



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 MALIK ABDE  
 Forenames HUSSAIN AWAN  
 Address \_\_\_\_\_  
 Home telephone number 92051767

Place of examination NMC AL HAIL Date 26/2/25

If a dependant enter employee's name here:  
 Surname: MALIK ADDI Forenames: HUSSAIN AWAN

Birth date: 8/5/1977 Nationality: PAK Country of birth: PAKISTAN Religion: \_\_\_\_\_

Male  Female  Married  Single  Separated /Divorced  
 Relationship to employee:  Wife  Son  Daughter  
 Number of children: \_\_\_\_\_

Reason for examination: Pre-Employment  Job: Driver  
 Pre-Overseas  Area: PDO /Mammal .

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                       |  |   | <input checked="" type="checkbox"/> | 21. Cancer                    |  | <input checked="" type="checkbox"/> |   | <b>HAVE YOU EVER BEEN:-</b>                                  |  |   |                                     |
| 2. Neck swelling/glands                |  |   | <input checked="" type="checkbox"/> | 22. Heart Disease             |  | <input checked="" type="checkbox"/> |   | 40. Rejected for employment or insurance for medical reasons |  |   | <input checked="" type="checkbox"/> |
| 3. Difficulty in vision                |  |   | <input checked="" type="checkbox"/> | 23. Rheumatic fever           |  | <input checked="" type="checkbox"/> |   | 41. Awarded benefits for industrial injury/illness           |  |   | <input checked="" type="checkbox"/> |
| 4. Any ear discharge                   |  |   | <input checked="" type="checkbox"/> | 24. Abnormal heartbeat        |  | <input checked="" type="checkbox"/> |   | 42. Treated for a mental condition, e.g. depression          |  |   | <input checked="" type="checkbox"/> |
| 5. Asthma/bronchitis                   |  |   | <input checked="" type="checkbox"/> | 25. High blood pressure       |  | <input checked="" type="checkbox"/> |   | 43. Treated for problem drinking or drug abuse               |  |   | <input checked="" type="checkbox"/> |
| 6. Hayfever /other significant allergy |  |   | <input checked="" type="checkbox"/> | 26. Stroke                    |  | <input checked="" type="checkbox"/> |   | 44. Exposed to toxic substance or noise                      |  |   | <input checked="" type="checkbox"/> |
| 7. Any skin trouble                    |  |   | <input checked="" type="checkbox"/> | 27. Serious chest pain        |  | <input checked="" type="checkbox"/> |   | <b>FOR WOMEN ONLY</b>  |  |   |                                     |
| 8. Tuberculosis                        |  |   | <input checked="" type="checkbox"/> | 28. Any blood disease         |  | <input checked="" type="checkbox"/> |   | Have you ever had:-  |  |   |                                     |
| 9. Shortness of breath                 |  |   | <input checked="" type="checkbox"/> | 29. Kidney disease            |  | <input checked="" type="checkbox"/> |   | 45. An abnormal smear  |  |   | <input checked="" type="checkbox"/> |
| 10. Coughed/vomited blood              |  |   | <input checked="" type="checkbox"/> | 30. Blood in urine            |  | <input checked="" type="checkbox"/> |   | 46. Any gynaecological treatment                             |  |   | <input checked="" type="checkbox"/> |
| 11. Severe abdominal pain              |  |   | <input checked="" type="checkbox"/> | 31. Diabetes                  |  | <input checked="" type="checkbox"/> |   | 47. Are you pregnant?  |  |   | <input checked="" type="checkbox"/> |
| 12. Stomach ulcer                      |  |   | <input checked="" type="checkbox"/> | 32. Headaches/migraine        |  | <input checked="" type="checkbox"/> |   | 48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE              |  |   | <input checked="" type="checkbox"/> |
| 13. Recurrent indigestion              |  |   | <input checked="" type="checkbox"/> | 33. Dizziness/fainting        |  | <input checked="" type="checkbox"/> |   |  |  |   | <input checked="" type="checkbox"/> |
| 14. Jaundice or hepatitis              |  |   | <input checked="" type="checkbox"/> | 34. Epilepsy                  |  | <input checked="" type="checkbox"/> |   |  |  |   | <input checked="" type="checkbox"/> |
| 15. Gall Bladder disease               |  |   | <input checked="" type="checkbox"/> | 35. Joints/spinal trouble     |  | <input checked="" type="checkbox"/> |   |  |  |   | <input checked="" type="checkbox"/> |
| 16. Marked change in bowel habits      |  |   | <input checked="" type="checkbox"/> | 36. Surgical operation        |  | <input checked="" type="checkbox"/> |   |  |  |   | <input checked="" type="checkbox"/> |
| 17. Blood in stools (motions)          |  |   | <input checked="" type="checkbox"/> | 37. Serious accident/fracture |  | <input checked="" type="checkbox"/> |   |  |  |   | <input checked="" type="checkbox"/> |
| 18. Marked change in weight            |  |   | <input checked="" type="checkbox"/> | 38. Tropical disease          |  | <input checked="" type="checkbox"/> |   |  |  |   | <input checked="" type="checkbox"/> |
| 19. Varicose veins                     |  |   | <input checked="" type="checkbox"/> | 39. Fear of heights           |  | <input checked="" type="checkbox"/> |   |  |  |   | <input checked="" type="checkbox"/> |
| 20. Lump in breast/armpit              |  |   | <input checked="" type="checkbox"/> |                               |  |                                     |   |  |  |   | <input checked="" type="checkbox"/> |

How much tobacco each day? 4 Cigarettes / Day Average daily alcohol consumption None

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: 26/2/25 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     |
|---|---|--------------------------|
| N   | A |                          |
| /   |   | 1. Eyes & Pupils         |
| /   |   | 2. E.N.T.                |
| /   |   | 3. Teeth & Mouth         |
| /   |   | 4. Lungs & Chest         |
| /   |   | 5. Cardiovascular System |
| /   |   | 6. Abdo. Viscera         |
| /   |   | 7. Hemial Orifices       |
| /   |   | 8. Anus & Rectum         |
| /   |   | 9. Genito-urinary        |
| /   |   | 10. Extremities          |
| /   |   | 11. Musculo-skeletal     |
| /   |   | 12. Skin & Varicose Vns. |
| /   |   | 13. C.N.S.               |

N.A.D.

| HEIGHT<br>cm | WEIGHT<br>kg | BMI  | B.P.   | PULSE   | HEARING    | VISION   | Colour<br>Vision | Blood<br>Group |
|--------------|--------------|------|--------|---------|------------|--|------------------|----------------|
| 170          | 71           | 24.5 | 128/80 | 80/min. | L N<br>R N | DISTANT<br>R L<br>Uncorrected 6/6 6/6<br>Corrected NG NL | N                |                |

| 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.)  
Unremarkable

ASSESSMENT:

FIT ALL AREAS  FIT WITH RESTRICTION  TEMPORARY UNFIT  UNFIT

**MAHMOUD KARIMI**  
General Practitioner  
MDH Lic. No. 23166  
nmc specialty hospital, Al Musaijib

26, 02, 2025

Date: \_\_\_\_\_ Name (Block Capitals): Dr. / Nurse \_\_\_\_\_ Signature: **FIT**

REVIEW/CONSULTATION

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

**RECEPTION**

Signature: \_\_\_\_\_



DEPARTMENT OF LABORATORY MEDICINE

|   |  |
|---|--|
| <b>File No:</b> 50133813  | <b>Report No:</b> 0146531                            |
| <b>Name:</b> MALIK ABDI HUSSAIN AWAN                            | <b>Sample Date:</b> 26/02/2025 <b>Time:</b> 9:07     |
| <b>Address:</b>   | <b>Received By:</b>                                  |
| <b>Gender:</b> M <b>Age:</b> 47 Y <b>Nationality:</b> PAKISTANI | <b>Received Date:</b> <b>Time:</b>                   |
| <b>GSM No.:</b> 92051767 <b>ID Card No.:</b> 97530976           | <b>Report Date:</b> 26/02/2025 <b>Time:</b> 13:26    |
| <b>Ref. By:</b> DR SIKANDAR KHAN                                | <b>Bill No:</b> 0357322 <b>Bill Date:</b> 26/02/2025 |

| INVESTIGATION   | RESULT                       | REFERENCE RANGE   |
|---|------------------------------|---|
| <b>PDO PACKAGE ABOVE 40 YEARS</b>   |                              |   |
| RANDOM BLOOD SUGAR  | 5.27 mmol/L                  | 4.11 -7.9mmol/L   |
| CREATININE  | 104.00 µ mol/L               | Adults:<br>MALE: 62 – 106 µ mol/L<br>FEMALE: 44 - 80 µ mol/L  |
| SGPT (ALT)  | 15.60 U/L                    | MALE : up to 41 U/L,<br>FEMALE : up to 33 U/L.  |
| TOTAL WBC COUNT   | 10.70 x 10 <sup>3</sup> / µL | 4.00-11.00 x 10 <sup>3</sup> / µL   |
| DIFFERENTIAL COUNT  |                              |   |
| NEUTROPHIL (%)  | 58.24 %                      | 40-75%  |
| LYMPHOCYTE (%)  | 30.66 %                      | 20-45%  |
| MONOCYTE (%)  | 6.80 %                       | 2-8%  |
| EOSINOPHIL (%)  | 3.11 %                       | 1-6%  |
| BASOPHIL (%)  | 1.19 %                       | 0-1%  |
| ERYTHROCYTE SEDIMENTATION RATE  | 30 mm/1st hr                 | MALE:0-15 mm/ 1st hr<br>FEMALE:0-20 mm/ 1st hr  |
| HAEMOGLOBIN   | 15.70 gm/dl                  | Male : 13 -18 gm/dl<br>Female:11-15 gm /dl<br>childrens upto 1year-11.0 - 13.0 gm /dl<br>upto12years-11.5 - 14.5 gm /dl<br>cord blood:13 -19.5 gm /dl |
| SICKLE CELL   | NEGATIVE.                    |   |
| Method : Solubility test<br>( If Positive , Hb Electrophoresis / HPLC to be done to confirm Sickle cell anaemia / Trait). |                              |   |
| <b>URINE ROUTINE</b>  |                              |   |

Verified By:

Approved By:



10589

Lab Technologist

Specialist Pathologist

MOH License No: 17976  
Electronically signed at: 2/26/2025 1:26:00

Printed at: 26/02/2025 1:29:09 PM

Page : 1 of 3



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DEPARTMENT OF LABORATORY MEDICINE

|   |                                |                              |
|---|--------------------------------|------------------------------|
| <b>File No:</b> 50133813  | <b>Report No:</b> 0146531      |                              |
| <b>Name:</b> MALIK ABDI HUSSAIN AWAN                            | <b>Sample Date:</b> 26/02/2025 | <b>Time:</b> 9:07            |
|   | <b>Received By:</b>            |                              |
| <b>Address:</b>   | <b>Received Date:</b>          | <b>Time:</b>                 |
| <b>Gender:</b> M <b>Age:</b> 47 Y <b>Nationality:</b> PAKISTANI | <b>Report Date:</b> 26/02/2025 | <b>Time:</b> 13:26           |
| <b>GSM No.:</b> 92051767 <b>ID Card No.:</b> 97530976           | <b>Bill No:</b> 0357322        | <b>Bill Date:</b> 26/02/2025 |
| <b>Ref. By:</b> 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   | 1.030       | 1.010-1.030     |
| BLOOD              | NEGATIVE    | NEGATIVE        |
| UROBILINOGEN       | NORMAL      | NORMAL          |
| URINE MACROSCOPY   |             |                 |
| COLOUR             | YELLOW      |                 |
| APPEARANCE         | CLEAR       |                 |
| URINE MICROSCOPY   |             |                 |
| RBC                | NIL /hpf    | 0-3             |
| PUSCELLS           | 3-5 /hpf    | 0-5             |
| EPITHELIAL CELLS   | 0-1 /hpf    | NIL             |
| CRYSTAL            | NIL /hpf    | NIL             |
| CAST               | NIL /hpf    | NIL             |
| BACTERIA           | NIL         |                 |
| MUCOUS THREAD      | NIL         |                 |
| LIPID PROFILE      |             |                 |
| TOTAL CHOLESTEROL  | 5.55 mmol/L | < 5.18 mmol/L   |
| HDL                | 1.05 mmol/L | >1.5 mmol/L     |

Verified By:

Approved By:



10589

Lab Technologist

Specialist Pathologist

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Electronically signed at: 2/25/2025 1:26:00

Printed at: 26/02/2025 1:29:09 PM

Page : 2 of 3



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DEPARTMENT OF LABORATORY MEDICINE

|   |                                |                              |
|---|--------------------------------|------------------------------|
| <b>File No:</b> 50133813  | <b>Report No:</b> 0146531      |                              |
| <b>Name:</b> MALIK ABDI HUSSAIN AWAN                            | <b>Sample Date:</b> 26/02/2025 | <b>Time:</b> 9:07            |
| <b>Address:</b>   | <b>Received By:</b>            |                              |
| <b>Gender:</b> M <b>Age:</b> 47 Y <b>Nationality:</b> PAKISTANI | <b>Received Date:</b>          | <b>Time:</b>                 |
| <b>GSM No.:</b> 92051767 <b>ID Card No.:</b> 97530976           | <b>Report Date:</b> 26/02/2025 | <b>Time:</b> 13:26           |
| <b>Ref. By:</b> DR SIKANDAR KHAN                                | <b>Bill No:</b> 0357322        | <b>Bill Date:</b> 26/02/2025 |

| INVESTIGATION | RESULT      | REFERENCE RANGE   |
|---------------|-------------|---|
| TRIGLYCERIDES | 2.45 mmol/L | Desirable : <2.083 mmol/L<br>Boderline high : 2.83 - 5.67 mmol/L<br>Hypertriglyceridemia >5.65 mmol/L |
| LDL           | 3.61 mmol/L | < 2.6 mmol/L  |
| VLDL          | 1.11 mmol/L | 0.128-0.645mmol/L   |

Verified By:



10589

Lab Technologist

MOH License No: 17976  
Electronically signed at: 2/26/2025 1:28:00

Approved By:

Specialist Pathologist



مستشفى إن أم سي التخصصي  
nmc specialty hospital

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Printed at: 26/02/2025 1:29:09 PM



**nmc specialty hospital, al-hail**

P.O BOX : 613, Postal Code : 133 al-hail Sultanate of Oman

|                                       |                                   |                                  |
|---------------------------------------|-----------------------------------|----------------------------------|
| SI No: 44124                          | Bill Date: 26/02/2025             | Report Date :26/02/2025 11:09:21 |
| Patient Name: MALIK ABDI HUSSAIN AWAN | Reg No: 50133813                  |                                  |
| Age: 47Y                              | Gender: Male                      | Nationality: PAKISTAN            |
| Address:                              |                                   |                                  |
| Company: TRUCKOMAN SOUTH LLC          | Policy No:                        |                                  |
| Certificate No:                       |                                   |                                  |
| Region: CHEST X RAY PA                |                                   |                                  |
| Referred Doctor:                      | Consultant Name: DR SIKANDAR KHAN |                                  |

**CHEST X RAY PA**

Both lung fields are clear.

Bilateral CP angles are clear

Cardiac silhouette appears normal .

Both domes of diaphragm are normal.

Bony thorax appears normal

**Impression:**

- No significant abnormality.

**Suggested clinical correlation**



**DR. ANAMIKA CHATURVEDI**  
Specialist - Radiology  
MOH Lic. No: 7709  
nmc specialty hospital, Al Hail

# AUDIOMETRY REPORT

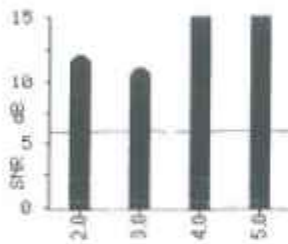
Name of the Patient Malik Abdi Hussein Awar

Age 47y Sex male MRN 50133813 Date of Test 26/02/25

U107.05  
26-FEB-25 09:04  
DP 4s 4 sec avg  
SN: G11005649 G12014595

NAME: \_\_\_\_\_

Left: Pass

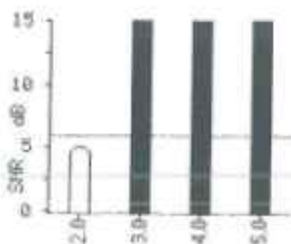


| F2  | L1 | L2 | DP | NF  | SNR | P |
|-----|----|----|----|-----|-----|---|
| 2.0 | 65 | 54 | -8 | -20 | 12  | P |
| 3.0 | 65 | 60 | -9 | -20 | 11  | P |
| 4.0 | 66 | 53 | -1 | -20 | 19  | P |
| 5.0 | 62 | 53 | 4  | -20 | 24  | P |

U107.05  
26-FEB-25 09:01  
DP 4s 4 sec avg  
SN: G11005649 G12014595

NAME: \_\_\_\_\_

Right: Pass



| F2  | L1 | L2 | DP | NF  | SNR | P |
|-----|----|----|----|-----|-----|---|
| 2.0 | 64 | 54 | -8 | -12 | 5   | P |



*[Handwritten Signature]*

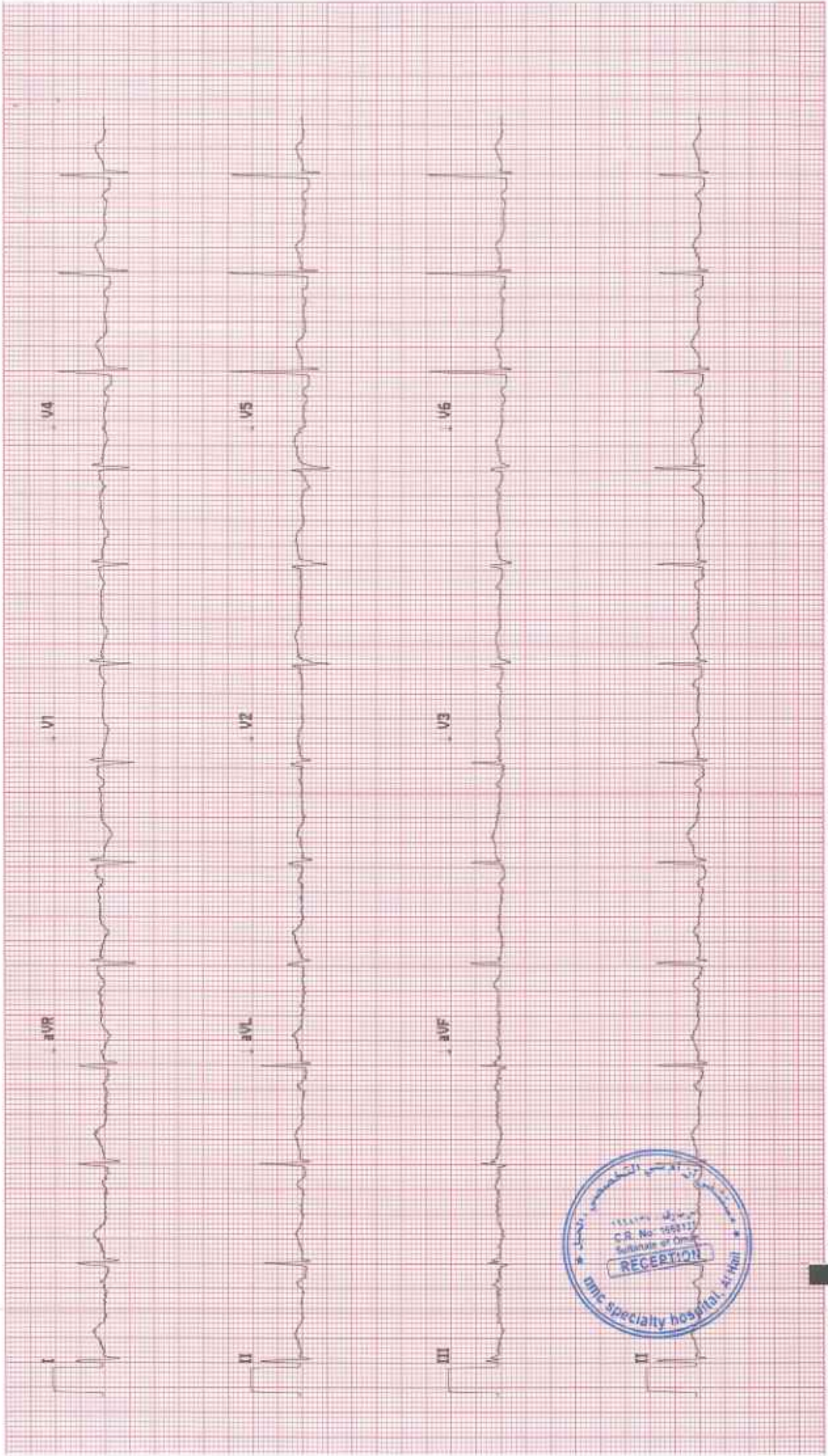
Signature of the Technician



ID: 50133813  
DOB: 47yr, Male

Vent rate: 75 BPM  
PR int: 185 ms  
QRS dur: 83 ms  
QT/QTc: 368/397 ms  
P-R-T axes: 52 58 21

SINUS RHYTHM  
POSSIBLE LEFT ATRIAL ENLARGEMENT (-0.1mV P WAVE IN V1/V2)  
NONSPECIFIC ST & T-WAVE ABNORMALITY  
BORDERLINE ECG  
UNCONFIRMED REPORT



# Medscce

News & Perspective Drugs & Diseases CME & Education Video Decision Point

Drugs & Diseases > Calculators

| Calculator  | About | References       | Default Units  |
|---|-------|------------------|---|
| <b>Framingham Risk Score (2008)</b>   |       |                  |   |
| <b>Questions</b>  |       |                  |   |
| 1. Gender?  |       | Male             |   |
| 2. Age?   |       | 45-49            |   |
| 3. Total Cholesterol?   |       | 5.16-6.19 mmol/L |   |
| 4. HDL?   |       | 0.9-1.16 mmol/L  |   |
| 5. Systolic Blood Pressure?   |       | 120-129 mmHg     |   |
| 6. On Medication for Hypertension?  |       | No               |   |
| 7. Smoker?  |       | Yes              |   |
| 8. Diabetic?  |       | No               |   |
| 9. Known Vascular Disease (CAD, PVD, S...   |       | No               |   |
| <b>Results</b>  Copy Results   |       |                  |   |
| Estimated 10-year Global CVD Risk   |       |                  |   |
| 15.8%   |       |                  |   |
| Risk Category   |       |                  |   |
| Moderate Risk   |       |                  |   |
| Estimated Vascular Age  |       |                  |   |
| 64 Years  |       |                  |   |
| <b>Treatment Guidelines</b>   |       |                  |   |
| <b>ATP-III (2004)</b><br>Treatment Targets<br>LDL <130 mg/dL (<3.37 mmol/L)<br>Non-HDL <160 mg/dL (<4.14 mmol/L)  |       |                  |   |
| <b>CCS (2009)</b><br>Initiate Pharmacotherapy if<br>LDL >3.5 mmol/L (>135 mg/dL)<br>TChol/HDL-C >5 mmol/L (>193 mg/dL)<br>hsCRP >2 mg/L in men >50 years and women >60 years<br>FHx and moderate risk hsCRP   |       |                  |   |
| Treatment Targets<br>LDL <2 mmol/L (<77 mg/dL) or ≥50 % decrease in LDL-C<br>apoB <0.8 g/L (80 mg/dL)   |       |                  |   |
| <b>ESC (2007, see info for more)</b><br>Treatment Targets<br>LDL <3 mmol/L (<120 mg/dL)<br>TChol <5 mmol/L (<194 mg/dL)   |       |                  |   |
| <b>References</b>   |       |                  |   |
| Ralph B. D&rsquo;Agostino, Sr, Ramachandran S. Vasan, Michael J. Pencina, Philip A. Wolf, Mark Cobain, Joseph M. Massaro and William B. Kannel.<br><a href="#">General cardiovascular risk profile for use in primary care: the Framingham Heart Study.</a> |       |                  |   |

DR. MAHDI MAHMOUD KARIMI  
General Practitioner  
SCM Lic. No: 25166  
Specialty Hospital, Al Hail

