


**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: <b>Al. Abdali</b>				
Forenames: <b>AMJAD Abdullah</b>				
Address: _____				
Place of examination: <b>NMC Alkhail</b>	Date: <b>09.02.2025</b>			
Home telephone number: <b>91365980</b>				
If a dependant enter employee's name here: Surname: _____ Forenames: <b>Amjad Abdullah Khamis</b>				
Birth date: <b>03.08.91</b>	Nationality: <b>Omani</b>			
Country of birth: _____ Religion: <b>Muslim</b>				
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced			
Relationship to employee: <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter				
Number of children: _____				
Reason for examination: Pre-Employment <input type="checkbox"/> Job: <b>Driver</b>				
Pre-Overseas <input type="checkbox"/> Area: <b>Dr.</b>				
Name and address of family doctor: _____				
List your last 3 jobs: _____				
(1) _____				
(2) _____				
Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>				
Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>				
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>HAVE YOU EVER BEEN:-</b> 40. Rejected for employment or insurance for medical reasons <input type="checkbox"/> 41. Awarded benefits for industrial injury/illness <input type="checkbox"/> 42. Treated for a mental condition, e.g. depression <input type="checkbox"/> 43. Treated for problem drinking or drug abuse <input type="checkbox"/> 44. Exposed to toxic substance or noise <input type="checkbox"/> <b>FOR WOMEN ONLY</b> Have you ever had:- 45. An abnormal smear <input type="checkbox"/> 46. Any gynaecological treatment <input type="checkbox"/> 47. Are you pregnant? <input type="checkbox"/> 48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE <input type="checkbox"/>	
2. Neck swelling/glands	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3. Difficulty in vision	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4. Any ear discharge	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5. Asthma/bronchitis	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6. Hayfever /other significant allergy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
7. Any skin trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
8. Tuberculosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
9. Shortness of breath	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10. Coughed/vomited blood	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11. Severe abdominal pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12. Stomach ulcer	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
13. Recurrent indigestion	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
14. Jaundice or hepatitis	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
15. Gall Bladder disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
16. Marked change in bowel habits	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
17. Blood in stools (motions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
18. Marked change in weight	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
19. Varicose veins	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
20. Lump in breast/ampit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
21. Cancer	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
22. Heart Disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
23. Rheumatic fever	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
24. Abnormal heartbeat	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
25. High blood pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
26. Stroke	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
27. Serious chest pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
28. Any blood disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
29. Kidney disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
30. Blood in urine	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
31. Diabetes	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
32. Headaches/migraine	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
33. Dizziness/fainting	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
34. Epilepsy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
35. Joints/spinal trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
36. Surgical operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
37. Serious accident/fracture	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
38. Tropical disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
39. Fear of heights	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
How much tobacco each day? <b>0</b>	Average daily alcohol consumption <b>0</b>			
Have you ever taken elicited drugs? <input checked="" type="checkbox"/> PDO test all new/potential employees for elicited/recreational drugs				
<b>FAMILY HISTORY:</b> Diabetes <input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Epilepsy <input checked="" type="checkbox"/> Asthma <input checked="" type="checkbox"/> Eczema <input checked="" type="checkbox"/> Heart disease <input checked="" type="checkbox"/> High blood pressure <input checked="" type="checkbox"/> Stroke <input checked="" type="checkbox"/> Blood Disease <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/>				
<b>PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-</b>				
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: <b>09.02.2025</b>	Signature of Applicant: 			





FOR COMPLETION BY EXAMINING DOCTOR OR NURSE  
Further details of medical history and recreational activities

N = Normal A = Abnormal (please describe)		PHYSICAL EXAMINATION
<input checked="" type="checkbox"/>	A	
<input checked="" type="checkbox"/>		1. Eyes & Pupils
<input checked="" type="checkbox"/>		2. E.N.T.
<input checked="" type="checkbox"/>		3. Teeth & Mouth
<input checked="" type="checkbox"/>		4. Lungs & Chest
<input checked="" type="checkbox"/>		5. Cardiovascular System
<input checked="" type="checkbox"/>		6. Abdo. Viscera
<input checked="" type="checkbox"/>		7. Hernial Orifices
<input checked="" type="checkbox"/>		8. Anus & Rectum
<input checked="" type="checkbox"/>		9. Genito-urinary
<input checked="" type="checkbox"/>		10. Extremities
<input checked="" type="checkbox"/>		11. Musculo-skeletal
<input checked="" type="checkbox"/>		12. Skin & Varicose Vns.
<input checked="" type="checkbox"/>		13. C.N.S.

HEIGHT cm 183	WEIGHT kg 102	BMI 30.4	B.P. 152 83	PULSE /migs. 82	HEARING L M R M	VISION DISTANT Uncorrected Corrected 6/6 6/6 R L R L	NEAR M L M L	Colour Vision M	Blood Group
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N A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N A	
<input checked="" type="checkbox"/>		1. Urinalysis	<input checked="" type="checkbox"/>	7. Audiogram
<input checked="" type="checkbox"/>		2. Hb, Bloodcount, ESR	<input checked="" type="checkbox"/>	8. Lung Function
<input checked="" type="checkbox"/>		3. LFT, RFT, RBS	<input checked="" type="checkbox"/>	9. Chest X-Ray
<input checked="" type="checkbox"/>		4. Drug Screen	<input checked="" type="checkbox"/>	10. ECG
<input checked="" type="checkbox"/>		5. Lipids (40 years +)		11. CVS risk for 40 yrs. & above
<input checked="" type="checkbox"/>		6. Sickle Cell test		12. HIV, Hepatitis screening

SC +ve

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

ASSESSMENT:

FIT ALL AREAS   
  FIT WITH RESTRICTION   
  TEMPORARY UNFIT   
  UNFIT  
 SC +ve - Intermitt. Hb Electroph

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

**FIT** Signature:

REVIEW/CONSULTATION

16/02/2025 - Reviewed  
 - Hb electrophoresis - Sickle cell trait  
 - No medical treatment

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

DR. NIBARTH KALLINKEL  
 Specialist - Internal Medicine  
 OSDH Lic. No. 18847

DR. SADRA ALIREZA NIKSERESH  
 General Practitioner  
 MOH Lic. No. 34955  
 rmc-specialty-hospital Al Hail



DEPARTMENT OF LABORATORY MEDICINE

<b>File No:</b> 50133016	<b>Report No:</b> 0144968
<b>Name:</b> AMJAD ABDULLAH KHAMIS AL ABDALI	<b>Sample Date:</b> 09/02/2025 <b>Time:</b> 11:33
<b>Address:</b>	<b>Received By:</b>
<b>Gender:</b> M <b>Age:</b> 27 Y <b>Nationality:</b> OMANI	<b>Received Date:</b> <b>Time:</b>
<b>GSM No.:</b> 91365980 <b>ID Card No.:</b> 10046219	<b>Report Date:</b> 09/02/2025 <b>Time:</b> 14:09
<b>Ref. By:</b> DR MAHDI KARIMI	<b>Bill No:</b> 0354063 <b>Bill Date:</b> 09/02/2025

INVESTIGATION	RESULT	REFERENCE RANGE
<b>PDO PACKAGE BELOW 40 YEARS</b>		
RANDOM BLOOD SUGAR	5.24 mmol/L	4.11 -7.9mmol/L
CREATININE	86.00 µ mol/L	Adults: MALE: 62 – 106 µ mol/L FEMALE: 44 - 80 µ mol/L
SGPT (ALT)	8.80 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
TOTAL WBC COUNT	5.73 x 10 <sup>3</sup> / µL	4.00-11.00 x 10 <sup>3</sup> / µL
<b>DIFFERENTIAL COUNT</b>		
NEUTROPHIL (%)	67.11 %	40-75%
LYMPHOCYTE (%)	16.77 %	20-45%
MONOCYTE (%)	5.66 %	2-8%
EOSINOPHIL (%)	9.27 %	1-6%
BASOPHIL (%)	1.19 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	21 mm/1st hr	MALE:0-15 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
HAEMOGLOBIN	15.34 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	POSITIVE	
Method : Solubility test ( If Positive , Hb Electrophoresis / HPLC to be done to confirm Sickle cell anaemia / Trait).		
<b>URINE ROUTINE</b>		

Verified By:

Approved By:



10577

Lab Technologist

Specialist Pathologist

Electronically signed at: 2/9/2025 2:09:00

Printed at: 09/02/2025 2:11:36 PM

Page : 1 of 2



DEPARTMENT OF LABORATORY MEDICINE

<b>File No:</b> 50133016	<b>Report No:</b> 0144968
<b>Name:</b> AMJAD ABDULLAH KHAMIS AL ABDALI	<b>Sample Date:</b> 09/02/2025 <b>Time:</b> 11:33
<b>Address:</b>	<b>Received By:</b>
<b>Gender:</b> M <b>Age:</b> 27 Y <b>Nationality:</b> OMANI	<b>Received Date:</b> <b>Time:</b>
<b>GSM No.:</b> 91365980 <b>ID Card No.:</b> 10046219	<b>Report Date:</b> 09/02/2025 <b>Time:</b> 14:09
<b>Ref. By:</b> DR MAHDI KARIMI	<b>Bill No:</b> 0354063 <b>Bill Date:</b> 09/02/2025

INVESTIGATION	RESULT	REFERENCE RANGE
<b>URINE BIOCHEMISTRY</b>		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	8.0	4.6-8.0
SPECIFIC GRAVITY	1.010	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
<b>URINE MACROSCOPY</b>		
COLOUR	PALE YELLOW	
APPEARANCE	CLEAR	
<b>URINE MICROSCOPY</b>		
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	
MUCOUS THREAD	NIL	

Verified By:



10577

Lab Technologist

Approved By:

Specialist Pathologist

Electronically signed at: 2/9/2025 2:09:00

Printed at: 09/02/2025 2:11:36 PM

Page: 2 of 2



nmc Healthcare LLC  
 LRA No: 1058137  
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 P.O. Box 312 Al Hail 51515  
 Sultanate of Oman  
 T: (+968) 2426 5222  
 F: (+968) 2426 8298  
 www.nmchoalthcare.com

C000001161-ELEGANT MEDICAL CENTER LLC -(NMC HOSPITAL- HAIL)

<b>NAME:</b>	<b>AMJAD ABDULLAH KHAMIS AL ABDALI</b>	<b>ACCESSION NO:</b>	<b>0001N8007607</b>
<b>AGE:</b>	<b>27 Years</b>	<b>LAB REF NO:</b>	<b>SM00386812</b>
<b>GENDER:</b>	<b>Male</b>	<b>COLLECTED ON:</b>	<b>11/02/2025 00:00</b>
<b>PATIENT CD:</b>	<b>AMJAM1202981</b>	<b>REGISTERED ON:</b>	<b>12/02/2025 15:42</b>
<b>REFERRED BY:</b>	<b>SELF</b>	<b>REPORTED ON:</b>	<b>15/02/2025 13:51</b>
<b>File No:</b>	<b>50133016</b>	<b>Report Status:</b>	<b>Final</b>

Tests	Results	Biological Reference Range	Units
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**HEMATOLOGY**

**\* HEMOGLOBIN ELECTROPHORESIS**

HAEMOGLOBIN A0(HBA0)	69.1	96.80-97.50	%
METHOD : CAPILLARY ELECTROPHORESIS			
HAEMOGLOBIN A2(HBA2)	3.7	High 2.2 - 3.2	%
METHOD : CAPILLARY ELECTROPHORESIS			
FOETAL HAEMOGLOBIN(HBF)	Not Detected	0.0-1.0	%
METHOD : CAPILLARY ELECTROPHORESIS			
HAEMOGLOBIN S (ZONE)	27.2	High 0.0 - 0.0	%
METHOD : CAPILLARY ELECTROPHORESIS			
HAEMOGLOBIN C (ZONE)	Not Detected	0.0 - 0.0	%
METHOD : CAPILLARY ELECTROPHORESIS			
HAEMOGLOBIN D (ZONE)	Not Detected	0.0 - 0.0	%
METHOD : CAPILLARY ELECTROPHORESIS			
HAEMOGLOBIN E (ZONE)	Not Detected	0.0 - 0.0	%
METHOD : CAPILLARY			
HAEMOGLOBIN OTHER	Not Detected	0.0 - 0.0	%
METHOD : CAPILLARY ELECTROPHORESIS			

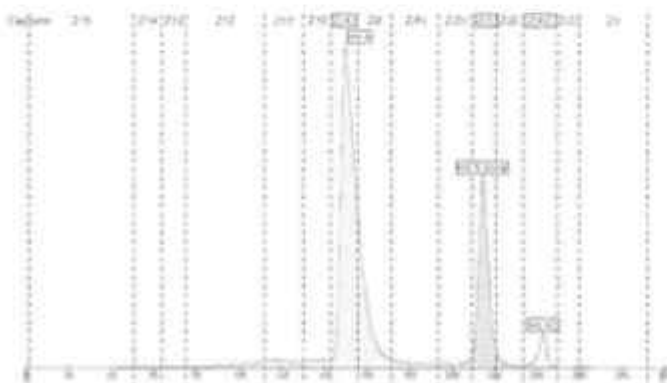
**IMPRESSION** S/O Sickle Cell Trait/ Carrier/ Heterozygous for HbS(HbAS). HbsA2 borderline elevated.

Sample # : 18 Date : 14/02/2025

ID : 0001N8007607

Dept. :

Brn. :



**Comments**

Correlation with Family studies and confirmation with Genetic analysis is recommended for confirmation of Sickle cell trait and to rule out coexistent Beta Thalassaemia.  
Sickling Solubility test- Positive

**Interpretation(s)**



Authorized signatory nominated by Lab Director for release of results in SMCL.

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**C000001161-ELEGANT MEDICAL CENTER LLC -(NMC HOSPITAL- HAIL)**

<b>NAME:</b>	<b>AMJAD ABDULLAH KHAMIS AL ABDALI</b>	<b>ACCESSION NO:</b>	<b>0001NB007607</b>
<b>AGE:</b>	<b>27 Years</b>	<b>LAB REF NO:</b>	<b>SM00386812</b>
<b>GENDER:</b>	<b>Male</b>	<b>COLLECTED ON:</b>	<b>11/02/2025 00:00</b>
<b>PATIENT CD:</b>	<b>AMJAM1202981</b>	<b>REGISTERED ON:</b>	<b>12/02/2025 15:42</b>
<b>REFERRED BY:</b>	<b>SELF</b>	<b>REPORTED ON:</b>	<b>15/02/2025 13:51</b>
<b>File No:</b>	<b>50133016</b>	<b>Report Status:</b>	<b>Final</b>

Tests	Results	Biological Reference Range
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- The test is intended for the identification of hemoglobinopathies and thalassemia. It is used for beta-thalassemia screening by quantitation of HbA2 and HbF.
- The assay is designed for the separation of the normal hemoglobins (A, A2 and F) and for the detection of the major hemoglobin variants (S, C, E and D), by Capillary electrophoresis in Alkaline buffer(pH 9.4).
- Adult blood contains primarily hemoglobin A (HbA) and a small percentage of hemoglobin A2 (HbA2) and trace amounts of fetal hemoglobin (HbF).
- Carriers of beta-thalassemia typically have HbA2 levels >3.2% (usually 4-9%) and HbF levels of 1-5%.
- The most commonly occurring hemoglobin variants include hemoglobin S, E, C and D.
- Iron Deficiency Anemia can mask A2 levels. It is recommended to repeat thalassemia screening after the treatment in case of iron deficiency anemia.
- This result does not rule out all hemoglobinopathies. Test result to be interpreted in the light of clinical history and family background plus laboratory data, including serum iron and iron binding capacity, red cell morphology, hemoglobin, hematocrit and mean corpuscular volume (MCV).

**\*\*End Of Report\*\***

\* This Test(s) are Outside the Scope of Accreditation.

**Dr. Varsha Pradeep Ingale.**  
 MD(Path) DCP

**Dr. Varsha P. Ingale MD(Path) DCP**  
 Specialist Clinical Pathology  
 Laboratory Director  
 DHA-P-0185731



Authorized signatory nominated by Lab Director for release of results in SMCL.  
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**nmc specialty hospital,al-hail**

P.O BOX : 613, Postal Code : 133  
al-hail  
24269222

**Medical Report**

Ref.No: 0000216/MED/NMC/2025

NAME: <i>AMJAD ABDULLAH KHAMIS AL ABDALI</i>			
AGE : 27 Y	DOB : 08/03/1997	GENDER : M	NATIONALITY : OMANI
FILE NO : 50133016	ResidentCardNo : 10046219	Emp No :	

**To Whom it may Concern**

*his is to inform that Mr AMJAD ABDULLAH KHAMIS AL ABDALI was found to have sickle cell test positive during is work related health checkup. He is apparently asymptomatic and his CBC is normal. His Hb electrophoresis shows sickle cell trait pattern , which needs no medical treatment at present. No absolute contraindication for continuing his work.*

**ON EXAMINATION:**

**INVESTIGATION:**

**DIAGNOSIS:**

*D57.3-Sickle-Cell Trait*

**TREATMENT GIVEN:**

**FURTHER PLAN:**

**DR NISANTH KALLINKEEL**  
**GENERAL MEDICINE**

(Name with seal)

Place : nmc specialty hospital,al-hail

*[Signature]*  
16/02/2025  
DR. NISANTH KALLINKEEL  
Specialist - Internal Medicine  
MOH Lic. No. 16847



# AUDIOMETRY REPORT

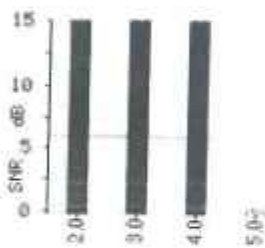
Name of the Patient Amjad Abulukh Abdullah Khari Al Abdali

ex M. MRN 50133016 Date of Test 9/2/2025

U107.05  
09-FEB-25 11:20  
DP 4s 4 sec aug  
SN: G11005649 G12014595

NAME:

Left: Pass

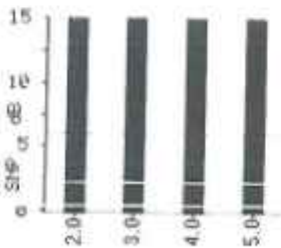


F2	L1	L2	DP	NF	SNR	P
2.0	65	56	18	-16	34	P
3.0	63	53	8	-19	26	P
4.0	63	54	10	-17	27	P
5.0	52	48	-11	-11	0	P

U107.05  
09 FEB-25 11:20  
DP 4s 4 sec aug  
SN: G11005649 G12014595

NAME:

Right: Pass



F2	L1	L2	DP	NF	SNR	P
2.0	66	56	19	-10	29	P
3.0	63	52	6	-17	22	P
4.0	64	55	12	-18	30	P
5.0	59	49	2	-20	22	P



*[Handwritten Signature]*

Signature of the Technician

NMCOMAN/DOC/NSG/75





