



Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Petroroleum Development Oman
MEDICAL DEPARTMENTPLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname		Muhammad Zia	
Forenames		Mustafa	
Address			
Home telephone number		92744832	
Place of examination	ABM	Date	11/3/24
If a dependant enter employee's name here:			
Surname:		Forenames:	
Birth date:	Nationality:	Country of birth:	
☒ Male ☐ Female	☐ Married ☐ Single ☐ Separated /Divorced	Relationship to employee	
		☐ Wife ☐ Son ☐ Daughter	
Reason for examination		Number of children:	
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	
1. Sinus trouble	☒	21. Cancer	☒
2. Neck swelling/glands	☒	22. Heart Disease	☒
3. Difficulty in vision	☒	23. Rheumatic fever	☒
4. Any ear discharge	☒	24. Abnormal heartbeat	☒
5. Asthma/bronchitis	☒	25. High blood pressure	☒
6. Hayfever /other significant allergy	☒	26. Stroke	☒
7. Any skin trouble	☒	27. Serious chest pain	☒
8. Tuberculosis	☒	28. Any blood disease	☒
9. Shortness of breath	☒	29. Kidney disease	☒
10. Coughed/vomited blood	☒	30. Blood in urine	☒
11. Severe abdominal pain	☒	31. Diabetes	☒
12. Stomach ulcer	☒	32. Headaches/migraine	☒
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/arm/pit	☒		
How much tobacco each day? NO		Average daily alcohol consumption NO	
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:	11/3/2024	Signature of Applicant: <i>[Signature]</i>	
Page 79	Specification		
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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. Hemial 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	HEARING	VISION	Colour Vision	Blood Group
175	60	19.6	(30') 90	66 /mins.	L R	DISTANT R L Uncorrected Corrected 6/6 6/6 6/6 6/6	(2)	

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:						

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

Framingham Score -1.1%

ASSESSMENT:

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

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

Signature: 7

REVIEW/CONSULTATION

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

DR. NEROZA SULTANA
GENERAL PRACTITIONER
MOH Licence No.: 17832
Apollo Hospital Muscat

Signature:

DEPARTMENT OF LABORATORY SERVICES

File No: 0405223	Report No: 0595698
Name: MUHAMMAD ZIA MUSTAFA	Sample Date: 11/03/2024 Time: 9:29
Address:	Received Date: 11/03/2024 Time: 9:29
Gender: M Age: 41 Y Nationality: PAKISTANI	Report Date: 11/03/2024 Time: 10:35
GSM No.: 97800726 ID Card No.: 92744837	Bill No: 1214367 Bill Date: 11/03/2024
Doctor: DR FAROOQ	Company: TRUCK OMAN EQUIPMENT RENTAL LLC

INVESTIGATION	RESULT	REFERENCE RANGE
TRUCK OMAN PRE-EMPLOYMENT CHECK UP		
Fasting Blood Glucose	96.8 mg/dL	Normal: <100 mg/dl Prediabetes: 100-125 mg/dl Diabetes: 126 mg/dl or higher
ESR	03 mm/hr	Male : 0-10 mm/hour Female: 0-20 mm/hour
S.Creatinine	1.09 mg/dL	Male : 0.7 - 1.2 mg/dl Female : 0.5 - 0.9 mg/dl
eGFR (MDRD)	88 mL/min/m2	Normal >90 Mild (60-89) Moderate (30-59) Severe (15-29) Renal Failure <15
Sickle cell Screen test	Negative	
CBC		
WBC COUNT	6.10 $10^3/\mu\text{L}$	4.0-11.0 $\times 10^3/\text{mm}^3$
RBC	5.95 $10^6/\mu\text{L}$	4.20 - 6.30 $10^6/\mu\text{L}$
HGB	16.40 g/dl	male 13.5 -18.0 g/dl female 11.5 -16.0 g/dl
HCT	49.40 %	37.0 - 51.0 %
MCV	83.00 fL	80.0 - 97.0 fL
MCH	27.60 pg	26.0 - 32.0 pg
MCHC	33.20 g/dL	31.0 - 36.0 g/dL
RDW	12.70 %	11.0 - 14.5 %
NEUT#	4.46 $10^3/\mu\text{L}$	1.50 - 7.00 $10^3/\mu\text{L}$
LYMPH#	1.37 $10^3/\mu\text{L}$	0.60 - 4.10 $10^3/\mu\text{L}$

Reported By:

Bjth

BAREERA

Lab Technologist

MOH LICENSE NO : 23975

Printed at: 11/03/2024 10:36:05 AM

Verified By:

Dr. Mohammed Atif Syed

Dr. Mohammed Atif Syed
Specialist Pathologist

MOH License No: 20491

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INVESTIGATION	RESULT	REFERENCE RANGE
MONO#	0.22 10 ³ /uL	0.00 - 0.70 10 ³ /uL
EOS#	0.02 10 ³ /uL	0.00 - 0.40 10 ³ /uL
BASO#	0.03 10 ³ /uL	0.00 - 0.10 10 ³ /uL
NEUT%	73.10 %	37.0 - 72.0 %
LYMPH%	22.50 %	10.0 - 58.5 %
MONO%	3.60 %	0.0 - 14.0 %
EOS%	0.30 %	0.0 - 6.0 %
BASO%	0.50 %	0.0 - 1.0 %
PLATELET	215.00 10 ³ /uL	140 - 440 10 ³ /uL
LFT		
Total Bilirubin	0.74 mg/dL	Up to 1.1 mg/dL
Direct Bilirubin	0.14 mg/dL	Up to 0.3 mg/dL
Indirect Bilirubin	0.6 mg/dL	0.2 - 0.8 mg/dL
AST (SGOT)	20.1 U/L	Men : 10 - 50 U/L Female : 10 - 35 U/L
ALT (SGPT)	14.1 U/L	Men : Up to 41 U/L Female : 10 - 35 U/L
ALP	86.1 U/L	Men : 40 - 129 U/L Female : 35 - 104 U/L
Total Protein	7.7 g/dL	6.6 - 8.7 g/dL
Albumin	4.7 g/dL	3.4 - 4.8 g/dL
Globulin	3 g/dL	1.8 - 3.6 g/dL
GGT	14.2 U/L	0 - 50 U/L
A:G Ratio	1.56666	1.1-1.8

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INVESTIGATION	RESULT	REFERENCE RANGE
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LIPID PROFILE

Total Cholesterol	187 mg/dL	< 200 mg/dL
Triglyceride	47 mg/dL	<150 mg/dl
HDL Cholesterol	59 mg/dl	>45 mg/dl
LDL Cholesterol	119 mg/dl	<100 mg/dl
Total Chol/HDL Chol ratio	3	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	40 ml	
Colour	Pale Yellow	Pale yellow
Sp. Gravity	1.020	1.003-1.035
pH	6	5-9
Appearance	Clear	Clear

Chemical

Glucose	Negative	Negative
Protein	Negative	Negative
Ketones	Negative	Negative

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Bareera Fathima

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INVESTIGATION	RESULT	REFERENCE RANGE
Blood / haemoglobin	Negative	Negative
Bilirubin	Negative	Negative
Urobilinogen	Normal	Normal
Nitrite	Negative	Negative
Leucocytes	Negative	Negative
Microscopic Examination		
Pus Cells	1 - 2 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	Brownish	Yellowish Brown
Consistency	Semi solid	Well Formed
Reaction	Alkaline	Acidic
Adult Worms	Absent	Absent
MICROSCOPIC		
Ova:	Absent	Absent
Cyst:	Absent	Absent
Pus Cells:	1 - 2 Cells/hpf	Few
RBCs	NIL Cells/hpf	Absent

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FATHIMA**

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INVESTIGATION	RESULT	REFERENCE RANGE
Epithelial cells	0 - 1 Cells/hpf	Few
Trophozoites	Absent	Absent
Larvae	Absent	Absent
Eggs	Absent	Absent
Worms	Absent	Absent
Fat globules	Absent	Absent
Vegetable cells	Present	Present

Remarks and comments - Sick 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.

Reported By:



BAREERA
FATHIMA

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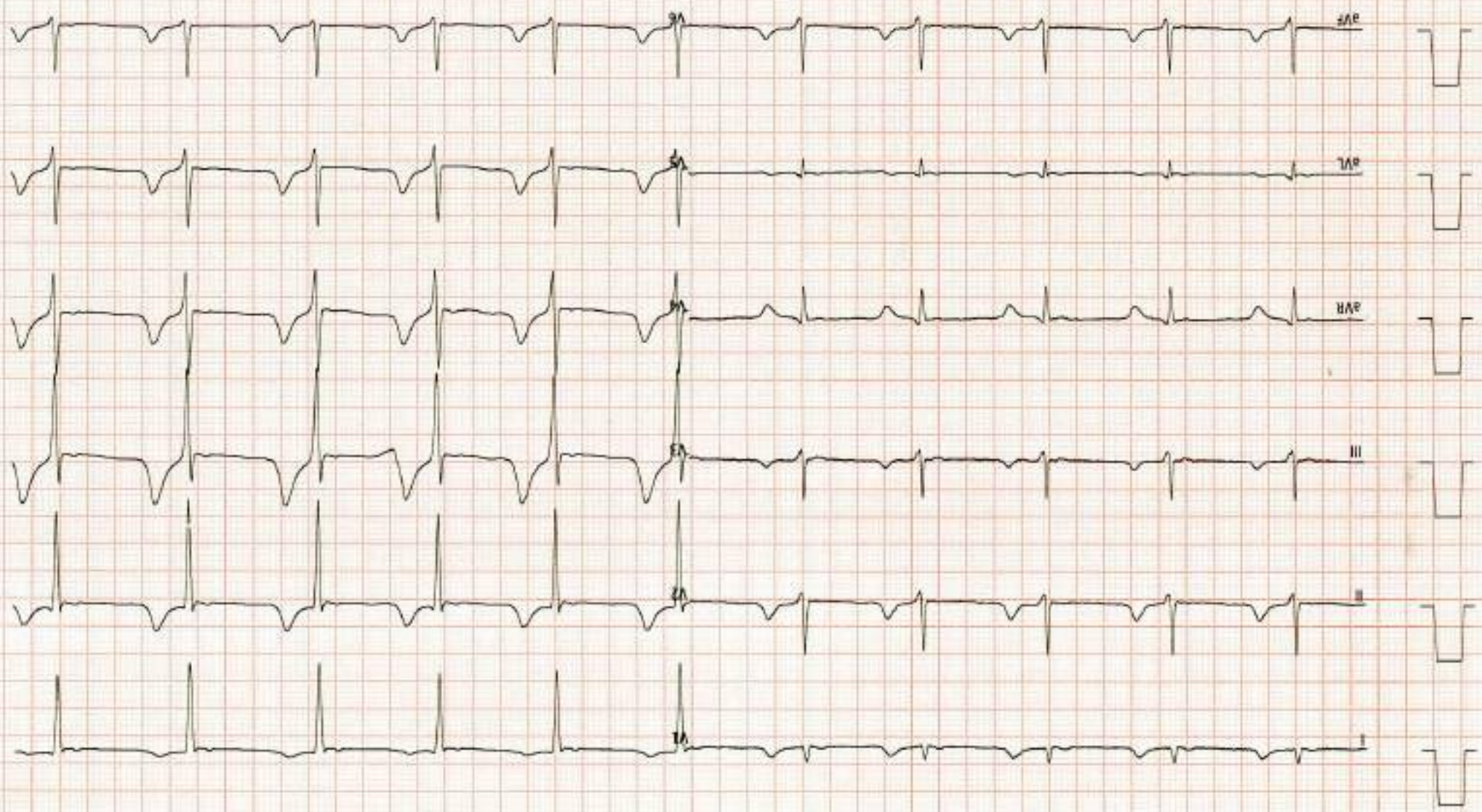


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ID: 405223
 Mustafa, Muhammad Zia
 Male -- (-) Unknown
 Height: 0 cm Weight: 0 kg BP: 0/0 mmHg
 Med.:
 Tech:
 Note:

HR: 65 bpm
 PR: 122 ms
 QRS: 98 ms
 QT/QTcH: 392/401 ms
 QTd: 408 ms
 QTcf: 403 ms

R-s-Q-S: 1.15/1.61 mV
 Sok-Lyon: 2.75 mV
 Axis: -36/72/55°

11/03/2024 11:27:51

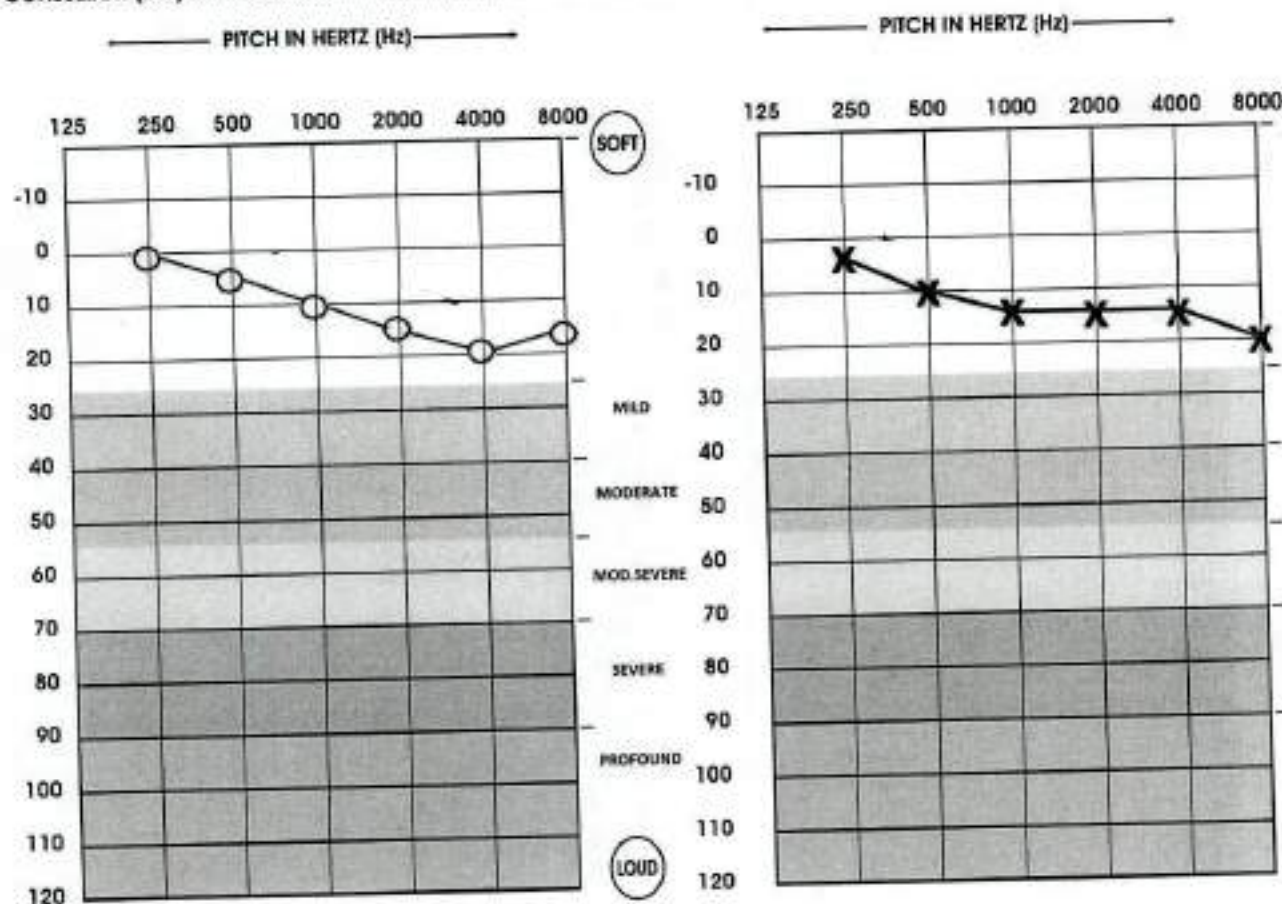
AUDIOGRAM EXAMINATION SHEET

UHID : 405223 BILL NO : DATE : 11-03-20

NAME : MUHAMMAD ZIA MUSTAFA AGE / SEX : 41Y / M

COMPANY : TRUCK OMAN DOB :

CONSULTANT (REF) :



WEBER	RIGHT				
	LEFT				

						SPECIAL TESTS			
dBHL	PTA	SRT	SIS(%)	MCL	UCL	SISI	TDT	MLB/BLB	OAE
RIGHT	10								
LEFT	13.3								

INTERPRETATION :

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

RECOMMENDATION :

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

SIGNATURE

RADIOLOGY

SI No: 27997			Date: 11/03/2024
Patient Name: MUHAMMAD ZIA MUSTAFA		Reg No: 405223	Bill No:
Age: 41 Y	Gender: Male	Nationality: PAKISTANI	Phone:
Address: .			
Company: TRUCK OMAN EQUIPMENT RENTAL LLC		Policy No:	
Certificate No:		Consultant Name: DR FAROOQ	
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 and cardiophrenic angles appear normal.

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.

