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: Satnam
Forenames: Jaswant Singh
Address:
Home telephone number:

Place of examination: NMC Alhail Date: 27.03.2024

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

Birth date: 3.12.1984 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) Crane operator
(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		✓			
16. Marked change in bowel habits		✓	36. Surgical operation		✓	46. Any gynaecological treatment		
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 ( )
None 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: 27 · 3 · 24 Signature of Applicant:

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

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	WNL
		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
						DISTANT		NEAR			
						R	L	R	L		
182	81.6	24	140/88	76 /mins.	L – N R – N	Uncorrected	6/6	6/6		(N)	
						Corrected					

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

FIT

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

REVIEW/CONSULTATION

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

DR. ASWATHY RAVI
General Practitioner
MOH Lic. No: 20556
nmc specialty hospital, Al Hail

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

Employee Data	Date: 27.03.2024
Name: Jaswant Singh Saman	Department/Company:
I. D No. 104352382 / Tel # 95089864	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

Score	Situation
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
0	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	

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

Signature: [signature]

Date: 27·3·24

C.R. No. [illegible]
Sultanate of Oman
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Fitness to Work Certificate for drivers

Employee Data			Date 21.03.2024
Name Jatinder Singh Sahoo			Department/Company
I.D No. 1064352332	Age 34		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.

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			

Name of health advisor DR. ASWATHY RAVI General Practitioner Lic. No: 29546 fmc specialty hospital, Al Hail Signature Date 28/3/24

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DEPARTMENT OF LABORATORY MEDICINE

File No:	50117238	**Report No:**	0116144		
Name:	JASWANT SINGH SATNAM	**Sample Date:**	27/03/2024	**Time:**	9:14
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 39 Y **Nationality:** INDIAN	**Report Date:**	27/03/2024	**Time:**	11:55
GSM No.:	95089364 **ID Card No.:** 104352332	**Bill No:**	0294342	**Bill Date:**	27/03/2024
Ref. By:	DR ASWATHY RAVI				

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE BELOW 40 YEARS		
RANDOM BLOOD SUGAR	5.70 mmol/L	4.11 -7.9mmol/L
CREATININE	78.00 µ mol/L	Adults: MALE: 62 – 106 µ mol/L FEMALE: 44 - 80 µ mol/L
SGPT (ALT)	35.90 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
TOTAL WBC COUNT	7.82 x 10^3 / µL	4.00-11.00 x 10^3 / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	42.08 %	40-75%
LYMPHOCYTE (%)	46.33 %	20-45%
MONOCYTE (%)	6.91 %	2-8%
EOSINOPHIL (%)	3.24 %	1-6%
BASOPHIL (%)	1.44 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	10 mm/1st hr	MALE:0-15 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
HAEMOGLOBIN	16.82 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		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE

Verified By: *Approved By:*

10589

Lab Technologist *Specialist Pathologist*

MOH License No: 17976

Electronically signed at 3/27/2024 11:55:00

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NMC Healthcare LLC

DEPARTMENT OF LABORATORY MEDICINE

File No:	50117238	**Report No:**	0116144		
Name:	JASWANT SINGH SATNAM	**Sample Date:**	27/03/2024	**Time:**	9:14
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 39 Y **Nationality:** INDIAN	**Report Date:**	27/03/2024	**Time:**	11:55
GSM No.:	95089364 **ID Card No.:** 104352332	**Bill No:**	0294342	**Bill Date:**	27/03/2024
Ref. By:	DR ASWATHY RAVI				

INVESTIGATION	RESULT	REFERENCE RANGE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	8.0	4.6-8.0
SPECIFIC GRAVITY	1.005	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	PALE YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	0-3
PUSCELLS	2-3 /hpf	0-5
EPITHELIAL CELLS	0-1 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	NIL	NIL

Verified By:

10589

Lab Technologist

Approved By:

Specialist Pathologist

MOH License No: 17976

Electronically signed at 3/27/2024 11:55:00

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nmc specialty hospital, Al Hail

NMC Healthcare LLC

AUDIOMETRY REPORT

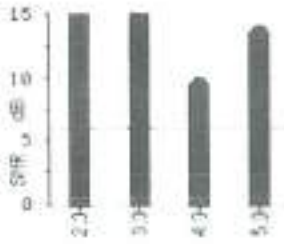
Name of the Patient JASWANT SINGH SATNAM

39 yr **Sex** M **MRN** 50117238 **Date of Test** 27/3/24

U107.05
27-MAR-24 10:11
DP 4s 4 sec avg
SN: GI1005649 GI2010484

NAME:

Left: Pass

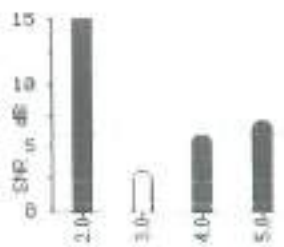


F2	L1	L2	DP	NF	SNR	
2.0	64	55	6	-18	24	P
3.0	64	54	0	-18	18	P
4.0	64	54	0	-18	18	P
5.0	63	54	-6	-20	14	P

U107.05
27-MAR-24 10:12
DP 4s 4 sec avg
SN: GI1005649 GI2010484

NAME:

Right: Pass



F2	L1	L2	DP	NF	SNR	
2.0	65	55	2	-16	18	P
3.0	64	55	-15	-18	3	
4.0	64	55	-14	-20	6	P
5.0	64	54	-11	-18	7	P

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Signature of the Technician

Vitalograph

Pulmonary Function Report

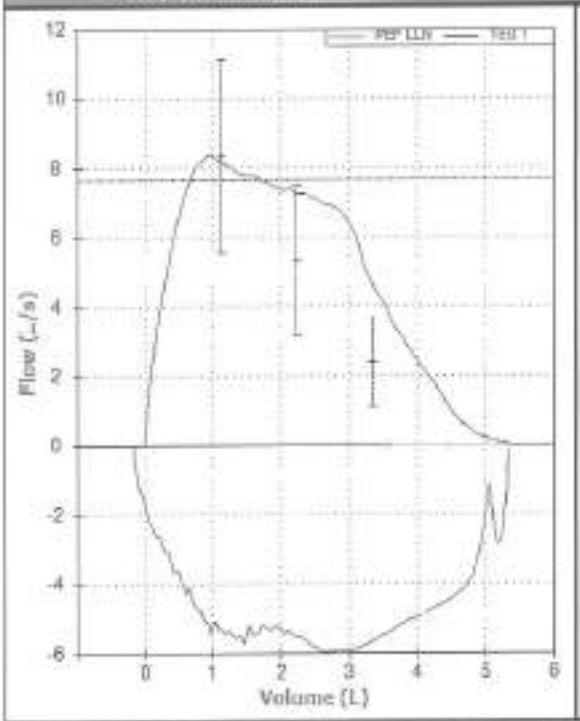
Subject Information

ID:	2024087_095749082	Alternate ID:	50117238		
Last Name:	Singh	First Name:	Jaswant	Middle Name:	Satnam
Population:	African/S.Indian	Gender:	Male	Date of Birth:	31/12/1984
Age:	39	Height:	182 cm	Weight:	81.6 kg
BMI:	24.6	Smoking:	Non Smoker		

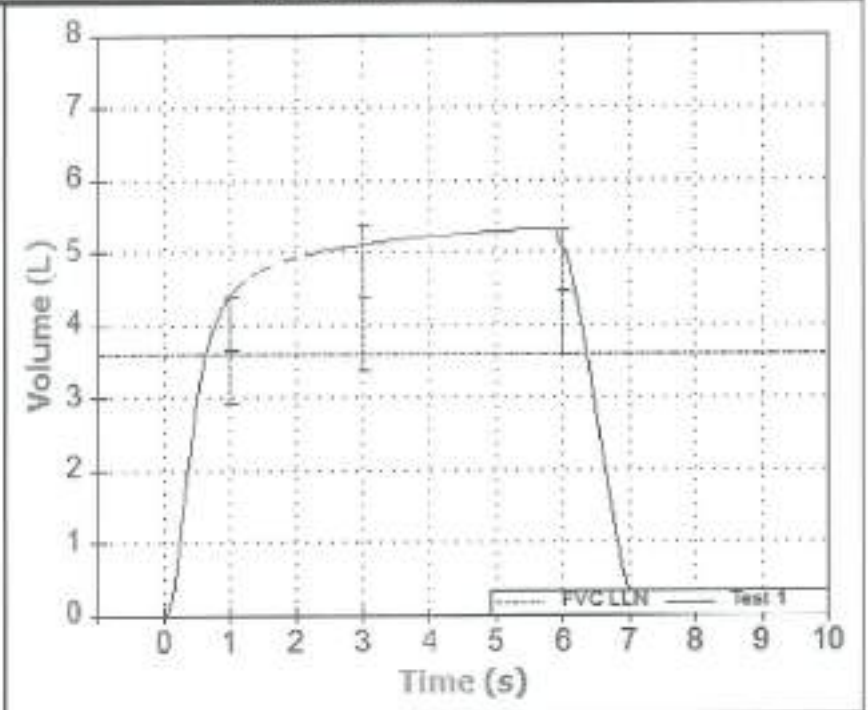
Test Session Information

Test Date:	27/03/2024 10:03	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	3	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)	**4.46**	3.59	**5.33**	**120**	1.64
FFV1 (L)	**3.66**	2.93	**4.53**	**124**	1.95
FEV1 Ratio	**0.80**	0.68	**0.82**	**103**	0.27
FEV6 (L)	**4.46**	3.59	**5.33**	**120**	1.64
PEF (L/min)	**579**	460	**504**	**87**	-1.03
FEF25-75 (L/s)	**4.55**	2.84	**5.43**	**119**	0.84

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

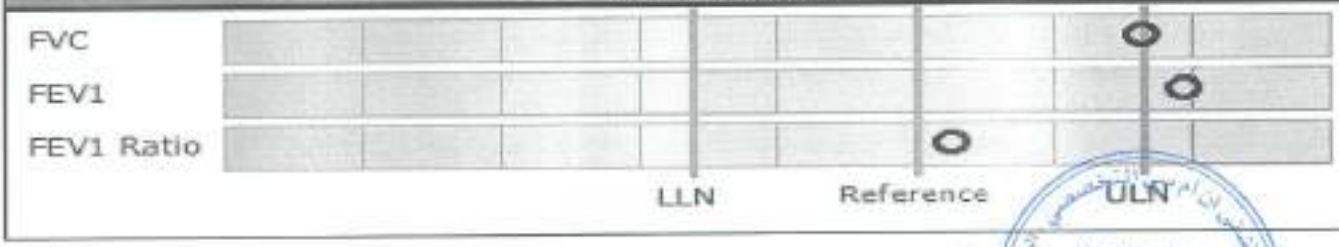
Session Quality and Repeatability Information

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



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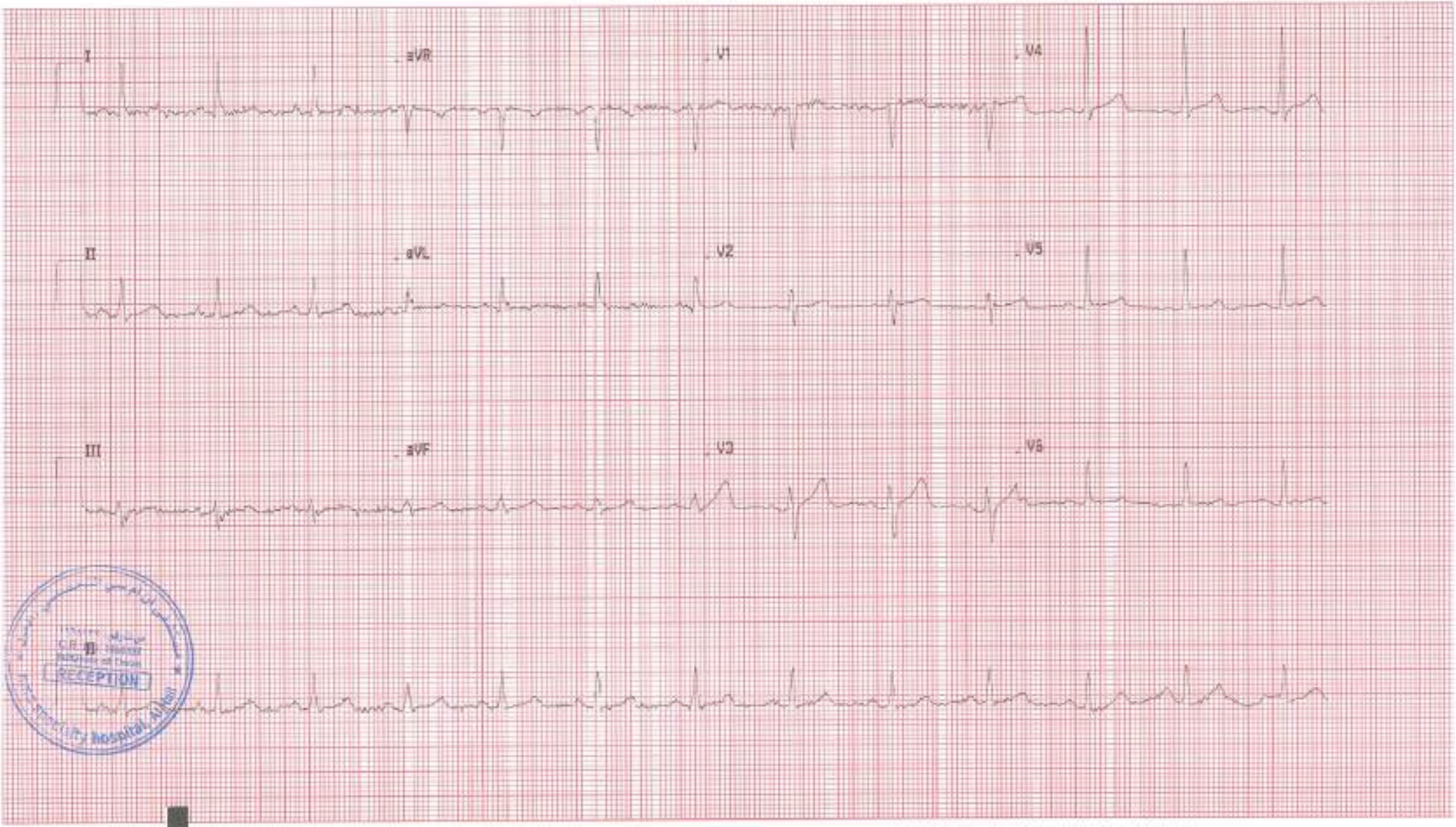
ID: 50117238
DOB:
39yr. Male

Vent rate:	77 BPM
PR int:	156 ms
QRS dur	98 ms
QT/QTc:	397/428 ms
P-R-T axes:	48 18 49

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

UNCONFIRMED REPORT



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RESIDENT CARD
104352332
21/11/2025
31/12/1984
ذكر
جاسونت سينج ساتنام
سائق عموم اليات الطرق


JASWANT SINGH SATNAM
هندي
INDIAN
IDOMN1043523321<<<<<<<<<<<<<<<
8412313M2511214IND<<<<<<<<<<<0
JASWANT<SINGH<SATNAM<<<<<<<<<<


DR. ASWATHY RAVI
General Practitioner
MOH Lic. No. 20250
NMC Specialty Hospital, Al Hail


C.R. No. 1668137
Sultanate of Oman
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