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	SUKHWINDER SINGH
Forenames	
Address	
Home telephone number	
Employment No #	

Place of examination: Apollo Hospital AHO	Date: 5-10-2021

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

Birth date: 6/2/1968 Nationality: INDIAN Country of birth: INDIA Religion:

☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated /Divorced
Relationship to employee: ☐ Wife ☐ Son ☐ Daughter Number of children: 2

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		✓	46. Any gynaecological treatment		
16. Marked change in bowel habits		✓	36. Surgical operation		✓			
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓	47. Are you pregnant?		
18. Marked change in weight		✓	38. Tropical disease		✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
19. Varicose veins		✓	39. Fear of heights		✓			
20. Lump in breast/armpit		✓						

How much tobacco each day? NO Average daily alcohol consumption NO

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: 5-10-2021 Signature of Applicant: Sukh

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	Normal
✓		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 DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
173	112	37.4	130/85	70	L R	Uncorrected Corrected 6/6	Uncorrected Corrected 6/6	Uncorrected Corrected N/6	Uncorrected Corrected N/6	N	

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.)

A. Bmz / [illegible]

ASSESSMENT:

FIT ☑ ALL AREAS FIT ☐ TH RESTRICTION TEL ☐ ORARY UNFIT UN ☐ T

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

REVIEW/CONSULTATION

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

Dr. DILJEET SINGHVI
MBBS, MD(Med.), National Medicine
Specialist
MOH License No. 9115
Apollo Hospital Muscat

مستشفى أبولو سلطنة عمان
Apollo Hospitals
Sultanate of Oman, C.R: 1179547
APOLLO HOSPITAL MUSCAT

Apollo HOSPITALS
TOUCHING LIVES
MUSCAT
P.O. Box : 1097, Al-Hamriya, Postal Code : 131
Muscat, Sultanate of Oman
Tel.: 2478 7766, Fax : 2470 0093

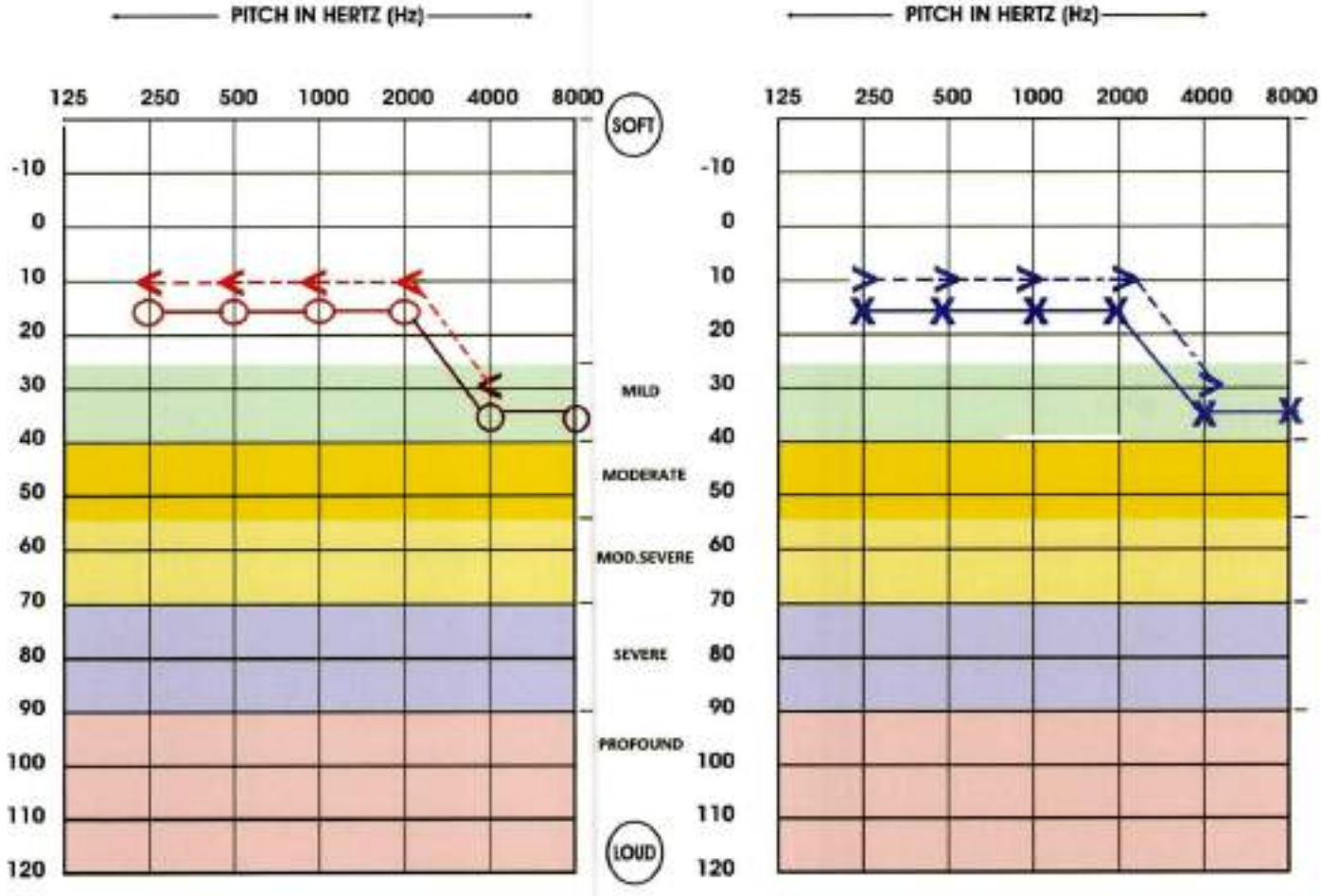
AUDIOGRAM
EXAMINATION SHEET

FILE NO : 254748 BILL NO : ..... DATE : 5/10/21

NAME : SUKHWINDER SINGH ..... AGE / SEX : 53/M

COMPANY : TRUCK OMAN ..... DOB : .....

CONSULTANT (REF) : .....



WEBER					

						SPECIAL TESTS			
dBhL	PTA	SRT	SIS(%)	MCL	UCL	SISI	TDT	MLB/BLB	OAE
RIGHT	15								
LEFT	15								

INTERPRETATION :

HEARING SENSITIVITY WITHIN NORMAL LIMITS WITH HIGH FREQUENCY SLOPING

RECOMMENDATION :

USE EAR PROTECTIVE DEVICES (EAR PLUGS)

SIKKU SOMAN
AUDIOLOGIST
MOH Licence No. 16998
Apollo Hospital Muscat

AUDIOLOGIST

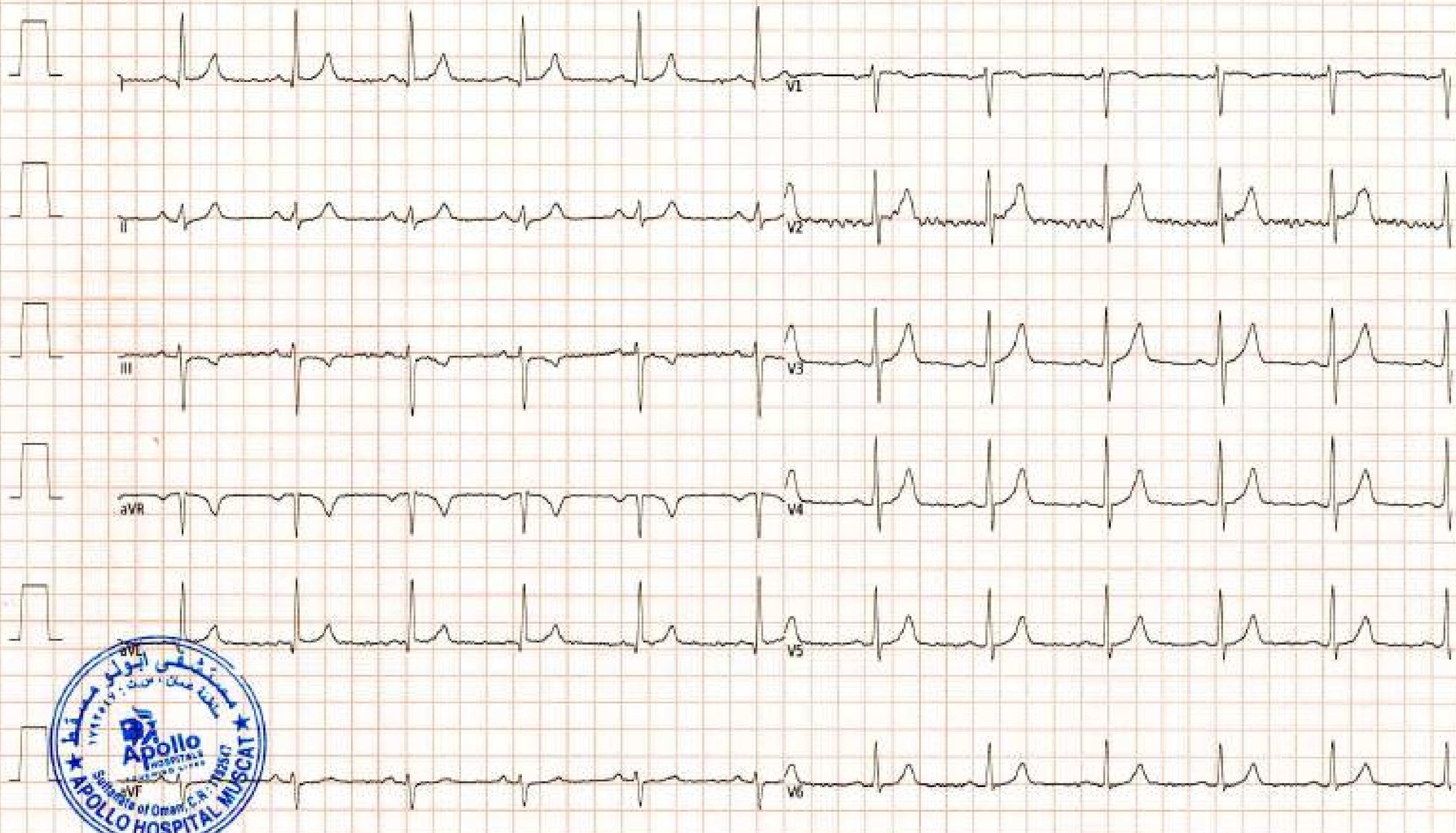
Id: 354748
Singh, Sukhwinder
Male --- (---) Caucasian
Height: 173 cm Weight: 112 kg BP: 0/0 mmHg

Med.:
Tech:
Note:

05/10/2021 12:18:08

HR:	69 bpm
PR:	172 ms
QRS:	84 ms
QT/QTcH:	368/384 ms
QTcB:	395 ms
QTcF:	386 ms

R_{V5}/S_{V1}:	1.30/0.77 mV
Sok-Lyon:	2.07 mV
Axis:	57/-17/9 °



Dep:APOLLO HOSPITAL 25mm/s 10mm/mV 0.05-25Hz/50Hz Cardioline ECG200S v. 2.01.5558

DEPARTMENT OF LABORATORY SERVICES

File No: 0354748
Name: SUKHWINDER SINGH
Address:
Gender: M **Age:** 53 Y **Nationality:** INDIAN
GSM No.: 98053860 **ID Card No.:** 83324217
Doctor: DR. SIMRAN IBRAHIM ANSARI

Report No: 0482080
Sample Date: 05/10/2021 **Time:** 11:08
Received Date: 05/10/2021 **Time:** 11:08
Report Date: 05/10/2021 **Time:** 12:29
Bill No: 1016458 **Bill Date:** 05/10/2021
Company: TRUCK OMAN LLC

INVESTIGATION	RESULT	REFERENCE RANGE
TRUCK OMAN PRE-EMPLOYMENT CHECK UP		
Fasting Blood Glucose	**125.90 mg/dL**	ADA Guidelines Normal <100 mg/dl Pre Diabetes 100-125 mg/dl Diabetes >126 mg/dl
ESR	05 mm/hr	Male : 0-10 mm/hour Female: 0-20 mm/hour
S.Creatinine	0.90 mg/dL	Male : 0.7 - 1.2 mg/dl Female : 0.5 - 0.9 mg/dl
Sickle cells (Screen)	Negative	
CBC		
WBC COUNT	9.71 10^3uL	4.0-11.0x10^3/mm^3
RBC	5.35 10^6/uL	4.20 - 6.30 10^6/uL
HGB	14.60 g/dl	male 13.5 -18.0 g/dl female 11.5 -16.0 g/dl
HCT	45.00 %	37.0 - 51.0 %
MCV	84.10 fL	80.0 - 97.0 fL
MCH	27.30 pg	26.0 - 32.0 pg
MCHC	32.40 g/dL	31.0 - 36.0 g/dL
RDW	13.90 %	11.0 - 14.5 %
NEUT#	5.62 10^3/uL	1.50 - 7.00 10^3/uL
LYMPH#	3.21 10^3/uL	0.60 - 4.10 10^3/uL
MONO#	0.67 10^3/uL	0.00 - 0.70 10^3/uL
EOS#	0.17 10^3/uL	0.00 - 0.40 10^3/uL
BASO#	0.04 10^3/uL	0.00 - 0.10 10^3/uL

Reported By:
Jothi Rajan
JOTHI
Lab Technologist
MOH License No:

Verified By:
Dr. Mohammed Atif Syed
Specialist Pathologist

Printed at: 05/10/2021 12:29:50

س.ت : ١٧٩٢٥٤٧، ص.ب : ١٠٩٧، الحمرية، الرمز البريدي : ١٣١، سلطنة عمان، هاتف : ٢٤٧٨٧٧٦٦ (٩٦٨+)، فاكس : ٢٤٧٠٠٠٩٣ (٩٦٨+)، البريد الإلكتروني : info@apollomuscat.com
C.R. No.: 1792547, P.O. Box : 1097, Al Hamriya, P.C.: 131, Sultanate of Oman, Tel. (+968) 24787766 (5 Lines), Fax : (+968) 24700093, E-mail : info@apollomuscat.com

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INVESTIGATION	RESULT	REFERENCE RANGE
NEUT%	57.80 %	37.0 - 72.0 %
LYMPH%	33.10 %	10.0 - 58.5 %
MONO%	6.90 %	0.0 - 14.0 %
EOS%	1.80 %	0.0 - 6.0 %
BASO%	0.40 %	0.0 - 1.0 %
PLATELET	171.00 10^3/uL	140 - 440 10^3/uL
LFT		
Total Bilirubin	0.61 mg/dL	Up to 1.1 mg/dL
Direct Bilirubin	0.11 mg/dL	Up to 0.3 mg/dL
Indirect Bilirubin	0.5 mg/dL	0.2 - 0.8 mg/dL
AST (SGOT)	20.00 U/L	Men : 10 - 50 U/L Female : 10 - 35 U/L
ALT (SGPT)	29.20 U/L	Men : Up to 41 U/L Female : 10 - 35 U/L
ALP	90.50 U/L	Men : 40 - 129 U/L Female : 35 - 104 U/L
Total Protein	7.60 g/dL	6.6 - 8.7 g/dlL
Albumin	4.40 g/dL	3.4 - 4.8 g/dL
Globulin	3.2 g/dL	1.8 - 3.6 g/dL
GGT	36.40 U/L	0 - 50 U/L
A:G Ratio	1.375	1.1-1.8
LIPID PROFILE		
Total Cholesterol	184.30 mg/dL	< 200 mg/dL
Triglyceride	**242.70 mg/dL**	<150 mg/dl

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INVESTIGATION	RESULT	REFERENCE RANGE
HDL - CHOL	28.40 mg/dl	>45 mg/dl
LDL - CHOL	**107.36 mg/dl**	<100 mg/dl
Total Chol/HDL Chol ratio	**6.49**	Desirable < 4
URINE DRUG SCREEN		
Amphetamine (AMP)	Negative	Negative
Barbiturates (BAR)	Negative	Negative
Cocaine (COC)	Negative	Negative
Morphine (MOR)	Negative	Negative
Marijuana (THC)	Negative	Negative
URINE ROUTINE ANALYSIS		
PHYSICAL		
Quantity	30 ml	
Colour	Dark yellow	
Sp. Gravity	1.020	
pH	Acidic	
Appearance	Clear	
CHEMICAL		
Glucose	Trace	
Protein	Negative	
Ketones	Negative	
Blood	Negative	
Bilirubin	Negative	
Urobilinogen	Normal	
Nitrite	Negative	

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INVESTIGATION	RESULT	REFERENCE RANGE
MICROSCOPIC		
Pus Cell	1-2 Cells/hpf	
RBC	NIL	
Epithelial Cells	Few cells/hpf	
Casts	NIL	
Crystals	NIL	
Others	NIL	
STOOL ROUTINE ANALYSIS		
PHYSICAL		
Colour	Brownish	
Consistency	Semisolid	
Reaction	Alkaline	
MICROSCOPIC		
Ova:	NIL	
Cyst:	NIL	
Pus Cells:	0-2 Cells/hpf	
RBCs	Nil Cells/hpf	
Others	Nil	

Reported By:

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Lab Technologist
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مستشفى ابولو مسقط ش.م.م
Apollo Hospital Muscat L.L.C
Associated to Apollo Hospital Group India
بالتنسيق مع مجموعة مستشفيات ابولو بالهند

NAME	:SUKHWINDER SINGH	**AGE**	:53 Y(06/02/1968)
GENDER	:Male	**PATIENT ID**	:354748
COMPANY	:TRUCK OMAN LLC (Credit)	**DATE**	:05/10/2021 18:26 PM
CONSULTANT	:DR. SIMRAN IBRAHIM ANSARI	**BILL NO**	:1016458
BILL DATE	:05/10/2021		
TEST NAME	:CHEST PA		

X-RAY CHEST PA VIEW

Bilateral lung fields are clear. No mass lesion or opacification.

Trachea is mid line.

Bilateral hilar shadows are symmetrical and normal in size .

Cardiac silhoutte is normal. No signs suggestive of cardiac enlargement .

Bony thoracic cage appears normal.

No Soft tissue mass or calcification can be seen

Bilateral costophrenic angles are clear.

IMPRESSION:
Normal radiograph of the chest.

Please correlate clinically & other investigation.

Please note. This is a imaging study and has its own limitations. This is a opinion based on image interpretation and it is not a diagnose on itself .Impression should be considered as professional opinion & correlated with clinical evidence ,reconfirmed by further investigations and relevant data as indicated .If possible the findings should be reconfirmed on higher resolution imaging, special sections and sequences and with other modalities.

DR. WASSAN A KHUDHAIR AL SAEDI

Dr. WASSAN ABDUL REHMAN
SPECIALIST - RADIOLOGIST
MOH Licence No.: 14883
Apollo Hospital Muscat

info@apollomuscat.com : البريد الإلكتروني ص.ب: ١٠٩٧ ، الغمرية، الرمز البريدي: ١٣١ ، سلطنة عمان ، هاتف: ٢٤٧٨٧٧١١(+٩٦٨) فاكس: ٢٤٧٠٠٠٩٣(+٩٦٨) ص.ت: ١٧٩٢٥٤٧
C.R. No.: 1792547, P.O. Box : 1097, Al Hamriya, P.C.:131, Sultanate of Oman, Tel. (+968) 24787766 (5 Lines), Fax : (+968) 24700093, E-mail : info@apollomuscat.com
VATIN OM1100036100 رقم التسجيل الضريبي
Tax Card No. : 8251325 رقم الطبا قةالضريبية: