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 ABDULLAH NASSER
Forenames AHMED AL BUSAIDI
Address
Home telephone number 99883371

Place of examination NMC AL HAIL | Date 17/12/24

If a dependant enter employee's name here:
Surname: ABDULLAH NASSER | Forenames: AHMED AL BUSAIDI

Birth date: 27/11/24 | Nationality: OMANI | Country of birth: OMAN | 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? (X) | Average daily alcohol consumption (X)

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: 17/12/24 **Signature of Applicant:**

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
✓		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
							DISTANT		NEAR		
							R	L	R	L	
176	82	26.47	127/80	70 /mins.	L ? R (N)	Uncorrected	6/6	6/6	(N)	(N)	(N)
						Corrected					

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

ASSESSMENT:

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

FIT

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

DR. SIKANDAR BAKHAT KHAN
General Practitioner
MOH Lic. No: 12433
nmc specialty hospital, Al Hail

Signature:

REVIEW/CONSULTATION

Date: 17/12/24 Name (Block Capitals): Dr. / Nurse Signature:

DEPARTMENT OF LABORATORY MEDICINE

File No:	50130375	**Report No:**	0140193		
Name:	ABDALLAH NASSER AHMED AL BUSAIDI	**Sample Date:**	17/12/2024	**Time:**	12:32
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 29 Y **Nationality:** OMANI	**Report Date:**	17/12/2024	**Time:**	16:18
GSM No.:	99883371 **ID Card No.:** 22739047	**Bill No:**	0343893	**Bill Date:**	17/12/2024
Ref. By:	DR SIKANDAR KHAN				

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE BELOW 40 YEARS		
RANDOM BLOOD SUGAR	6.16 mmol/L	4.11 -7.9mmol/L
CREATININE	72.00 µ mol/L	Adults: MALE. 62 – 106 µ mol/L FEMALE: 44 - 80 µ mol/L
SGPT (ALT)	18.60 U/L	MALE . up to 41 U/L, FEMALE : up to 33 U/L.
TOTAL WBC COUNT	4.44 x 10^3 / µL	4.00-11.00 x 10^3 / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	46.21 %	40-75%
LYMPHOCYTE (%)	43.86 %	20-45%
MONOCYTE (%)	6.53 %	2-8%
EOSINOPHIL (%)	0.98 %	1-6%
BASOPHIL (%)	2.42 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	14 mm/1st hr	MALE:0-15 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
HAEMOGLOBIN	13.36 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 -19.6 gm /dl
SICKLE CELL	NEGATIVE	
Method : Solubility test (If Positive , Hb Electrophoresis / HPLC to be done to confirm Sickle cell anaemia / Trait).		
URINE ROUTINE		

Verified By: *Approved By:*

10593

Lab Technologist *Specialist Pathologist*

MOH License No:

Electronically signed at: 12/17/2024 4:20:00

nmc specialty hospital

NMC Healthcare LLC
C.R.No : 166813
Plot No: 294, Block: 31
Building No: 812, Al Hail Nort
Sultanate of Oma
T: (+968) 2426 922
F: (+968) 2426 928
www.nmcoman.com

Printed at: 17/12/2024 5:08:47 PM

DEPARTMENT OF LABORATORY MEDICINE

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GSM No.:	99883371 **ID Card No.:** 22739047	**Bill No:**	0343893	**Bill Date:**	17/12/2024
Ref. By:	DR SIKANDAR KHAN				

INVESTIGATION	RESULT	REFERENCE RANGE
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	6.5	4.6-8.0
SPECIFIC GRAVITY	1.020	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	0-2 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	NIL	NIL

Verified By: *Approved By:*

10593

Lab Technologist *Specialist Pathologist*

MOH License No:

Electronically signed at: 12/17/2024 4:20:00

C.R. No 1668137
RECEPTION
مستشفى nmc التخصصي
nmc specialty hospital

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Printed at: 17/12/2024 5:08:47 PM

Outlook

Abdallah Nasser AL Busaidi#New

From Muatasim Al Mandhari <Muatasim@truckomangroup.com>
Date Tue 12/17/2024 11:32 AM
To Customercare Hail [NMC Oman] <customercare.hail@nmcoman.com>
Cc Rahul Bhalerao [NMC Oman] <Rahul.Bhalerao@nmcoman.com>; Davis George <davis@truckomangroup.com>; Sudheesh Krishnan <sudheesh.krishnan@truckomangroup.com>; Hassan <hassan@truckomangroup.com>; Jeyasingh <jeyasingh@truckomangroup.com>; Azzan Al Kiyumi <Azzan@truckomangroup.com>; Sahaya Jayaraj <Sahaya@truckomangroup.com>

Dear NMC Team,

Please arrange PDO FTW for Abdallah Nasser AL Busaidi for today, 17th December 2024 and share the reports once it is completed.

Regards,

Muatasim AL-Mandhari
HSE Advisor
Truckoman TER
M: +968 96868848
E. muatasim@truckomangroup.com

AUDIOMETRY REPORT

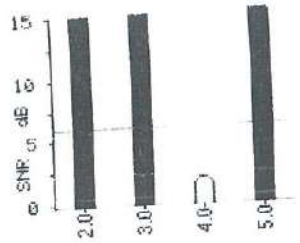
Name of the Patient ABDALLAH NASSER MAHMED AL BUSAIDI

Sex M MRN 50130375 Date of Test 17/12/2024

U107.05
16-DEC-24 13:28
DP 4s 4 sec avg
SN: GI1005649 GI2014595

NAME:

Left: Pass

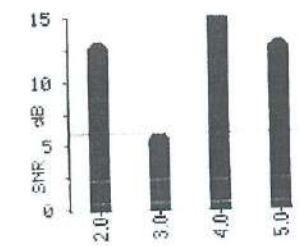


F2	L1	L2	DP	NF	SNR	
2.0	65	55	4	-14	18	P
3.0	65	55	3	-19	22	P
4.0	65	55	-17	-19	2	
5.0	65	54	6	-20	26	P

U107.05
16-DEC-24 13:28
DP 4s 4 sec avg
SN: GI1005649 GI2014595

NAME:

Right: Pass



F2	L1	L2	DP	NF	SNR	
2.0	65	55	0	-13	13	P
3.0	65	55	-14	-20	6	P
4.0	65	56	2	-18	20	P
5.0	65	54	-7	-20	13	P

Signature of the Technician

Vitalograph

Pulmonary Function Report

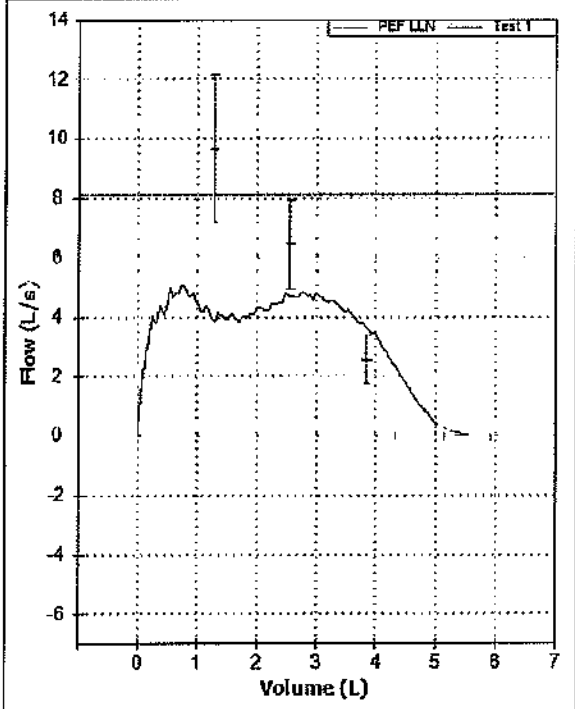
Subject Information

ID:	2024352_131010301	Alternate ID:	50130375		
Last Name:	Al Busaidi	First Name:	Abdullah	Middle Name:	Nasser
Population:	MIDDLE EAST	Gender:	Male	Date of Birth:	27/11/1995
Age:	29	Height:	176 cm	Weight:	82.0 kg
BMI:	26.5	Smoking:	Non Smoker		

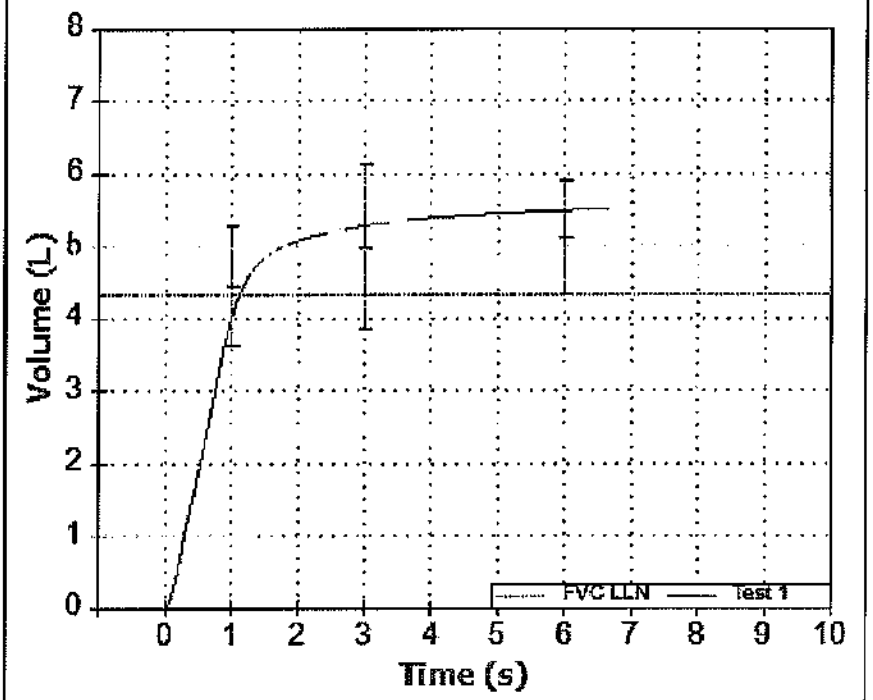
Test Session Information

Test Date:	17/12/2024 13:13	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	1	Accuracy Chk:	30/05/2019 15:42	User:	Administrator
Pred. Values:	Golshan	Pred. Factor:	100%	Posture:	Sitting

Flow/Volume Graph



Volume/Time Graph



Results

Parameter	Pred	LLN	Best	% Pred.	Z-Score
FVC (L)	**5.12**	4.33	**5.52**	**108**	0.83
FEV1 (L)	**4.45**	3.62	**4.26**	**96**	-0.38
FEV1 Ratio	**0.82**	0.70	**0.77**	**94**	-0.68
FEV6 (L)	**5.12**	4.33	**5.50**	**107**	0.79
PEF (L/min)	**662**	487	**304***	**46**	-3.35
FEF25-75 (L/s)	**5.36**	4.26	**4.16***	**78**	-1.79

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

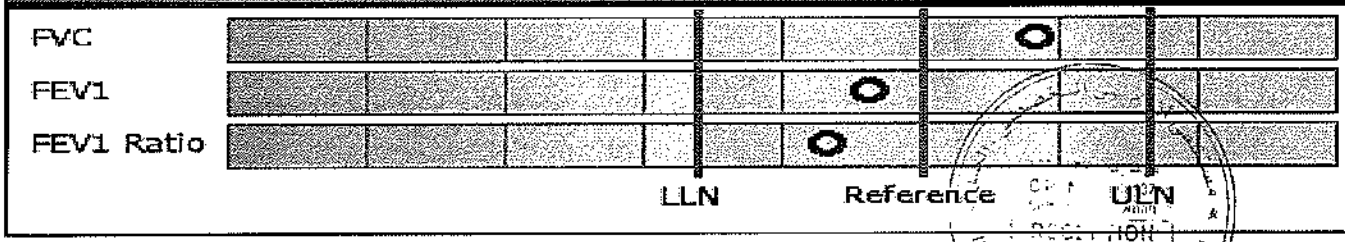
Session Quality and Repeatability Information

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

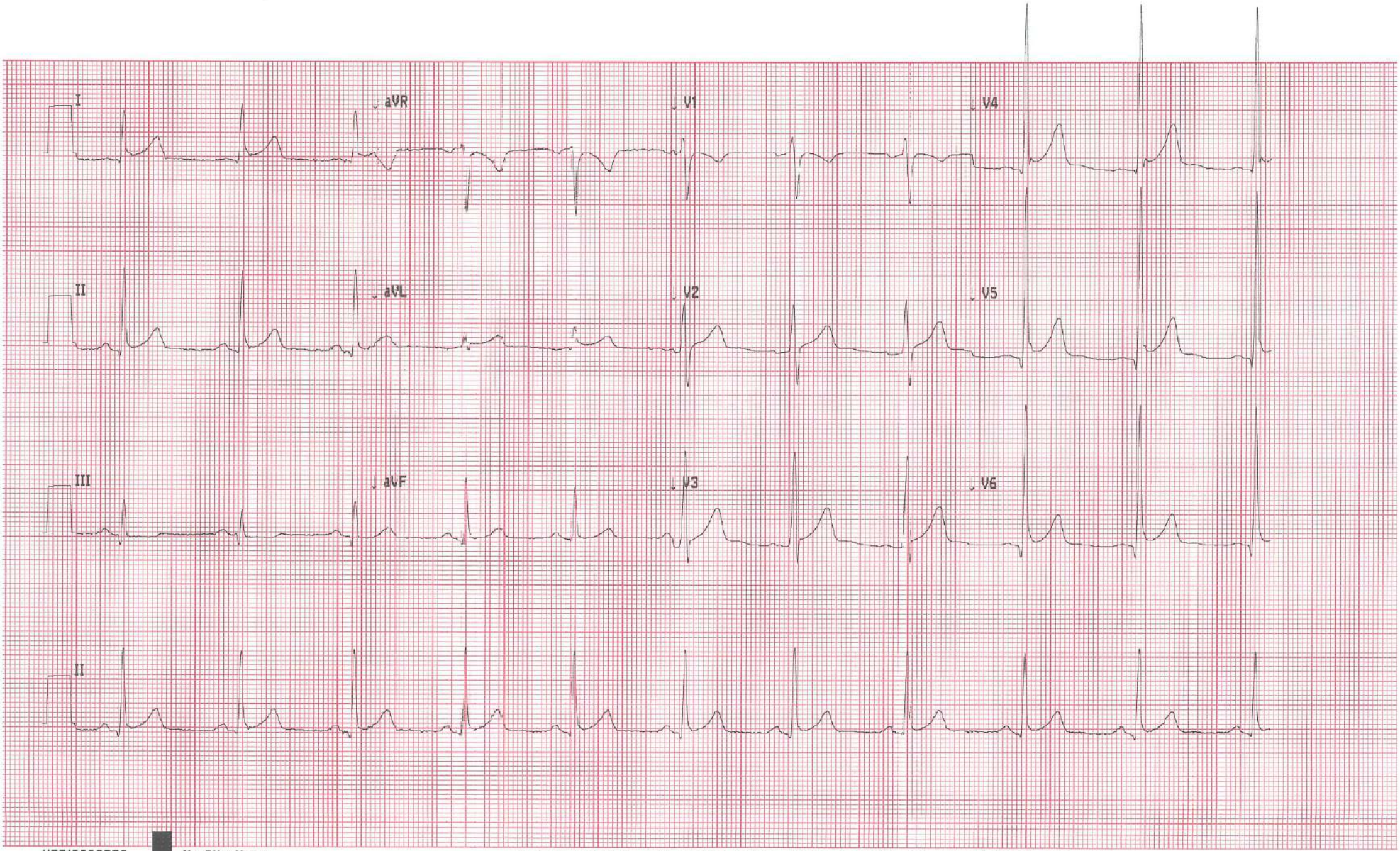


ID: [illegible]
DOB:
29yr, Male

Vent rate:	53 BPM
PR int:	177 ms
QRS dur:	106 ms
QT/QTc:	409/417 ms
P-R-T axes:	72 50 35

SINUS RHYTHM
POSSIBLE LEFT VENTRICULAR HYPERTROPHY [VOLTAGE CRITERIA PLUS LAE OR QRS WIDENING]
ABNORMAL ECG

UNCONFIRMED REPORT



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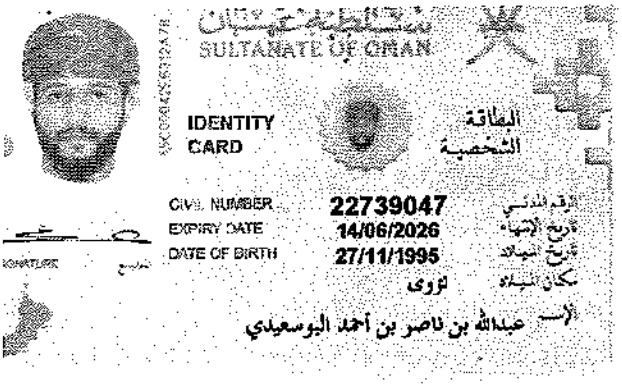
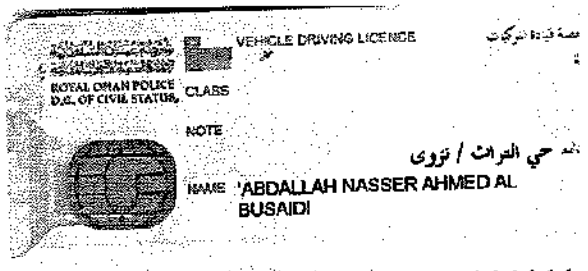
72.754





IDOMN22739047<4<<<<<<<<<<<<<
9511279M26061410MN<<<<<<<<<<
ABDALLAH<NASSER<AHMED<<AL<BU