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: Alvtar
Forenames: Yudhveer Singh
Address:
Home telephone number: 94863424

Place of examination: NMC Alhail Date: 2.12.2024

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

Birth date: 10.05.1985 Nationality: Indian Country of birth: 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		X
16. Marked change in bowel habits		✓	36. Surgical operation		✓			
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓	47. Are you pregnant?		X
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? NO PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes (NO) Tuberculosis (NO) Epilepsy (NO) Asthma (NO) Eczema (NO)
Heart disease (NO) High blood pressure (NO) Stroke (NO) Blood Disease (NO) Cancer (NO)

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: 02.12.2024 Signature of Applicant:

C.R. No. 1988137 Sultanate of Oman RECEPTION nmc specialty hospital, Alhail

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	Colour Vision	Blood Group
168	72.9	25.83	137/90	76 /mins.	L N R N	Uncorrected / Corrected: DISTANT R 6/6 L 6/6; NEAR R N L N	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.)

ASSESSMENT:

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

Date: Name (Block Capitals): Dr. / Nurse DR. SIKANDAR BAKHAT KHAN General Practitioner MOH Lic. No. 12433 nmc specialty hospital, Al Hail Signature:

FIT

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nmc Specialty Hospital, Al Hail

REVIEW/CONSULTATION

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

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

Employee Data		Date: 2/12/24
Name: YUDHVEER SINGH		Department/Company:
I. D No. 1043522602	Tel # 94863424	Occupation: DRIVER

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
	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 & talking with someone
0	Sitting quietly after lunch without alcohol
2	In a car, while stopped for a few minutes in traffic
Total 2	

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

Signature: _____ Date: 2/12/24

Fitness to Work Certificate for drivers

Employee Data		Date 02-12-2024
Name YUDHVEER SINGH ANTAR		Department/Company
I.D No. 104352262	Age 39.	Occupation DRIVER

Type of Medical Evaluation	Mark those applying √		
A5- HVD- Crane or forklift driving & all heavy vehicles		A7- Professional driving-light vehicles	

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.

DR. SIKANDAR BAKHAT KHAN
General Practitioner
MOH Lic. No: 12433
nmc specialty hospital, Al Hail

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			
Operate Heavy motor vehicles, forklifts or heavy machinery			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			

RECEPTION

DR. SIKANDAR

Name of health advisor Signature Date 2/12/24.

DEPARTMENT OF LABORATORY MEDICINE

File No:	50129614	**Report No:**	0138650		
Name:	YUDHVEER SINGH AVTAR 7612	**Sample Date:**	02/12/2024	**Time:**	6:36
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 39 Y **Nationality:** INDIAN	**Report Date:**	02/12/2024	**Time:**	13:27
GSM No.:	94863424 **ID Card No.:** 104352262	**Bill No:**	0340722	**Bill Date:**	02/12/2024
Ref. By:	DR SADRA NIKSERESHT				

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE BELOW 40 YEARS		
RANDOM BLOOD SUGAR	5.30 mmol/L	4.11 -7.9mmol/L
CREATININE	88.00 µ mol/L	Adults: MALE: 62 – 106 µ mol/L FEMALE: 44 - 80 µ mol/L
SGPT (ALT)	35.80 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
TOTAL WBC COUNT	8.62 x 10^3 / µL	4.00-11.00 x 10^3 / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	31.57 %	40-75%
LYMPHOCYTE (%)	56.48 %	20-45%
MONOCYTE (%)	6.03 %	2-8%
EOSINOPHIL (%)	3.63 %	1-6%
BASOPHIL (%)	2.29 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	04 mm/1st hr	MALE:0-15 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
HAEMOGLOBIN	15.29 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:

10589

Lab Technologist

Approved By:

Specialist Pathologist

MOH License No: 17976
Electronically signed at: 12/2/2024 1:27:00

nmc specialty hospital

NMC Healthcare LLC
C.R.No : 1668137
Plot No: 294, Block: 318
Building No: 812, Al Hail North
Sultanate of Oman
T: (+968) 2426 9222
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www.nmcoman.com

Printed at: 02/12/2024 2:41:30 PM

DEPARTMENT OF LABORATORY MEDICINE

File No:	50129614	**Report No:**	0138650		
Name:	YUDHVEER SINGH AVTAR 7612	**Sample Date:**	02/12/2024	**Time:**	6:36
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 39 Y **Nationality:** INDIAN	**Report Date:**	02/12/2024	**Time:**	13:27
GSM No.:	94863424 **ID Card No.:** 104352262	**Bill No:**	0340722	**Bill Date:**	02/12/2024
Ref. By:	DR SADRA NIKSERESHT				

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	6.0	4.6-8.0
SPECIFIC GRAVITY	1.030	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	0-3
PUSCELLS	2-3 /hpf	0-5
EPITHELIAL CELLS	0-2 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	NIL	NIL

Verified By:

10589

Lab Technologist

MOH License No: 17976

Electronically signed at: 12/2/2024 1:27:00

Approved By:

Specialist Pathologist

C.R. No: 1568137
Sultanate of Oman
RECEPTION
nmc specialty hospital

Printed at: 02/12/2024 2:41:30 PM

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www.nmcoman.com

AUDIOMETRY REPORT

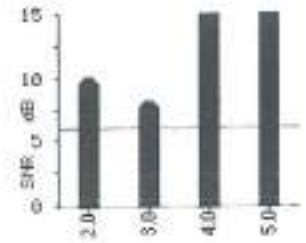
Name of the Patient Yudhveer Singh Attar

Male MRN 50129614 Date of Test 2/12/24

U107.05
02-DEC-24 09:40
DP 2s 2 sec avg
SN: G11005649 G12014595

NAME:

Left: Pass

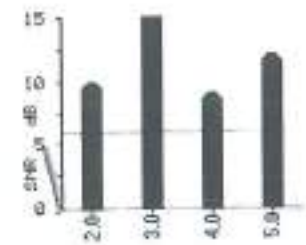


F2	L1	L2	DP	NF	SNR	
2.0	65	55	-2	-11	10	P
3.0	65	58	-4	-12	8	P
4.0	65	65	-2	-20	18	P
5.0	65	65	0	-20	20	P

U107.05
02-DEC-24 09:40
DP 2s 2 sec avg
SN: G11005649 G12014595

NAME:

Right: Pass



F2	L1	L2	DP	NF	SNR	
2.0	65	55	-2	-13	10	P
3.0	66	52	-4	-20	16	P
4.0	67	52	-6	-16	9	P
5.0	62	53	-5	-17	12	P

C.R. No. 1(03117
Sultanate of Oman
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Signature of the Technician

NMCOMAN/DOC/NSG/75

Vitalograph

Pulmonary Function Report

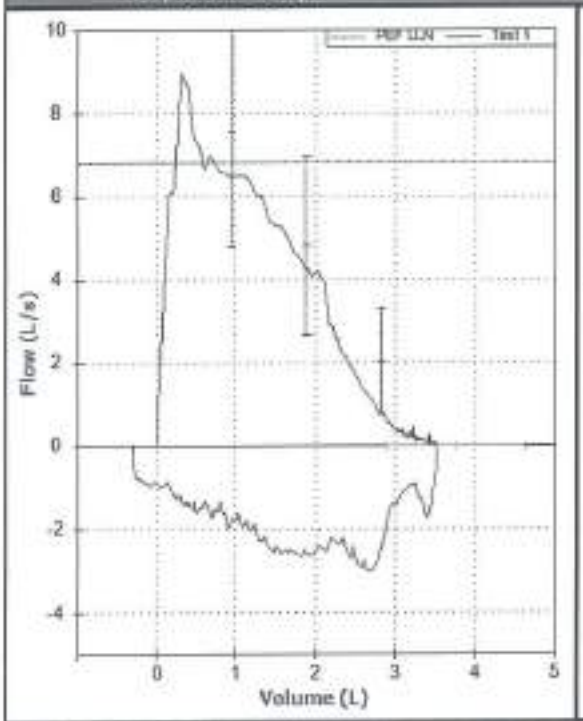
Subject Information

ID:	2024337_092253823	Alternate ID:	50128614		
Last Name:	Singh	First Name:	Yudhveer	Middle Name:	Avatr
Population:	African/S.Indian	Gender:	Male	Date of Birth:	10/05/1985
Age:	39	Height:	168 cm	Weight:	72.9 kg
BMI:	25.8	Smoking:	Non Smoker		

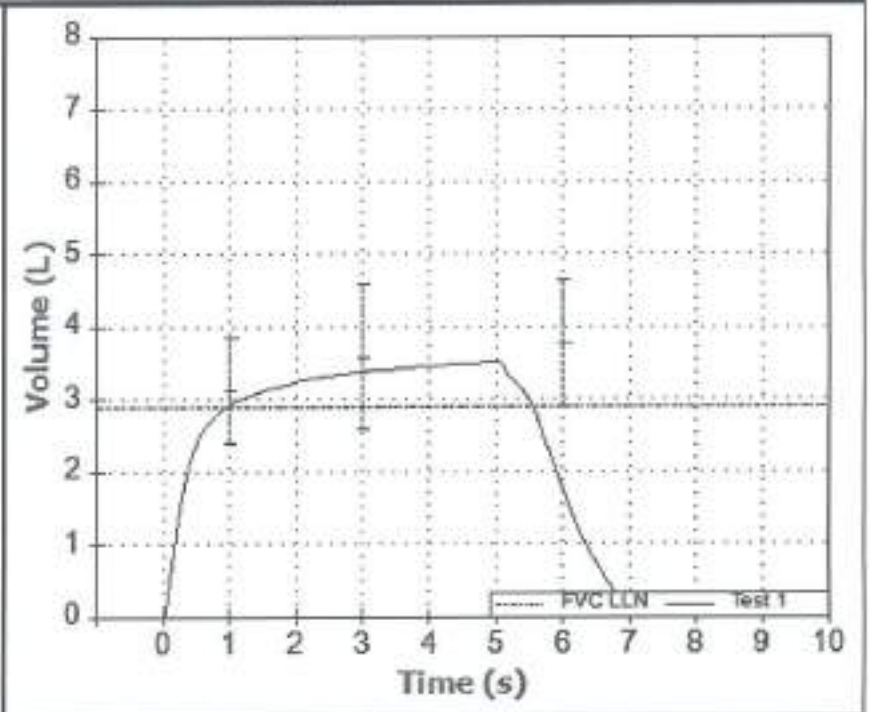
Test Session Information

Test Date:	02/12/2024 09:25	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	2	Accuracy Chk:	30/05/2019 15:42	User:	Administrator
Pred. Values:	ERS 93	Pred. Factor:	87%	Posture:	Sitting

Flow/Volume Graph



Volume/Time Graph



Results

Parameter	Pred	LLN	Best	% Pred.	Z-Score
FVC (L)	**3.76**	2.89	**3.51**	**93**	-0.47
FEV1 (L)	**3.13**	2.40	**2.94**	**94**	-0.43
FEV1 Ratio	**0.80**	0.68	**0.77**	**96**	-0.41
FEV6 (L)	**3.76**	2.89	**3.51**	**93**	-0.47
PEF (L/min)	**527**	409	**539**	**102**	0.16
FEF25-75 (L/s)	**4.28**	2.57	**3.51**	**82**	-0.74

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

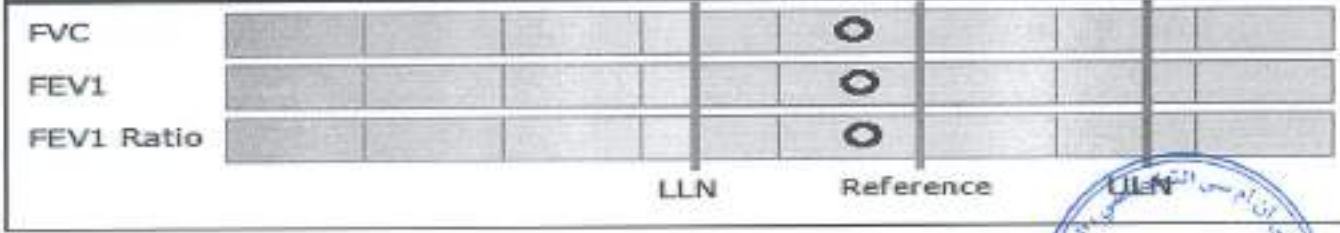
Session Quality and Repeatability Information

FVC Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
D	-	-	0 blow(s)	1 blow(s)	0 blow(s)

Computer Suggested Interpretation

Computer interpretations cannot be relied upon for diagnosis. Normal ventilatory function.

Reference Pictogram

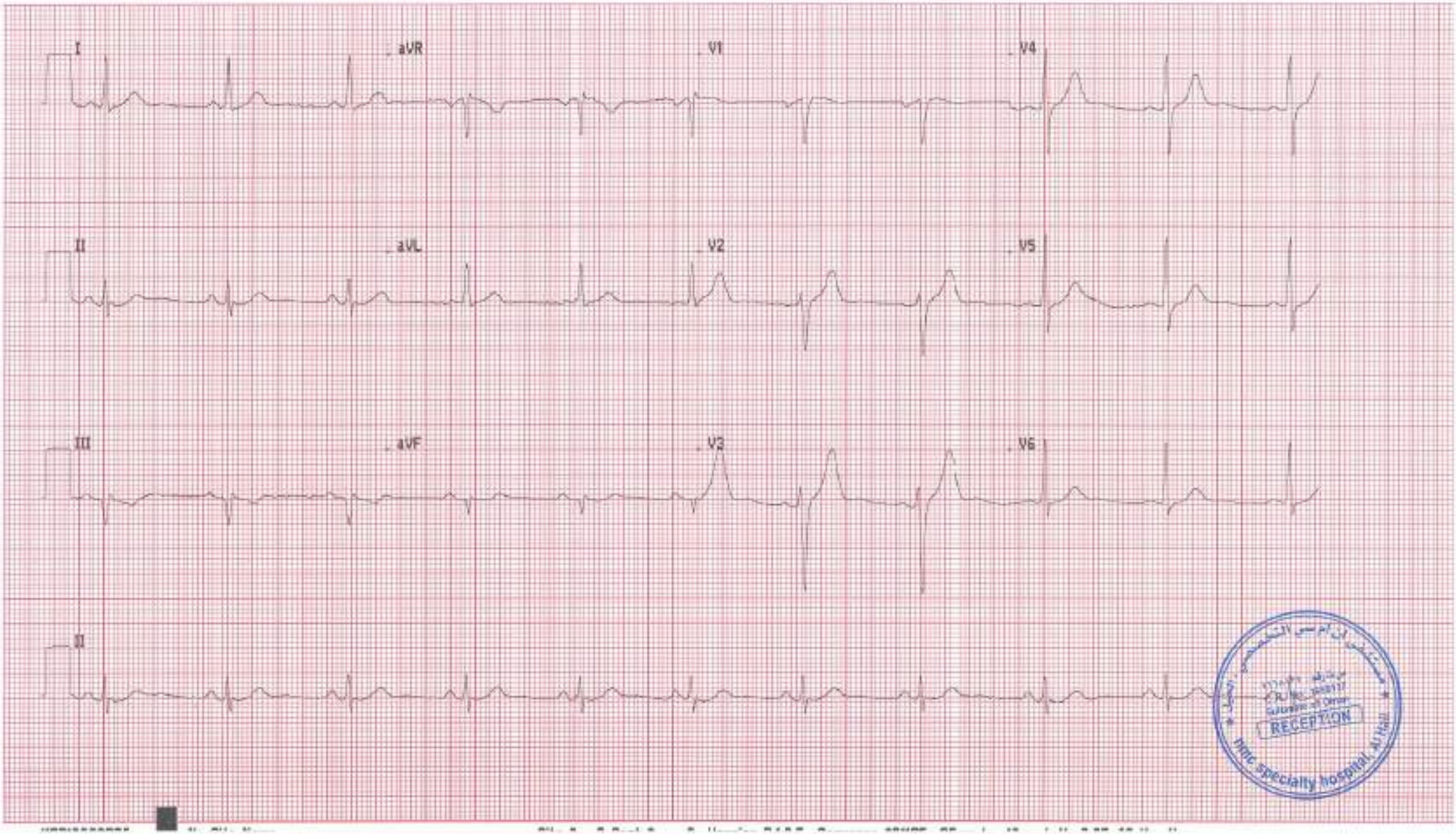


ID: 50129614
DOB:
39yr, Male

Vent rate:	63 BPM
PR int:	155 ms
QRS dur:	102 ms
QT/QTc:	375/381 ms
P-R-T axes:	56 -10 14

SINUS RHYTHM
POSSIBLE LEFT ATRIAL ENLARGEMENT (-0.1mV P WAVE IN V1/V2)
BORDERLINE ECG

UNCONFIRMED REPORT




سلطنة عمان
SULTANATE OF OMAN
RESIDENT CARD
بطاقة مقيم
CIVIL NUMBER
EXPIRY DATE
DATE OF BIRTH
104352262
21/11/2025
10/05/1985
الهند
يودهفير سينج أفتار


VEHICLE DRIVING LICENCE
ROYAL OMAN POLICE
CLASS
NOTE
NAME YUDHVEER SINGH AVTAR
NATIONALITY INDIAN
IDOMN104352623<<<<<<<<<<<<<<<
8505109M2511214IND<<<<<<<<<<<8
YUDHVEER<SINGH<AVTAR<<<<<<<<<<


C.R. No: 1668137
Sultanate of Oman
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nmc specialty hospital, Al Hail