2. A False positive result may be caused by the presence of abnormal plasma proteins or when patient is receiving parenteral nutrition.
3. This test provides only a preliminary screening result, Hb HPLC must be used to obtain a confirmed results.
4. There is a possibility that an interfering substance in the specimen may cause erroneous results.

Urine drug screen

Method:

Rapid Chromatographic Immunoassay

Interpretation:

Negative: The drug concentration is below the designated cut off levels for the particular drug tested.

Positive: The drug concentration is greater the designated cut off levels for the particular drug tested

Remarks and comments - Urine drug screen

1. Multi-Drug Rapid Test Panel (Urine) provides only qualitative, preliminary analytical results.
2. A secondary analytical method must be used to obtain a confirmed result.
3. Gas chromatography/mass spectrometry (GC/MS) is the preferred confirmatory method.
4. This test does not distinguish between drug abuse and certain medications
5. A positive result may be obtained from certain foods or food supplements.

Reported By:

DHANYA
Lab Technologist
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Apollo HOSPITALS
WHERE HEALING BEGINS

P.O. Box : 1097, Al-Hamriya, Postal Code : 131
Muscat, Sultanate of Oman
Tel.: 2478 7766, Fax : 2470 0093

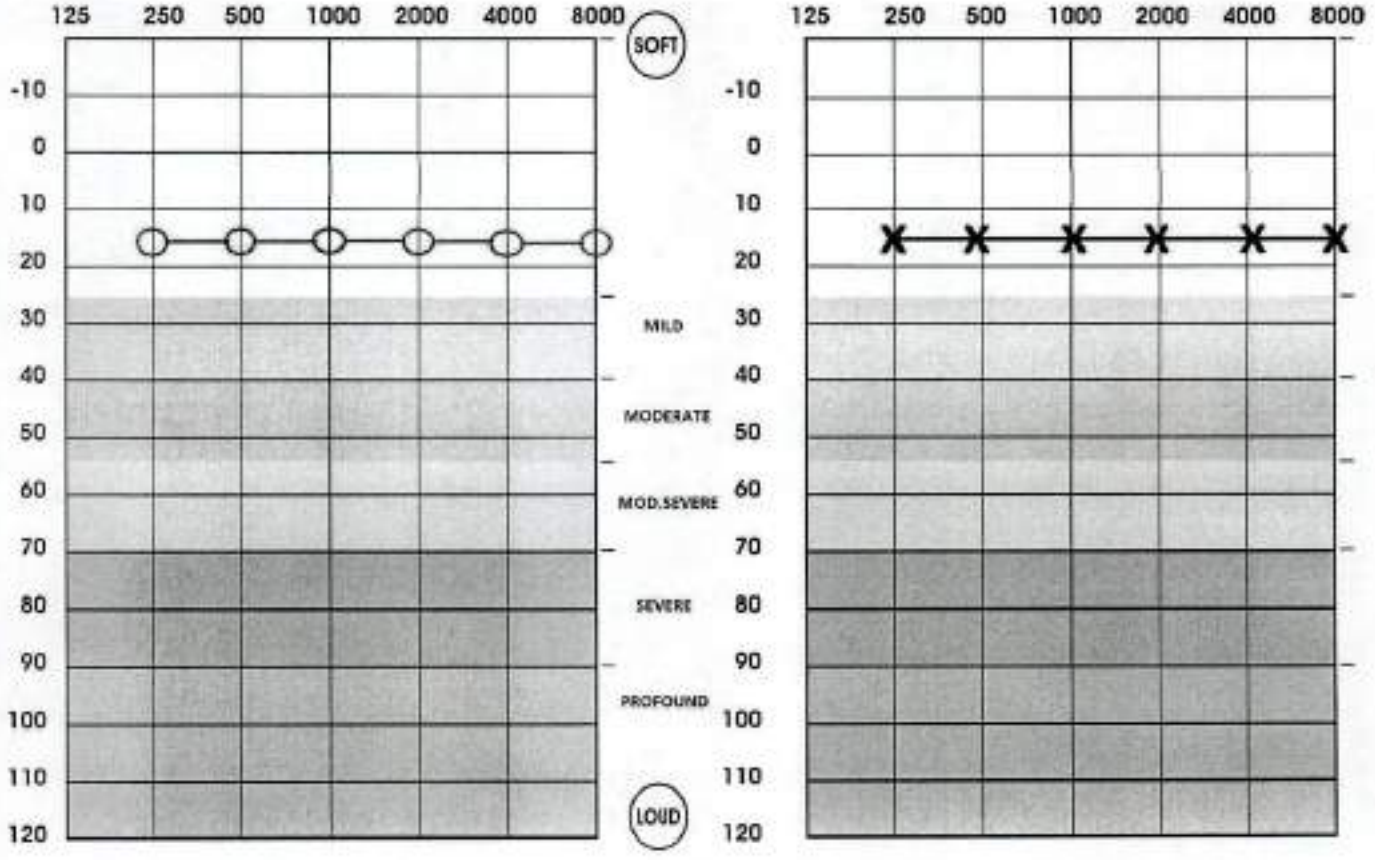
AUDIOGRAM
EXAMINATION SHEET

FILE NO : 398490 BILL NO : ..... DATE : 17-10-23

NAME : SURESH MANNIKAN AGE / SEX : 40y/M

COMPANY : TRUCK OMAN DOB : .....

CONSULTANT (REF) : .....



WEBER					

						SPECIAL TESTS			
dBhL	PTA	SRT	SIS(%)	MCL	UCL	SISI	TDT	MLB/BLB	OAE
RIGHT	15								
LEFT	15								

INTERPRETATION :

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

RECOMMENDATION :

AHM/QF/AUD/005

NAFLA K.V.
AUDIOLOGIST
MOH Licence No : 22832
Apollo Hospital Muscat

AUDIOLOGIST

Appendix 15: Fitness to Work Certificate

Employee Data			Date 17-10-23
Name Suresh Manikkan			Department/Company
I.D No.	Age 40		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			
Puling, 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** 17/10/23

Dr. Rehmat — **Name of health advisor** — **Signature** — 17/10/23 **Date**

مستشفى أبولو
C.R : 1792547
P.O. Box : 1097
Postal Code : 131
Sultanate of Oman
APOLLO HOSPITAL MUSCAT

Appendix 20: (Form SQ5): Epworth Screening Quest. For Sleep Apnoea

Employee Data		Date: 17-10-23
Name: Suresh Manikkan		Department/Company:
I. D No.	Tel # 79134481	Occupation :

This questionnaire will help identify if you have any health condition which may need a more detailed medical assessment as part of your fitness to work determination. If you have any queries please contact your local Health Services staff. All information provided on this form and during consultations remains strictly confidential. When further clinical evaluation is required following completion of a screening questionnaire, the details should be recorded on Q1 and E1 forms.

How likely are you to fall asleep in the following situations? (use 0 to 3 score as shown below)

0 Would never doze

1 Slight chance of dozing

2 Moderate chance of dozing

3 High chance of dozing

1	sitting and reading
1	watching TV
1	sitting inactive in a public place (e.g. theatre or meeting)
1	as a passenger in the car for an hour without a break
2	Lying down to rest in the afternoon when circumstances permit
0	Sitting a talking with someone
0	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total 6	

If you score a total of 15 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

Declaration: I, Suresh Manikkan *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and **correct.**

Signature:_____ **Date:** 17/10/23

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C.R : 1702547
P.O. Box : 1987
Postal Code : 131
Sultanate of Oman
APOLLO HOSPITAL MUSCAT

Pulmonary Function Test Results

APOLLO HOSPITAL MUSCAT

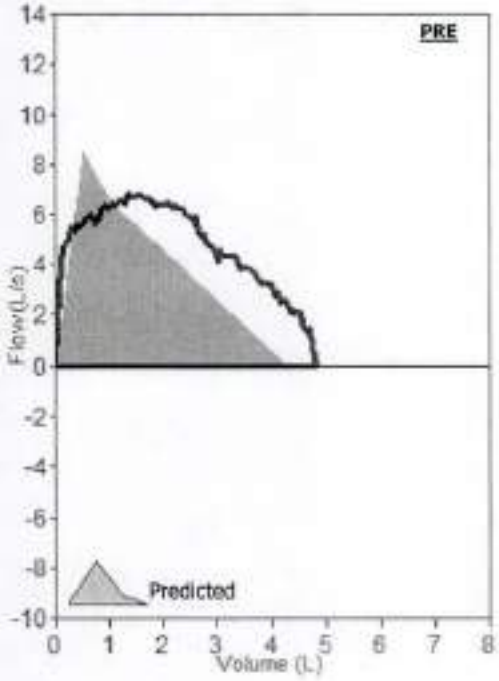
P.C.131,PO BOX:1097,AL HAMRIYA

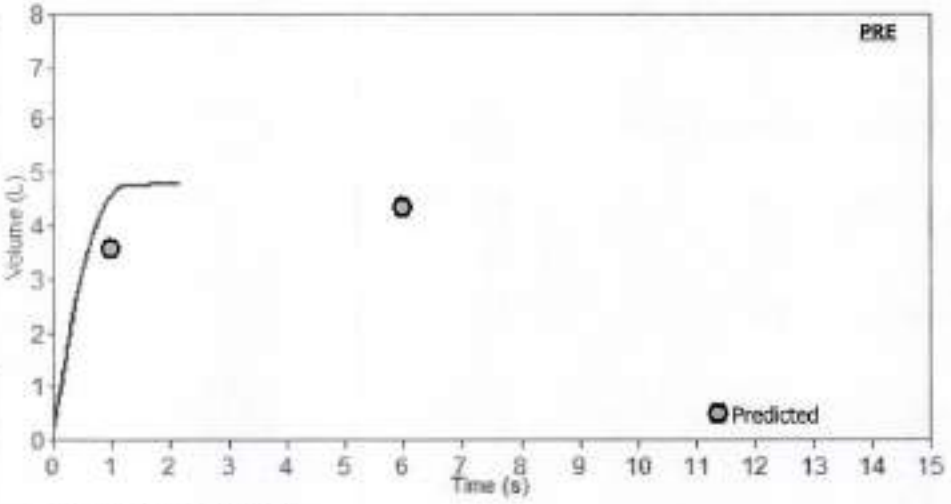
Phone: 00968 24787766

Visit date 17/10/2023

Patient code	398490	Age	40
Surname	MANNIKAN	Gender	Male
Name	SURESH	Height, cm	170
Date of birth	06/03/1983	Weight, kg	63
Ethnic group	Others	BMI	21.80
Smoke	No smoker	Pack-Year	
Patient group			

FVC FEV1 FEV1%





Quality Control Grade: F
0 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 17/10/2023 7:33:52 PM

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.48	4.33	4.82*	111	0.95	4.82			*		
FEV1	L	2.80	3.54	4.62*	130	2.50	4.62			*		
FEV1/FVC	%	72.4	82.1	95.9*	117	2.87	95.9			*		
PEF	L/s	5.15	8.57	6.91*	81	-0.80	6.91			*		
ELA	Years		40	40	100		40					
FEF2575	L/s	2.08	3.58	5.42	151	1.59	5.42					
FET	s		6.00	2.16	36		2.16					
FIVC	L	3.48	4.33									
FEV1/VC	%	72.4	82.1									

*Best values from all loops - BTPS 1.087 26 °C (78.8 °F) - Predicted GLI Other

Conclusion / Medical report

Signature

Instrument used
Minispir S S/N C10652

RADIOLOGY

Sl No: 19607			**Date:** 17/10/2023
Patient Name: SURESH MANIKKAN		**Reg No:** 398490	**Bill No:**
Age: 40 Y	**Gender:** Male	**Nationality:** INDIAN	**Phone:**
Address: muscat			
Company: TRUCK OMAN LLC		**Policy No:**	
Certificate No:		**Consultant Name:** DR. RAJESH RAJENDRAN	
Region: CHEST PA			

RADIOGRAPH CHEST PA VIEW

OBSERVATION : Allowing for the rotation and mid inspiratory film
Trachea appears to be in mid line.

Bilateral lung fields appear clear. No mass lesion or opacification.

Bilateral costophrenic angles not included in study

Bilateral hilum appears symmetrical and normal in size.

Cardiac silhouette appears within normal limits.

Bony thoracic appears normal.

No Soft tissue mass or calcification can be seen

IMPRESSION:

Unremarkable chest radiograph

Please correlate clinically & other investigation.

Please note: This is a imaging study and has its own limitations. This is a opinion based on image interpretation and it is not a diagnose on itself .Impression should be considered as professional opinion & correlated with clinical evidence ,reconfirmed by further investigations and relevant data as indicated .If possible the findings should be reconfirmed on higher resolution imaging, special sections and sequences and with other modalities.

DR. SARADA NUTAKKI

RADIOLOGIST