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	Sajjad Hussain Safdar Ali
Forenames	
Address	
Home telephone number	9145355R.

Place of examination	Date 19/10/23		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date 1/1/1982	Nationality Pakistan	Country of birth Pakistan	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. 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		✓			
19. Varicose veins		✓	39. Fear of heights		✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
20. Lump in breast/armpit		✓						

How much tobacco each day?	Average daily alcohol consumption

Have you ever taken elicited drugs? ( ) PDO test all new/potential employees for elicted/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: 19/10/23 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	WEIGHT	BMI	B.P.	PULSE	HEARING	VISION				Colour Vision	Blood Group
							DISTANT		NEAR		
cm	kg			/mins			R	L	R	L	
163 cm	74 kg	27.9	120/80 mm/Hg	54	L R	Uncorrected Corrected	6/6	6/6	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.)

ASSESSMENT:

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

Date: 19/10/2023 Name (Block Capitals): Dr Nandana Ramidi Signature:

REVIEW/CONSULTATION

Date: Name (Block Capitals): Signature:

Appendix 15: Fitness to Work Certificate

Employee Data			Date 19/10/2023
Name Sajjad Hussain			Department/Company
I.D No. 6842651871 Age 41y.			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			
Pulling, 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 19/10/2023

DR. NANDANA PAMIDI LICENCE NO. 13872 GENERAL PRACTITIONER

Dr. Dandana Pamidi

Framingham Risk Assessment form

Framingham Risk Assessment (For all professional drivers, crane operators, forklift operator or other employees who are above 40 years of age):

Employee Name: Sayed Hossain Sabder
Emp #: 6826518
Date of Assessment: 19/10/2023

1	Age	Years	41
2	Gender	Female/Male	Male
3	Total Cholesterol	mmol/L 4.10	
4	HDL Cholesterol	mmol/L 1.37	
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	mm Hg	120
8	Is the patient being treated for High blood pressure?	Yes/No	

Framingham Risk score: 21.7 %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by:

DR. NANDANA PANICKER
GENERAL PHYSICIAN

AL KHAIR HOSPITAL

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

Employee Data		Date: 19/10/2023
Name: Sayed Hussain		Department/Company:
I. D No. 6826548	Tel #: 91433582	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	1

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 Sayed (Print Name) certify that to the best of my knowledge the above information is complete and correct.

Signature: Date: 19/10/2023

M.O.H LICENCE NO. 2319
C.P. NO. 701/2003
AL DHAHIRA GOVERNORATE
WILAYAT IBRI
Sultanate of Oman

Laboratory Investigation Report

Patient Name	Mr. SAJJAD HUSSAIN SAFDAR ALI	**Requesting Date/Time**	19/10/2023 8:43AM
DOB/Gender	01/01/1982 (41 Yrs/Male)		
MRN / Nationality	700236053 / Pakistan	**Collection Date/Time**	19/10/2023 8:43AM
Requesting Physician	Dr. OP SELF	**Reception Date/Time**	19/10/2023 9:32AM
Lab Number	7009954	**Reporting Date/Time**	19/10/2023 10:50AM
Test Priority	Routine	**Reporting Stage**	Final

Test	Result	Flag	Units	Reference Range	Sample Type	Methodology
BIOCHEMISTRY						
Random Blood Sugar (RBS)	6.05		mmol/L	3.7 - 7.8		Hexokinase
LIPID PROFILE						
LIPID PROFILE						
Cholesterol - Total	4.10		mmol/L	Desirable : <5.17 Borderline High : 5.17 - 6.18 High : >6.21	Serum	Enz. Colorimetric
Triglyceride	1.17		mmol/L	0.73 - 1.8	Serum	Enz. Colorimetric
HDL Cholesterol	1.37		mmol/L	No Risk : >1.68 Moderate Risk : 1.15 - 1.68 High Risk : <1.15	Serum	
LDL Cholesterol	2.20		mmol/L	Desirable: < 3.34 Borderline High : 3.37 - 4.12 High : >4.14	Serum	CALCULATED
VLDL	0.53		mmol/L	0.128 - 0.645		
Cholesterol / HDL Ratio	2.99	L	mmol/L	3.5 - 5		Calculation
LIVER FUNCTION TEST						
LIVER FUNCTION TEST						
Bilirubin-Total	0.469		mg/dl	0.1 - 1.2		
Direct Bilirubin	0.156		mg/dl	< 0.2	Serum	Diazo
SGOT (AST)	18.53		IU/L	0 - 40	Serum	

Ms. ASHWINI RATHEESAN PANIKAR
PANIKAR

ASHWINI RATHEESAN
LAB TECHNICIAN
REG No.: 21830

Dr. Shayfa Palliyalil
Specialist Pathologist

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عبري سلطنة عمان

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Test Priority	Routine	**Reporting Stage**	Final

SGPT (ALT)	23.39	IU/L	10 - 60	Serum	IFCC ;Tris buffer without P5P ; Kinsearch
Alkaline Phosphatase	53.58	IU/L	Adult: 37-116 1- 5 days : <245 6 days - 1 yr : 104-462 1 - 12 yrs : 42-300 13 - 17 yrs female : 47-187 13 -17 yrs male : 52-390	Serum	Colorimetric assay ; AMP buffer IFCC ; kinetic
Gamma GT	25.75	U/L	5 - 40	Serum	Enzymatic colorimetric assay : IFCC; Kinetic
Total Protein	7.14	g/dl	6.6 - 8.7		Colorimetric assay (Biuret reaction, endpoint)
Albumin	4.56	g/dl	3.2 - 5.4	Serum	Homogeneous enzymatic colorimetric assay:End point
Globulin	2.58	g/dl	2.3 - 3.2	Serum	Calculation
A/G Ratio	1.8	Ratio			

RENAL FUNCTION TEST

RENAL FUNCTION TEST

Urea	4.41	mmol/L	2 - 9	Serum	Kinetic test, urease and glutamate dehydrogenase

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Creatinine	97.97	umol/L	Male: 62 - 106 Female: 44 - 80 Neonates: 21 - 91 Children (2 To 12 Month) : 15 - 37 Children (1 To 9 Years) : 21 - 53 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		

THANSILA THAHA
LAB TECHNICIAN
REG No.: 21629

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CBC (COMPLETE BLOOD COUNT)

COMPLETE BLOOD COUNT

WBC Count	6.89		10^3/uL	4 - 11	EDTA WB	Impedance
DIFFERENTIAL COUNT (%)						
Neutrophils	44.4	L	%	45 - 75	EDTA WB	Impedance and Absorbance
Lymphocytes	42.7		%	20 - 45	EDTA WB	Optical
Eosinophils	4.2		%	1 - 6	EDTA WB	
Monocytes	8.3		%	2 - 10	EDTA WB	Impedance and Absorbance
Basophils	0.4		%	0 - 1	EDTA WB	Impedance and Absorbance
Hb/Hemoglobin	14.5		g/dl	13 - 17	EDTA WB	Photometry
RBC Count	5.13		10^6 / uL		EDTA WB	Impedance
Platelet Count	228		10^3/uL		EDTA WB	
HCT (Hematocrit)	45.9		%	37 - 51	EDTA WB	Calculation
MCV	89.5		fl	83 - 101	W. B. EDTA	Measurement
MCH	28.3		pg	27 - 32	W. B. EDTA	Calculation
MCHC	31.6		g/dl	31 - 37	W. B. EDTA	Calculation

End Of Report

SEROLOGY & IMMUNOLOGY

HIV(HUMAN IMMUNODEFICIENCY VIRUS)

HIV (Human Immunodeficiency Viruses)	0.169	COI	Non Reactive: <1.0 Reactive: =>1.0	ECLIA
HIV - Remarks	Non-reactive		Non-Reactive	

METHOD: ELECTROCHEMILUMINESCENCE ASSAY (ECLIA)
Specimen: SERUM

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Test Priority	Routine		

HBSAG / HEPATITIS B SURFACE ANTIGEN

HBsAg (Hepatitis B surface Antigen)	0.684	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	0.243	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	Negative		Diazo

MICROSCOPIC EXAMINATION

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

THANSILA THAHA
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Aster HOSPITAL
We'll Treat You Well

أستر مستشفى
نحن نعتني بك دائما

Laboratory Investigation Report

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Lab Number	7009954	**Reporting Stage**	Final
Test Priority	Routine		

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

THAHSILA THAHA
LAB TECHNICIAN
REG No.: 21823

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We'll Treat You Well

أستر مستشفى
نحن نعتني بك دائما

Patient Name	SAJJAD HUSSAIN SAFDAR ALI	**Patient ID**	700236053
Gender	Male	**Age**	41Y 9M
Study DateTime	2023-10-19 09:30:25	**Referring Physician**	OP SELF

X-RAY CHEST

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

IMPRESSION:
- **No significant abnormality seen.**

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SPECIALIST RADIOLOGY
MOH Licence: 21058
ASTER HOSPITAL IBRI

Dr. Nithinmon Chakiriyil Vadhannan
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.

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ص.ب: ٤٠٠ الرمز البريدي: ٥١١
عبري، سلطنة عمان

700236053 G

41 Years Male

19-Oct-23 08:55:09 AM

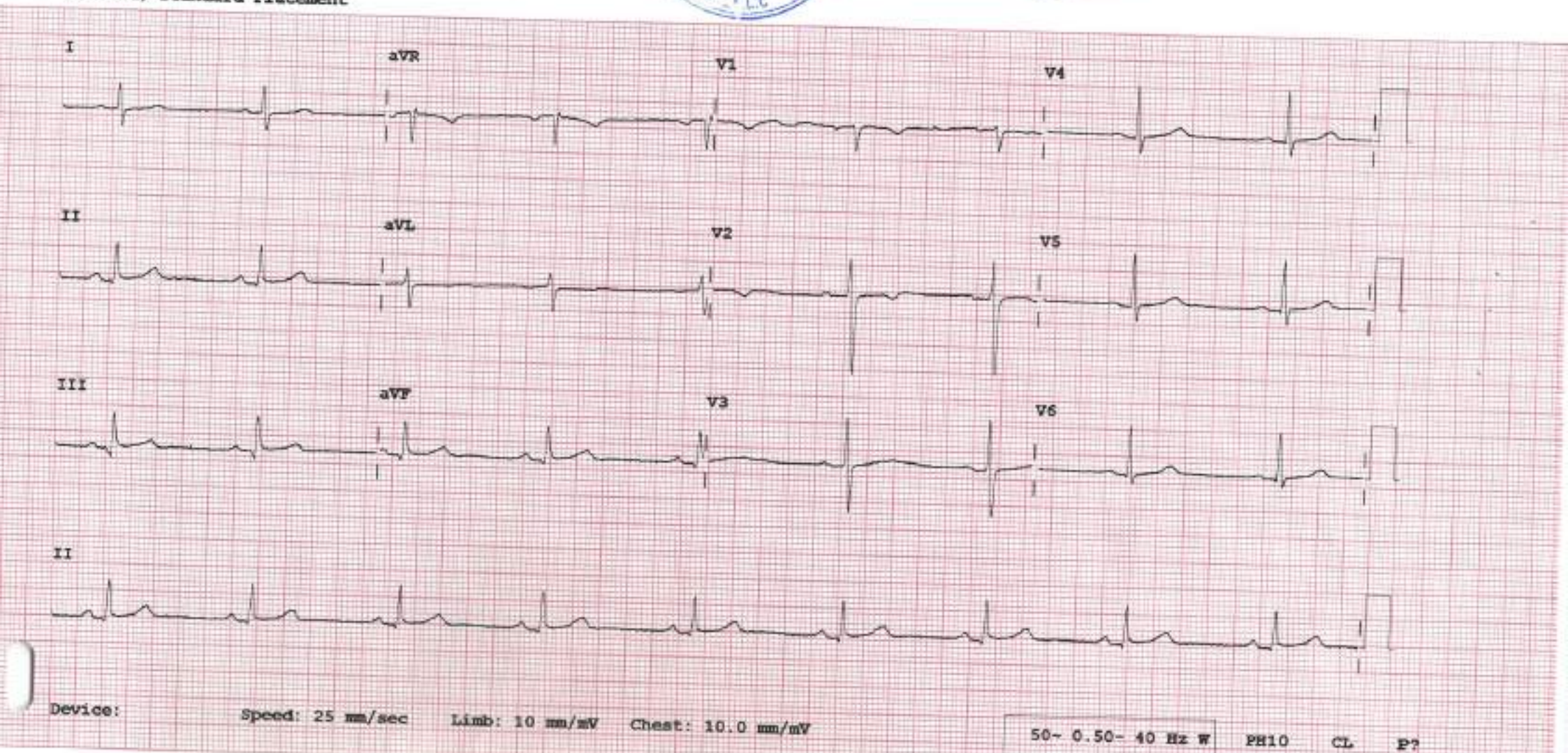
ASTER HOSPITAL IBRI (Emergency)

Rate	54
RR	1111
PR	169
QRSD	94
QT	434
QTc	412

--AXIS--

P	68
QRS	80
T	65

12 Lead; Standard Placement



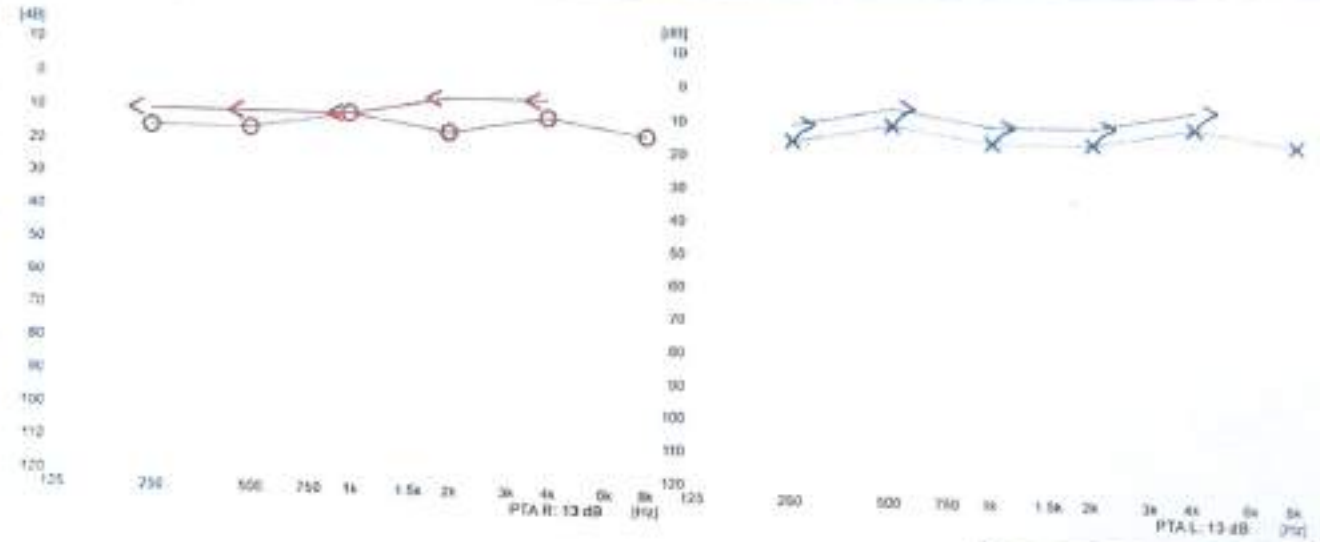
Device:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

50- 0.50- 40 Hz W PH10 CL P?

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code	Last name , First name	Born
700236053/68265181	SAJJAD HUSSAIN , -	19.10.2023
Test type	**Test date**	
Tonal audiometry	19.10.2023	



Legend	R	L
Air	○	×
AirMasked	△	□
Bone	<	>
BoneMasked	[	]
MCL	M	M
UCL	m	m
Free Field	Ø	%
Free FieldMasked	A	A
Binaural		B
No response		↓

Comments
BILATERAL NORMAL HEARING SENSITIVITY

Signature:

Date: 19/10/2023