11.32 Appendix 32 : EX1 From (Initial Examination Report)

INITIAL EXAMINATION REPORT / MEDICAL - CONFIDENTIAL

الإندماج للعناية الطبية
FUSION MEDIC-A-RE
P.O. Box :1167, Postal Code: 130
Sultanate of Oman
Tel: 24595956

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK LETTERS

ID No.	90245995
Surname	MUHAMMAD SALEEM
Forenames	ABDUL WAJID
Trade	DRIVER
Address	PUNJAB PAKISTAN

Place of Examination: AZAIBA | Date: 30-6-2024 | Home Telephone No: 95180028

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

Birthdate: 12/04/1987 | Nationality: PAKISTANI | Country of Birth: PAKISTAN | Religion: MUSLIM

☑ Male ☐ Female | ☑ Married ☐ Single ☐ Separated /Divorced | Relationship to employee: ☐ Wife ☐ Son ☐ Daughter | Number of children: 4

Reason for examination: Pre-Employment ☑ Job: DRIVER
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
1. Sinus trouble		✓
2. Neck swelling/glands		✓
3. Difficulty in vision		✓
4. Any ear discharge		✓
5. Asthma/bronchitis		✓
6. Hayfever /other significant allergy		✓
7. Any skin trouble		✓
8. Tuberculosis		✓
9. Shortness of breath		✓
10. Coughed/vomited blood		✓
11. Severe abdominal pain		✓
12. Stomach ulcer		✓
13. Recurrent indigestion		✓
14. Jaundice or hepatitis		✓
15. Gall Bladder disease		✓
16. Marked change in bowel habits		✓
17. Blood in stools (motions)		✓
18. Marked change in weight		✓
19. Varicose veins		✓
20. Lump in breast/armpit		✓
21. Cancer		✓
22. Heart Disease		✓
23. Rheumatic fever		✓
24. Abnormal heartbeat		✓
25. High blood pressure		✓
26. Stroke		✓
27. Serious chest pain		✓
28. Any blood disease		✓
29. Kidney disease		✓
30. Blood in urine		✓
31. Diabetes		✓
32. Headaches/migraine		✓
33. Dizziness/fainting		✓
34. Epilepsy		✓
35. Joints/spinal trouble		✓
36. Surgical operation		✓
37. Serious accident/fracture		✓
38. Tropical disease		✓
39. Fear of heights		✓

HAVE YOU EVER BEEN:-	Y	N
40. Rejected for employment or insurance for medical reasons		✓
41. Awarded benefits for industrial injury/illness		✓
42. Treated for a mental condition, e.g. depression		✓
43. Treated for problem drinking or drug abuse		✓
44. Exposed to toxic substance or noise		✓
FOR WOMEN ONLY		
Have you ever had :- N/A		
45. An abnormal smear		
46. Any gynaecological treatment		
47. Are you pregnant?		
48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		

How much tobacco each day? NIL | Average daily alcohol consumption NIL

Have you ever taken elicited drugs? ( ) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes ( ) N Tuberculosis ( ) N Epilepsy ( ) N Asthma ( ) N Eczema ( ) N
Heart disease ( ) N High blood pressure ( ) N Stroke ( ) N Blood Disease ( ) N Cancer ( ) N

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: 30-6-2024 | Signature of Applicant: Wajid

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	NAD
✓		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 DISTANT R	VISION DISTANT L	VISION REAR R	VISION REAR L	Color Vision	Blood Group
175	70	22.9	114/75	78 /mins.	L / R NAD	Uncorrected 6/6	6/6	N/6	N/6	NAD	O+ve
						Corrected					

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
N		1. Urinalysis		N		7. Audiogram
	A	2. Hb, Bloodcount, ESR				8. Lung Function
N		3. LFT, RFT, RBS				9. Chest X-Ray
	—	4. Drug Screen				10. ECG
N		5. Lipids (40 years +)				11. CVS risk for 40 yrs. & above
N		6. Sickle Cell Test				12. HIV, Hepatitis screening

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

ASSESSMENT:

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

Date: 30/6/2024 Name (Block Capitals): DR.RENISH RASHEED Signature:

REVIEW/CONSULATION

FUSION MEDICARE

DR. RENISH RASHEED
MBBS
MOH. Reg. No. 18622

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

Appendix 15: Fitness to Work Certificate

Employee Data		Date 30-6-2024
Last Name MUHAMMAD SALEEM		First Name ABDUL WAJID
I.D No. 90245995	Age 37	Occupation DRIVER

Type of Medical Evaluation — Mark those applying √

A1	Aircraft refuelling		A6	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		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 their fitness to work status for the above tasks is as follows.

Fit with no restrictions			✓
Fit with following restrictions *The employee is fit for above work but should avoid the following tasks*			
Work near moving machinery or sharp edges		Operate motor vehicles, forklifts or heavy machinery	
Working at height		Use a respirator	
Pull push carry weight over Kg		Repetitive twisting of valves or wrenches	
Ascend/descend ladders or stairs		Flying	
Other (Specify)			
These restrictions are Permanent			
These restrictions are temporary until (date)			
Temporary Unfit until (date)			
Permanently Unfit			

Date 30-6-2024	Signature	Dr RENISH RASHEED Print Name

FIT FUSION MEDICARE

DR. RENISH RASHEED

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

Employee Data		Date 30-6-2024
Last Name MUHAMMAD SALEEM		First Name ABDUL WAJID
I.D No. 90245995	Tel # 95180028	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.

How likely are you to fall asleep in the following situations?

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
1	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic

Total 2

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

Signature: _____ Date: 30-6-2024

Appendix 16: (Form SQ2), Breathing Apparatus Screening

Employee Data		Date: 30-6-2024
Name: ABDUL WAJID		Department/Company:
I. D No. 90245995	Tel # 95180028	Occupation: DRIVER

This form is required to be completed either at the time of your fit testing for respirator use or medical evaluation. If you have never completed an initial questionnaire form, you should not be fit tested nor use a respirator until the initial questionnaire has been reviewed and approved by a health care professional. 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.

		Yes	No	Not Sure
1	Have you experienced any health problems/signs or symptoms that you associate with respirator use or the ability to use a respirator while performing your work that requires the use of a respirator?		✓	
2	Has here been any change in workplace conditions ie g . physical work effort, protective clothing, and temperature) that has or may result in a substantial increase in the physiological burden placed on you when performing your work that requires respirator use?		✓	
3	Do you currently have any medical restrictions or limitations (for example lifting restrictions) that may affect your ability to safely wear a respirator?		✓	
4	Do you have any medical problems (for example issues related to the heart, breathing problems, seizures, back problems, neck problems, medications, etc.) that may affect your ability to safely wear a respirator?		✓	
5	Do you have any medical problems that prevent you or may prevent you from working in a confined space?		✓	
6	Would you like to talk with a health professional regarding your health and respirator use?		✓	

This form will be forwarded to the healthcare provider who will perform your evaluation for respirator use fitness. If you answered "yes" or "not sure" to any of the questions, then you are prohibited from using a respirator until this evaluation is completed and approval is granted.

Declaration: I ABDUL WAJID MUHAMMAD SALEI (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Wajid Date: 30-6-2024

CR No. 1/042337
P.O. Box : 1167
Postal Code : 130

الإندماج للعناية الطبية
FUSION MEDICARE

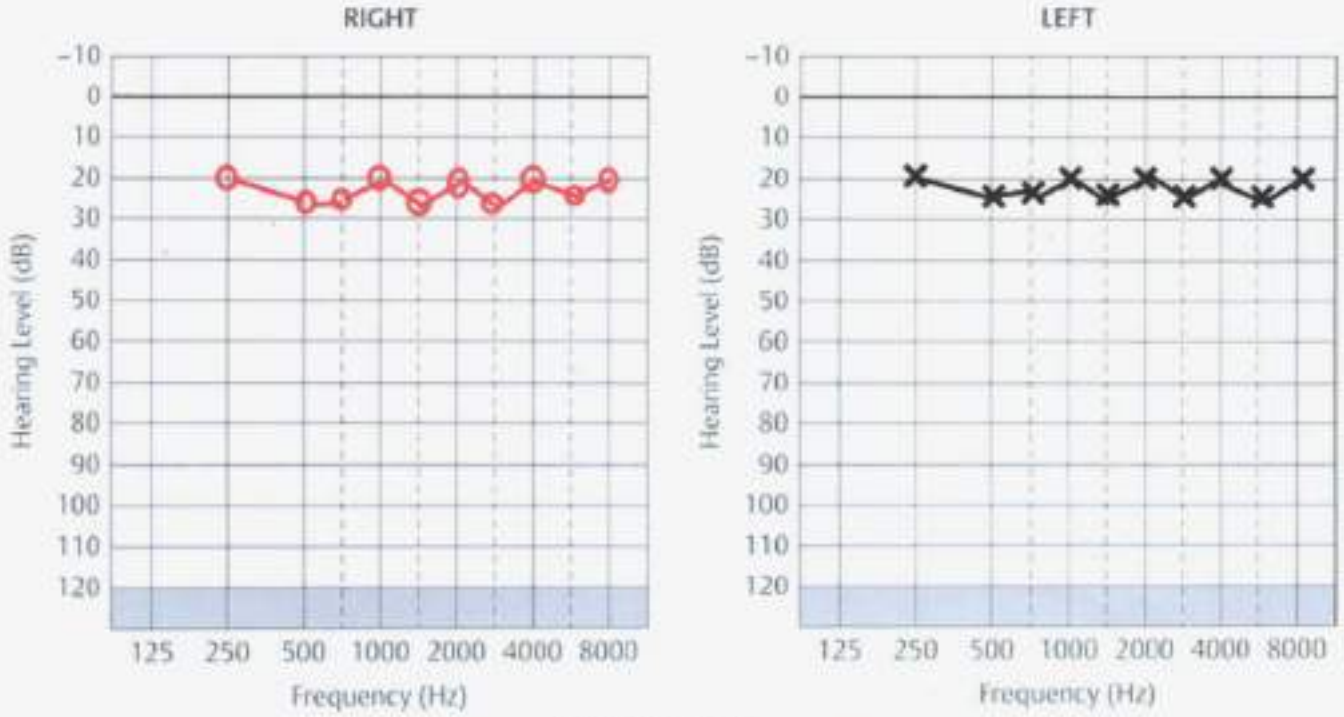
س ت رقم :١/٠٤٢٣٣٧
ص. ب:١١٦٧
الرمز البريدي:١٣٠

Doctor / Audiologist : DR RENISH RASHEED

Address : AZAIBA, MUSCAT

Tel No : 24595956

AUDIOGRAM



SYMBOL TABLE

	Right	Left
Air conduction, masked if necessary	●	×
Bone conduction, not masked	△	
Bone conduction, masked	[	]
Uncomfortable loudness level	⌊	⌋

Patient's Name : **ABDUL WAJID MUHAMMAD SALEEM**

Age : **37** Date : **30-6-2024** Sex : **MALE**

Address :

Remarks : NORMAL STUDY

DR. RENISH RASHEED
MBBS
MOH Reg. No. 10699

Al Mamour Building, Way No. 319, Building No 1542, Post Box : 1167, PC : 130, Al Azaiba, Sultanate of Oman
Tel : +968 24595956, Fax : +968 24595929
Email : medcare@fusionlogicoman.com, Website : www.fusionlogicoman.com

	Petroleum Development Oman LLC	Revision: 6.0 Effective: April 2023

Fitness to Work Certificate for drivers

Employee Data		Date 30/6/2024
Name **ABDUL WAJID MUHAMMAD SALEEM**		Department/Company
I.D No. **90245995**	Age **37**	Occupation **DRIVER**

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 RENISH RASHEED
Name of health advisor

Signature

Date 30/6/2024

FIT
FUSION MEDICARE

DR. RENISH RASHEED
MBBS
MOH, Reg. No. 10699

FUSION MEDICARE

CR No. 1/042337
P.O. Box : 1167
Postal Code : 130

الإندماج للعناية الطبية
FUSION MEDIC CARE

س ت رقم :١/٠٤٢٣٣٧
ص. ب:١١٦٧
الرمز البريدي:١٣٠

EYE REFRACTION REPORT

NAME: ABDUL WAJID DATE: 30/6/2024

AGE: 37 SEX: MALE NATIONALITY: PAKISTANI

COMPANY: HOSPITAL NO:

	RIGHT EYE			LEFT EYE		
VISUAL ACUITY (Unaided)	6/6			6/6		
VISUAL ACUITY (With Correction)	—			—		
NEAR VISION (Unaided)	N/6			N/6		
NEAR VISION (With Correction)	—			—		
Wearing Spectacle	sph	cyl	axis	sph	cyl	axis
Contact Lens Power Dist						
Near-Add						
Color Vision	NORMAL STUDY			NORMAL STUDY		

IMPRESSION: Normal Study

MOH No.....

DOCTOR SIGNATURE & SEAL

DR. RENISH RASHEED
MBBS
MOH, Reg. No. 10699

FUSION MEDICARE

CR No. 1/042337
P.O. Box : 1167
Postal Code : 130

الإندماج للعناية الطبية
FUSION MEDIC CARE

س. ت رقم :٠٤٢٣٣٧/١
ص. ب:١١٦٧
الرمز البريدي:١٣٠

الطابق الأرضي ، بناية المعمور ، مبنى 1542 ، طريق رقم 319 ، غلا ، شارع جامع الأكبر ، العذيبة
Ground floor, Al Mamour Building, Building.1542, Way No.319, Al Jami Al Akbar St, Azaiba

Patient	:ABDUL WAJID MUHAMMAD SALEEM	**Result_Date**	:2024-06-30
Age/Sex	:37 Y/M	**Doctor**	:RENISH RASHEED
IP/OP No	:117041	**Lab_id**	:5270

Test Name	Result	Normal Range
PDO MEDICAL - A		
RANDOM BLOOD GLUCOSE	5.07 mmol/L	4.1 - 7.7
CHOLESTEROL TOTAL	4.12 mmol/L	< 5.2
TRIGLYCERIDES	1.23 mmol/L	<2.3
HDL CHOLESTEROL	1.35 mmol/L	> 0.9 (Male) > 1.15 (Female)
LDL CHOLESTEROL	2.23 mmol/L	< 2.59
BLOOD UREA	3.69 mmol/L	2.8 - 7.2
CREATININE	90.3 umol/L	60-110 (Male) 45-90 (Female)
URIC ACID	290.5 umol/L	214-456
BILIRUBIN (TOTAL)	7.58 umol/L	2-21
SGPT(ALT)	30.5 U/L	Upto 40
SGOT(AST)	25.5 U/L	Upto 40
ALKALINE PHOSPHATASE (ALP)	104.5 U/L	30-120
GAMMA GTT	47.9 U/L	< 49 (Male) <32 (Female)
ESR	5.0 mm/hr	0-10 (Male) 0-20 (Female)
SICKLING TEST	NEGATIVE	NEGATIVE
URINE ANALYSIS		
COLOR	YELLOW	
SP GRAVITY	1.020	1.010-1.030
PH	6.0	Alkaline
PROTEIN	NIL	NIL
SUGAR	NIL	NIL
KETONE	NIL	NIL
Billrubin	NIL	NIL
UROBILINOGEN	NIL	NIL
PUS CELLS	2-3 /hpf	
RBCs	NIL / hpf	Nil
- CRYSTALS	NIL	NIL
CAST	NIL	NIL

JAINAMMA BOBAN
Lab Technician
M.G.H. Hospital

STAMP

LAB TECHNICIAN

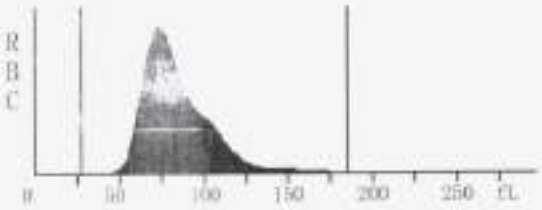
Fusion Medicare Polyclinic
Analysis Report

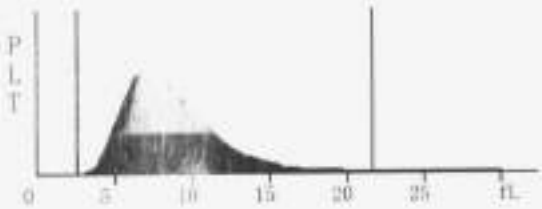
Mode:Whole Blood+CBC+5Diff
Name:ABDUL WAJID
ID:0000004
Dept.:

Blood type:
Gender:Male
Age:37Y
Time:06/30/2024 12:09

Bed No.:
Case ID:
group:Male
Print Time:06/30/2024 12:10

Param.	Result	Unit	Range
WBC	4.49	10^9/L	3.50-9.50
LYM%	38.21	%	20.00-40.00
MON%	10.76 ↑	%	3.00-10.00
NEU%	47.30 ↓	%	50.00-70.00
EOS%	3.71	%	0.50-5.00
BASO%	0.02	%	0.00-1.00
LYM#	1.715	10^9/L	0.800-4.000
MON#	0.483	10^9/L	0.120-1.200
NEU#	2.126	10^9/L	2.000-7.000
EOS#	0.166	10^9/L	0.020-0.500
BASO#	0.000	10^9/L	0.000-0.100
RBC	5.67	10^12/L	4.30-5.80
HGB	14.6	g/dL	12.0-17.5
HCT	45.2	%	40.0-50.0
MCV	79.8 ↓	fL	82.0-100.0
MCH	25.7 ↓	pg	27.0-34.0
MCHC	32.3	g/dL	31.6-35.4
RDW_CV	13.7	%	11.5-14.5
RDW_SD	39.1	fL	37.0-54.0
PLT	265	10^9/L	125-350
MPV	7.5	fL	7.4-10.4
PDW	10.4	fL	10.0-14.0





JAINAMMA BOBAN
Lab Technician

Sender:
Operator:administrator
Auditor:

This result is valid only for current sample