21/05/2025

TO WHOM SO EVER IT MAY CONCERN

Name of the Patient	: **AHMED SAID MOHAMMED AL BATAHARI**
Date of Birth	: 01/01/1968
Nationality	: OMANI
Civil Number	: 915581
Height	: 177 CM
Weight	: 91 KG
Bp	: 119/79 mmHg
Pulse	: 69 *bpm*

This is to certify that ***Mr. AHMED SAID MOHAMMED AL BATAHARI*** *Underwent Medical Examination, Laboratory Tests CBC, RBS, RFT, LFT, Lipid profile and Urine Routine Examination results are found to be Normal. Sickling Test found Negative.*

Audiogram: Bilateral Normal Hearing.

ECG: Normal.

Framingham CVD risk score: 8.9 %

Tread Mill Test: Positive for provocable ischemia.

Otherwise He is MEDICALLY FIT.

Dr. SALIH IBRAHIM SAID AL-ZAABI
MBCHB
General Practitioner
Badr Al Samaa Hospital-Salalah
MOH Licence No. 3359

Seal & Sign

BADR AL SAMAA VISA MEDICAL

Headquarters:
CR. No. 1693808, P.B No. 443, P.C. 112,
Ruwi, Sultanate of Oman, Tel: +968 24799760, Fax: 24799765
Ruwi: 24799760 | Al Khuwair: 24688322 | Sohar: 26846660 | Al Khoud: 24546099 |
Salalah: 23201890 | Barka: 26886910 | Ibra: 25546112 | Nizwa: 25417777 | Sur: 25564131

المقر الرئيسي:
س.ت.: ١٦٩٣٨٠٨، ص.ب: ٤٤٣، الرمز البريدي: ١١٢،
روي سلطنة عمان، هاتف: ٢٤٧٩٩٧٦٠، فاكس: ٢٤٧٩٩٧٦٥
روي: ٢٤٧٩٩٧٦٠ | الخوير: ٢٤٦٨٨٣٢٢ | صحار: ٢٦٨٤٦٦٦٠ | الخوض: ٢٤٥٤٦٠٩٩ |
سالة: ٢٣٢٠١٨٩٠ | بركاء: ٢٦٨٨٦٩١٠ | إبرا: ٢٥٥٤٦١١٢ | نزوى: ٢٥٤١٧٧٧٧ | صور: ٢٥٦٤١٣١ |

Appendix 32: EX1 Form (Initial Examination Report)

1.1 INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Petroleum Development Oman
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname: AL BATHARI
Forenames: AHMED SAID MOHAMMED
Address:
Home telephone number:

Place of examination: Salalah Date: 21/05/2025

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

Birth date:	Nationality:	Country of birth:	Religion:

☐ Male ☐ Female ☐ Married ☐ Single ☐ Separated /Divorced
Relationship to employee: ☐ Wife ☐ Son ☐ Daughter
Number of children:

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		✓			
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 (A) Tuberculosis (A) Epilepsy (A) Asthma (A) Eczema (A)
Heart disease (A) High blood pressure (A) Stroke (A) Blood Disease (A) Cancer (A)

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: 21/05/2025 Signature of Applicant:

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

Dr. KEERTHAN PERALAM
MBBS, MS (OPHTHAL)
Specialist Ophthalmologist
Badr Al Samaa Hospital-Salalah
MOH Licence No. 12278

Dr. KEERTHAN P...
MBBS, MS (OPHTHAL)
Specialist Ophthalmology
Badr Al Samaa Hospital-Sala...
MOH Licence No. 12278

N = Normal A = Abnormal (please describe)

PHYSICAL EXAMINATION

N	A		
✓		1. Eyes & Pupils	Left eye corneal nebular opacity
✓		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 R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
177	91	29.05	119/79	69	L N R N	Uncorrected 6/12	6/12	N18	N18	(N)	
						Corrected 6/6	6/6	N6	N6		

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 Smart done
		4. Drug Screen - Not done		✓		10. ECG
✓		5. Lipids (40 years +)			✓	11. CVS risk for 40 yrs. & above - Not done
✓		6. Sickle Cell test				12. HIV, Hepatitis screening

DR. SREEJITH KARIMBIL
MBBS, DLO, DNB, MMAMS
ENT SPECIALIST
Badr Al Samaa Hospital-Salalah
MOH Licence No. # 9997

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

ASSESSMENT:

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

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

Dr. SALIH IBRAHIM SALIH AL AZZANI
Signature MBCHB
General Practitioner
Badr Al Samaa Hospital-Salalah
MOH Licence No.:3358

REVIEW/CONSULTATION

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

BADR AL SAMAA VISA MEDICAL

Fitness to Work Certificate.

Employee Data		Date 21/05/2025
Name Manal Said Mohammed Al Bat[illegible]		Department/Company
I.D No. 915581	Age 57	Occupation

Type of Medical Evaluation		Mark those applying √	
A5- HVD- Crane or forklift driving & all heavy vehicles		A7- Professional driving-light vehicles	

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			
Operate Heavy motor vehicles, forklifts or heavy machinery			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			

Dr. SALIH IBRAHIM SALIH AL-AZANI
MBCHB
General Practitioner
Badr Al Samaa Hospital-Salalah
MOH License No.:3358

Name of health advisor | Signature | Date 21/05/2025

BADR AL SAMAA VISA MEDICAL
BADR
SALALAH

21/05/2025

TO WHOM IT MAY CONCERN

NAME OF PATIENT: AHMED SAID MOHAMMED AL BATAHARI ***SEX: MALE***

NATIONALITY : OAMNI ***AGE: 57 YRS***

HOSPITAL FILE NO: 5447414

The above mentioned patient came to our hospital for the following examinations.

ECG: Normal

Tread Mill Test: Positive for provocable ischemia.

REFERED TO SULTAN QABOOS HOSPITAL FOR FURTHER EVALUATION AND MANAGEMENT.

Dr. ASHWIN K NAIR
MBBS, P.G.D.C.C
SPECIALIST IN CARDIOLOGY
BADR AL SAMAA HOSPITAL - SALALAH
OMAN LICENCE #17351

Dr. ASWIN K NAIR
MBBS, P.G.D.C.C
Specialist in Cardiology.

(THIS REPORT IS ISSUED AT THE REQUEST OF THE PATIENT, WITHOUT ANY RESPONSIBILITY FROM THIS HOSPITAL)

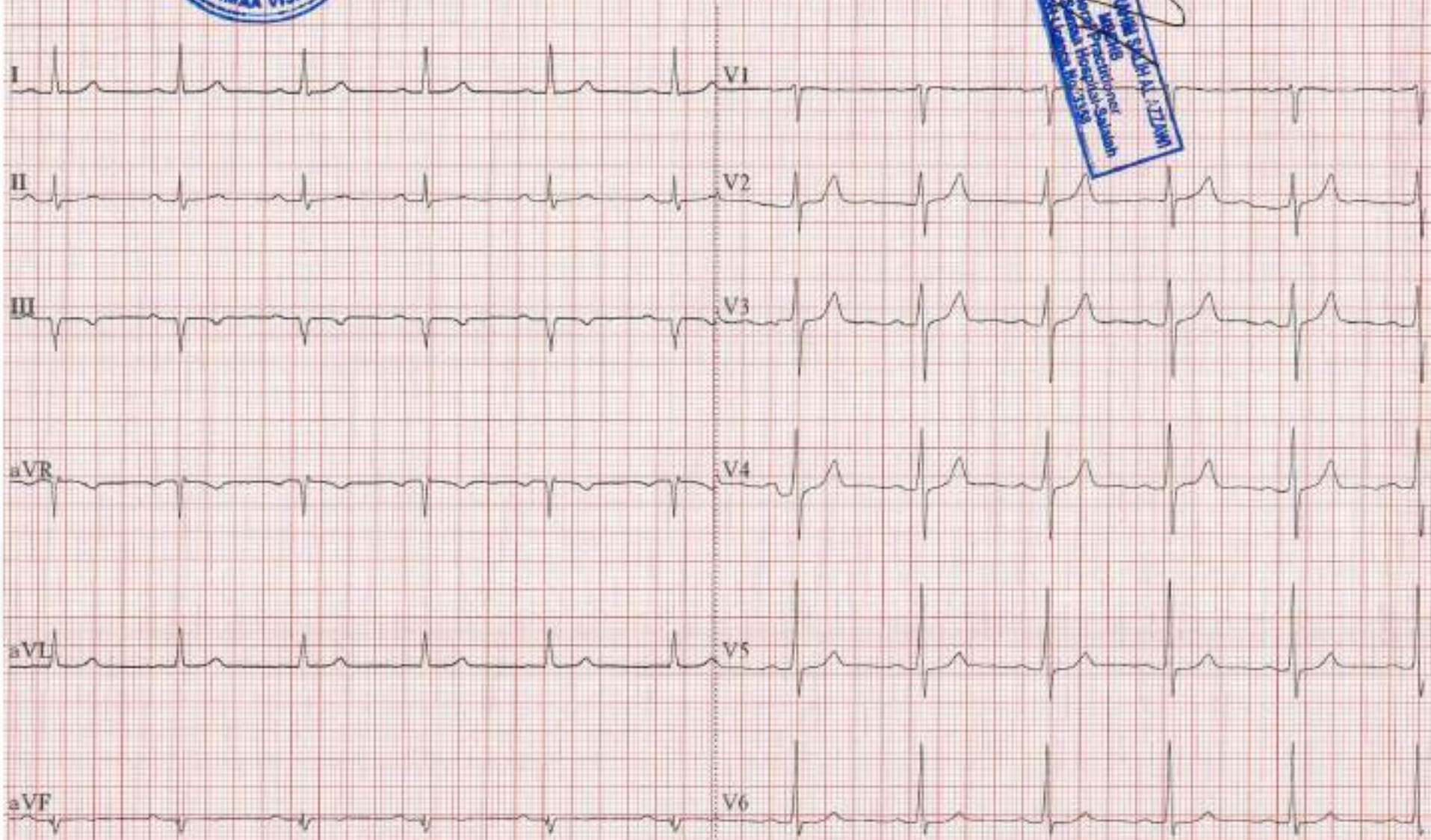
5447414
MED SAID
e 57Years
. No. :

21-05-2025 08:49:04

HR	: 68	bpm
P	: 106	ms
PR	: 186	ms
QRS	: 93	ms
QT/QTcBz	: 384/410	ms
P/QRS/T	: 60/-10/-1	°
RV5/SV1	: 1.529/0.604	mV

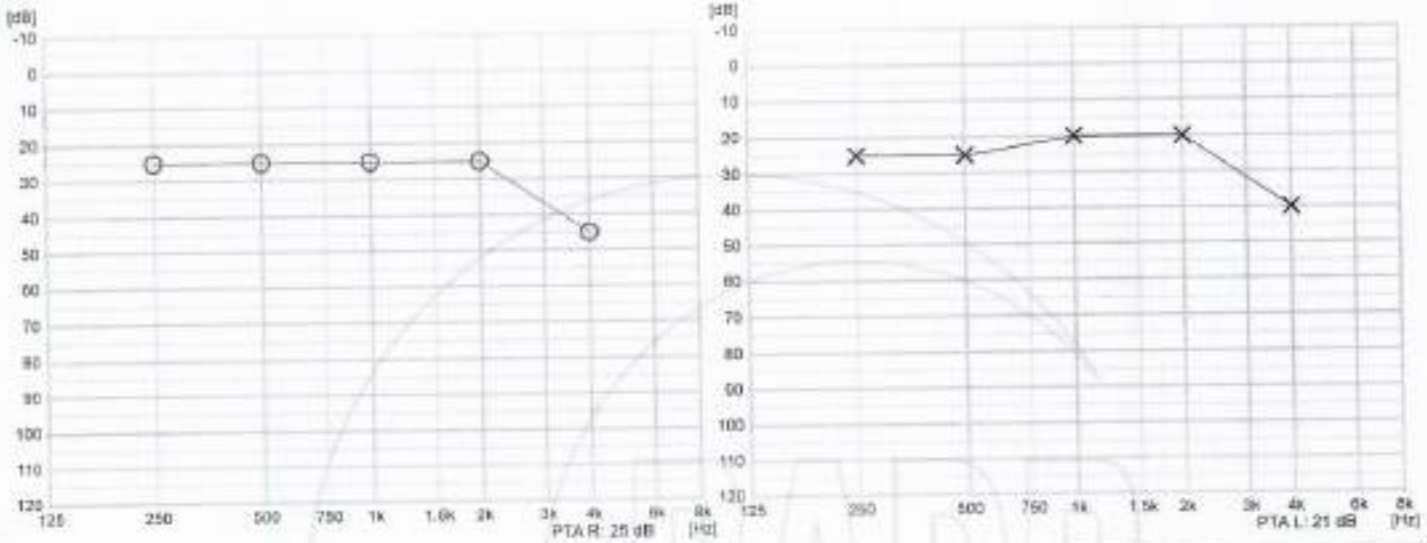
Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s V2.23 SEMIP V1.92 BADR AL SAMAA HOSPITAL - SALALAHq

Code:	Last name , First name	Born:
5447414	Al Batahari , Ahmed Said	[illegible]
Test type:	Test date:	
Tonal audiometry	21/05/2025	



Legend	R	L
Air	○	×
AirMasked	△	□
Bone	<	>
BoneMasked	[	]
MCL	M	M
UCL	m	m
Free Field	∅	%
Free FieldAided	A	A
Binaural	B	
No response	↓	

Comments

Dr. SREEJITH KAIMBIL
M.D. DNB, MNAMS
ENT SPECIALIST
Badr Al Samaa Hospital, Salalah
MOH Licence No: 8 1967

Signature:

BADR AL SAMAA VISA MEDICAL
SALALAH 1

Date: 21/05/2025

Headquarters:
CR. No. 1693808, P.B No. 443, P.C. 112,
Ruwi, Sultanate of Oman, Tel: +968 24799760, Fax 24709765

Ruwi: 24799760 | Al Khuwair : 24488322 | Sohar : 26846660 | Al Khoud : 24546099 |

المقر الرئيسي :
س.ت : ١٦٩٣٨٠٨ ص.ب : ٤٤٣ الرمز البريد : ١١٢
روي سلطنة عمان، هاتف : ٢٤٧٩٩٧٦٠ فاكس : ٢٤٧٠٩٧٦٥
روي: ٢٤٧٩٩٧٦٠ | الخوير : ٢٤٤٨٨٣٢٢ | صحار : ٢٦٨٤٦٦٦٠ | الخوض: ٢٤٥٤٦٠٩٩ |

DEPARTMENT OF LABORATORY MEDICINE, SALALAH

File No:	5447414	**Report No:**	6329131		
Name:	AHMED SAID MOHAMMED AL BATAHARI	**Sample Date:**	21/05/2025	**Time:**	8:36
		Report Date:	21/05/2025	**Time:**	09:50
Address:		**Bill No:**	8214057	**Bill Date:**	21/05/2025
Gender:	M **Age:** 57 Y **Nationality:** OMANI	**Ref. By:**	DR SALIH I SALIH		
GSM No.:	95308003 **ID Card No.:** 915581				

Test	Result	Normal Range
COMPLETE BLOOD COUNT		
HAEMOGLOBIN	**14.9 gm/dl**	Male : 14 - 18 gm/dl Female - 12-16 gm/dl
TOTAL COUNT(W B C)	**11.4 K/uL**	4.0 - 11.0 K/uL
DIFFERENTIAL COUNT		
NEUTROPHILS	**54 %**	40- 75 %
LYMPHOCYTES	**37 %**	20 - 45 %
EOSINOPHILS	**03 %**	01 - 06 %
MONOCYTES	**06 %**	02 - 10 %
BASOPHILS	00 %	
PLATELET COUNT	**251 k/Ul**	150 - 400 k/Ul
SICKLING TEST	NEGATIVE	

1. Sickle-Test results must be confirmed by Hemoglobin electrophoresis / HPLC
2. False negatives may occur in patients with a recent blood transfusion.

Medical Technologist

Clinical Pathologist الطبيب الرئيسي

DEPARTMENT OF LABORATORY MEDICINE, SALALAH

File No:	5447414	**Report No:**	6329178		
Name:	AHMED SAID MOHAMMED AL BATAHARI	**Sample Date:**	21/05/2025	**Time:**	8:36
		Report Date:	21/05/2025	**Time:**	11:56
Address:		**Bill No:**	8214057	**Bill Date:**	21/05/2025
Gender: M **Age:** 57 Y	**Nationality:** OMANI	**Ref. By:**	DR SALIH I SALIH		
GSM No.: 95308003	**ID Card No.:** 915581				

Test	Result	Normal Range	
BLOOD SUGAR [RANDOM]	5.88 mmol/L (106 mg/dl)	upto 7.77 mmol/L	80-140 mg/dl
LIPID PROFILE			
CHOLESTEROL [TOTAL]	**3.23 mmol/L (125 mg/dl)**	upto 5.17 mmol/L	up to 200 mg/dl
CHOLESTEROL [HDL]	**0.88 mmol/L (34 mg/dl)**	> 1.03 mmol/l	> 40 mg/dl
CHOLESTEROL [LDL]	**2.07 mmol/l (80.2 mg/dl)**	Upto 3.36 mmol/l	Up to 130 mg/dl
CHOLESTEROL (VLDL)	**0.28 mmol/l (10.8 mg/dl)**	Upto 1.29 mmol/l	up to 50 mg/dl
TRIGLYCERIDES	**0.61 mmol/L (54 mg/dl)**	up to 2.26 mmol/L	up to 200 mg/dl
RENAL FUNCTION TEST			
UREA	**5.98 mmol/L (36 mg/dL)**	2.1 - 7.1 mmol/L	10 - 50 mg/dL
CREATININE	**77.79 umol/L (0.88 mg/dl)**	61.88-123.76 umol/L	0.7 - 1.4 mg/dl
URIC ACID	**352.12 umol/L (5.92 mg/dl)**	Male: 202-416 umol/L Female :149-357 umol/L	Male:3.4 -7.0 mg/dl Female: 2.5-6.0 mg/dl
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	**64 U/L**	Male :40 - 129 U/L Female:-35 -104 U/L Children:1y-9 y:145-420 U/L 10y-11y :130 -560 U/L	
SGOT (AST)	**15 IU/L**	Up to 40 IU / L	
SGPT (ALT)	**20 IU/L**	Up to 41 IU / L	
TOTAL BILIRUBIN	**5.47 umol/L (0.32 mg/dl)**	Upto 17 umol/L	Upto 1.0 mg/dl
DIRECT BILIRUBIN	**2.74 umol/L (0.16 mg/dl)**	Up to 5 umol/l	Up to 0.3 mg/dl
INDIRECT BILIRUBIN	**2.74 umol/L (0.16 mg/dl)**	Upto 12 umol/L	Up to 0.7 mg/dl
PROTEIN TOTAL	**73 gm/L (7.3 gm/dl)**	6.0 - 8.3 gm/dl	
ALBUMIN	**46 gm/L (4.6 gm/dl)**	32 - 50 gm/L	3.2 - 5.0 gm/dl
GLOBULIN	**27 gm/L (2.7 gm/dl)**	23 - 35 gm /L	2.3 - 3.5 gm/dl

Medical Technologist

Clinical Pathologist

DEPARTMENT OF LABORATORY MEDICINE, SALALAH

File No:	5447414	**Report No:**	6329129		
Name:	AHMED SAID MOHAMMED AL BATAHARI	**Sample Date:**	21/05/2025	**Time:**	8:36
		Report Date:	21/05/2025	**Time:**	09:24
Address:		**Bill No:**	8214057	**Bill Date:**	21/05/2025
Gender:	M **Age:** 57 Y **Nationality:** OMANI	**Ref. By:**	DR SALIH I SALIH		
GSM No.:	95306003 **ID Card No.:** 915581				

Test	Result	Normal Range
URINE ROUTINE EXAMINATION		
PHYSICAL & CHEMICAL EXAMINATION		
COLOUR	Pale Yellow	Pale Yellow
SP. GRAVITY	1.020	1.001-1.030
REACTION	Acidic(5.0)	5.0-8.0
PROTEIN	Nil	Nil
SUGAR	Present (+++)	Nil
KETONE	Nil	Nil
UROBILINOGEN	Negative	Normal
BILIRUBIN	Nil	Nil
NITRATE	NEGATIVE	NEGATIVE
MICROSCOPIC EXAMINATION		
R.B.Cs	Nil / HPF	0-3/HPF
PUS CELLS	0-1 / HPF	0-5/HPF
EPITHELIAL CELLS	2-3 / HPF	0-4/HPF
CASTS	Nil / HPF	Nil
CRYSTALS	Nil/HPF	Nil
PARASITES	Nil/HPF	Nil
OTHER FINDINGS	Nil/ HPF	Nil

Medical Technologist

Clinical Pathologist

EYE EVALUATION REPORT

NAME: AHMED SAID MOHAMMED AL BATAHARI

AGE: 57 YRS **M / F**: MALE **FILE NO**: 5447414

EYE EXAMINATION:

	RIGHT EYE	LEFT EYE
DISTANT VISION (UNAIDED)	6/12	6/12
DISTANT VISION (AIDED)	6/6	6/6
NEAR VISION (UNAIDED)	N18	N18
NEAR VISION (AIDED)	N6	N6
COLOUR VISION	NORMAL	

COMMENTS:

Anterior segment: left eye nebular corneal opacity+.

(Both Eyes) Undilated Posterior segment: NAD.

Doctor's seal & Signature

Dr. KEERTHAN PERALAYA
MBBS, MS (OPHTHAL)
Consultant Ophthalmologist
Badr Al Samaa Hospital Salalah
MOH Licence No. 21228

Date: 21/05/2025

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

Employee Data		Date: 21/05/2025
Name: Ahmed Said Mohammed Al Badwai		Department/Company:
I.D No. 915581	Tel #	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

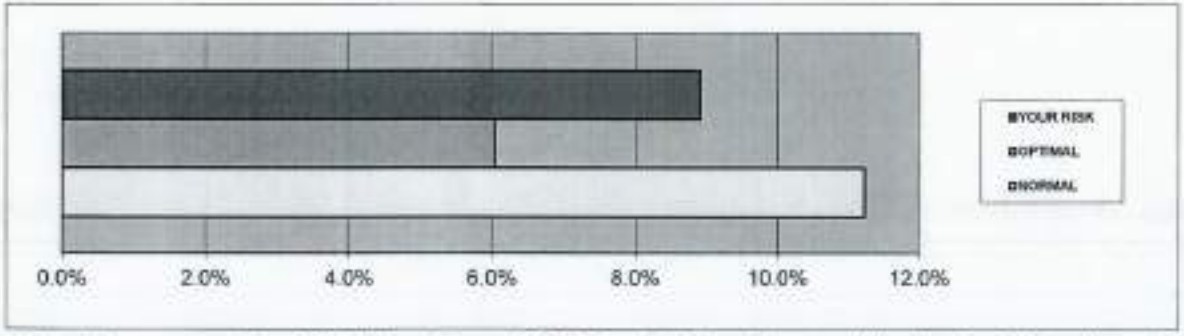
0	sitting and reading
0	watching TV
0	sitting inactive in a public place (e.g. theatre or meeting)
0	as a passenger in the car for an hour without a break
0	Lying down to rest in the afternoon when circumstances permit
0	Sitting a talking with someone
0	Sitting quietly after lunch without alcohol
0	In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

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

Signature:_____ **Date:** 21/05/2025

From The Framingham Heart Study	Enter Values Here		
General CVD Risk Prediction			
Risk Factor	**Units**	**(Type Over Placeholder Values in Each Cell)**	**Notes**
Sex	male (m) or female (f)	M	
Age	years	57	
Systolic Blood Pressure	mmHg	119.0	
Treatment for Hypertension	yes (y) or no (n)	N	
Smoking	yes (y) or no (n)	N	
Diabetes	yes (y) or no (n)	N	
HDL	mg/dL	34	
Total Cholesterol	mg/dL	125	
(The risk score shown is derived on the basis of an equation. Other print products, use a point-based system to calculate a risk score that approximates the equation-based one.)		8.9%	*If value is < the minimum for the field, enter the minimum value. If value is > the maximum for the field, enter the maximum value.*
Your Heart/Vascular Age		53	



Calculator prepared by R.B. D'Agostino and M.J. Pencina based on a publication by D'Agostino et al. in Circulation