1.1 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	AL RAHBI
Forenames	MURSHID
Address	
Home telephone number	
Employment No #	

Place of examination	NMC AL-HAIL
Date:-	16/12/2021

If a dependant enter employee's name here:

Surname:		Forenames:	
Birth date: 4/12/2000	Nationality: OMANI	Country of birth:	Religion:

☑ 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			41. Awarded benefits for industrial injury/illness		
4. Any ear discharge			24. Abnormal heartbeat			42. Treated for a mental condition, e.g. depression		
5. Asthma/bronchitis			25. High blood pressure			43. Treated for problem drinking or drug abuse		
6. Hayfever /other significant allergy			26. Stroke			44. Exposed to toxic substance or noise		
7. Any skin trouble			27. Serious chest pain			**FOR WOMEN ONLY**		
8. Tuberculosis			28. Any blood disease	✓		Have you ever had:-		
9. Shortness of breath			29. Kidney disease			45. An abnormal smear		
10. Coughed/vomited blood			30. Blood in urine			46. Any gynaecological treatment		
11. Severe abdominal pain			31. Diabetes			47. Are you pregnant?		
12. Stomach ulcer			32. Headaches/migraine			48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
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/armpit								

How much tobacco each day? ½-5 cig/day 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 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: **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	WNL.
		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	HEARING	VISION DISTANT R L	VISION NEAR R L	Colour Vision	Blood Group
166	56.8		109/92	98 /mins.	L R	Uncorrected Corrected 6/6	6/6.		

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
		1. Urinalysis				7. Audiogram
		2. Hb, Blood count, 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.)

→ Cl6PD.

ASSESSMENT:

- [x] **FIT ALL AREAS**
- [ ] **FIT WITH SPECIFIC RESTRICTION**
- [ ] **TEMPORARY UNFIT**
- [ ] **AWAITING SPECIALIST ASSESSMENT**

DR. SHIVA KUMAR SIDDAIAH
General Practitioner
MOH Lic. No: 5070
nmc speciality hospital, Al Hail

REVIEW/CONSULTATION

DR. SHIVA KUMAR SIDDAIAH
General Practitioner
MOH Lic. No: 5070
nmc speciality hospital, Al Hail

DATE: DOCTOR NAME: SIGNATURE:

DEPARTMENT OF LABORATORY MEDICINE

File No:	50058304	**Report No:**	0036811		
Name:	MURSHID IBRAHIM SAIF AL RAHBI	**Sample Date:**	16/11/2021	**Time:**	13:09
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 21 Y **Nationality:** OMANI	**Report Date:**	16/11/2021	**Time:**	14:24
GSM No.:	94336623 **ID Card No.:** 14002859	**Bill No:**	0117192	**Bill Date:**	16/11/2021
Ref. By:	DR CHRISTINE ABDALLA	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE BELOW 40 YEARS		
RANDOM BLOOD SUGAR	5.05 mmol/L	4.11 -7.9mmol/L
CREATININE	73.00 μ mol/L	Adults: MALE: 62 - 106 μ mol/L, FEMALE: 44 - 80 μ mol/L
SGPT (ALT)	14.02 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
TOTAL WBC COUNT	8.30 x 10^3 / μL	4.00-11.00 x 10^3 / μL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	46.20 %	40-75%
LYMPHOCYTE (%)	46.70 %	20-45%
MONOCYTE (%)	6.20 %	2-8%
EOSINOPHIL (%)	0.90 %	1-6%
BASOPHIL (%)	0.00 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	02 mm/1st hr	MALE:0-9 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
HAEMOGLOBIN	15.00 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

Verified By:

10195
Lab Technologist
MOH License No:
Electronically signed at: 11/16/2021 2:25:00

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 16/11/2021 5:20:00 PM

nmc specialty hospital
NMC Healthcare LLC

DEPARTMENT OF LABORATORY MEDICINE

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GSM No.:	94336623 **ID Card No.:** 14002859	**Bill No:**	0117192	**Bill Date:**	16/11/2021
Ref. By:	DR CHRISTINE ABDALLA	**Report Status:**	Final		

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	<6.0
SPECIFIC GRAVITY	1.020	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	
PUSCELLS	1-2 /hpf	
EPITHELIAL CELLS	NIL /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	NIL	NIL

Verified By:

10195

Lab Technologist

MOH License No:

Electronically signed at: 11/16/2021 2:25:00

Approved By:

DR ROSE MARY

Specialist Pathologist

MOH License No: 18178

Electronically signed at: 16/11/2021 5:20:00 PM

Printed at: 02/12/2021 11:53:11 AM

مستشفى إن إم سي التخصصي
nmc specialty hospital

NMC Healthcare LLC
[illegible]

AUDIOMETRY REPORT

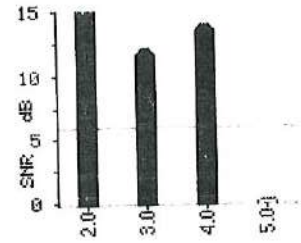
Name of the Patient Murshid Said Dhadhim Al Rahbi

Age 214 **Sex** M **MRN** 50058304 **Date of Test** 16/11/2024

V107.05
16-NOV-22 14:00
DP 4s 4 sec avg
SN: GI1005649 GI2006239

NAME:

Left: Pass

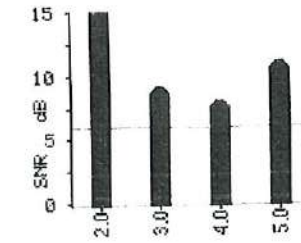


F2	L1	L2	DP	NF	SNR	
2.0	68	57	7	-16	23	P
3.0	68	57	-5	-16	12	P
4.0	65	56	8	-6	14	P
5.0	66	55	-10	-11	0	

V107.05
16-NOV-22 13:50
DP 4s 4 sec avg
SN: GI1005649 GI2006239

NAME:

Right: Pass



F2	L1	L2	DP	NF	SNR	
2.0	66	54	7	-16	23	P
3.0	64	54	-8	-17	9	P
4.0	65	56	-8	-16	8	P
5.0	66	56	-4	-15	11	P

Signature of the Technician

Institution:NMC AL Hospital , Department:Pulmonology

Vitalograph

Pulmonary Function Report

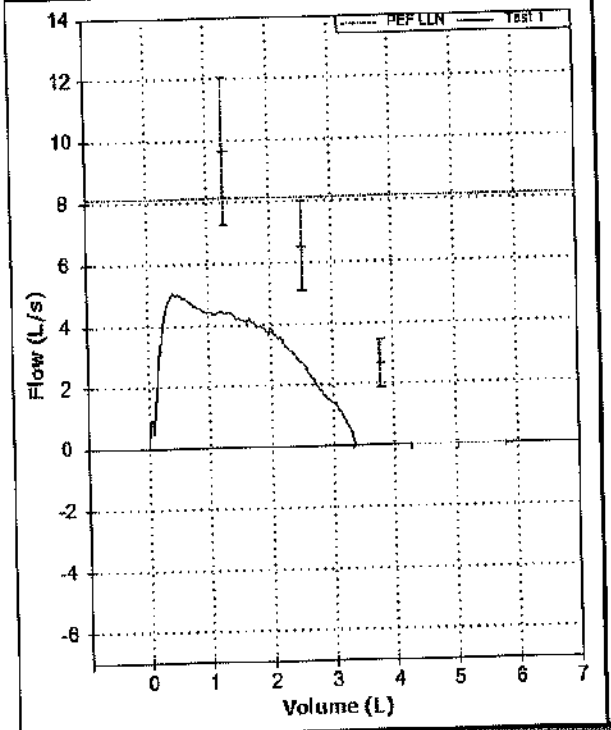
Subject Information

ID:	2021320_144516060	Alternate ID:	50058304	Middle Name:	Ibrahim
Last Name:	Al Rahbi	First Name:	Murshid	Date of Birth:	11/12/2000
Population:	MIDDLE EAST	Gender:	Male	Weight:	57.0 kg
Age:	21	Height:	171 cm		
BMI:	19.5	Smoking:	Smoker		

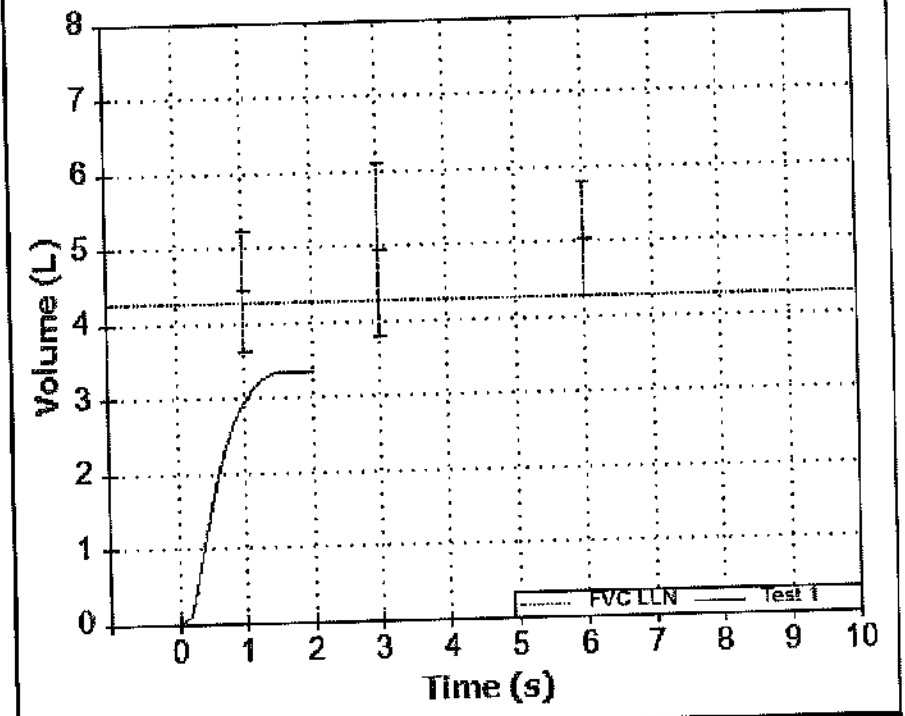
Test Session Information

Test Date:	11/16/2021 18:06	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	14	Accuracy Chk:	5/30/2019 15:42	User:	user
Pred. Values:	Golshan	Pred. Factor:	100%	Posture:	Sitting

Flow/Volume Graph



Volume/Time Graph



Results

Parameter	Pred	LLN	ATS/ERS Best	% Pred.	Z-Score
FVC (L)	5.04	4.27	3.35*	66	-3.60
FEV1 (L)	4.43	3.62	3.16*	71	-2.57
FEV1 Ratio	0.83	0.71	0.94	113	1.50
FEV6 (L)	5.04	4.27	3.24*	64	-3.83
PEF (L/min)	659	489	325*	49	-3.23
FEF25-75 (L/s)	5.51	4.45	3.82*	69	-2.61

Values at BTPS ,*Below lower limit of normality (LLN)

Session Quality and Repeatability Information

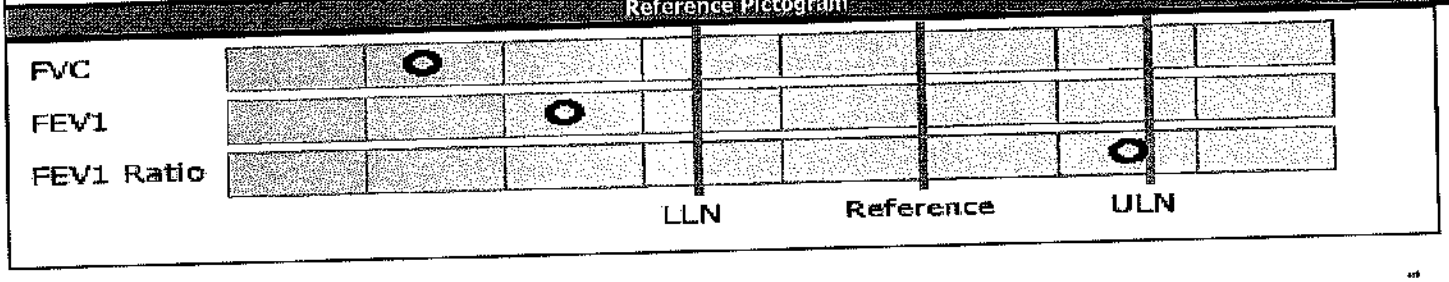
Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
A	0.11 L (3.3%)	0.06 L (1.9%)	0 blow(s)	2 blow(s)	0 blow(s)

Computer Suggested Interpretation

Computer interpretations cannot be relied upon for diagnosis. Mild restriction.

Estimated Lung Age: 55 years

Reference Pictogram



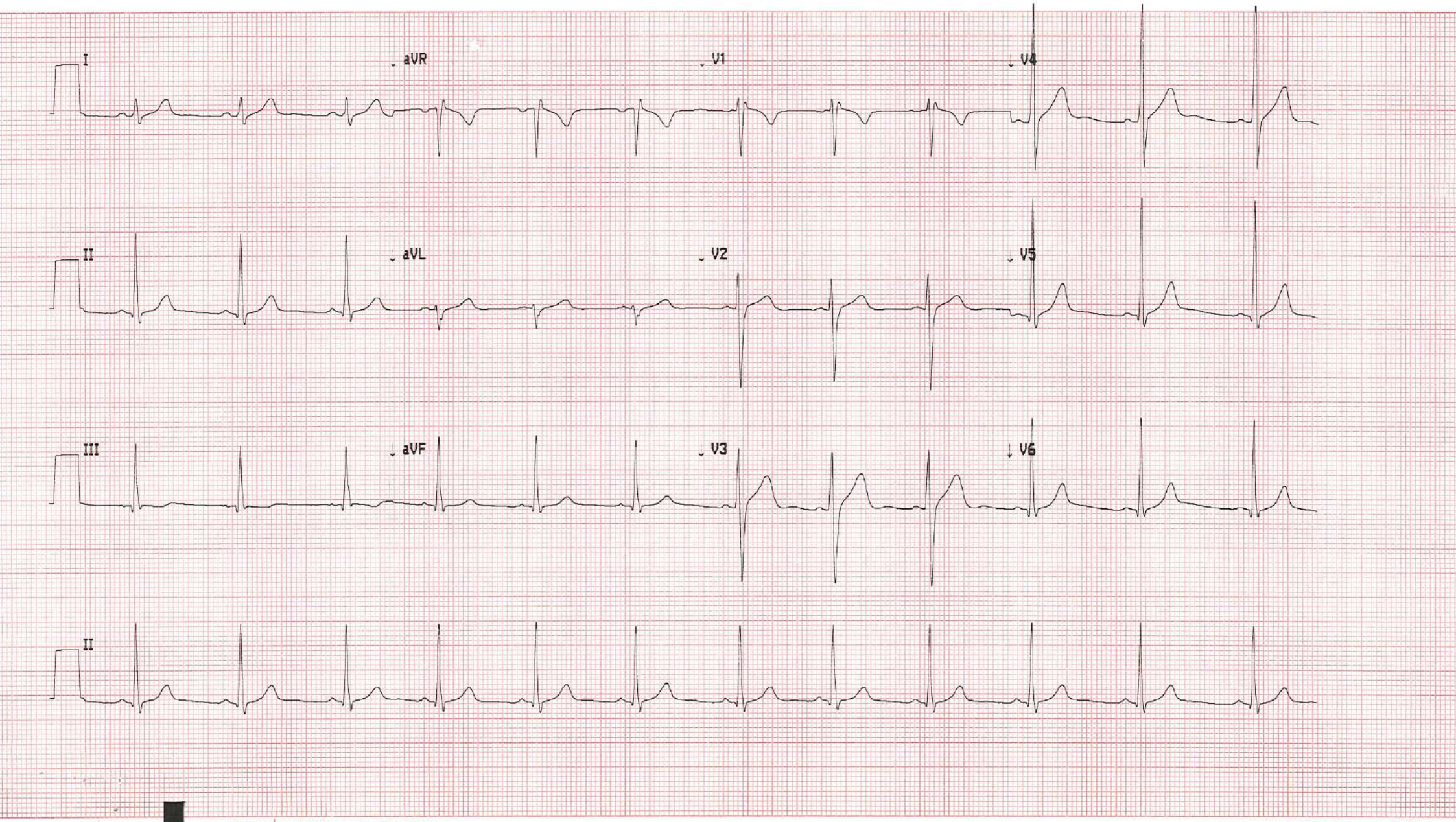
Murshid ibrahim, Saif al rahbi
ID: 50058304
DOB:
21yr, Male

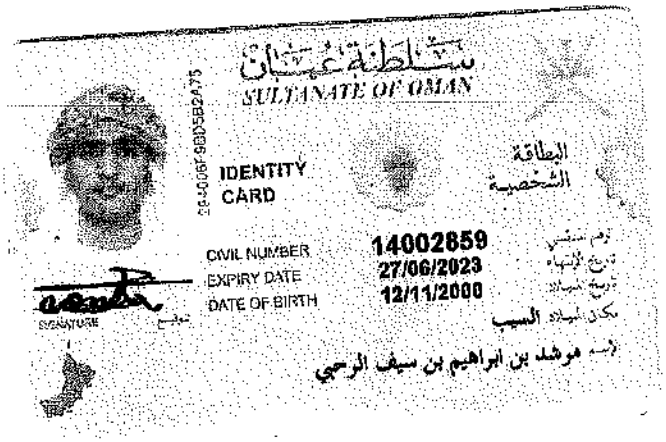
16-Nov-2021 13:28:44

Vent rate:	72 BPM
PR int:	131 ms
QRS dur:	97 ms
QT/QTc:	362/387 ms
P-R-T axes:	29 80 30

SINUS RHYTHM WITH SINUS ARRHYTHMIA
POSSIBLE RIGHT VENTRICULAR CONDUCTION DELAY [RSR (QR) IN V1/V2]
BORDERLINE ECG

UNCONFIRMED REPORT





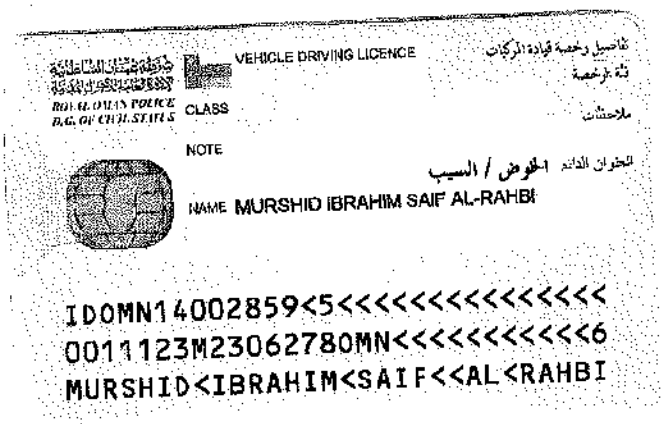
سلطنة عمان
SULTANATE OF OMAN

IDENTITY CARD

البطاقة الشخصية

CIVIL NUMBER 14002659 رقم مدني
EXPIRY DATE 27/06/2023 تاريخ الانتهاء
DATE OF BIRTH 12/11/2000 تاريخ الميلاد
مكان الميلاد السيب
الاسم مرشد بن ابراهيم بن سيف الرحبي

SIGNATURE



ROYAL OMAN POLICE
R.O.P. OF CIVIL STATUS

VEHICLE DRIVING LICENCE تفاصيل رخصة قيادة المركبات

CLASS فئة الرخصة

NOTE ملاحظات

NAME MURSHID IBRAHIM SAIF AL-RAHBI العنوان الدائم الخوض / السيب

IDOMN14002859<5<<<<<<<<<<<<<<
0011123M23062780MN<<<<<<<<<<<6
MURSHID<IBRAHIM<SAIF<<AL<RAHBI

nmc

مستشفى إن إم سي التخصصي، الغبرة
nmc specialty hospital, al ghoubra

PATIENT REFFERAL FORM

To :

إن إم سي للرعاية الصحية ش م م
س ت: ١٢٤٨٣٨٧، ص ب: ٦١٣، الرمز البريدي: ١٣٣، الغبرة، محافظة مسقط، سلطنة عمان
هاتف: ٢٤٥٠٢٣٣٢، ٢٤٥٠٢٤٧٨، ٢٤٥٠٢٥٣٦، ٢٤٥٠٢٥٦٠ (٩٦٨+)، فاكس: ٢٤٥٠-١١٠١ (٩٦٨+)، الطوارئ: ٢٤٥٠-٤٠٠٠ (٩٦٨+)
البريد الإلكتروني: nmc.ghoubra@nmcoman.com

NMC Healthcare LLC
C.R.No: 1248387, P.O.Box: 613, P.C: 133, Al Ghoubra, Governorate of Muscat, Sultanate of Oman
T: (+968) 24502332, 24502478, 24502536, 24502560, F: (+968) 2450 - 1101, Emergency: (+968) 2450 - 4000
E: nmc.ghoubra@nmcoman.com

Please treat Mr./Ms. Mushid Al Rahbi

No. 19002257 against Cash / Credit Payment and oblige

Date : 15 - 11 - 2021

[signature]

Seal & Signature

Consultation FDC FTW

Laboratory

X-ray 94336023

ECG

Inj./IV

Others