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	Pallai
Forenames	Arun, Raj
Address	
Home telephone number	
Place of examination: Muscat	Date: 16/01/2024
If a dependent enter employee's name here: Surname:	Forenames:
Birth date: 08/11/1992	Nationality: Indian
Country of birth: India	Religion:
☑ Male ☐ Female	☐ Married ☑ Single ☐ Separated /Divorced
Relationship to employee: ☐ Wife ☐ Son ☐ Daughter	Number of children: 0
Reason for examination: Pre-Employment ☐ Job: Helper	
Pre-Overseas ☐ Area: Nizwa	
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? X — Average daily alcohol consumption: Occasional

Have you ever taken elicited drugs? X PDO test all new/potential employees for elicited/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: 16.01.2024 Signature of Applicant:

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	Normal
✓		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
163	61	23	127/75	76 /mins.	L R	DISTANT R L / NEAR R L Uncorrected 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: 18/06/2024 Name (Block Capitals): Dr. / Nurse DR. SHIVA KUMAR SIDDAM General Practitioner MOH Lic. No: 5979 ... Specialty Hospital, Al Hail Signature:

REVIEW/CONSULTATION

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

DEPARTMENT OF LABORATORY MEDICINE

File No:	50114593	**Report No:**	0110307		
Name:	ATHUL RAJ PALLERI	**Sample Date:**	16/01/2024	**Time:**	8:27
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 26 Y **Nationality:** INDIAN	**Report Date:**	16/01/2024	**Time:**	12:54
GSM No.:	78928181 **ID Card No.:** 134205444	**Bill No:**	0281714	**Bill Date:**	16/01/2024
Ref. By:	DR SHIVAKUMAR SIDDAIAH	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	7.5	4.6-8.0
SPECIFIC GRAVITY	1.020	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	PALE YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	0-3
PUSCELLS	2-3 /hpf	0-5
EPITHELIAL CELLS	NIL /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	NIL	NIL

Verified By:

10589
Lab Technologist
MOH License No: 17976
Electronically signed at: 1/16/2024 12:55:00

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 16/01/2024 12:55:00

RECEPTION

Printed at: 17/01/2024 9:08:49 AM

DEPARTMENT OF LABORATORY MEDICINE

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Ref. By:	DR SHIVAKUMAR SIDDAIAH	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE BELOW 40 YEARS		
RANDOM BLOOD SUGAR	4.88 mmol/L	4.11 -7.9mmol/L
CREATININE	97.00 µ mol/L	Adults: MALE: 62 – 106 µ mol/L FEMALE: 44 - 80 µ mol/L
SGPT (ALT)	76.90 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
TOTAL WBC COUNT	7.31 x 10^3 / µL	4.00-11.00 x 10^3 / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	44.20 %	40-75%
LYMPHOCYTE (%)	40.40 %	20-45%
MONOCYTE (%)	9.99 %	2-8%
EOSINOPHIL (%)	4.28 %	1-6%
BASOPHIL (%)	1.12 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	09 mm/1st hr	MALE:0-15 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
HAEMOGLOBIN	16.80 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	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:

10589
Lab Technologist
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Approved By:

DR ROSE MARY
Specialist Pathologist
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RECEPTION

NMC Healthcare LLC

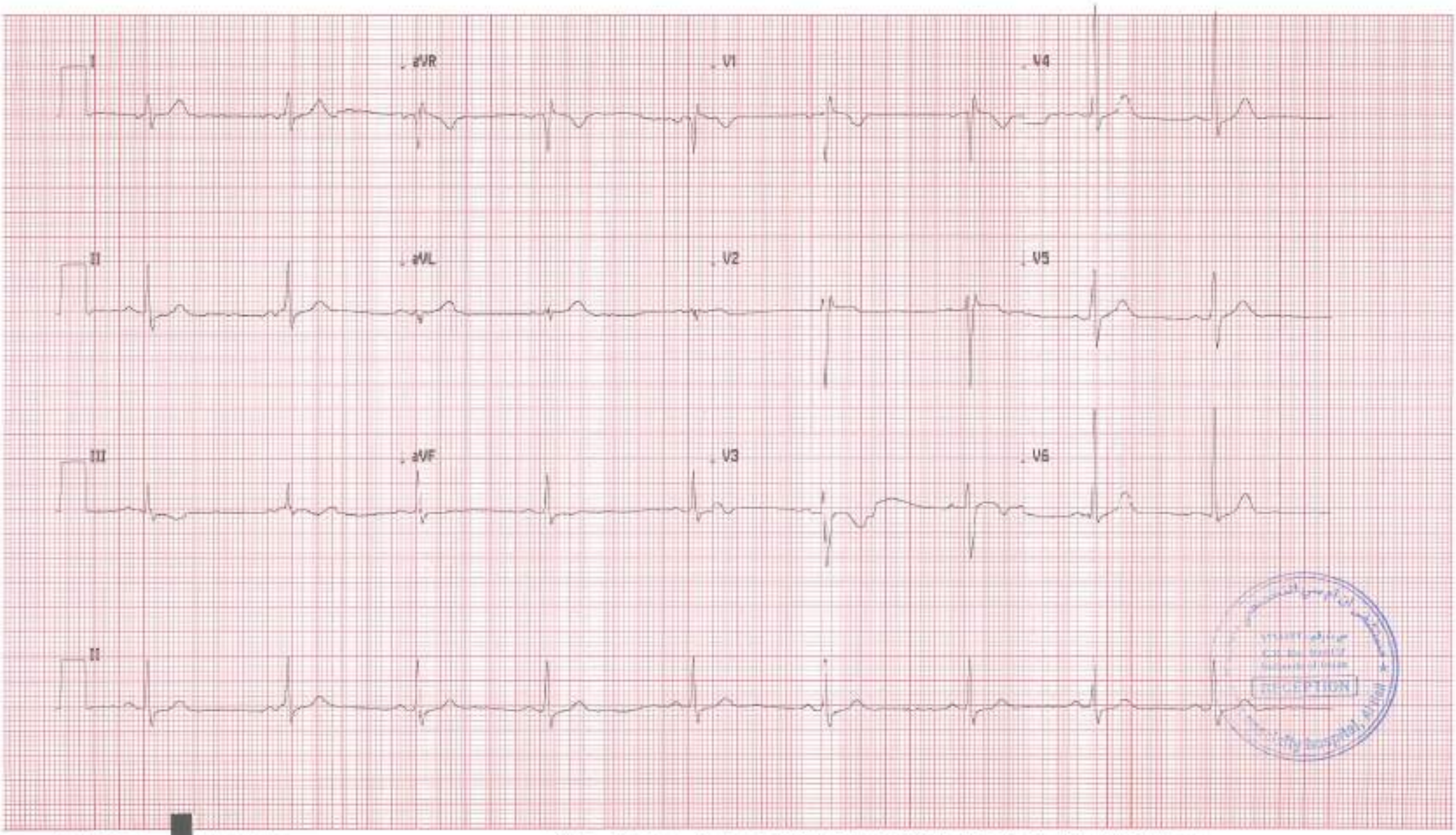
Printed at: 17/01/2024 9:08:49 AM

ID: 50114593
DOB:
26yr, Male

Vent rate:	55 BPM
PR int:	154 ms
QRS dur:	102 ms
QT/QTc:	385/375 ms
P-R-T axes:	46 70 -1

SINUS BRADYCARDIA
INCOMPLETE RIGHT BUNDLE BRANCH BLOCK [90+ ms QRS DURATION, TERMINAL R IN V1/V2, 40+ ms S IN I/aVL/V4/V5/V6]
MODERATE T-WAVE ABNORMALITY, CONSIDER ANTERIOR ISC-EMIA [-0.1+ mV T WAVE IN V3/V4]
ABNORMAL ECG

UNCONFIRMED REPORT



No Site Name

Site # 0 Cart # 0 Version 2.10.5 Sensitivity 806638 25mm/s 10mm/mV 0.05-40 Hz W

AUDIOMETRY REPORT

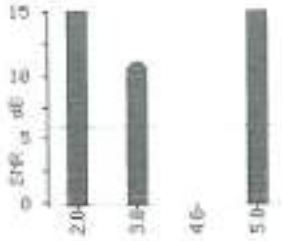
Name of the Patient Atbul Raj Pallen

Age 26YR **Sex** Male **MRN** 50114593 **Date of Test** 16/01/2024

U107.05
16-JAN-23 10:50
DP 4s 4 sec avg
SN: GI1005649 GI2010484

NAME:

Left: Pass

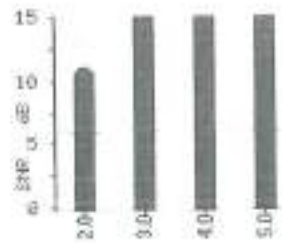


F2	L1	L2	DP	NF	SNR	
2.0	67	56	10	-10	20	P
3.0	66	57	-4	-15	11	P
4.0	70	59	---	-20	---	*
5.0	69	58	-2	-18	16	P

U107.05
16-JAN-23 10:51
DP 4s 4 sec avg
SN: GI1005649 GI2010484

NAME:

Right: Pass



F2	L1	L2	DP	NF	SNR	
2.0	65	55	5	-6	11	P
3.0	65	55	3	-17	20	P
4.0	65	55	1	-20	21	P
5.0	65	55	1	-20	21	P

Signature of the Technician

Vitalograph

Pulmonary Function Report

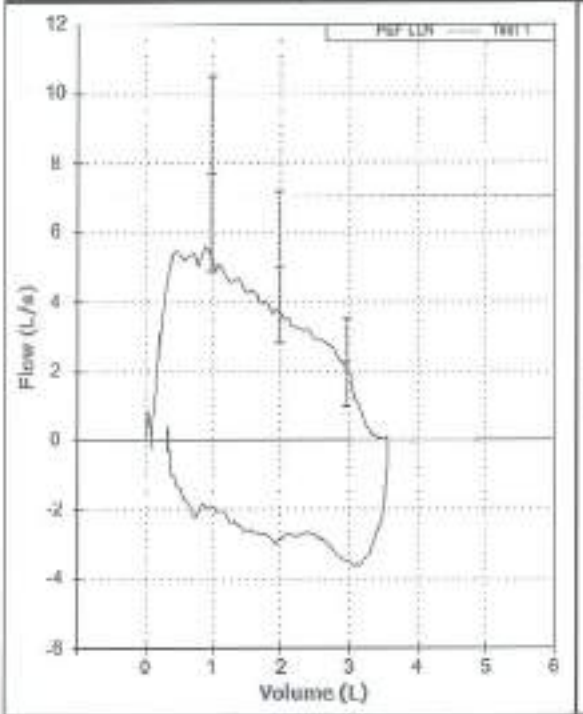
Subject Information

ID:	2024016_103456015	Alternate ID:	50114593		
Last Name:	Palleri	First Name:	Athul	Middle Name:	Raj
Population:	Asian	Gender:	Male	Date of Birth:	18/12/1997
Age:	26	Height:	163 cm	Weight:	61.0 kg
BMI:	23	Smoking:	Non Smoker		

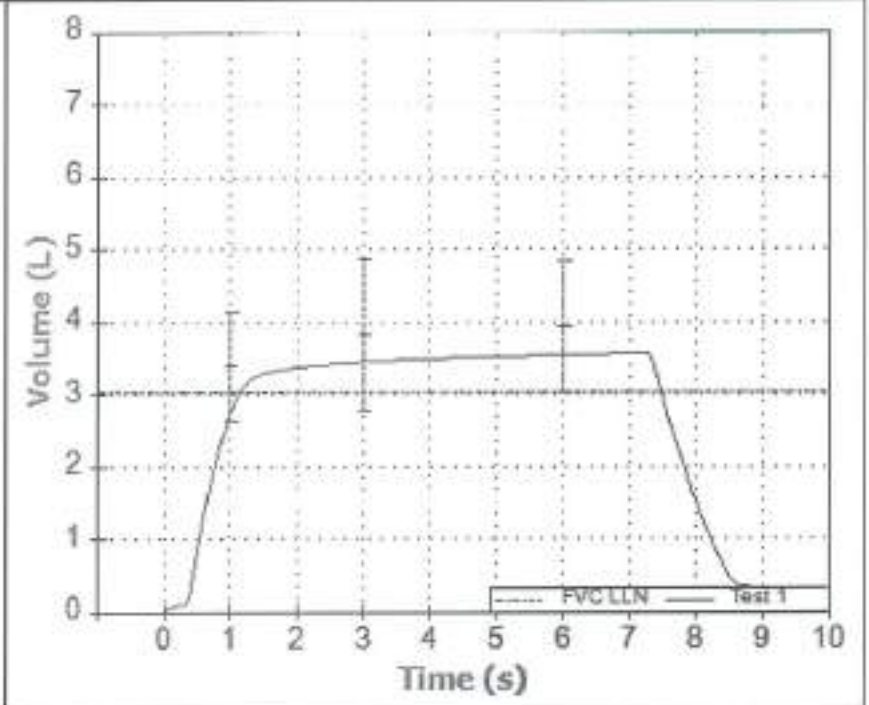
Test Session Information

Test Date:	16/01/2024 10:37	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	3	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)	**3.93**	3.03	**3.56**	**91**	-0.67
FEV1 (L)	**3.39**	2.64	**3.23**	**95**	-0.75
FEV1 Ratio	**0.83**	0.71	**0.91**	**110**	1.09
FEV6 (L)	**3.93**	3.03	**3.55**	**90**	-0.69
PEF (L/min)	**542**	424	**359***	**66**	-2.54
FEF25-75 (L/s)	**4.74**	3.03	**3.80**	**80**	-0.90

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

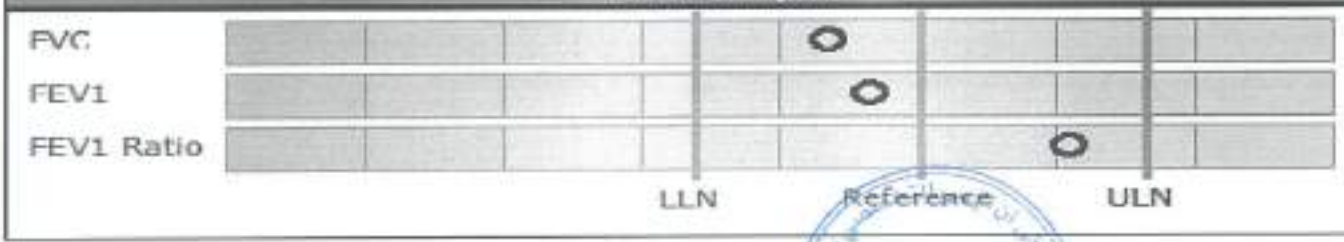
Session Quality and Repeatability Information

FVC Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
B	0.19 L (5.3%)	0.05 L (1.5%)	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



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