11.32 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: Nishan Singh Joswinder F
Forenames:
Address:
Home telephone number: 97978427

Place of examination: | Date: 1/4/2023

If a dependant enter employee's name here:
Surname: | Forenames:

Birth date: 10/3/1986 | Nationality: Indian | Country of birth: Indian | Religion: Singh.

☐ Male ☐ Female | ☐ Married ☐ Single ☐ Separated /Divorced | Relationship to employee: ☐ Wife ☐ Son ☐ Daughter | Number of children: 0

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?

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: 1/4/2023 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	B.P.	PULSE /mins.	HEARING	VISION	Colour Vision	Blood Group
165	76	27.9	120/70	78	L R	DISTANT R L / NEAR R L 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.)

Hypertension – Med. checkup [illegible].

ASSESSMENT:

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

Date: 1/4/2023 Name (Block Capitals): Dr. / Nurse Signature:

OMAN AL-KHAIR HOSPITAL

د. كيران راجندران ناير
DR. KIRAN RAJENDRAN NAIR
GENERAL PRACTITIONER

REVIEW/CONSULTATION

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

Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 1/4/2023
Name: Nishan Singh Jaswindir		Department/Company: T/O
I. D No. 84744357	Tel # 97278427	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, Nish... (Print Name) declare that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Nishan Singh Date: 1/4/2023

Fitness to Work Certificate

Employee Data			Date 1/4/2023
Name Nishan Singh Jaswindar			Department/Company To
I.D No. S6474485	Age 37/yr		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
Name of health advisor	Signature	Date	1/4/2023

OMAN AL-KHAIR HOSPITAL

DEPARTMENT OF LABORATORY MEDICINE

File No: 0221797
Name: NISHAN SINGH JASWINDER
Address:
Gender: M Age: 37 Y Nationality: INDIAN
GSM No.: 98918254 ID Card No.: 85474425
Ref. By: EXTERNAL DOCTOR

Report No: 0654292
Sample Date: 01/04/2023 Time: 9:32
Received By: SREERAJ
Received Date: 01/04/2023 Time: 9:48
Report Date: 01/04/2023 Time: 10:56
Bill No: 0870906 Bill Date: 01/04/2023
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 40 (Truckoman)		
FBS (FASTING BLOOD SUGAR)	5.21 mmol/L	3.9 - 6.1
Method :- Hexokinase	93.78 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**5.50 mmol/L**	1 - 5.1
Method:-Enzymatic	**212.63 mg/dl**	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.080 mmol/L	0.777 - 1.813
Method:-Enzymatic	41.75 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3.23 mmol/L	1.295 - 4.54
Method:-Calculation	124.86 mg/dl	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	**1.19 mmol/L**	0.259 - 1.036
Method:-Calculation	**46.02 mg/dl**	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	5.09	3.8 - 5.9
Method:-Calculation		
TRIGLYCERIDES	**2.60 mmol/L**	0.564 - 2.146
Method : Enzymatic	**230.1 mg/dl**	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.554 mg/dL	0.1 - 1
Method : Diazo	9.47 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.164 mg/dL	0.1 - 0.5
Method : Diazo	2.8 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	38.76 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	98.73 U/L	Male: 10-60 Female: 10-35

SREERAJ
Medical Lab Technologist
MOH No. 6844

Processed By:
SREERAJ
Lab Technologist
MOH License No: 6844

Approved By:
SREERAJ
Lab Technologist

Released By:
SREERAJ
Lab Technologist
MOH License No: 6844

DR. SHAYFA P
Specialist Pathologist
MOH LIC NO:13475
Electronically Signed at: 01/04/2023 10:57:00 AM

Printed at: 01/04/2023 10:57:15 AM

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M: +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥ ٩٦٨+
فاكس: ٢٥٦٨٨٠٢٥ ٩٦٨+
نقال: ٧٧٧٩٩٥٥٧ ٩٦٨+
www.asteroman.com
مستشفى عمان الخير ش.م.م
ص.ب. ٤٠٠ الرمز البريدي: ٥١١
عبري سلطنة عمان

DEPARTMENT OF LABORATORY MEDICINE

File No:	0221797	Report No:	0654292		
Name:	NISHAN SINGH JASWINDER	Sample Date:	01/04/2023	Time:	9:32
		Received By:	SREERAJ		
Address:		Received Date:	01/04/2023	Time:	9:48
Gender:	M Age: 37 Y Nationality: INDIAN	Report Date:	01/04/2023	Time:	10:56
GSM No.:	98918254 ID Card No.: 85474425	Bill No:	0870906	Bill Date:	01/04/2023
Ref. By:	EXTERNAL DOCTOR	Report Status:	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	79.03 U/L	Adult : Men -40-129 :Female 35-104 Children:(Aged) 7months - 1Year :- <462 1Year - 3 Years :- <281 4 Years - 6 Years :- <269 7 Years - 12 Years :- <300 13 Years - 17 Years(M) :-<390 13 Years - 17 Years(F) :- <187
TOTAL PROTEIN-SERUM(Colorimetric Assay)	7.74 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.83 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.91 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.66	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	80.05 U/L	Men : 8-61 Female : 5-36
Method :-Enzymatic Assay		
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	6.11 mmol/L	1.7 - 8.3
Method : Kinetic Assay	36.7 mg/dL	10.2 - 49.8
CREATININE - SERUM	104.20 µmol/L	44.2 - 123.7
Method :-Jaffé Method	1.18 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	8650 cells/cumm	4000 - 11000 cells/cumm
Method : -Fluorescence Flow Cytometry		
DC (DIFFERENTIAL COUNT)		
Method : -Fluorescence Flow Cytometry		
NEUTROPHILS	56.3 %	40-75%

SREERAJ Medical Laboratory Technologist MOH No. 6644

Processed By:	Approved By:	Released By:
SREERAJ	SREERAJ	SREERAJ
Lab Technologist	Lab Technologist	Lab Technologist
MOH License No: 6644		MOH License No: 6644

DR. SHAYFA P
Specialist Pathologist
MOH LIC NO:13475
Electronically Signed at: 01/04/2023 10:57:00 AM

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 7155 9977
@ : +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M : +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥ +٩٦٨
فاكس: ٢٥٦٨٨٠٢٥ +٩٦٨
نقال: ٩٩٧٧٧١٥٥ +٩٦٨
www.asteroman.com
مستشفى عمان الخير ش.م.م
ص.ب: ٤٠٠ الرمز البريدي: ٥١١
عبري سلطنة عمان

DEPARTMENT OF LABORATORY MEDICINE

File No:	0221797	Report No:	0654292		
Name:	NISHAN SINGH JASWINDER	Sample Date:	01/04/2023	Time:	9:32
		Received By:	SREERAJ		
Address:		Received Date:	01/04/2023	Time:	9:48
Gender:	M Age: 37 Y Nationality: INDIAN	Report Date:	01/04/2023	Time:	10:56
GSM No.:	98918254 ID Card No.: 85474425	Bill No:	0870906	Bill Date:	01/04/2023
Ref. By:	EXTERNAL DOCTOR	Report Status:	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
LYMPHOCYTES	34.8 %	20-45%
EOSINOPHILS	1.3 %	2-6 %
MONOCYTES	7.3 %	2-8 %
BASOPHILS	0.3 %	0-1%
HB (HEMOGLOBIN)	15.1 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
Method : -Cyanide-free SLS haemoglobin		
TOTAL RBC COUNT	5.24 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
Method : - Hydrodynamically focussed impedance		
PLATELET COUNT	1.77 lakhs/cumm	1.0 - 4.0 lakhs / cumm
Method : - Hydrodynamically focussed impedance		
PCV (PACKED CELL VOLUME)	46.60 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	88.90 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	26.80 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	32.40 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	06 mm/ 1st hr	MALE:0-9 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
Capillary Photometry Technology Measures the kinetics of red cells aggregation.Clinical Laboratory and Standard Institute (CLSI) procedure for the ESR Test		
SICKLE CELL	NEGATIVE	
Method : -Haemoglobin solubility test		

SREERAJ Medical Laboratory Technologist MOH No. 6644

Processed By:	Approved By:	Released By:	
SREERAJ	SREERAJ	SREERAJ	DR. SHAYFA P
Lab Technologist	Lab Technologist	Lab Technologist	Specialist Pathologist
MOH License No: 6644		MOH License No: 6644	MOH LIC NO:13475

Electronically Signed at: 01/04/2023 10:57:00 AM

Printed at: 01/04/2023 10:57:15 AM

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M : +968 9830 3232
هاتف: ٢٥٦٨٨٠٢٥٦٨٨٧٥+
فاكس: ٢٥٦٨٨٠٢٥٦٨٨٧٥+
نقال: ٧٧٩٩٥٥٧٧٨+
www.asteroman.com
مستشفى عمان الخير ش.م.م
ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

DEPARTMENT OF LABORATORY MEDICINE

File No:	0221797	Report No:	0654292		
Name:	NISHAN SINGH JASWINDER	Sample Date:	01/04/2023	Time:	9:32
		Received By:	SREERAJ		
Address:		Received Date:	01/04/2023	Time:	9:48
Gender:	M Age: 37 Y Nationality: INDIAN	Report Date:	01/04/2023	Time:	10:56
GSM No.:	96918254 ID Card No.: 85474425	Bill No:	0870906	Bill Date:	01/04/2023
Ref. By:	EXTERNAL DOCTOR	Report Status:	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE ROUTINE		
URINE BIOCHEMISTRY		
Method :- Colorimetric Assay		
GLUCOSE	NIL	
PROTEIN	NIL	
KETONE	NIL	
BILIRUBIN	NIL	
pH	ACIDIC	
UROBILINOGEN	NORMAL	
URINE MICROSCOPY (Centrifugation Method)		
RED BLOOD CELLS (RBC)	NIL /hpf	
PUS CELLS	1-2 /hpf	
EPITHELIAL CELLS	NIL /hpf	
CRYSTALS	NIL /hpf	
CAST	NIL /hpf	
BACTERIA	PRESENT /hpf	
YEAST CELLS	NIL /hpf	

Processed By:
SREERAJ
Lab Technologist
MOH License No: 6644

Approved By:
SREERAJ
Lab Technologist

Released By:
SREERAJ
Lab Technologist
MOH License No: 6644

DR. SHAYFA P
Specialist Pathologist
MOH LIC NO:13475

Electronically Signed at: 01/04/2023 10:57:00 AM

Printed at: 01/04/2023 10:57:15 AM

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : + 968 2568 8075
F : + 968 2568 8025
M : +968 7155 9977
D : +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M : +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٧٢٥٥٩٩٧٧+٩٦٨
www.asteroman.com
مستشفى عمان الخير ش.م.م
ص.ب: ٤٠٠ الرمز البريدي ٥١١
عبري، سلطنة عمان

Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
نحن نعتني بك دائما

X-RAY REPORT

Doc No:	0069844
Name:	NISHAN SINGH JASWINDER
Age/DOB:	37 Y — Omani ID/ L.Card No:: 85474425
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	01/04/2023
X-Ray Filim No:	TRUCKOMAN
Bill No:	0870906
Charge Sheet No:	

Both lung fields are normal

Both cp angles are clear

Mediastinal shadow and bony thorax are normal

Cardiac configuration is within normal limits

Conclusion: A normal X-ray appearance

Signature: .....

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

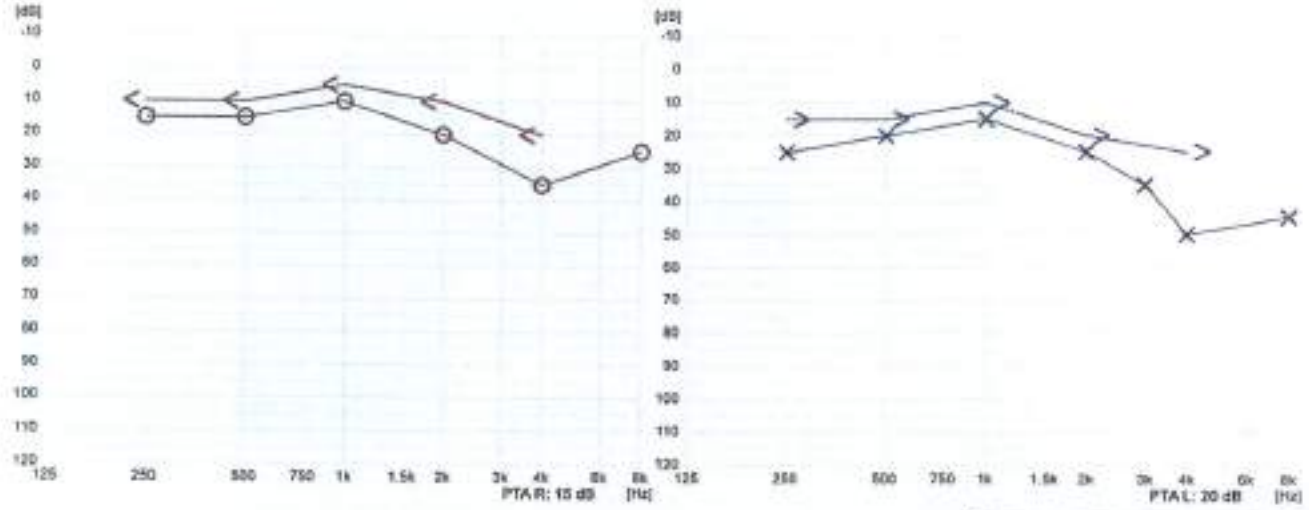
Seal

OMAN AL-KHAIR HOSPITAL L.L.C

Oman Al Khair Hospital LLC
P.O. Box 400, Postal Code : 511
Ibri, Sultanate of Oman
T : +968 2568 8075
F : +968 2568 8025
M : +968 7155 9977
O : +968 7155 9977
E : oakh.ibri@asterhospital.com
[Aster@Home]
M : +968 9830 3232
هاتف: ٢٥٦٨٨٠٧٥+٩٦٨
فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٧١٥٥٩٩٧٧+٩٦٨
www.asteroman.com
مستشفى عمان الخير ش.م.م
ص.ب. ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code:	Last name , First name	Born:
0870906	NISHAN SINGH , JASWINDER	4.2023
Test type:	Test date:	
Tonal audiometry	02.04.2023	



Legend	R	L
Air	O	X
Air/Masked	Δ	□
Bone	<	>
Bone/Masked	[	]
MCL	M	M
UCL	m	m
Free Field	Ø	%
Free Field/Aided	A	A
Binaural	B	
No response	↓	

Comments
RIGHT:NORMAL HEARING (MILD DIP AT HIGH FREQUENCY)
LEFT:MINIMAL HEARING LOSS(WITH MODERATE SLOPE AT HIGH FREQUENCY)

Signature:

Date: 2/04/2023

C.R. No: 1093393
PO Box: 2273
Postal Code: 133
Tel: 3903