## 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: Safeeullah Khan

Forenames:

Address:

Home telephone number: 78282441

Place of examination:

Date: 28/11/2023

If a dependant enter employee's name here:

Surname:

Forenames:

Birth date: 2/1/1984 Nationality: Indian Country of birth: Indian Religion: Muslim

☐ 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. Headache/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 (melaena) | | ✓ | 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? 8

Average daily alcohol consumption:

**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's authorities, 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: 28/11/2023 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 /min | HEARING L / R | VISION | DISTANT R L | NEAR R L | Colour Vision | Blood Group |
|---|---|---|---|---|---|---|---|---|---|---|
| 178 | 77 | 24.9 | 120/70 | 74 | | Uncorrected | | | | |
| | | | | | | Corrected | 6/6 | 6/6 | | |

| 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.)

c/o Rt hypoplastic MRB/DA, HTN
Controlled on medication.
Hypolipidemic Adv. Diet/
Rpt Lipid Profile after 1 year.

ASSESSMENT:

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

Date: 28/11/2023 Name (Block Capitals): Dr. / Nurse: Signature:

REVIEW/CONSULTATION

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

OMAN AL-KHAIR HOSPITAL L.L.C. M.O.H. LICENCE NO: 2016 C.R. NO: 7412267 AL DHAHIRA GOVERNORATE SULTANATE OF OMAN

DR. KARAN ALEXANDRIA NAIR

## Appendix 15: Fitness to Work Certificate

| Employee Data | | | Date 28/11/2023 T.O. |
|---|---|---|---|
| Name Sq Feeullah Khan | | | Department/Company |
| I.D No. 7916469 | Age 39/y. | | Occupation |
| Type of Medical Evaluation | | | Mark those applying √ |

| | | | | | |
|---|---|---|---|---|---|
| A1 | Aircraft refuelling | | A6 | Fire / 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 & all heavy vehicles | | 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 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 | | ✓ | |
| Working at height | | ✓ | |
| Puling, pushing, or carrying weight over ____ Kg | | | |
| Ascend/descend ladders or stairs | | ✓ | |
| Operate motor vehicles, forklifts or heavy machinery | | | |
| Use of a respirator | | | |
| Repetitive twisting of valves or wrenches | | | |
| Flying | | ✓ | |
| Other (Specify) | | | |
| Temporary Unfit until | | | |
| Permanently Unfit | | | Date 28/11/2023. |

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

Name: Sajjad Ullah Khan | Department/Company: PDO

I. D No. 7916669 | Tel #: 9289441 | Occupation:

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 |
| 1 | Lying down to rest in the afternoon when circumstances permit |
| 0 | Sitting a talking with someone |
| 0 | Sitting quietly after lunch without alcohol |
| 0 | In a car, while stopped for a few minutes in traffic |

Total

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 Sajjad (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: SAK Date: 28/11/2023

M.D.H. LICENCE NO. 2315
C.R. NO. 7012080
AL DHAHIRA GENERAL HOSPITAL
Physician (GP)
Sultanate of Oman
OMAN AL KHAIR HOSPITAL L.L.C

# Laboratory Investigation Report

| | | | |
|---|---|---|---|
| **Patient Name** | Mr. SAFEEULLAH KHAN | **Requesting Date/Time** | 28/11/2023 8:43AM |
| **DOB/Gender** | 20/01/1984 (39 Yrs/Male) | | |
| **MRN / Nationality** | 700200672 / India | **Collection Date/Time** | 28/11/2023 8:43AM |
| **Requesting Physician** | Dr. OP SELF | **Reception Date/Time** | 28/11/2023 8:49AM |
| **Lab Number** | 7015353 | **Reporting Date/Time** | 28/11/2023 10:14AM |
| **Test Priority** | Routine | **Reporting Stage** | Final |

| Test | Result | Flag | Units | Reference Range | Sample Type | Methodology |
|---|---|---|---|---|---|---|
| **BIOCHEMISTRY** | | | | | | |
| Random Blood Sugar (RBS) | 8.00 | H | mmol/L | 3.7 - 7.8 | | Hexokinase |
| **LIPID PROFILE** | | | | | | |
| **LIPID PROFILE** | | | | | | |
| Cholesterol - Total | 4.17 | | mmol/L | Desirable : <5.17<br>Borderline High : 5.17 - 6.18<br>High : >6.21 | Serum | Enz. Colorimetric |
| Triglyceride | 1.95 | H | mmol/L | 0.73 - 1.8 | Serum | Enz. Colorimetric |
| HDL Cholesterol | 0.67 | | mmol/L | No Risk : >1.68<br>Moderate Risk : 1.15 - 1.68<br>High Risk : <1.15 | Serum | |
| LDL Cholesterol | 2.62 | | mmol/L | Desirable: < 3.34<br>Borderline High : 3.37 - 4.12<br>High : >4.14 | Serum | CALCULATED |
| VLDL | 0.88 | H | mmol/L | 0.128 - 0.645 | | |
| Cholesterol / HDL Ratio | 6.22 | H | mmol/L | 3.5 - 5 | | Calculation |
| **LIVER FUNCTION TEST** | | | | | | |
| **LIVER FUNCTION TEST** | | | | | | |
| Bilirubin-Total | 1.00 | | mg/dl | 0.1 - 1.2 | | |
| Direct Bilirubin | 0.269 | | mg/dl | < 0.2 | Serum | Diazo |
| SGOT (AST) | 22.41 | | IU/L | 0 - 40 | Serum | |

ASHWINI RATHEESAN

**Ms. ASHWINI RATHEESAN PANIKAR**
**PANIKAR**

**Dr. Shayfa Palliyalil**
Specialist Pathologist

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| **Test Priority** | Routine | **Reporting Stage** | Final |

| | | | | | | |
|---|---|---|---|---|---|---|
| SGPT (ALT) | 26.01 | | IU/L | 10 - 60 | Serum | IFCC ;Tris buffer without P5P ; Kinsearch |
| Alkaline Phosphatase | 88.82 | | IU/L | Adult: 37-116<br>1- 5 days : <245<br>6 days - 1 yr : 104-462<br>1 - 12 yrs : 42-300<br>13 - 17 yrs female : 47-187<br>13 -17 yrs male : 52-390 | Serum | Colorimetric assay ; AMP buffer IFCC ; kinetic |
| Gamma GT | 29.77 | | U/L | 5 - 40 | Serum | Enzymatic colorimetric assay : IFCC; Kinetic |
| Total Protein | 8.19 | | g/dl | 6.6 - 8.7 | | Colorimetric assay (Biuret reaction, endpoint) |
| Albumin | 4.47 | | g/dl | 3.2 - 5.4 | Serum | Homogeneous enzymatic colorimetric assay:End point |
| Globulin | 3.72 | H | g/dl | 2.3 - 3.2 | Serum | Calculation |
| A/G Ratio | 1.2 | | Ratio | | | |

## RENAL FUNCTION TEST

**RENAL FUNCTION TEST**

| | | | | | | |
|---|---|---|---|---|---|---|
| Urea | 7.19 | | mmol/L | 2 - 9 | Serum | Kinetic test, urease and glutamate dehydrogenas |

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| | | | | | |
|---|---|---|---|---|---|
| Creatinine | 97.91 | umol/L | Male: 62 - 106<br>Female: 44 - 80<br>Neonates: 21 - 91<br>Children (2 To 12 Month) : 15 - 37<br>Children (1 To 9 Years) : 21 - 53<br>Children (9 To 15 Years) : 34 -77 | Serum | Kinetic colorimetric assay based on Jaffe method |

**End Of Report**

**HAEMATOLOGY**

**ESR / ERYTHROCYTE SEDIMENTATION RATE**

| | | | | | |
|---|---|---|---|---|---|
| Erythrocyte Sedimentation Rate | 05 | mm/hr | 1 - 15 | W. B. EDTA | Modified Westergren |
| Sickle Cell Screening | Negative | | Negative | | |

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## CBC (COMPLETE BLOOD COUNT)

**COMPLETE BLOOD COUNT**

| | | | | | | |
|---|---|---|---|---|---|---|
| WBC Count | 5.23 | | 10^3/uL | 4 - 11 | EDTA WB | Impedance |
| **DIFFERENTIAL COUNT (%)** | | | | | | |
| Neutrophils | 56.4 | | % | 45 - 75 | EDTA WB | Impedance and Absorbance |
| Lymphocytes | 38.5 | | % | 20 - 45 | EDTA WB | Optical |
| Eosinophils | 0.8 | L | % | 1 - 6 | EDTA WB | |
| Monocytes | 4 | | % | 2 - 10 | EDTA WB | Impedance and Absorbance |
| Basophils | 0.3 | | % | 0 - 1 | EDTA WB | Impedance and Absorbance |
| Hb/Hemoglobin | 9.9 | L | g/dl | 13 - 17 | EDTA WB | Photometry |
| RBC Count | 3.29 | | 10^6 / uL | | EDTA WB | Impedance |
| Platelet Count | 104 | | 10^3/uL | | EDTA WB | |
| HCT (Hematocrit) | 30.9 | L | % | 37 - 51 | EDTA WB | Calculation |
| MCV | 94.0 | | fl | 83 - 101 | W. B. EDTA | Measurement |
| MCH | 30.2 | | pg | 27 - 32 | W. B. EDTA | Calculation |
| MCHC | 32.0 | | g/dl | 31 - 37 | W. B. EDTA | Calculation |

**End Of Report**

## SEROLOGY & IMMUNOLOGY

### HIV(HUMAN IMMUNODEFICIENCY VIRUS)

| | | | | | |
|---|---|---|---|---|---|
| HIV (Human Immunodeficiency Viruses) | 0.166 | COI | Non Reactive: <1.0<br>Reactive: =>1.0 | Serum | ECLIA |
| HIV - Remarks | Non-reactive | | Non-Reactive | | |

METHOD: ELECTROCHEMILUMINESCENCE ASSAY (ECLIA)
Specimen: SERUM

Ms. ASHWINI RATHEESAN PANIKAR

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Specialist Pathologist

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## HBSAG / HEPATITIS B SURFACE ANTIGEN

| | | | | | |
|---|---|---|---|---|---|
| HBsAg (Hepatitis B surface Antigen) | 0.667 | COI | Non-Reactive (0 - 1.0) Reactive (>1.0) | Serum | ECLIA |
| HBsAg (Hepatitis B surface Antigen) - | Non-reactive | | Non-Reactive | | |

**METHOD: Electrochemiluminescence immunoassay(ECLIA)**
**Specimen: SERUM**

## HCV / HEPATITIS C VIRUS ANTIBODY

| | | | | | |
|---|---|---|---|---|---|
| HEPATITIS C VIRUS ANTIBODY | 0.050 | COI | Non-Reactive (0 - 1.0) Reactive (>1.0) | | |
| HEPATITIS C VIRUS ANTIBODY- | Non-reactive | | | | |

**METHOD: ELECTROCHEMILUMINESCENCE ASSAY (ECLIA)**
**Specimen: SERUM**

**End Of Report**

## CLINICAL PATHOLOGY

### URINE ROUTINE

**URINE ANALYSIS**

**CHEMICAL EXAMINATION**

| | | | | | |
|---|---|---|---|---|---|
| Glucose | Negative | | Negative | | GOD-POD |
| Protein | Negative | | Negative | | Protein error of pH indicator |
| Ketone | Negative | | Negative | | legal's test |
| Bilirubin | Negative | | Negative | | |
| pH | 5.6 | | | | Litmus paper |
| Urobilinogen | Negative | | Trace | | Diazo |

**MICROSCOPIC EXAMINATION**

| | | | | | |
|---|---|---|---|---|---|
| RBCs | 0-1 | /hpf | 0 - 2 | Urine | |
| Pus Cells | 1-2 | /hpf | 0 - 3 | Urine | Microscopy |
| Epithelial Cells | NIL | | | | |

ASHWINI RATHEESAN

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**PANIKAR**

**Dr. Shayfa Palliyalil**
Specialist Pathologist

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| Bacteria | Present | Absent | Microscopy |
|---|---|---|---|
| Calcium -oxalate | NIL | | |
| Triple-phosphate | NIL | | |
| Uric acid crystal | NIL | | |
| Amorphous urate | NIL | | |
| Amorphous Phosphate | NIL | | |
| Hyaline casts | NIL | | |
| Granular Casts | NIL | | |
| Yeast cells | NIL | | |

**End Of Report**

Ms. ASHWINI RATHEESAN PANIKAR
PANIKAR

ASHWINI RATHEESAN

Dr. Shayfa Palliyalil
Specialist Pathologist

* Service mark as Outsource

This is an electronically authenticated report and doesn't require a wet signature



Print date and time 11/28/2023 10:14:18

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www.aster.om
مستشفى عمان الخير ش.م.م
ص.ب: ٤٠٠ الرمز البريدي: ٥١١
عبري سلطنة عمان

| | | | |
|---|---|---|---|
| **Patient Name** | SAFEEULLAH KHAN | **Patient ID** | 700200672 |
| **Gender** | Male | **Age** | 39Y 10M |
| **Study DateTime** | 2023-11-28 09:31:12 | **Referring Physician** | OP SELF |

## X-RAY CHEST

**FINDINGS**:
Lungs clear.
Both CP angles clear.
Cardiac silhouette normal.
Domes of diaphragm normal.
Bones and soft tissues normal.

**IMPRESSION**:

- **No significant abnormality seen.**

DR. NITHINMON CU
SPECIALIST RADIOLOGY
MOH Licence: 21058
ASTER HOSPITAL IBRI

**Dr. Nithinmon Chalithyil Gopalannair**
**Specialist Radiology**
**DNB Radiodiagnosis**
**MOH License No: 21058**

Please intimate us for any typing mistake and send the report for correction within 7 days. The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinically correlation is required to enable the clinician to reach the final diagnosis.

AL KHAIR HOSPITAL L.L.C.



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عبري سلطنة عمان

700200672 safeeullah

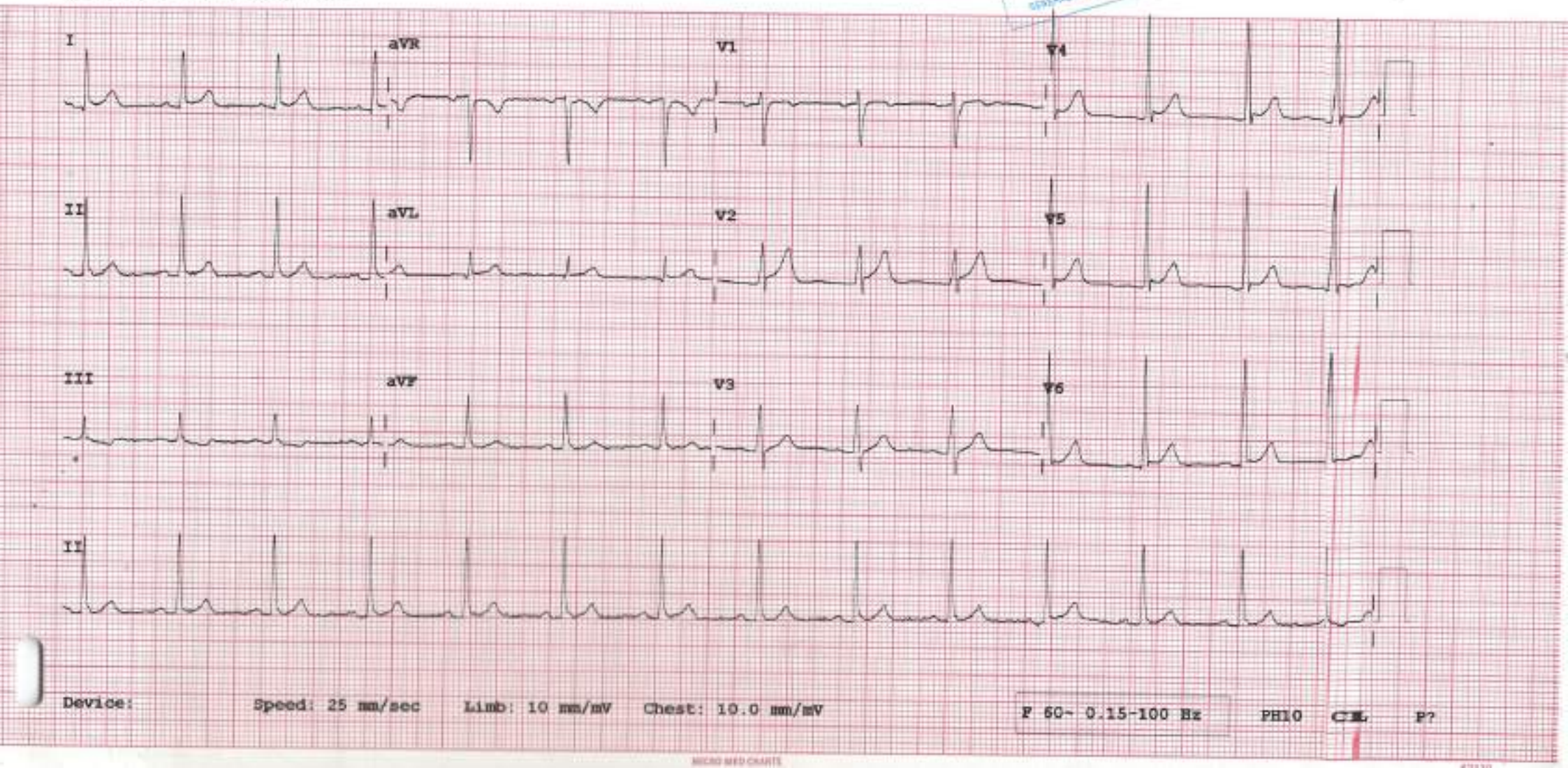
28-Nov-23 08:48:49 AM

Aster Hospital IBRI
ECG Room
ECG Room

Rate 82

PR 150
QRSD 83
QT 311
QTc 364

--AXIS--
P 55
QRS 47
T 19
12 Lead; Standard Placement




Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 60~ 0.15-100 Hz PH10 CHL P?

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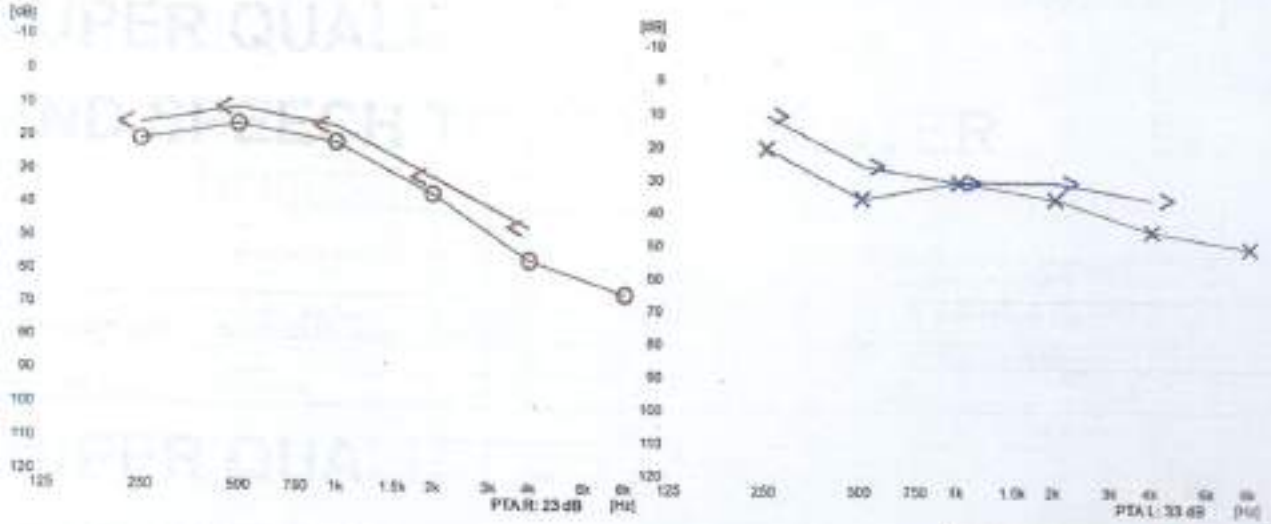
# SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

مستشفى أستر
نحن نعتني بك دائما

| Code | Last name , First name | Born |
|---|---|---|
| 700200672/79164869 | SAFEEULLAH , KHAN | 28.11.2023 |
| **Test type** | **Test date** | |
| Tonal audiometry | 28.11.2023 | |




| Legend | R | L |
|---|---|---|
| Air | O | X |
| AirMasked | △ | □ |
| Bone | < | > |
| BoneMasked | [ | ] |
| MCL | M | M |
| UCL | m | m |
| Free Field | Ø | % |
| Free FieldAided | A | A |
| Binaural | | B |
| No response | | ↓ |

**Comments**
RIGHT:MINIMAL TO MODERATELY SEVRE SLOPING SENSORINEURAL HEARING LOSS
LEFT:MINIMAL TO MILD SENSORINEURAL HEARING LOSS

**Signature:**

**Date:** 28/11/2023



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