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	Ameer Said
Forenames	
Address	
Home telephone number	926-7499

Place of examination	Date: 5/4/98

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

Birth date: 1/1/1967	Nationality: Pakistani	Country of birth: Pakistani	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		✓	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: 5/4/98 Signature of Applicant:

OMAN AL-KHAIR HOSPITAL L.L.C

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 cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
173	93	31.1	130/80	74 /mins.	L R	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.)
Triglycerides are high. Adv – Diet, Walking exercises, Review after 1 month.

ASSESSMENT:

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

Date: 5/4/2023 Name (Block Capitals): Dr. / Nurse Signature

DR. RAKESH YELLA
LICENCE NO: 12358
GENERAL PRACTITIONER

REVIEW/CONSULTATION

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

QURUM AL-KHAIR HOSPITAL L.L.C

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: Ameer Said
Emp #: 8.9193kh
Date of Assessment: 5/4/2013

1	Age	Years	56
2	Gender	Female/Male	
3	Total Cholesterol	mmol/L	5.20
4	HDL Cholesterol	mmol/L	0.90
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	mm Hg	130
8	Is the patient being treated for High blood pressure?	Yes/No	

Framingham Risk score: 18.4 %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations? Moderate risk

Assessment or Examination conducted by:

OMAN AL-KHAIR HOSPITAL L.L.C
MOH LICENCE NO: 3215
C.R. NO: 101...
AL DHAHIRA GOVERNORATE
WILAYAT IBRI
Sultanate of Oman

DR. RAKESH YELLA
LICENCE NO: 13288
GENERAL PRACTITIONER

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Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 5/4/2023
Name: Ameer Said		Department/Company: 10
I. D No. 69193444	Tel # 9647499	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, Ameer (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: [signature] Date: 5/4/2023

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Fitness to Work Certificate

Employee Data				Date	5/4/2023
Name	Ameer Said			Department/Company	T.O.
I.D No.	8691934	Age	56/44	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
Name of health advisor	Signature	Date	5/4/2023

DR. RAKESH YELLE
LICENCE NO: 12595
GENERAL PRACTITIONER

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DEPARTMENT OF LABORATORY MEDICINE

File No:	0270007	**Report No:**	0654658		
Name:	AMEER SAID	**Sample Date:**	05/04/2023	**Time:**	8:48
		Received By:	SREERAJ		
Address:		**Received Date:**	05/04/2023	**Time:**	8:51
Gender:	M **Age:** 56 Y **Nationality:** PAKISTANI	**Report Date:**	05/04/2023	**Time:**	10:24
GSM No.:	92647499 **ID Card No.:** 86919344	**Bill No:**	0871464	**Bill Date:**	05/04/2023
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	5.79 mmol/L	3.9 - 6.1
Method :- Hexokinase	104.22 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**5.20 mmol/L**	1 - 5.1
Method:-Enzymatic	**201.03 mg/dl**	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	0.90 mmol/L	0.777 - 1.813
Method:-Enzymatic	34.79 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	2.7 mmol/L	1.295 - 4.54
Method:-Calculation	104.29 mg/dl	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	**1.6 mmol/L**	0.259 - 1.036
Method:-Calculation	**61.95 mg/dl**	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	5.78	3.8 - 5.9
Method:-Calculation		
TRIGLYCERIDES	**3.50 mmol/L**	0.564 - 2.146
Method : Enzymatic	**309.75 mg/dl**	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.50 mg/dL	0.1 - 1
Method : Diazo	8.55 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.12 mg/dL	0.1 - 0.5
Method : Diazo	2.05 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	16.00 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	21.50 U/L	Male: 10-50 Female:10-35

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Medical Laboratory Technologist
MOH No: 6644

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INVESTIGATION	RESULT	REFERENCE RANGE
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	76.65 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)	7.20 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.76 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.44 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	**1.95**	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	24.76 U/L	Men : 8-61 Female : 5-36
Method :-Enzymatic Assay		
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	3.30 mmol/L	1.7 - 8.3
Method : Kinetic Assay	19.82 mg/dL	10.2 - 49.8
CREATININE - SERUM	88.25 µmol/L	44.2 - 123.7
Method :-Jaffé Method	1 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	9790 cells/cumm	4000 - 11000 cells/cumm
Method : -Fluorescence Flow Cytometry		
DC (DIFFERENTIAL COUNT)		
Method : -Fluorescence Flow Cytometry		
NEUTROPHILS	50.7 %	40-75%

Processed By: SREERAJ *Lab Technologist*

Approved By: SREERAJ *Lab Technologist*

Released By: SREERAJ *Lab Technologist*

DR. SHAYFA P *Specialist Pathologist*

MOH License No: 6644 | MOH License No: 6644 | MOH LIC NO:13475

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Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
LYMPHOCYTES	40.6 %	20-45%
EOSINOPHILS	2.2 %	2-6 %
MONOCYTES	6.1 %	2-8 %
BASOPHILS	0.4 %	0-1%
HB (HEMOGLOBIN)	14.2 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
Method : -Cyanide-free SLS haemoglobin		
TOTAL RBC COUNT	4.92 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
Method : - Hydrodynamically focussed impedance		
PLATELET COUNT	3.03 lakhs/cumm	1.0 - 4.0 lakhs / cumm
Method : - Hydrodynamically focussed impedance		
PCV (PACKED CELL VOLUME)	43.20 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	87.80 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	28.90 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	32.90 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	05 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		

Processed By:
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MOH License No: 6644

Approved By:
SREERAJ
Lab Technologist

Released By:
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MOH License No: 6644

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MOH LIC NO:13475

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Printed at: 05/04/2023 10:26:18 AM

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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	

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Aster HOSPITAL
We'll Treat You Well

مستشفى أستر
لحن نعتني بك دائما

X-RAY REPORT

Doc No:	0069958
Name:	AMEER SAID
Age/DOB:	56 Y
Omani ID/ L.Card No::	86919344
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	05/04/2023
X-Ray Filim No:	PDO
Bill No:	0871464
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
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Seal

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فاكس: ٢٥٦٨٨٠٢٥+٩٦٨
نقال: ٧٦٥٥٩٩٧٧+٩٦٨
www.asteroman.com
مستشفى عمان الخير ش.م.م
ص.ب - ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

270007
56 Years

AMEER
Male

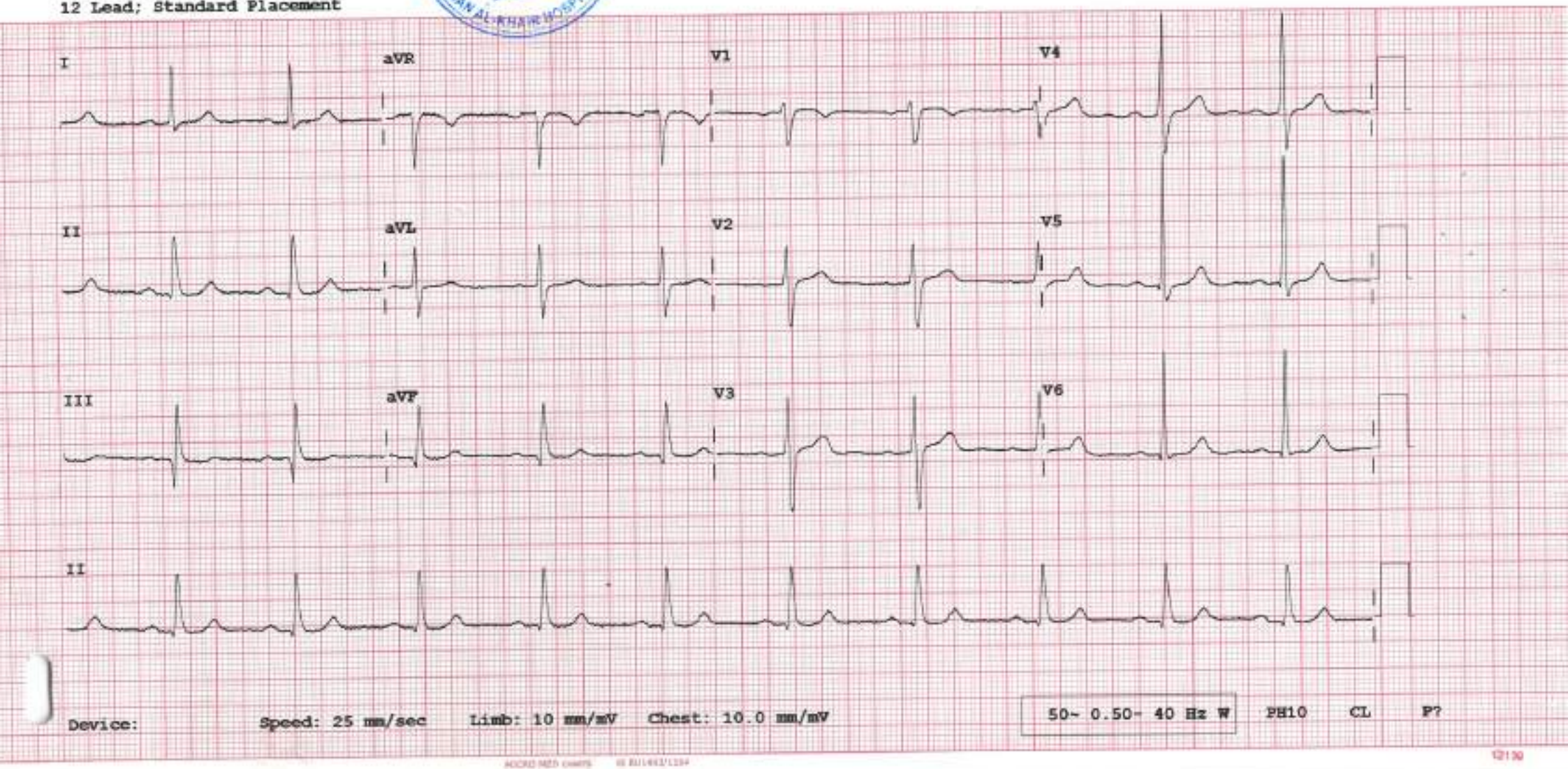
05-Apr-23 07:22:35 AM
ASTER HOSPITAL IBRI (Emergency)

Rate	64
RR	938
PR	209
QRSD	110
QT	419
QTc	433

--AXIS--

P	55
QRS	61
T	27

12 Lead; Standard Placement



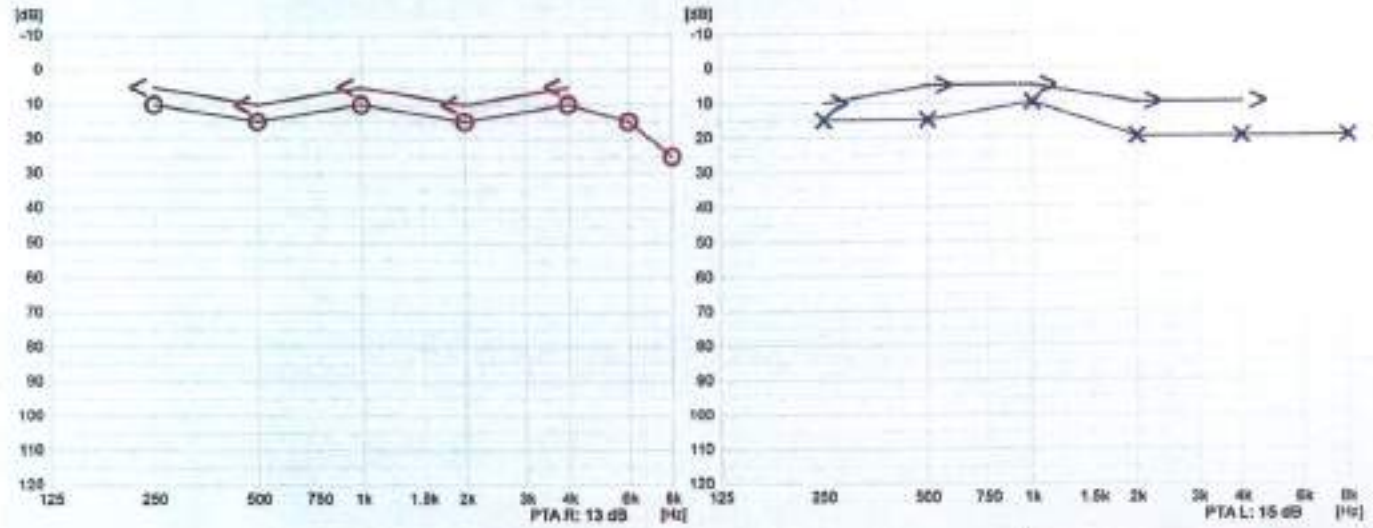
Device:

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:
0671464	AMEER , SAID	05.04.2023
Test type	**Test date:**	
Tonal audiometry	05.04.2023	



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
BILATERAL NORMAL HEARING SENSITIVITY

Signature:

مركز الجودة الفائقة للسمع والنطق
س.ت رقم : ١٠٩٣٣٩٣
C.R. No: 1093393
PO Box: 2273
Postal Code: 133
Ibri: 3903
SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTRE

Date: 5/04/2023