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: MUHAMMDA ADEEL
Forenames: MUHAMMAD RAFIQUE
Address:
Home telephone number: 92042034

Place of examination: NMC AL HAIL | Date: 08/8/24

If a dependant enter employee's name here:
Surname: MUHAMMAD ADEEL | Forenames: MUHAMMAD RAFIQUE
Birth date: 30/11/1986 | Nationality: PAKISTAN | Country of birth: PAKISTAN | Religion: MUSLIM

[✓] Male [ ] Female | [✓] Married [ ] Single [ ] Separated /Divorced | Relationship to employee: [ ] Wife [✓] Son [✓] Daughter | Number of children: 3

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		✓			
16. Marked change in bowel habits		✓	36. Surgical operation		✓	46. Any gynaecological treatment		
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? NO | Average daily alcohol consumption NO.

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

FAMILY HISTORY: Diabetes (✓) Tuberculosis (X) Epilepsy (X) Asthma (X) Eczema (X)
Heart disease (X) High blood pressure (✓) 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: 08/8/24 | **Signature of Applicant:**

nmc specialty hospital, Al Hail
C.R. No: 1089137
Sultanate of Oman
RECEPTION

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
182	84	25.3	126/89	84 /mins.	L N R N	Uncorrected DISTANT R 6/6 L 6/6 NEAR R N L N Corrected	N	

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	Hb 14.5	✓		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.)

Adv: Donate 2 pints of Blood. (Polycythemia Rubra Vera).

ASSESSMENT:

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

FIT

Date: 08/8/24 Name (Block Capitals): Dr. / Nurse DR. M... Signature:

REVIEW/CONSULTATION

Date: 8/8/24 Name (Block Capitals): Dr. / Nurse Signature:

RECEPTION

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

Employee Data		Date: 08/8/24
Name: MUHAMMAD ADEEL MUHAMMAD RAFIQUE		Department/Company:
I. D No. 76128731	Tel #	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. 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
	Lying down to rest in the afternoon when circumstances permit
1	Sitting a talking with someone
0	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
1	
Total 4	

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:** 08/8/24

DEPARTMENT OF LABORATORY MEDICINE

File No:	50079132	**Report No:**	0127824		
Name:	MUHAMMAD ADEEL MUHAMMAD RAFIQUE	**Sample Date:**	08/08/2024	**Time:**	9:29
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 37 Y **Nationality:** PAKISTANI	**Report Date:**	08/08/2024	**Time:**	10:56
GSM No.:	92042034 **ID Card No.:** 76/283	**Bill No:**	031/762	**Bill Date:**	08/08/2024
Ref. By:	DR MASOOD SIDDIQUE	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE BELOW 40 YEARS		
FASTING BLOOD SUGAR	5.34 mmol/L	4.11 -6.05mmol/L
CREATININE	91.00 µ mol/l	Adults: MALE: 62 – 106 µ mol/L FEMALE: 44 - 80 µ mol/L
SGPT (ALT)	42.30 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
TOTAL WBC COUNT	4.45 x 10^3 / µL	4.00-11.00 x 10^3 / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	49.79 %	40-75%
LYMPHOCYTE (%)	35.06 %	20-45%
MONOCYTE (%)	8.60 %	2-8%
EOSINOPHIL (%)	5.00 %	1-6%
BASOPHIL (%)	1.54 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	02 mm/1st hr	MALE:0-15 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
HAEMOGLOBIN	17.06 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:

11011
Lab Technologist
MOH License No:
Electronically signed at: 8/8/2024 10:57:00

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 08/08/2024 11:09:00

RECEPTION

Printed at: 08/08/2024 1:07:49 PM

DEPARTMENT OF LABORATORY MEDICINE

File No:	50079132	**Report No:**	0127824		
Name:	MUHAMMAD ADEEL MUHAMMAD RAFIQUE	**Sample Date:**	08/08/2024	**Time:**	9:29
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 37 Y **Nationality:** PAKISTANI	**Report Date:**	08/08/2024	**Time:**	10:56
GSM No.:	92042034 **ID Card No.:** /67283	**Bill No:**	031/762	**Bill Date:**	08/08/2024
Ref. By:	DR MASOOD SIDDIQUE	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	6.0	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	1-3 /hpf	0-5
EPITHELIAL CELLS	0-2 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	NIL	NIL

Verified By:

11011
Lab Technologist
MOH License No:
Electronically signed at: 8/8/2024 10:57:00

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 08/08/2024 11:09:00

RECEPTION

Printed at: 08/08/2024 1:07:49 PM

AUDIOMETRY REPORT

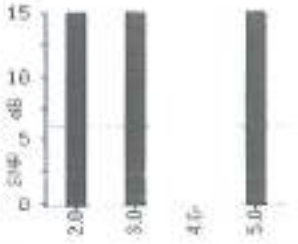
Name of the Patient Mr. Muhammad Adel Muhammad

Age 37y Sex M MRN 50079132 Date of Test 08/08/2024

U107.05
08-AUG-24 10:06
DP 4s 4 sec avg
SN: GI1005649 GI2010484

NAME:

Left: Pass

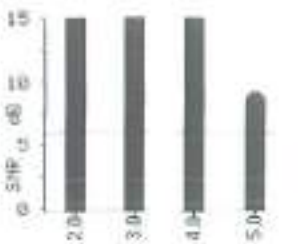


F2	L1	L2	DP	NF	SNR	
2.0	64	57	11	-5	16	P
3.0	69	59	11	-20	31	P
4.0	70	59	---	-17	---	*
5.0	67	57	2	-19	21	P

U107.05
08-AUG-24 10:06
DP 4s 4 sec avg
SN: GI1005649 GI2010484

NAME:

Right: Pass



F2	L1	L2	DP	NF	SNR	
2.0	65	55	4	-14	18	P
3.0	63	56	-1	-20	19	P
4.0	67	56	11	-18	29	P
5.0	66	56	-11	-20	9	P

RECEPTION

Signature of the Technician

Vitalograph

Pulmonary Function Report

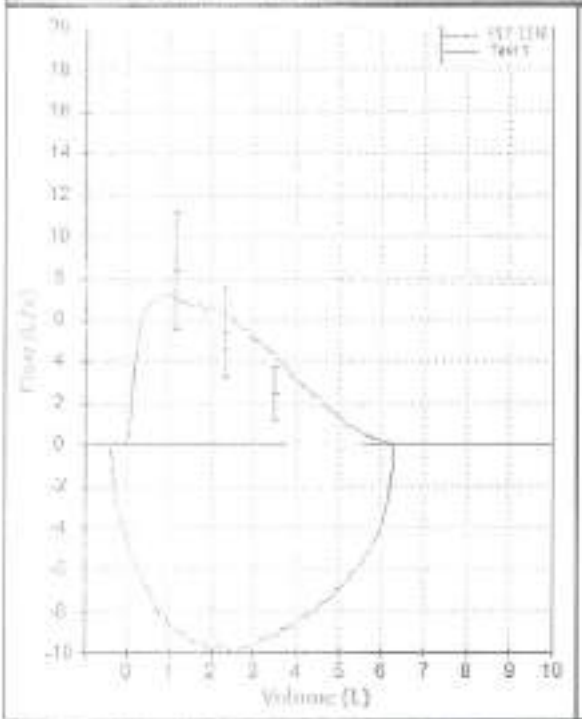
Subject Information

ID:	2024221_094706480	Alternate ID:	50079132		
Last Name:	Muhammad	First Name:	Muhammad	Middle Name:	Adeel
Population:	Asian	Gender:	Male	Date of Birth:	30/11/1986
Age:	37	Height:	182 cm	Weight:	84.0 kg
BMI:	25.4	Smoking:	Non Smoker		

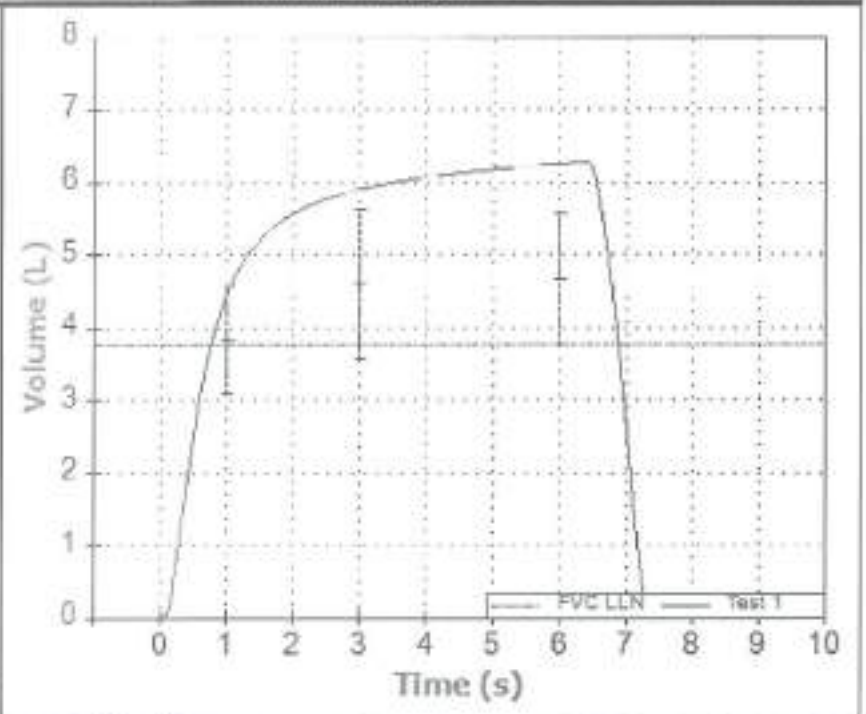
Test Session Information

Test Date:	08/08/2024 09:48	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	6	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)	4.66	3.76	6.28	135	2.95
FEV1 (L)	3.83	3.08	4.72	123	1.95
FFV1 Ratio	0.81	0.69	0.71	88	-1.37
FEV6 (L)	4.66	3.76	6.26	134	2.92
PEF (L/min)	584	465	551	94	-0.46
FEF25-75 (L/s)	4.64	2.93	4.05	87	-0.57

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

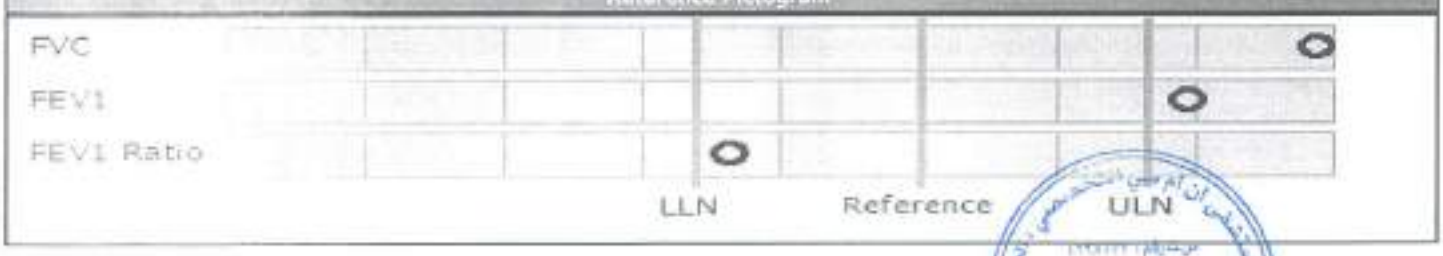
Session Quality and Repeatability Information

FVC Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
C	0.35 L (5.6%)	0.17 L (3.6%)	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

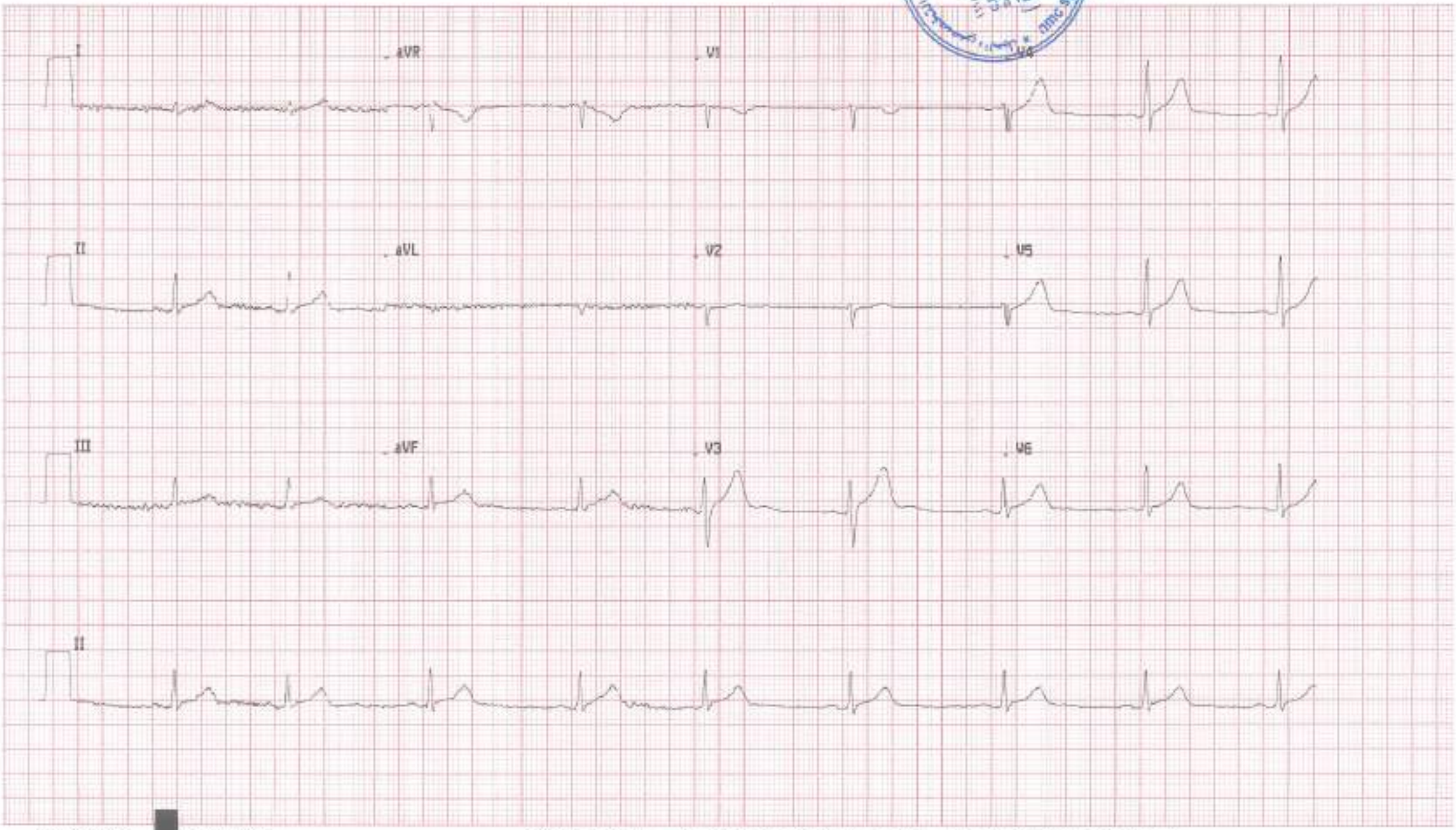


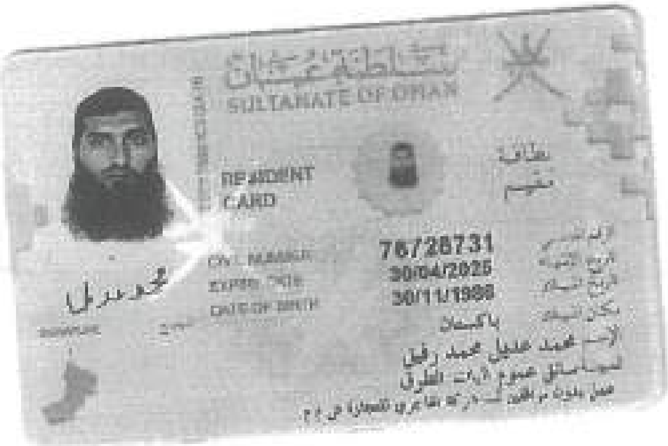
ID: 50079132
DOB:
37yr, Male

Vent rate:	53 BPM
PR int:	156 ms
QRS dur:	94 ms
QT/QTc:	418/402 ms
P-R-T axes:	31 82 62

SINUS BRADYCARDIA WITH SINUS ARRHYTHMIA
ST ELEVATION, PROBABLY EARLY REPOLARIZATION (ST ELEVATION WITH NORMALLY INFLECTED T WAVE)
BORDERLINE ECG

UNCONFIRMED REPORT




SULTANATE OF OMAN

RESIDENT CARD

CIVIL NUMBER 76728731

EXPIRY DATE 30/04/2025

DATE OF BIRTH 30/11/1986

باكستان

محمد عديل محمد رفيق


VEHICLE DRIVING LICENCE

ROYAL OMAN POLICE

CLASS

NOTE

NAME MUHAMMAD ADEEL MUHAMMAD RAFIQUE

باكستاني

NATIONALITY PAKISTANI

IDOMN76728731<3<<<<<<<<<<<<<<<

8611301M2504306PAK<<<<<<<<<<<8

MUHAMMAD<ADEEL<MUHAMMAD<<<<<<<

RECEPTION

Sultanate of Oman

mmc specialty hospital

PDO FTW for Muhammed Adeel

Sudheesh Krishnan <sudheesh.krishnan@truckomangroup.com>

Thu 8/8/2024 7:59 AM

To:Customercare Hail [NMC Oman] <customercare.hail@nmcoman.com>
Cc:Sahaya Jayaraj <Sahaya@truckomangroup.com>;Sampuran Singh <sampuran@truckomangroup.com>;Jeyasingh <jeyasingh@truckomangroup.com>;Davis George <davis@truckomangroup.com>;Muatasim Al Mandhari <Muatasim@truckomangroup.com>

Dear NMC Team,

Please arrange PDO FTW for Muhammad Adeel today, 08th August 2024 and kindly share the report once it is done.

Best Regards,

Sudheesh Krishnan
HSE Coordinator
Truckoman Rental LLC
M:94885082

Sultanate of Oman
RECEPTION
nmc specialty hospital, Al Hail