



Appendix 32: EX1 Form (Initial Examination Report)

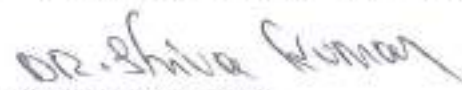
INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Petroroleum Development Oman
MEDICAL DEPARTMENTPLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Place of examination <u>NMC AL HAIL</u>		Date <u>8/7/25</u>	Surname <u>KARAM JIT</u>
If a dependant enter employee's name here:		Forenames <u>SINGH JAGA</u>	
Surname <u>KARAM JIT</u>		Address	
Birth date: <u>23/1984</u>		Home telephone number <u>94538372</u>	
Nationality: <u>INDIAN</u>		Country of birth: <u>INDIA</u>	
Religion: <u>(Hindu)</u>		Relationship to employee	
☒ Male ☐ Female	☒ Married ☐ Single ☐ Separated /Divorced	☐ Wife ☐ Son ☐ Daughter	Number of children:
Reason for examination		Job:	
Pre-Employment ☐ 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 (7) if uncertain exclude minor ailments.)			
Y N		Y N	
1. Sinus trouble	☒	21. Cancer	☒
2. Neck swelling/glands	☒	22. Heart Disease	☒
3. Difficulty in vision	☒	23. Rheumatic fever	☒
4. Any ear discharge	☒	24. Abnormal heartbeat	☒
5. Asthma/bronchitis	☒	25. High blood pressure	☒
6. Hayfever /other significant allergy	☒	26. Stroke	☒
7. Any skin trouble	☒	27. Serious chest pain	☒
8. Tuberculosis	☒	28. Any blood disease	☒
9. Shortness of breath	☒	29. Kidney disease	☒
10. Coughed/vomited blood	☒	30. Blood in urine	☒
11. Severe abdominal pain	☒	31. Diabetes	☒
12. Stomach ulcer	☒	32. Headaches/migraine	☒
13. Recurrent indigestion	☒	33. Dizziness/fainting	☒
14. Jaundice or hepatitis	☒	34. Epilepsy	☒
15. Gall Bladder disease	☒	35. Joints/spinal trouble	☒
16. Marked change in bowel habits	☒	36. Surgical operation	☒
17. Blood in stools (motions)	☒	37. Serious accident/fracture	☒
18. Marked change in weight	☒	38. Tropical disease	☒
19. Varicose veins	☒	39. Fear of heights	☒
20. Lump in breast/ampit	☒		
How much tobacco each day? <u>NO</u>		Average daily alcohol consumption <u>NO</u>	
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: <u>8/7/25</u>		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. 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	S.P.	PULSE	HEARING	VISION
173	81.6	27.2	142 1.1	78 (mins.)	L M R M	DISTANT NEAR Uncorrected Corrected
						Colour Vision Blood Group
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.)						
No Remarkable Findings						
ASSESSMENT:						
☒ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☒ UNFIT						
Date: 28/07/2022		Name (Block Capitals): Dr. / Nurse			 	
REVIEW/CONSULTATION						
Date:		Name (Block Capitals): Dr. / Nurse			Signature:	

DEPARTMENT OF LABORATORY MEDICINE

File No: 50139496	Report No: 0157812
Name: KARAM JIT SINGH JOGA	Sample Date: 08/07/2025 Time: 10:00
Address:	Received By:
Gender: M Age: 41 Y Nationality: INDIAN	Received Date: Time:
GSM No.: 94558372 ID Card No.: 82053616	Report Date: 08/07/2025 Time: 11:51
Ref. By: DR MAHDI KARIMI	Bill No: 0380526 Bill Date: 08/07/2025
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE ABOVE 40 YEARS		
RANDOM BLOOD SUGAR	7.93 mmol/L	4.11 -7.9mmol/L
CREATININE	66.00 μ mol/L	Adults: MALE: 62 - 106 μ mol/L FEMALE: 44 - 80 μ mol/L
SGPT (ALT)	41.80 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
TOTAL WBC COUNT	$7.21 \times 10^3 / \mu$ L	4.00-11.00 $\times 10^3 / \mu$ L
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	53.50 %	40-75%
LYMPHOCYTE (%)	32.09 %	20-45%
MONOCYTE (%)	7.14 %	2-8%
EOSINOPHIL (%)	6.60 %	1-6%
BASOPHIL (%)	0.68 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	07 mm/1st hr	MALE:0-15 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
HAEMOGLOBIN	13.12 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	NEGATIVE	
Method : Solubility test (If Positive , Hb Electrophoresis / HPLC to be done to confirm Sickle cell anaemia / Trait).		
URINE ROUTINE		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE

Verified By:



10589

Lab Technologist

MOH License No: 17978

Electronically signed at: 7/8/2025 11:52:00

Approved By:



DR ROSE MARY

Specialist Pathologist

MOH License No: 18178

Electronically signed at: 08/07/2025 11:55:00

Printed at: 08/07/2025 2:26:50 PM

Page: 1 of 3



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DEPARTMENT OF LABORATORY MEDICINE

File No: 50139496	Report No: 0157E12
Name: KARAM JIT SINGH JOGA	Sample Date: 08/07/2025 Time: 10:00
Address:	Received By:
Gender: M Age: 41 Y Nationality: INDIAN	Received Date: Time:
GSM No.: 94558372 ID Card No.: 82053616	Report Date: 08/07/2025 Time: 11:51
Ref. By: DR MAHDI KARIMI	Bill No: 0380526 Bill Date: 08/07/2025
	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
URINE BILIRUBIN	NEGATIVE	NEGAT VE
NITRITE	NEGATIVE	NEGAT VE
URINE PH	8.0	4.5-8.0
SPECIFIC GRAVITY	1.005	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	0-2
WBC	3-4 /hpf	0-5
EPITHELIAL CELLS	0-3 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	
MUCOUS THREAD	NIL	
CHEST X RAY PA		
ECG		
LIPID PROFILE		
TOTAL CHOLESTEROL	4.14 mmol/L	< 5.18 mmol/L
HDL	0.96 mmol/L	> 1.5 mmol/L
TRIGLYCERIDES	1.83 mmol/L	Desirable : <2.083 mmol/L Borderline high : 2.83 - 5.67 mmol/L Hypertriglyceridemia >5.65 mmol/L
LDL	2.55 mmol/L	< 2.6 mmol/L
VLDL	0.83 mmol/L	0.128-0.645mmol/L

Verified By:

Approved By:

10589

DR ROSE MARY

Lao Technologist

Specialist Pathologist

MOH License No: 1757E

MOH License No: 1517E

Electronically signed at: 08/07/2025 11:52:00

Electronically signed at: 08/07/2025 11:55:00

Printed at: 08/07/2025 2:26:50 PM

Page: 2 of 3

DEPARTMENT OF LABORATORY MEDICINE

File No: 50139496	Report No: 0157812	
Name: KARAM JIT SINGH JOGA	Sample Date: 08/07/2025	Time: 10:00
Address:	Received By:	
Gender: M Age: 41 Y Nationality: INDIAN	Received Date:	Time:
GSM No.: 94558372 ID Card No.: 82053616	Report Date: 08/07/2025	Time: 11:51
Ref. By: DR MAHDI KARIMI	Bill No: 0380526	Bill Date: 08/07/2025
	Report Status: Final	

INVESTIGATION	RESULT	REFERENCE RANGE
AUDIOMETRY		
SPIROMETRY		

Verified By:



10589

Lab Technologist

MOH License No: 17976

Electronically signed at: 7/8/2025 11:52:00

Approved By:



DR ROSE MARY

Specialist Pathologist

MOH License No: 18178

Electronically signed at: 08/07/2025 11:55:00

Printed at: 08/07/2025 2:26:50 PM

Page: 3 of 3



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nmc specialty hospital, al-hail

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

SI No: 47717	Bill Date: 08/07/2025	Report Date :08/07/2025 10:49:11
Patient Name: KARAM JIT SINGH JOGA	Reg No: 50139496	
Age: 41Y	Gender: Male	Nationality: INDIA
Address:	Phone:	
Company: TRUCKOMAN SOUTH LLC	Policy No:	
Certificate No:		
Region: CHEST X RAY PA		
Referred Doctor:	Consultant Name: DR MAHDI KARIMI	

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



Elegant Medical Center LLC

DR SHEREEN HASHIM

08/07/2025 10:48:02

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Radiology

Shereen

Disclaimer : This is an electronically generated report and does not require a doctor's signature

AUDIOMETRY REPORT

Name of the Patient

Karamjit Singh Joga

U107.05

08-JUL-25 10:39

DP 2s 2 sec avg

SN: G11005649 G12014595

Sex

M

MRN

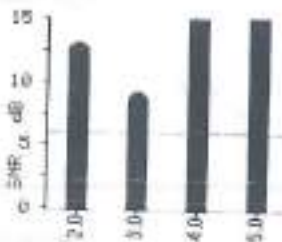
50139496

Date of Test

08/07/2025

NAME:

Left: Pass



F2	L1	L2	DP	NF	SNR	P
2.0	65	55	-1	-14	13	P
3.0	65	54	-1	-11	9	P
4.0	64	54	-1	-14	20	P
5.0	63	53	0	-16	16	P

U107.05

08-JUL-25 10:39

DP 2s 2 sec avg

SN: G11005649 G12014595

NAME:

Right: Pass



F2	L1	L2	DP	NF	SNR	P
2.0	65	55	-1	-15	15	P
3.0	65	55	-1	-8	5	P
4.0	65	55	-1	-19	25	P
5.0	65	55	5	-20	25	P



Signature of the Technician

NMCOMAN/DOC/NSG/75



Pulmonary Function Report

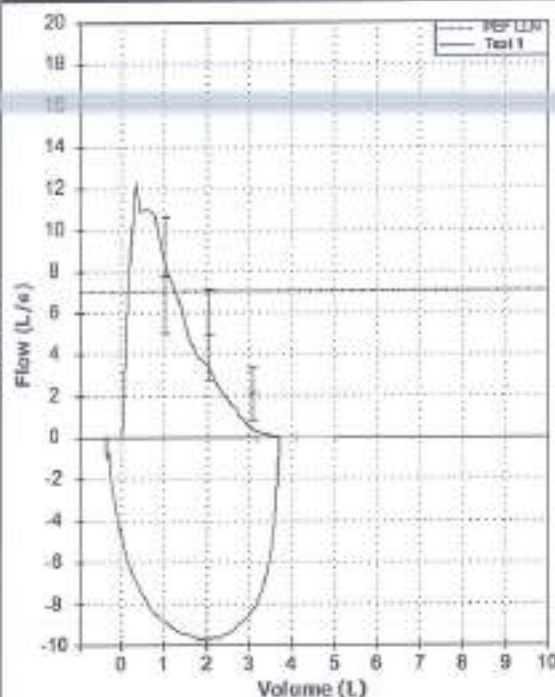
Subject Information

ID:	2025189_102848766	Alternate ID:	50139496		
Last Name:	Joga	First Name:	Karam	Middle Name:	Jit Singh
Population:	Asian	Gender:	Male	Date of Birth:	02/03/1984
Age:	41	Height:	173 cm	Weight:	81.6 kg
BMI:	27.3	Smoking:	Non Smoker		

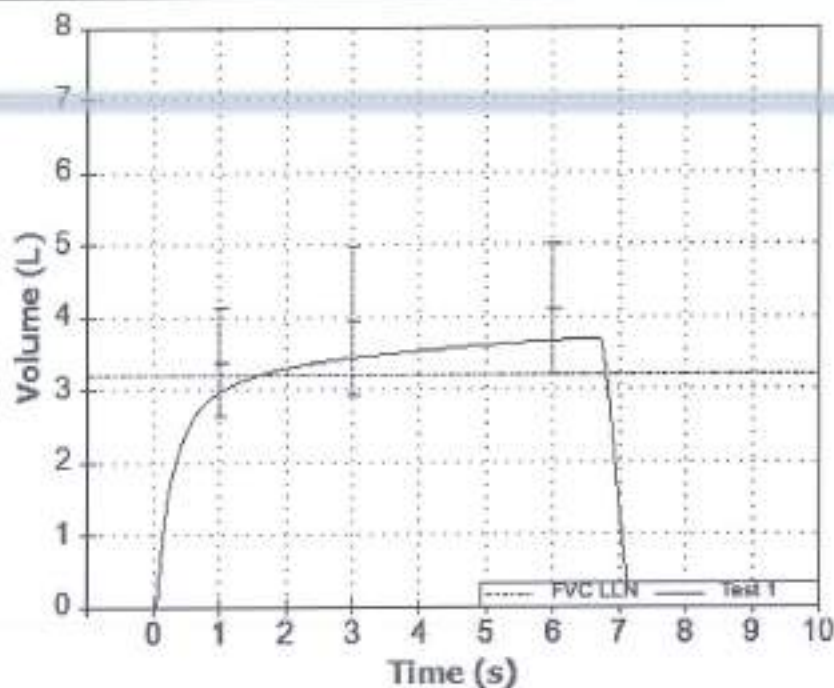
Test Session Information

Test Date:	08/07/2025 10:31	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	7	Accuracy Chk:	30/05/2019 15:42	User:	Administrator
Pred. Values:	ERS 93	Pred. Factor:	90%	Posture:	Sitting

Flow / Volume Graph



Volume/Time Graph



Results

Parameter	Pred	LLN	Best	% Pred.	Z-Score
FVC (L)	4.10	3.20	3.69	90	-0.75
FEV1 (L)	3.38	2.63	3.00	89	-0.83
FEV1 Ratio	0.80	0.68	0.74	93	-0.82
FEV6 (L)	4.10	3.20	3.66	89	-0.80
PEF (L/min)	541	422	740	137	2.75
FEF25-75 (L/s)	4.29	2.58	3.09	72	-1.15

Values at UTPS. *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

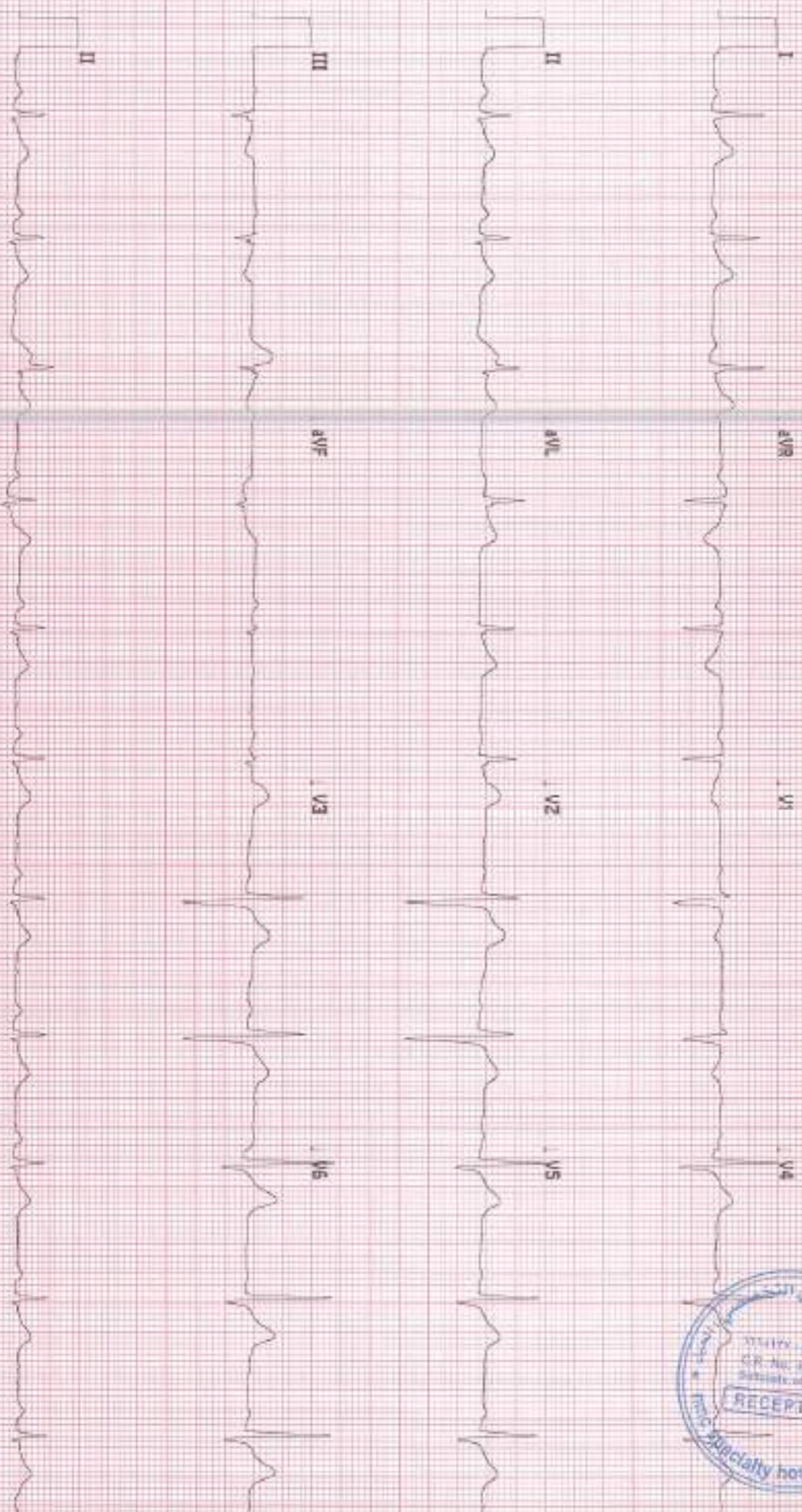
FVC						O						
FEV1						O						
FEV1 Ratio						O						
					LLN		Reference			ULN		



UNCONFIRMED REPORT
NORMAL ECG
UNCONFIRMED REPORT

UNCONFIRMED REPORT
NORMAL ECG
UNCONFIRMED REPORT

UNCONFIRMED REPORT
NORMAL ECG
UNCONFIRMED REPORT



119210000836

No Site Name

Site # 0 Cart # 0 Version 2.10.5 Sequence #03274 25mm/s 10mm/mV 0.05-40 Hz M

72-794

Framingham Risk Score (2008)

Questions

- | | |
|--|------------------|
| 1. Gender? | Male |
| 2. Age? | 40-44 |
| 3. Total Cholesterol? | 4.14-5.15 mmol/L |
| 4. HDL? | 0.9-1.16 mmol/L |
| 5. Systolic Blood Pressure? | 140-149 mmHg |
| 6. On Medication for Hypertension? | No |
| 7. Smoker? | No |
| 8. Diabetic? | No |
| 9. Known Vascular Disease (CAD, PVD, etc.) | No |

7.9%

Risk Category

Low Risk

Estimated Vascular Age

51 Years

Treatment Guidelines

ATP-III (2004)

Treatment Targets

LDL <160 mg/dL (<4.14 mmol/L)

Non-HDL <190 mg/dL (<4.93 mmol/L)

CCS (2009)

Initiate Pharmacotherapy if

LDL >5 mmol/L (>193 mg/dL)

TChol/HDL-C >8 mmol/L (>231 mg/dL)

Treatment Targets

≥50 % decrease in LDL-C

ESC (2007, see info for more)

Treatment Targets

LDL <3 mmol/L (<120 mg/dL)

TChol <5 mmol/L (<194 mg/dL)

Created by QxMD

About

The FRS estimates the 10 year risk of manifesting clinical CVD (CAD, Stroke, PVD, CHF, cardiac death). Although not examined in the 2008 model, it is common practice to double the FRS if there is a FHx of premature CAD in a 1st degree relative (men <55y, women <65y).

*The risk stratification tool for the ESC is the SCORE system which estimates 10y risk of CVD death. Patients with a 10y risk of CVD death ≥5% are considered high risk. The lipid guidelines recognize risk equivalents as a distinct category that warrant immediate treatment. For patients with an ESC SCORE ≥ 5% a 3 month trial of lifestyle measures is a reasonable starting point. If after 3 months the lipids remain above moderate risk targets and the SCORE remains ≥ 5% then intensive therapy to reach high risk targets is recommended.

References

Ralph B. D'Agostino, Sr., Ramachandran S. Vasan, Michael J. Pencina, Philip A. Wolf, Mark Cobain, Joseph M. Massaro and William B. Kannel.

General cardiovascular risk profile for use in primary care: the Framingham Heart Study.

Circulation 2008 February 12; 117 (6): 743-53

McPherson R et al.

Canadian Cardiovascular Society position statement—recommendations for the diagnosis and treatment of dyslipidemia and prevention of cardiovascular disease.

Canadian Journal of Cardiology 2006; 22 (11): 913-27

Management of Blood Cholesterol in Adults: Systematic Evidence Review from the Cholesterol Expert Panel.

Ian Graham et al.

European guidelines on cardiovascular disease prevention in clinical practice: executive summary. Fourth Joint Task Force of the European Society of Cardiology and Other Societies on Cardiovascular Disease Prevention in Clinical Practice (Constituted by representatives of nine societies and by invited experts).

European Heart Journal, Volume 28, Issue 19, October 2007, Pages 2375-2414



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Truckoman RMG-PDO - PDO FTW medical - KARAM JIT SINGH - 1442

From Nimesh <nimesh@truckomangroup.com>

Date Tue 7/8/2025 7:42 AM

To Customercare Hail [NMC Oman] <customercare.hail@nmcoman.com>

Cc Majda Al Hadhrami [NMC Oman] <majda.alhadhrami@nmcoman.com>; Rahul Bhalerao [NMC Oman] <Rahul.Bhalerao@nmcoman.com>; Bushra Al Balushi <bushra@truckomangroup.com>; Nimr Camp Boss <nimr.campboss@truckomangroup.com>; Nusaiba <nusaiba@truckomangroup.com>; Harshakumar <harsha@truckomangroup.com>

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Do NOT ACT on any instructions given on email unless you recognize the Sender, If in doubt please contact the Sender directly for confirmation. Do not click on links or open attachments unless you recognize the sender.

Dear NMC Team,

Please arrange for the required PDO medical examinations for the employee below. He will report to the NMC hospital Al Hail this morning (08.07.2025). Please send me a copy of the medical reports once they are completed.

Emp No	Name	Age	ID card number	GSM	Account
1442	KARAM JIT SINGH	41	82053616	94558372	Truckoman -RMG-PDO

Kind Regards,



Nimesh
Truckoman North -Rig Moving Group-PDO
GSM : 95328619

