Appendix 33: EX2 Form (Routine/Periodic Medical Examination)

ROUTINE/PERIODIC EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Aster

Petroleum Development Oman
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname/ Forenames	Shajahan K.K.
Nationality	Indian
Mobile No: 79427491	**Home/Leave Address:** Fahud
Company Number:	**Reference Indicator:** Truck Oman

Personal Details

A ☐ Male ☐ Female ☑ Married ☐ Single ☐ Separated /Divorced /Widow(er)

Home/Leave Address: Fahud

Relationship to employee ☐ Wife ☐ Son ☐ Daughter

No of Children: 3

Reason for Examination (tick as appropriate)

Periodic Medical Examination ☑ Final / Retirement ☐ Other Reason: ☐

Employee only

B Present Job and Location: Fahud Site

Next Job and Location: Driver - Fahud Site

Are you a registered person with special needs? ☐

Do you belong to any Medical Insurance Scheme? ☐

Previous Medical History: All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Nurses or Doctor who will be able to help by referring to your notes.

Please answer the following questions and tick 'N' (no) or 'Y' (yes) in the column. If 'Y' please describe

		N	Y	Description
Have you, since your last medical been treated by your family doctor or specialist for significant (major) ailments?		✓		
1	Ear, nose, eye or throat problems	✓		
2	Chest problems like asthma, bronchitis, other bad cough	✓		
3	Heart abnormality, chest pains	✓		
4	Abdominal pains, abnormal bowel motions	✓		
5	Urogenital problems (kidney disease, menstrual disorder)	✓		
6	Skin trouble or allergies	✓		
7	Epileptic fits, dizzy spells or migraine	✓		
8	History of mental illness, depression anxiety	✓		
9	Diabetes, thyroid disease		✓	
10	Blood disorder e.g. anaemia, blood cancer e.g. leukaemia	✓		
11	Any history of accidents or fractures	✓		
12	**Have you had any serious allergies**	✓		
13	Do any dependants have a significant ongoing illness?	✓		
14	Any family history of cancers	✓		
Do you take any regular medicines, or have your taken in the past?		✓		
Do you smoke? If yes, what and how much each day?		✓		
Do you drink alcohol? If yes, what is your average weekly intake?		✓		
Have you ever taken elicited/recreational drugs?		✓		
Are you doing regular sports or physical activities?		✓	✓	

STATEMENT: I have read the above questions and the above answers are correct and no information concerning my present or past state of health has been withheld. . I understand and agree that this form will be held as a confidential record by PDO Medical Department, and may be copied (by paper or secure electronic transmission)) to the Occupational Health Services for the purpose of Health Surveillance and other Occupational Health Activities.

Date: 23/11/2025 **Signature of Applicant:**

الإدارة
Sultanate of Oman
ADMINISTRATION
OMAN AL KHAIR

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	VISION				
							DISTANT		NEAR	
							R	L	R	L
163	74	27.9	140/80	86	L (N) R (N)	Uncorrected	6	6	6	6
						Corrected				

Colour Vision (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.)

better to Consult with Cardiologist.

ASSESSMENT AND RECOMMENDATIONS:

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

Date: 23/11/2023 Name (Block Capitals): Dr. / Nurse DR. FARZANEH GHADERI MAHMOUD General Practitioner MOH License No - 26875 Sultan Al Khair Hospital Signature:

REVIEW/CONSULTATION

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

عمان الخير ش.م.م الإدارة س.ت: ٧٠١٣٠٠٠ C.R No: 7013300 Wilayat Ibri Sultanate of Oman ADMINISTRATION

Appendix 15: Fitness to Work Certificate

Employee Data		Date	23/11/2025
Name	Shajahan K.K.	Department/Company	Q.
I.D No.	79148771 Age 48y	Occupation	Driver

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.

DR. FARZANEH GHAFFARI MAHMOUD
Specialist Practitioner
MOH Licence No - 20872
Occupational Health Hospital

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 23/11/2025

C.R No : 7012000
Wilayat Ibri
Sultanate of Oman
ADMINISTRATION

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

Employee Data		Date: 23/11/2025
Name: Shajahan K.K.		Department/Company: T.10
I. D No. 7114771	Tel # 7942749	Occupation: Driver

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

0	sitting and reading
0	watching TV
0	sitting inactive in a public place (e.g. theatre or meeting)
0	as a passenger in the car for an hour without a break
1	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	1

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 Shajah *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and **correct.**

Signature: _____ **Date:** 23/11/2025

شركة عمان الخير ش.م.م
الإدارة
ت.ت: ٧٠١٣٠٠٠٠
C.R No : 7013000
Wilayat Ibri
Sultanate of Oman
OMAN AL KHAIR ADMINISTRATION

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: Shahjahan. K. K.
Emp #: 71148771
Date of Assessment: 23/11/2025

1	Age	Years 48	
2	Gender	Female/Male	
3	Total Cholesterol	mmol/L 6.64	
4	HDL Cholesterol	mmol/L 1.26	
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: 11.2 %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by

DR. FARZANEH GHADERI MAHMOUD
General Practitioner
MOH License No - 25871
Oman Al Khair Hospital

عمان الخير ش.م.م
الإدارة
C.R No: 7013000
Wilayat Ibri
Sultanate of Oman
ADMINISTRATIVE
OMAN AL KHAIR

Laboratory Investigation Report

Patient Name	SHAJAHAN KARAT KADAVATH	**Requesting Date/Time**	23/11/2025 8:38AM
DOB/Gender	24/05/1977 (48 Yrs/Male)	**Collection Date/Time**	23/11/2025 8:37AM
MRN / Nationality	700282711 / India	**Reception Date/Time**	23/11/2025 8:55AM
Requesting Physician	Dr. Farzaneh Ghaderi	**Reporting Date/Time**	23/11/2025 9:56AM
Lab Number	90248352	**Reporting Stage**	Final
Test Priority	Routine		
Passport No			

Test	Result	Flag	Units	Reference Range	Sample Type	Methodology
BIOCHEMISTRY						
Random Blood Sugar (RBS)	5.87		mmol/L	3.7 - 7.8		Hexokinase
LIPID PROFILE						
LIPID PROFILE						
Cholesterol - Total	6.64		mmol/L	Desirable : <5.17 Borderline High : 5.17 - 6.18 High : >6.21	Serum	Enz. Colorimetric
Triglyceride	1.75		mmol/L	0.73 - 1.8	Serum	Enz. Colorimetric
HDL Cholesterol	1.26		mmol/L	No Risk : >1.68 Moderate Risk : 1.15 - 1.68 High Risk : <1.15	Serum	
LDL Cholesterol	4.59		mmol/L	Desirable: < 3.34 Borderline High : 3.37 - 4.12 High : >4.14	Serum	CALCULATED
VLDL	0.79	H	mmol/L	0.128 - 0.645		
Cholesterol / HDL Ratio	5.27	H	mmol/L	3.5 - 5		Calculation
LIVER FUNCTION TEST						
LIVER FUNCTION TEST						

Ms. Arya Kunniyath Thazha Kuniyil
Lab Techonlogist

Dr. Shayfa Palliyalil
Specialist Pathologist

* Service mark as Outsource

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Laboratory Investigation Report

Patient Name	SHAJAHAN KARAT KADAVATH	**Requesting Date/Time**	23/11/2025 8:38AM
DOB/Gender	24/05/1977 **(48 Yrs/Male)**	**Collection Date/Time**	23/11/2025 8:37AM
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Bilirubin-Total	0.665	mg/dl	0.1 - 1.2		
Direct Bilirubin	0.164	mg/dl	< 0.2	Serum	Diazo
SGOT (AST)	40.00	IU/L	0 - 40	Serum	
SGPT (ALT)	60.00	IU/L	10 - 60	Serum	IFCC ;Tris buffer without P5P ; Kinsearch
Alkaline Phosphatase	101.00	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	40.00	U/L	5 - 40	Serum	Enzymatic colorimetric assay : IFCC; Kinetic
Total Protein	7.76	g/dl	6.6 - 8.7		Colorimetric assay (Biuret reaction, endpoint)
Albumin	4.73	g/dl	3.2 - 5.4	Serum	Homogeneous enzymatic colorimetric assay:End point
Globulin	3.03	g/dl	2.3 - 3.2	Serum	Calculation
A/G Ratio	1.6	Ratio			

RENAL FUNCTION TEST

Ms. Arya Kunniyath Thazha Kuniyil
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Dr. Shayfa Palliyalil
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Laboratory Investigation Report

Patient Name	SHAJAHAN KARAT KADAVATH	**Requesting Date/Time**	23/11/2025 8:38AM
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Test Priority	Routine	**Reporting Stage**	Final
Passport No			

RENAL FUNCTION TEST

Urea	5.10	mmol/L	2 - 9	Serum	Kinetic test, urease and glutamate dehydrogenase
Creatinine	91.00	umol/L	Male: 62 - 106 Female: 44 - 80 Neonates: 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

Ms. Arya Kunniyath Thazha Kuniyil
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Laboratory Investigation Report

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MRN / Nationality	700282711 / India	**Collection Date/Time**	23/11/2025 8:37AM
Requesting Physician	Dr. Farzaneh Ghaderi	**Reception Date/Time**	23/11/2025 8:55AM
		Reporting Date/Time	23/11/2025 9:39AM
Lab Number	90248352		
Test Priority	Routine	**Reporting Stage**	Final
Passport No			

CBC (COMPLETE BLOOD COUNT)

COMPLETE BLOOD COUNT

WBC Count	9.19		10^3/uL	4 - 11	EDTA WB	Impedance
DIFFERENTIAL COUNT (%)						
Neutrophils	48		%	45 - 75	EDTA WB	Impedance and Absorbance
Lymphocytes	44.5		%	20 - 45	EDTA WB	Optical
Eosinophils	1.4		%	1 - 6	EDTA WB	
Monocytes	6		%	2 - 10	EDTA WB	Impedance and Absorbance
Basophils	0.1		%	0 - 1	EDTA WB	Impedance and Absorbance
Hb/Hemoglobin	16.7		g/dl	13 - 17	EDTA WB	Photometry
RBC Count	5.21		10^6 / uL		EDTA WB	Impedance
Platelet Count	275		10^3/uL		EDTA WB	
HCT (Hematocrit)	49.5		%	37 - 51	EDTA WB	Calculation
MCV	95.0		fl	83 - 101	EDTA WB	Measurement
MCH	32.1	H	pg	27 - 32	W. B. EDTA	Calculation
MCHC	33.7		g/dl	31 - 37	W. B. EDTA	Calculation

ESR / ERYTHROCYTE SEDIMENTATION RATE

Erythrocyte Sedimentation Rate	05		mm/hr	1 - 15	W. B. EDTA	Modified Westergren

Ms. Arya Kunniyath Thazha Kuniyil

Lab Techonlogist

Dr. Shayfa Palliyalil

Specialist Pathologist

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Laboratory Investigation Report

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DOB/Gender	24/05/1977 **(48 Yrs/Male)**		
MRN / Nationality	700282711 / India	**Collection Date/Time**	23/11/2025 8:37AM
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		Reporting Date/Time	23/11/2025 9:56AM
Lab Number	90248352		
Test Priority	Routine	**Reporting Stage**	Final
Passport No			

Sickle Cell Screening	Negative	Negative

End Of Report

CLINICAL PATHOLOGY

URINE ROUTINE

URINE ANALYSIS

CHEMICAL EXAMINATION

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	Trace	Diazo

MICROSCOPIC EXAMINATION

RBCs	0-1	/hpf	0 - 2	Urine	
Pus Cells	0-2	/hpf	0 - 3	Urine	Microscopy
Epithelial Cells	NIL				
Bacteria	Present		Absent		Microscopy
Calcium -oxalate	NIL				
Triple-phosphate	NIL				

Ms. Arya Kunniyath Thazha Kuniyil
Lab Techonlogist

Dr. Shayfa Palliyalil
Specialist Pathologist

* Service mark as Outsource

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Laboratory Investigation Report

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Test Priority	Routine	**Reporting Stage**	Final
Passport No			

Uric acid crystal	NIL
Amorphous urate	NIL
Amorphous Phosphate	NIL
Hyaline casts	NIL
Granular Casts	NIL
Yeast cells	NIL

End Of Report

Ms. Arya Kunniyath Thazha Kuniyil
Lab Techonlogist

Dr. Shayfa Palliyalil
Specialist Pathologist

* Service mark as Outsource

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Laboratory Investigation Report

Patient Name	SHAJAHAN KARAT KADAVATH	**Requesting Date/Time**	23/11/2025 10:04AM
DOB/Gender	24/05/1977 **(48 Yrs/Male)**	**Collection Date/Time**	23/11/2025 10:16AM
MRN / Nationality	700282711 / India	**Reception Date/Time**	23/11/2025 10:17AM
Requesting Physician	Dr. Farzaneh Ghaderi	**Reporting Date/Time**	23/11/2025 10:36AM
Lab Number	90248551	**Reporting Stage**	Final
Test Priority	Routine		
Passport No			

BIOCHEMISTRY

Troponin T	0.011	ng/ml	Normal : <0.014 Risk : >0.014 Cut-off for AMI : >0.050	Serum

Remarks

Cardiac troponin T (cTnT) is a cardio-specific, highly sensitive marker for myocardial damage. cTnT increases rapidly after acute myocardial infarction (AMI) and may persist up to 2 weeks thereafter. Result interpretation has to integrate the clinical assessment, including ischemic symptoms and electrocardiographic changes. In contrast to ST elevation myocardial infarction (STEMI) the diagnosis of NonSTEMI heavily relies on measured cTn results. Myocardial cell injury leading to elevated cTnT concentrations in the blood can also occur in other clinical conditions such as myocarditis, heart contusion, pulmonary embolism and drug-induced cardiotoxicity. Chronic elevations of cTn can be detected in clinically stable patients such as patients with ischemic or non-ischemic heart failure, in patients with different forms of cardiomyopathy, renal failure, sepsis and diabetes.

End Of Report

Ms. Arya Kunniyath Thazha Kuniyil
Lab Techonlogist

Dr. Shayfa Palliyalil
Specialist Pathologist

* Service mark as Outsource

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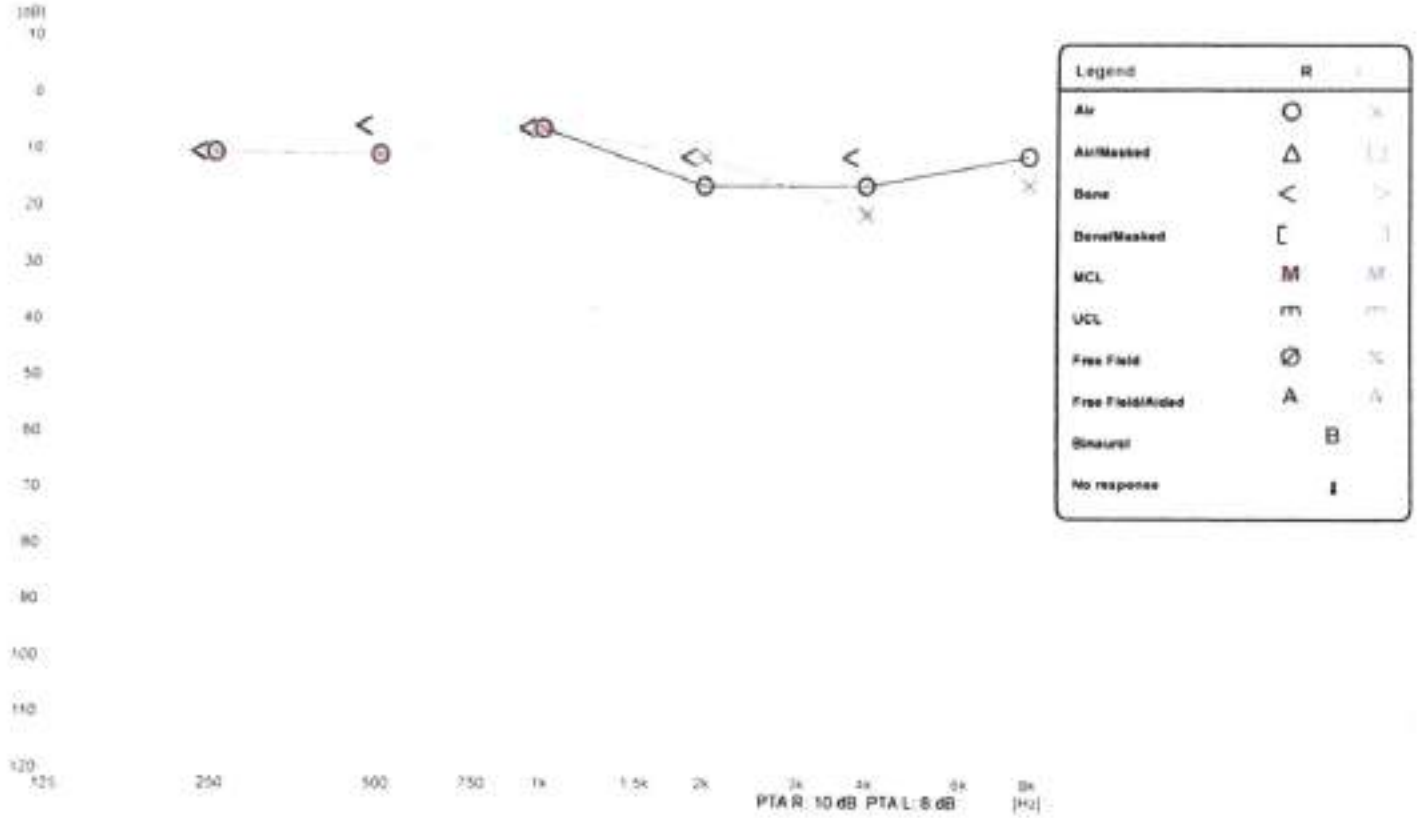
Code	Last name First name Born
700282711/79148771	SHAJAHAN KARAT , KADA[illegible]025
Test type	Test date
Tonal audiometry	23/11/2025



Comments

BILATERAL NORMAL HEARING SENSITIVITY

Signature:

Date: 23/11/2025

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هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٧١٥٥٩٩٧٧+٩٦٨
www.aster.om

مستشفى عمان الخير ش.م.م
عبري - الرمز البريدي: ٥١١
عبري سلطنة عمان

700282711 SHAJAHAN KARAT 23-Nov-25 08:54:24 AM
48 Years Male ASTER HOSPITAL IBRI (Emergency)

Rate	83
RR	723
PR	132
QRSD	90
QT	367
QTc	432

--AXIS--

P	64
QRS	117
T	131

12 Lead; Standard Placement

BP = 164/94
HR: 87
No BP-
Troponin (-)

Recomanded to visit Cardiologist

DR. FARZANEH GHAFFARI MAHMOUD
General Practitioner
MOH License No - 26875
Oman Al Khair Hospital

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

II

Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.50~ 40 Hz W PH10 CL P?