

Appendix 32: EX1 Form (Initial Examination Report)
INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)



Surname: SUKHWINDER																																																																																																																												
Forenames: SINGH																																																																																																																												
Address:																																																																																																																												
Place of examination: BADR AL SAMAA	Date: 16/12/25																																																																																																																											
Home telephone number: 98053860																																																																																																																												
If a dependent enter employee's name here:																																																																																																																												
Surname:	Forenames:																																																																																																																											
Birth date: 06/02/1988	Nationality: INDIAN																																																																																																																											
Country of birth: INDIAN	Religion: SINGH																																																																																																																											
☒ Male ☐ Female	☒ Married ☐ Single ☐ Separated / Divorced																																																																																																																											
Relationship to employee:	Number of children:																																																																																																																											
Reason for examination: Pre-Employment Job: ☐																																																																																																																												
Pre-Overseas Area: ☐																																																																																																																												
Name and address of family doctor:	List your last 3 jobs:																																																																																																																											
Are you a Registered Disabled Person? (1% 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.)																																																																																																																												
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Have you ever taken illicit drugs? ☒ NIC																																																																																																																												
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 doctor. 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: 16/12/2025	Signature of Applicant:																																																																																																																											

DR. SUKHWINDER SINGH
 MED. REGISTRAR
 MOBILE: 98053860



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. Genital Orifices
	8. Anus & Rectum
	9. Genito-urinary
	10. Extremities
	11. Musculo-skeletal
	12. Skin & Varicose Vms.
	13. C.N.S.

SRUTHI JINJOY
AUDIOLOGIST
HON 126.8-12281

Normal

HEIGHT cm	WEIGHT kg	BMI	H.P.	PULSE	HEARING	VISION	Colour Vision	Blood Group
178	111	35	130 80	68/min.	L. (N) R. (N)	DISTANT N.E.A. 6/6 6/6 6/6 Uncorrected Corrected	N	(O+)

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis		✓		1. Audiogram
✓		2. Hb, Bloodcount, ESR		✓		2. Lung Function
✓		3. LFT, RFT, RRS				3. Chest X-Ray
		4. Deng Screen		✓		4. ECG
✓		5. Lipids (40 years +)		✓		5. CVS risk (for 40 yrs. & above)
✓		6. Sickle Cell test				6. HIV, Hepatitis screening

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

FIT

ASSESSMENT:

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

Date: 16/12/2025 Name (Block Capitals): Dr. / Nurse Signature:

DR. SIYRA FAIZAN
MBBS, GENERAL PRACTITIONER
HON 126.8-12457

REVIEW/CONSULTATION

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



Fitness to Work Certificate

Employee Data		Date : 16/12/2025	
Name : SUKHWINDER SINGH		Department/Company	
I.D No : 83324217	Age : 57	Occupation :	
Type of Medical Evaluation		Mark those applying ✓	
A1 Aircraft refueling	A6 Fire /Emergency response team work		
A2 Breathing apparatus	A7 Professional driving		
A3 Business traveler	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	
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) – Working Conditions (Extreme / Intense Clinic / Confined Work Place / Noisy)			
Temporary Unfit until			
Permanently Unfit		Date	
Name of health advisor	Signature	Date : 16/12/2025	

DR. SIDRA FAIZAN
MBBS GENERAL PRACTITIONER
MEDICINE NO. 30471



Appendix 20: (Form SQ5): Epworth Screening Quest. For Sleep Apnoea

Employee Data		Date: 16/12/2025
Name: SHIKHWINDER SINGH		Department/Company:
I. D No. 83324217	Tel #	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

☐

sitting and reading

☐

watching TV

☐

sitting inactive in a public place (e.g. theatre or meeting)

☐

as a passenger in the car for an hour without a break

☐

Lying down to rest in the afternoon when circumstances permit

☐

Sitting and talking with someone

☐

Sitting quietly after lunch without alcohol

☐

In a car, while stopped for a few minutes in traffic

Total

☐

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, _____ (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: _____ Date: 16/12/2025

FIT

DR. SIDRA FAIZAN
MBBS, GENERAL PRACTITIONER
MOM NO. 1007



Sultanate of Oman | UAE | Kingdom of Bahrain | KSA | Qatar | Kuwait



File No: 9063251

Doc No: 8325141

Name: SUKHWINDER SINGH

Date: 16/12/2025

Time: 12:20 PM

Age: 57 Y Sex: M

Bill No: 8452141

Nationality: INDIAN

Chs No:

GSM No.: 98053860

ID No: 83324217

Ref. By: DR. SIDRA FAIZAN

Test	Result	Normal Range
BLOOD GROUP	O	
Rh	Positive	
HAEMOGRAM		
TOTAL COUNT(W B C)	9.7 K/uL	4.0 - 11.0 K/uL
DIFFERENTIAL COUNT		
NEUTROPHILS	59 %	40- 75 %
LYMPHOCYTES	28 %	20 -45 %
EOSINOPHILS	04 %	01 - 06 %
MONOCYTS	09 %	02 - 10 %
BASOPHILS	00 %	
HAEMOGLOBIN	15.9 gm/dl	Male : 14 - 18 gm/dl Female - 12-16 gm/dl
R B C COUNT	5.3 mil/ul	3.8 - 5.8 mil/ul
PCV	45.8 %	37 - 47 %
M C V	86.8 fL	78 - 93 fL
M C H	30.0 pg	27 - 32 pg
M C H C	34.6 gm/dL	31 - 35 gm/dL
PLATELET COUNT	236 k/UI	150 - 400 k/UI
SICKLING TEST	NEGATIVE	
RENAL FUNCTION TEST		
UREA	4.32 mmol/L (26 mg/dl)	1.66 - 7.47 mmol/L 10 - 45 mg/dl
CREATININE	87.52 umol/L (0.99 mg/dl)	61.88-123.76 umol/L 0.7 - 1.4 mg/dl
URIC ACID	236.52 umol/L (6.99 mg/dl)	Male:202-416 umol/L Male:3.4-7.0 mg/dl Female:149-357 umol/L Female:2.5-6.0mg/dl



Medical Technologist
Dr. Sidra Faizan

Requisitioning Doctor
Out of Critical range

Clinical Pathologist

Collected Date and Time: 16/12/2025

Reported Date and Time: 16/12/2025

Headquarters:

CR.No. 1693808, P.O.No. 443, P.C. 112,

Ruwai, Sultanate of Oman, Tel: +968 24799765, Fax: 24799765

Ruwai: 24799760 | Al Khawarizmi: 24488322 | Sohar: 26846680 | Al Khoud: 24546099 |

Sulalah: 23291830 | Barka: 26884910 | Sur: 25546112 | Niwa: 25447772 | Falaj: 26754131 |

Suwaiq: 26060613 | Duqm: 22876435 | Mahalla: 22826381 |

Email: info@badrman.com

المقر الرئيسي :
بدر سماء : 1693808 ، ص. ب. : 443 ، الطرقة البرية : 112 ،
رواي سلطنة عمان ، هاتف : 24799765 ، فاكس : 24799765
رواي : 24799760 ، الخوارزمي : 24488322 ، صحر : 26846680 ، الخود : 24546099 |
صلالة : 23291830 ، باركا : 26884910 ، سور : 25546112 ، نوا : 25447772 ، فالج : 26754131 |
صويق : 26060613 ، دقم : 22876435 ، محلة : 22826381 |
البريد الإلكتروني : info@badrman.com



File No: 9063251

Doc No: 8325141

Name: SUKHWINDER SINGH

Date: 16/12/2025

Time: 12:20 PM

Age: 57 Y Sex: M

Bill No: 8452141

Nationality: INDIAN

Chs No:

GSM No.: 98053860

ID No: 83324217

Ref. By: DR. SIDRA FAIZAN

Test	Result	Normal Range	
BLOOD SUGAR [RANDOM]	5.49 mmol/L (99 mg/dl)	Upto 7.77 mmol/l	Up to 140 mg/dl
LIPID PROFILE			
CHOLESTEROL [TOTAL]	4.45 mmol/l (172 mg/dl)	Upto 5.17 mmol/l	Up to 200 mg/dl
CHOLESTEROL [HDL]	0.91 mmol/l (35 mg/dl)	> 1.03 mmol/l	> 40 mg/dl
CHOLESTEROL [LDL]	2.49 mmol/l (96.2 mg/dl)	Upto 3.36 mmol/l	Up to 130 mg/dl
CHOLESTEROL [VLDL]	1.06 mmol/l (40.8 mg/dl)	Upto 1.29 mmol/l	Up to 50 mg/dl
TRIGLYCERIDES	2.0 mmol/l (184 mg/dl)	Up to 2.26 mmol/l	Up to 200 mg/dl
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE	56 U/L	Male :40 - 129 U/L Female:-35 -104 U/L Children :1y-9 y:145-420 U/L 10y-11y:30 -560 U/L	
SGOT (AST)	17 IU/L	Up to 40 IU / L	
SGPT (ALT)	20 IU/L	Up to 41 IU / L	
TOTAL BILIRUBIN	7.18 umol/L (0.42 mg/dl)	Up to 17 umol/l	Up to 1.0 mg/dl
DIRECT BILIRUBIN	2.22 umol/L (0.13 mg/dl)	Up to 5 umol/l	Up to 0.3 mg/dl
INDIRECT BILIRUBIN	4.96 umol/L (0.29 mg/dl)	Upto 12 umol/L	Up to 0.7 mg/dl
PROTEIN TOTAL	72 gm/L (7.2 gm/dl)	60 - 83 gm/L	6.0 - 8.3 gm/d l
ALBUMIN	44 gm/L (4.4 gm/dl)	32 - 50 gm/L	3.2 - 5.0 gm/dl
GLOBULIN	28 gm/L (2.8 gm/dl)	23 - 35 gm /L	2.3 - 3.5 gm/dl

Medical Technologist
Out of normal range

Requisitioning Doctor
Out of Critical range

Clinical Pathologist

Collected Date and Time: 16/12/2025

Reported Date and Time: 16/12/2025

Headquarters:

CR. No. 1693008, P.O. No. 443, P.C. 112,

Rusai, Sultanate of Oman, Tel: +968 24799760, Fax: 24799765

Ruw: 24799760 | Al Khawair : 24488322 | Sohar : 26846660 | Al Khoud : 24546090 |

Salalah : 23291830 | Barka : 26884910 | Sur : 25546112 | Nizwa : 25447777 | Tafaj : 26754111 |

Sawala: 20060513 | Duqm: 22826435 | Mabeja: 22826381

Email: info@badroman.com



المقر الرئيسي :

ب.ت. : 1693008 ص.ب. : 443 ، ط.ج. : 112 ،

روي سلطانة عمان ، هاتف : +968 24799760 / فاكس : +968 24799765

روي : +968 24799760 / الفاكس : +968 24488322 / صحر : +968 26846660 / الخود : +968 24546090

صلالة : +968 23291830 / باركا : +968 26884910 / سحر : +968 25546112 / نيزا : +968 25447777 / تافج : +968 26754111

سواقي : +968 20060513 / دوqm : +968 22826435 / مابجا : +968 22826381

البريد الإلكتروني : info@badroman.com



File No: 9063251

Doc No: 8325141

Name: SUKHWINDER SINGH

Date: 16/12/2025

Time: 12:20 PM

Age: 57 Y Sex: M

Bill No: 8452141

Nationality: INDIAN

Chs No:

GSM No.: 98053860

ID No: 83324217

Ref. By: DR. SIDRA FAIZAN

Test	Result	Normal Range
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URINE ROUTINE EXAMINATION

PHYSICAL & CHEMICAL EXAMINATION

COLOUR	Yellow
SP. GRAVITY	1.015
REACTION	Acidic(6.0)
PROTEIN	Nil
SUGAR	Nil
KETONE	Nil
UROBILINOGEN	Negative
BILIRUBIN	Nil
NITRATE	NEGATIVE

MICROSCOPIC EXAMINATION

R.B.Cs	Nil / HPF
PUS CELLS	2-3 / HPF
EPITHELIAL CELLS	2-4 / HPF
CASTS	Nil / HPF
CRYSTALS	Nil/HPF
PARASITES	Nil/HPF
OTHER FINDINGS	Nil/ HPF



Collected Date and Time: 16/12/2025
Reported Date and Time: 16/12/2025

Requisitioning Doctor
Out of Critical range



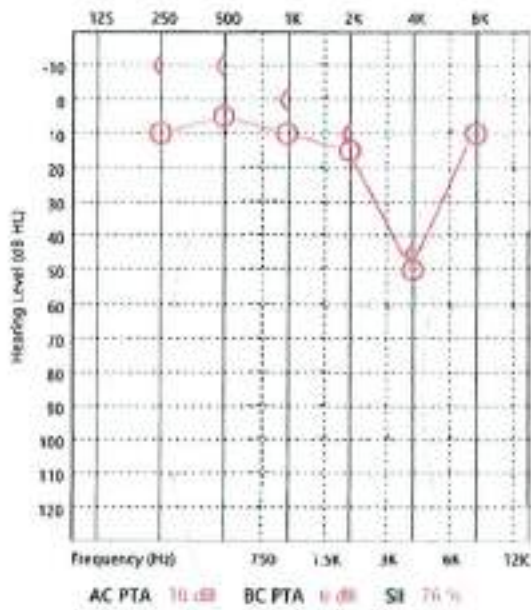


First Name SUKHWINDER SINGH
Last Name
Patient ID 8362514
Gender MALE
Birthdate 06/02/1968
Age 57 years

Report Date/Time
16/12/2025 12:20 PM

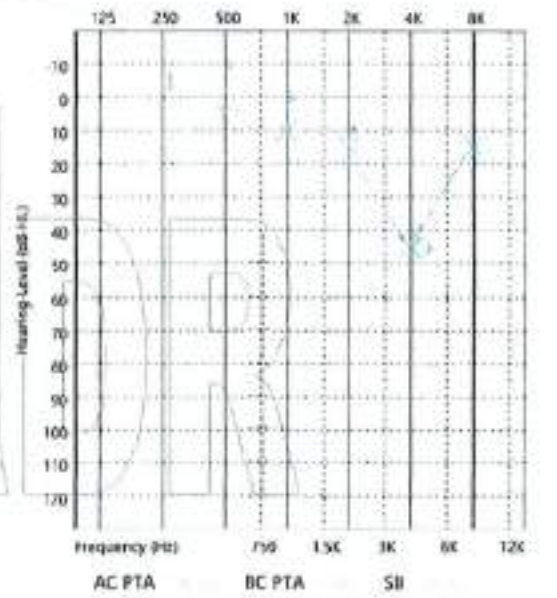
Audiogram Graph

DD45



Audiogram Graph

DD45



Provisional Diagnosis

BILATERAL HEARING SENSITIVITY ESSENTIALLY WITHIN NORMAL LIMITS WITH DIP AT 4KHZ.

Examiner SRUTHI JINOY

License Number 16261

Signed By:

SRUTHI JINOY
AUDIOLOGIST
MOY Lic. # 16261

Signed On Date:



Headquarters:

CR. No. 1693808, P.B No. 443, P.C. 112,

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Ruwil: 24799768 | Al Khawar: 24408322 | Sohar: 26846660 | Al Khoud: 24546599 |

Salaah: 23291830 | Barka: 26804910 | Sur: 25546112 | Nizwa: 25447777 | Falaj: 26754131 |

Sana'a: 26080913 | Dugm: 22870415 | Muballa: 22826381

Email: info@badr-oman.com

المقر الرئيسي:

س.ت. ١٦٩٣٨٠٨، ص. ب. ٤٤٣، الر. ب. ١١٢،

رويل سلطنة عمان، هاتف: +٩٦٨ ٢٤٧٩٩٧٦٨، فاكس: +٩٦٨ ٢٤٧٩٩٧٦٥

رويل: ٢٤٧٩٩٧٦٨ | الخوار: ٢٤٤٠٨٣٢٢ | صور: ٢٦٨٤٦٦٦٠ | الكhoud: ٢٤٥٤٦٥٩٩ |

صلالة: ٢٣٢٩١٨٣٠ | barka: ٢٦٨٠٤٩١٠ | Sur: ٢٥٥٤٦١١٢ | Nizwa: ٢٥٤٤٧٧٧٧ | Falaj: ٢٦٧٥٤١٣١ |

صنعاء: ٢٦٠٨٠٩١٣ | Dugm: ٢٢٨٧٠٤١٥ | Muballa: ٢٢٨٢٦٣٨١

البريد الإلكتروني: info@badr-oman.com

66350487

Sukhwinder Singh
Male 57 Years

16/12/2025 12:20:10

HR : 84 bpm
P : 99 ms
PR : 135 ms
QRS : 90 ms
QT/QTc : 365/432
PQRST : 55/53/11
RV5SV1 : 1.2/1.1 mV

Diagnosis Information:

Sinus Rhythm
Largely PtfV1

R. B. VENKATESH KUMAR
CARDIOLOGIST
MOH NO#14581

Report Confirmed by:





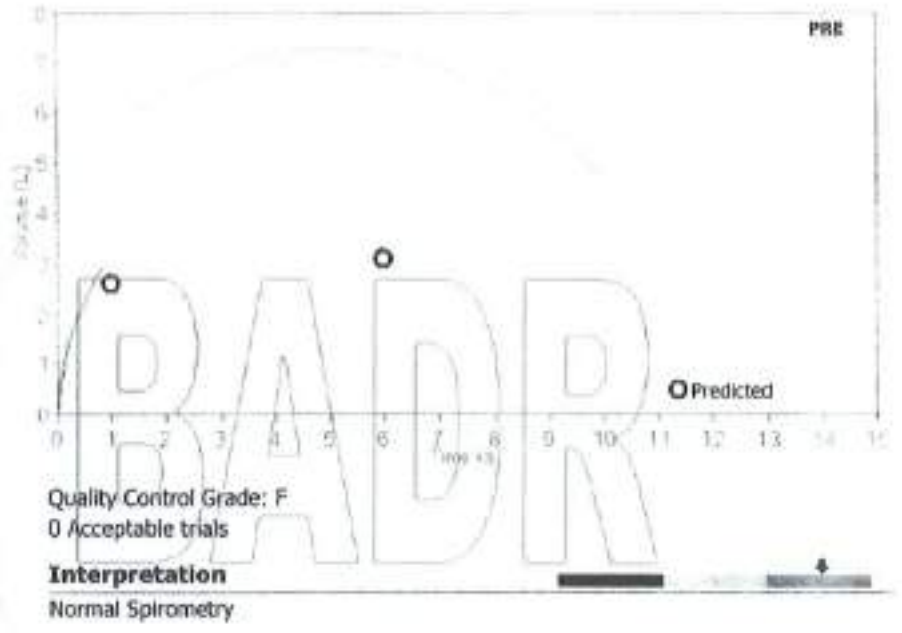
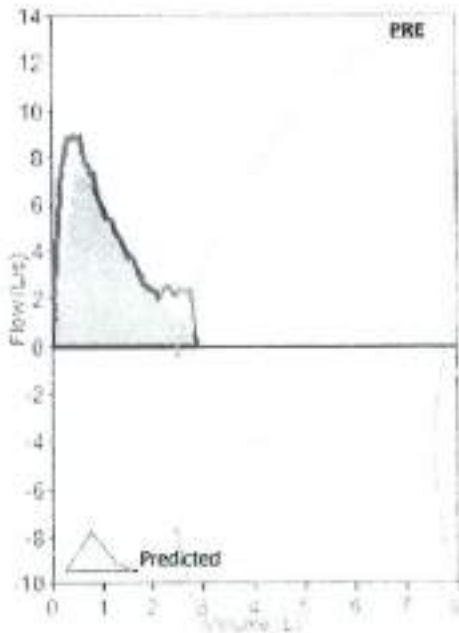
Pulmonary Function Test Results

BADR AL SAMAA VISA MEDICAL

NIZWA

Visit date 16/12/2025

Patient code	9756321	Age	57
Surname	Singh	Gender	Male
Name	Sukhwinder	Height, cm	178
Date of birth	06/02/1968	Weight, kg	111
Ethnic group	Others	BMI	35.0
Smoke	No	Pack-Year	0.5
Patient group			



PRE Trial date 16/12/2025

Parameters	LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	2.03	3.08	2.86*	93	-0.34	2.86		*		
FEV1	L	1.73	2.59	2.86*	110	0.51	2.86		*		
FEV1/FVC	%	74.9	85.1	100.0*	118	2.41	100.0		*		
PEF	L/s	4.11	7.53	9.05*	120	0.73	9.05		*		
ELA	Years		38	38	100		38				
FEF2575	L/s	1.47	3.25	3.77	116	0.48	3.77				
FET	s		6.00	0.81	14		0.81				
FIVC	L	2.03	3.08								
FEV1/VC	%	74.9	85.1								

*Best values from all loops • BTPS 1.092 25 °C (77 °F) - Predicted Knudson

Conclusion / Medical report

Signature

[Signature]



Instrument used
spiromark II-BLE S/N U02906



16/12/2025

OPHTHALMIC EXAMINATION REPORT

Name: Sukhwinder Singh		
Age: 57	Gender: M	Nationality: Indian
File Number: 9063251	Resident card no: 83324217	

To whom it may concern

Has come for routine check up

ON EXAMINATION

Vision for distance 6/6 and near is n.6 rest eye examination is normal

INVESTIGATIONS:

DIAGNOSIS:

Normal eye examination

TREATMENT GIVEN:

FURTHER PLAN:

DR. SIDRA FAIZAN

(NAME WITH SEAL)

Place: BADR AL SAMAA VISA MEDICAL NIZWA



Headquarters:

CR. No. 1693000, P.B.No. 443, P.C. 112,

Ruwil, Sultanate of Oman, Tel: +968 24799760, Fax: 24799705

Bum: 24799760 | Al-Hawali: 24488322 | Sohar: 26046660 | Al-Khoud: 24546099 |

Salalah: 23291830 | Barka: 26884910 | Sur: 25546112 | Muswa: 25447772 | Falaj: 26754131 |

Suwaili: 26060613 | Duqm: 22826435 | Mabeika: 22826381

Email: info@badroman.com

المقر الرئيسي:

بنة ت: ٢٤٧٩٩٧٦٠، ص. ب: ٤٤٣، القرى البرية، ع. ١١٢،

روي سلطنة عمان، هاتف: ٢٤٧٩٩٧٦٠، فاكس: ٢٤٧٩٩٧٠٥

بومي: ٢٤٧٩٩٧٦٠ | الحواري: ٢٤٤٨٨٣٢٢ | صحر: ٢٦٠٤٦٦٦٠ | الخواري: ٢٤٥٤٦٠٩٩ |

صلالة: ٢٣٢٩١٨٣٠ | باركة: ٢٦٨٨٤٩٠ | صور: ٢٥٤٤٧٧٢ | نوي: ٢٥٤٤٧٧٧ | فلاج: ٢٦٧٥٤١٣١ |

صويلي: ٢٦٠٦٠٦٣ | دقم: ٢٢٨٢٦٤٣٥ | مبيكة: ٢٢٨٢٦٣٨١

البريد الإلكتروني: info@badroman.com

From The Framingham Heart Study		Enter Values Here		National Cholesterol Education Program Adult Treatment Panel III	
CHD(MI and Coronary Death) Risk Prediction					
Risk Factor	Units	(Type Over Placeholder Values in Each Cell)	Notes		
Gender	male (m) or female (f)	M			
Age	years	57			
Total Cholesterol	mg/dL	172			
HDL	mg/dL	35			
Systolic Blood Pressure	mmHg	112			
Treatment for Hypertension (Only if SBP>120)	yes (y) or no (n)	N			
Current Smoker	yes (y) or no (n)	N			
Time Frame for Risk Estimate	10 years	10			
Your Risk (The risk score shown is derived on the basis of an equation. Other NCEP materials, such as ATP III print products, use a point-based system to calculate a risk score that approximates the equation-based one.)		1%	If value is < the minimum for the field, enter the minimum value. If value is > the maximum for the field, enter the maximum value.		



0.00 0.01 0.02 0.03 0.04 0.05 0.06 0.07 0.08 0.09 0.10 0.11 0.12 0.13 0.14 0.15 0.16 0.17 0.18 0.19 0.20

Your Risk Estimate, Comparative Risks for Same Age and Gender

Lowest = Total Chol<160, HDL>60, Optimal SBP (<120), No Trt for Htn, Non-Smoker
 L = Total Chol 160-199, HDL 50-59, Normal SBP (<130), No Trt for Htn, Non-Smoker

These functions and programs were prepared by Ralph B. D'Agostino, Sr., Ph.D. and Lisa M. Sullivan, Ph.D., Boston University and The Framingham Heart Study and Daniel Levy, M.D., Framingham Heart Study, National Heart, Lung and Blood Institute.



Name: Sukhwinder Singh
 File No: 9063251
 Date: 16/12/2025