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: Singh.
Forenames: Amandeep Singh.
Address:
Home telephone number:

Place of examination: Amal-Hall | Date: 18/04/2021

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

Birth date: 29/03/1994 | Nationality: Ind. | Country of birth: Ind | Religion:

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

Reason for examination: Pre-Employment ☑ Job: Diesel Mechine
Pre-Overseas ☐ Area: Haima

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 ✓ 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: 18.04.2021 **Signature of Applicant:** Amandeep Singh

C.R. No. 1644137 Sultanate of Oman
RECEPTION
amal specialty hospital, Al Hail

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	
✓		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
176	71	22.9	131/90	73 /mins.	L 4 R 4	DISTANT R L: Uncorrected 6/6; NEAR R L: 6/6 Corrected	38	

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis		✓		7. Audiogram
	✓	2. Hb, Bloodcount, ESR →	Elevated 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.)

Needs repeat ESR after 1 month.

FIT

ASSESSMENT:

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

Date: 18/01/2024 Name (Block Capitals): Dr. / Nurse Dr. Shiva Kumar Signature:

DR. SHIVA KUMAR SIDDAIAH General Practitioner MOH Lic. No: 5070 NMC Specialty Hospital, Al Hail

REVIEW/CONSULTATION

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

NMC Specialty Hospital — RECEPTION

DEPARTMENT OF LABORATORY MEDICINE

File No:	50118854	**Report No:**	0117748		
Name:	AMANDEEP SINGH PARMJIT SINGH	**Sample Date:**	18/04/2024	**Time:**	11:04
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 27 Y **Nationality:** INDIAN	**Report Date:**	18/04/2024	**Time:**	13:01
GSM No.:	97446754 **ID Card No.:** 134954644	**Bill No:**	0297844	**Bill Date:**	18/04/2024
Ref. By:	DR SHIVAKUMAR SIDDAIAH	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE BELOW 40 YEARS		
RANDOM BLOOD SUGAR	4.68 mmol/L	4.11 -7.9mmol/L
CREATININE	90.00 µ mol/L	Adults: MALE: 62 – 106 µ mol/L FEMALE: 44 - 80 µ mol/L
SGPT (ALT)	63.50 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
TOTAL WBC COUNT	5.92 x 10^3 / µL	4.00-11.00 x 10^3 / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	43.05 %	40-75%
LYMPHOCYTE (%)	45.40 %	20-45%
MONOCYTE (%)	8.98 %	2-8%
EOSINOPHIL (%)	1.58 %	1-6%
BASOPHIL (%)	1.00 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	25 mm/1st hr	MALE:0-15 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
HAEMOGLOBIN	14.98 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
MOH License No: 17976
Electronically signed at: 4/18/2024 1:02:00

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 18/04/2024 1:05:00 PM

RECEPTION

DEPARTMENT OF LABORATORY MEDICINE

File No:	50118854	**Report No:**	0117748		
Name:	AMANDEEP SINGH PARMJIT SINGH	**Sample Date:**	18/04/2024	**Time:**	11:04
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 27 Y **Nationality:** INDIAN	**Report Date:**	18/04/2024	**Time:**	13:01
GSM No.:	97446754 **ID Card No.:** 134954644	**Bill No:**	0297844	**Bill Date:**	18/04/2024
Ref. By:	DR SHIVAKUMAR SIDDAIAH	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	7.0	4.6-8.0
SPECIFIC GRAVITY	1.015	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	0-3
PUSCELLS	2-3 /hpf	0-5
EPITHELIAL CELLS	1-2 /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: 17975
Electronically signed at: 4/18/2024 1:02:00

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 18/04/2024 1:06:00 PM

RECEPTION

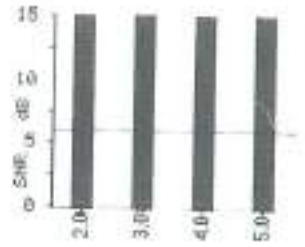
NMC Healthcare LLC

AUDIOMETRY REPORT

U107.05
18 APR-24 11:43
DP 4s 4 sec avg
SN: GI1005649 GI2010484

NAME:

Left: Pass

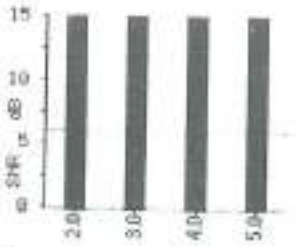


F2	L1	L2	DP	NF	SNR	
2.0	64	55	22	-8	31	P
3.0	65	53	17	-6	23	P
4.0	62	52	11	-14	24	P
5.0	62	53	13	-20	33	P

U107.05
18-APR-24 11:44
DP 4s 4 sec avg
SN: GI1005649 GI2010484

NAME:

Right: Pass



F2	L1	L2	DP	NF	SNR	
2.0	65	55	21	-8	29	P
3.0	65	55	15	-11	27	P
4.0	66	56	11	-20	36	P
5.0	68	57	10	-20	38	P

nt Amandeep Singh Davajit Singh

Sex m MRN 50118854 Date of Test 18/4/2024

RECEPTION

Signature of the Technician

Vitalograph

Pulmonary Function Report

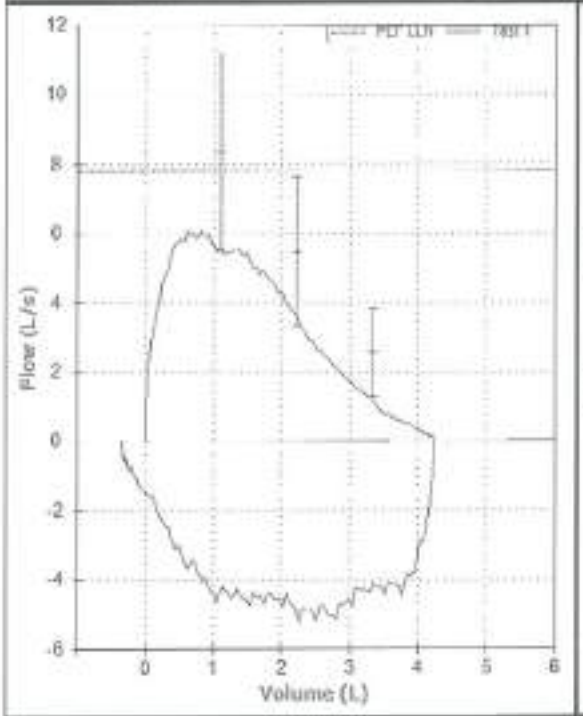
Subject Information

ID:	2024109_112641142	Alternate ID:	50118854		
Last Name:	Singh	First Name:	Amandeep	Middle Name:	Parmjit
Population:	African/S.Indian	Gender:	Male	Date of Birth:	29/03/1997
Age:	27	Height:	176 cm	Weight:	71.0 kg
BMI:	22.9	Smoking:	Non Smoker		

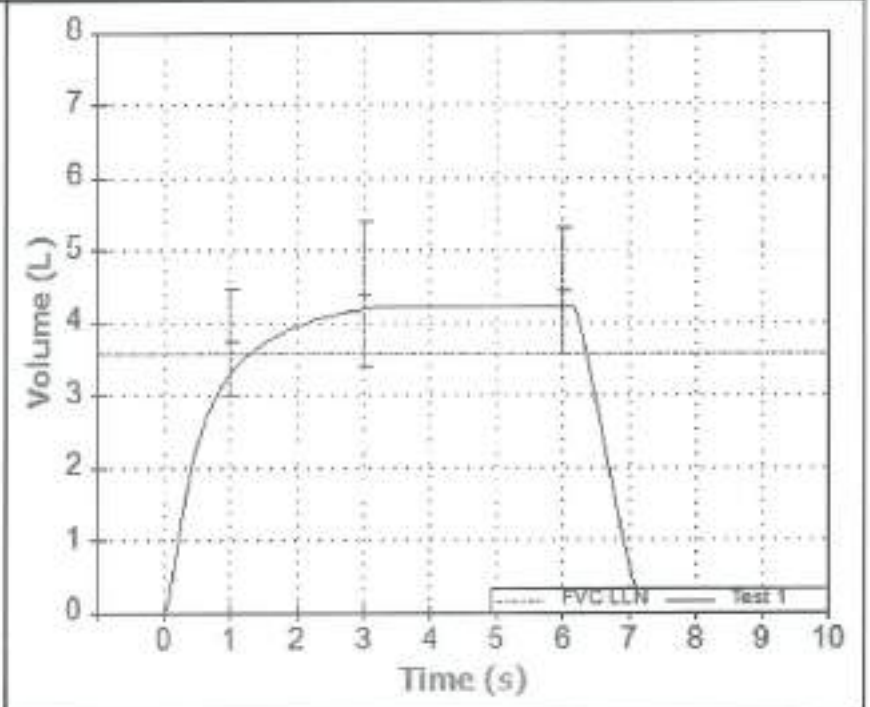
Test Session Information

Test Date:	18/04/2024 11:31	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	2	Accuracy Chk:	30/05/2019 15:42	User:	Administrator
Pred. Values:	ERS 93	Pred. Factor:	87%	Posture:	Sitting

Flow / Volume Graph



Volume / Time Graph



Results

Parameter	Pred	LLN	Best	% Pred.	Z-Score
FVC (L)	**4.44**	3.57	**4.23**	**95**	-0.40
FEV1 (L)	**3.74**	3.01	**3.36**	**90**	-0.85
FEV1 Ratio	**0.82**	0.71	**0.73**	**89**	-1.34
FEV6 (L)	**4.44**	3.57	**4.22**	**95**	-0.41
PEF (L/min)	**588**	469	**365***	**62**	-3.07
FEF25-75 (L/s)	**4.95**	3.24	**3.11***	**63**	-1.76

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

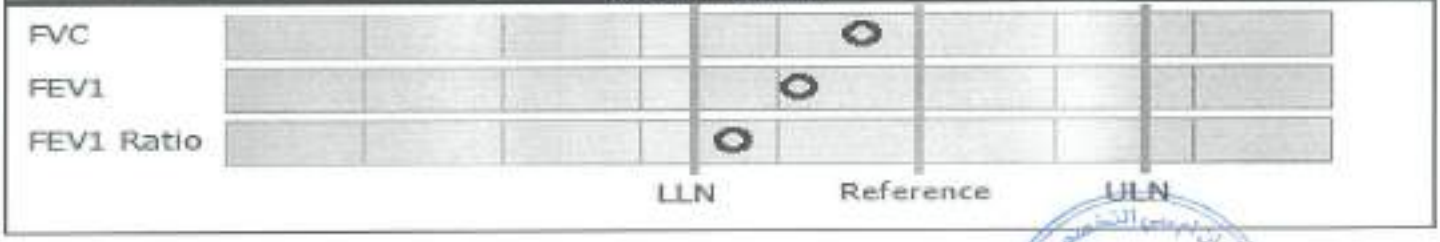
Session Quality and Repeatability Information

FVC Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
D	-	-	0 blow(s)	0 blow(s)	0 blow(s)

Computer Suggested Interpretation

Computer interpretations cannot be relied upon for diagnosis. Normal ventilatory function.

Reference Pictogram

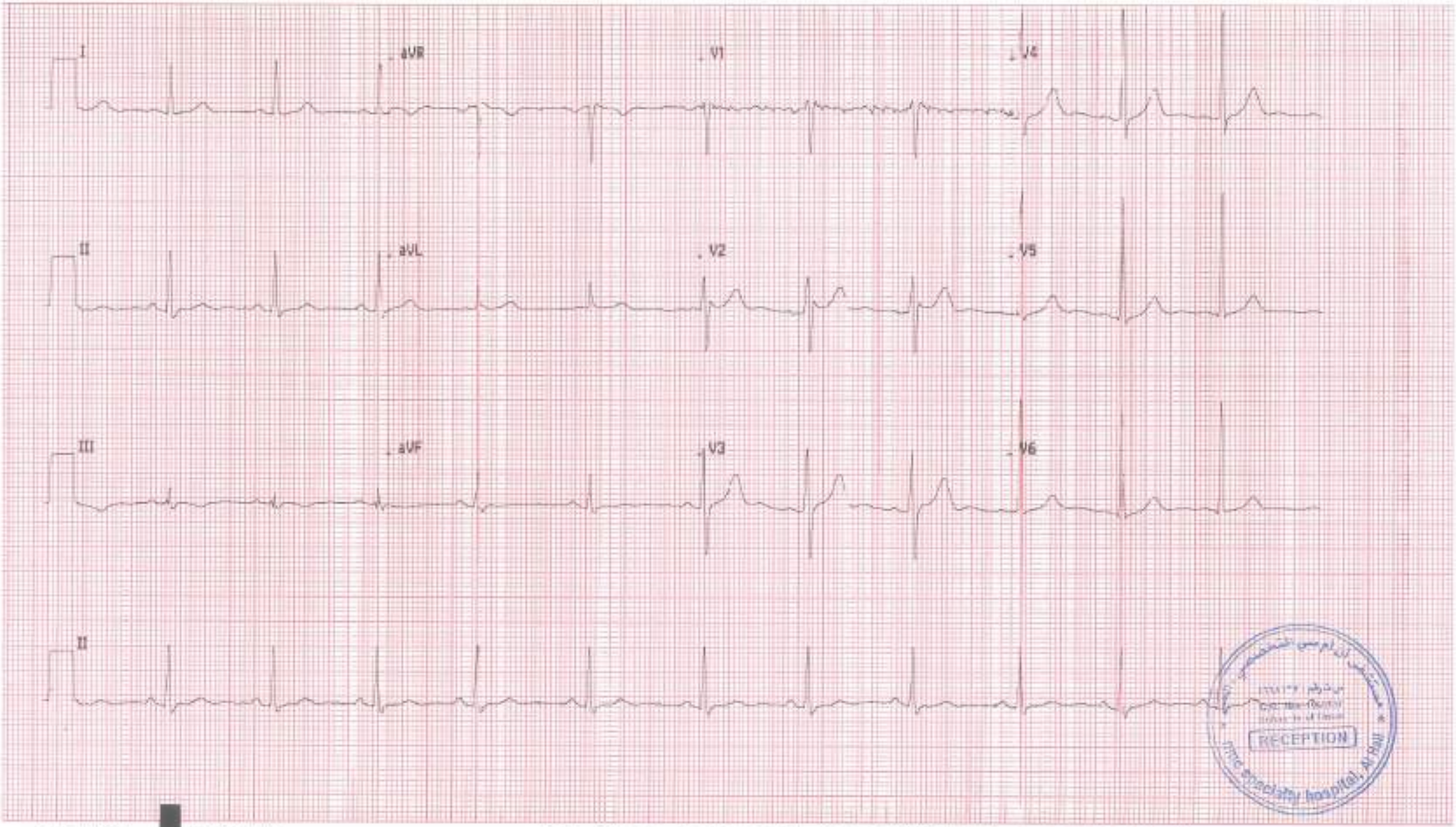


ID: 50118854
DOB:
27yr, Male

Vent rate:	70 BPM
PR int:	150 ms
QRS dur:	98 ms
QT/QTc:	381/403 ms
P-R-T axes:	65 44 13

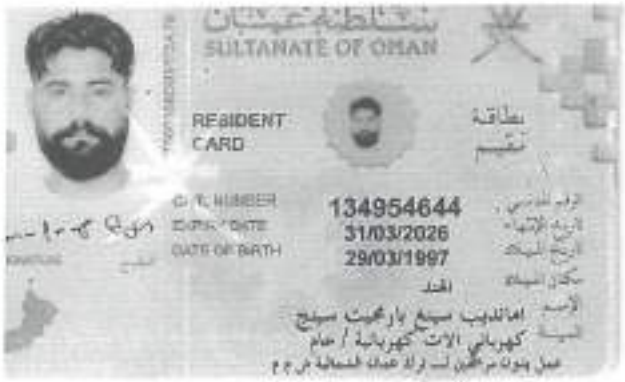
SINUS RHYTHM
POSSIBLE RIGHT VENTRICULAR CONDUCTION DELAY (RSR' (QR) IN V1/V2
BORDERLINE ECG

UNCONFIRMED REPORT



119210000839 [redacted] No Site Name

Site # 0 Cart # 0 Version 2105 Sequence 007306 25mm/s 10mm/mV 0.05-40 Hz U


SULTANATE OF OMAN
RESIDENT CARD
بطاقة مقيم
134954644
31/03/2026
29/03/1997
AMANDEEP SINGH PARMJIT SINGH
كهرباني الات كهربائية / حام


VEHICLE DRIVING LICENCE
CLASS
NOTE
NAME AMANDEEP SINGH PARMJIT SINGH
NATIONALITY INDIAN
IDOMN1349546440<<<<<<<<<<<<<<<
9703290M2603313IND<<<<<<<<<<<2
AMANDEEP<SINGH<PARMJIT<SINGH<<


RECEPTION
nmc specialty hospital

PDO Medical

Nusaiba <nusaiba@truckomangroup.com>

Tue 4/16/2024 10:48 AM

To:Customercare Hail [NMC Oman] <customercare.hail@nmcoman.com>
Cc:Rahul Bhalerao [NMC Oman] <Rahul.Bhalerao@nmcoman.com>;Bushra Al Balushi <bushra@truckomangroup.com>; Nimesh <nimesh@truckomangroup.com>;Harshakumar <harsha@truckomangroup.com>;Gopal <gopal@truckomangroup.com>;Aimad AL Siyabi <aimad@truckomangroup.com>

Dear NMC Team,

Please arrange the PDO medical for below our employee. He will report to the NMC hospital-Al Hail tomorrow morning.
Please send me a copy of medical reports once completed.

Emp No	Name	Position	ID card number	GSM
2156	Amandeep Singh	Mechanic	134954644	97446754

Best Regards ,

Nusaiba Awladthani

HR & Admin – TOS

Tel : 22308816