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: RAVI KUMAR
Forenames:
Address:
Home telephone number: 98998735

Place of examination: NMC AL HAIL Date: 9/11/24

If a dependant enter employee's name here.
Surname: RAVI KUMAR Forenames:
Birth date: 31/12/1992 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: MoBail Crew
Pre-Overseas ☐ Area: PDO

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? Nil
Average daily alcohol consumption: Nil

Have you ever taken elicited drugs? (X) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes (X) Tuberculosis (X) Epilepsy (X) Asthma (X) Eczema (X)
Heart disease (X) High blood pressure (X) Stroke (X) Blood Disease (X) Cancer (X)

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: 9/11/24 Signature of Applicant: Ravi Kumar

RECEPTION

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N = Normal A = Abnormal (please describe)

N	A		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
174	74	24.4	126/85	70/mins.	L N R N	DISTANT R / L — Uncorrected: ; Corrected: 6/6 / 6/6 NEAR R / L — N6 / N6	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**

FIT

Date: 9/11/24 Name (Block Capitals): Dr. / Nurse Signature:

REVIEW/CONSULTATION

Date: 9/11/24 Name (Block Capitals): Dr. / Nurse Signature:

DR. ASWATHY RAVI
General Practitioner
MOH Lic. No: 20556
NMC Specialty Hospital Al Hail

RECEPTION
NMC Specialty Hospital, Al Hail

DEPARTMENT OF LABORATORY MEDICINE

File No:	50128416	**Report No:**	0136447		
Name:	RAVI KUMAR	**Sample Date:**	09/11/2024	**Time:**	7:36
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 38 Y **Nationality:** INDIAN	**Report Date:**	09/11/2024	**Time:**	11:12
GSM No.:	98998735 **ID Card No.:** 1050109/6	**Bill No:**	0336094	**Bill Date:**	09/11/2024
Ref. By:	DR SIKANDAR KHAN				

INVESTIGATION	RESULT	REFERENCE RANGE
PDC PACKAGE- BELOW 40 YEARS		
RANDOM BLOOD SUGAR	5.50 mmol/L	4.11 - 7.9mmol/L
CREATININE	69.00 µ mol/L	Adults: MALE: 62 – 106 µ mol/L FEMALE: 44 - 80 µ mol/L
SGPT (ALT)	77.70 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
TOTAL WBC COUNT	8.22 x 10^3 / µL	4.00-11.00 x 10^3 / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	55.63 %	40-75%
LYMPHOCYTE (%)	30.67 %	20-45%
MONOCYTE (%)	6.08 %	2-8%
EOSINOPHIL (%)	6.48 %	1-6%
BASOPHIL (%)	1.13 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	02 mm/1st hr	MALE:0-15 mm/ 1st hr FEMALE 0-20 mm/ 1st hr
HAEMOGLOBIN	14.47 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 core 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*

MDH License No. 17976

DEPARTMENT OF LABORATORY MEDICINE

File No:	50128416	Report No:	0136447		
Name:	RAVI KUMAR	Sample Date:	09/11/2024	Time:	7:36
		Received By:			
Address:		Received Date:		Time:	
Gender:	M Age: 38 Y Nationality: INDIAN	Report Date:	09/11/2024	Time:	11:12
GSM No.:	98999736 ID Card No.: 106010946	Bill No:	0036004	Bill Date:	09/11/2024
Ref. By:	DR SIKANDAR KHAN				

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	0-2 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	NIL	NIL

Verified By: *Approved By:*

10589

Lab Technologist *Specialist Pathologist*

MDH License No: 17976

Printed at: 09/11/2024 4:36:42 PM

AUDIOMETRY REPORT

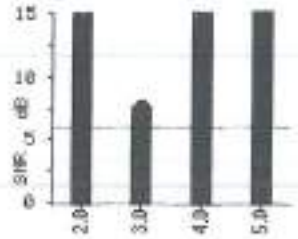
Name of the Patient RAVI KUMAR

Age 38yrs Sex MALE MRN 50128416 Date of Test 9/11/24

U107.05
10-OCT-24 09:37
DP 2s 2 sec avg
SN: GI1005649 GI2014595

NAME:

Left: Pass

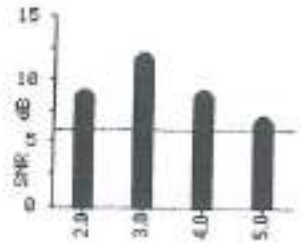


F2	L1	L2	DP	NF	SNR	
2.0	65	55	4	-14	18	P
3.0	65	55	-4	-12	8	P
4.0	65	56	-1	-19	19	P
5.0	58	46	-3	-20	17	P

U107.05
10-OCT-24 09:36
DP 2s 2 sec avg
SN: GI1005649 GI2014595

NAME:

Right: Pass



F2	L1	L2	DP	NF	SNR	
2.0	65	55	-4	-13	9	P
3.0	66	57	-6	-18	12	P
4.0	66	52	-10	-19	9	P
5.0	61	54	-13	-20	7	P

RECEPTION

Signature of the Technician

Vitalograph

Pulmonary Function Report

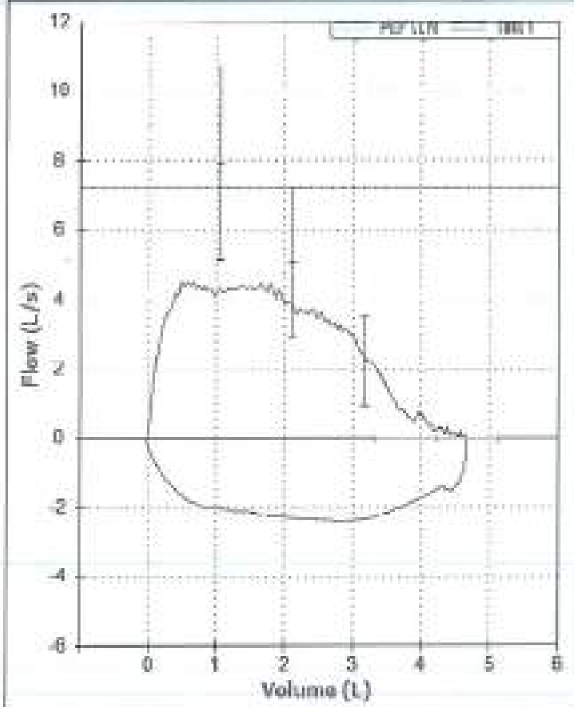
Subject Information

ID:	2024314_091817981	Alternate ID:	50128416		
Last Name:	Kumar	First Name:	Ravi	Middle Name:	
Population:	Asian	Gender:	Male	Date of Birth:	31/12/1985
Age:	38	Height:	174 cm	Weight:	74.0 kg
BMI:	24.4	Smoking:	Non Smoker		

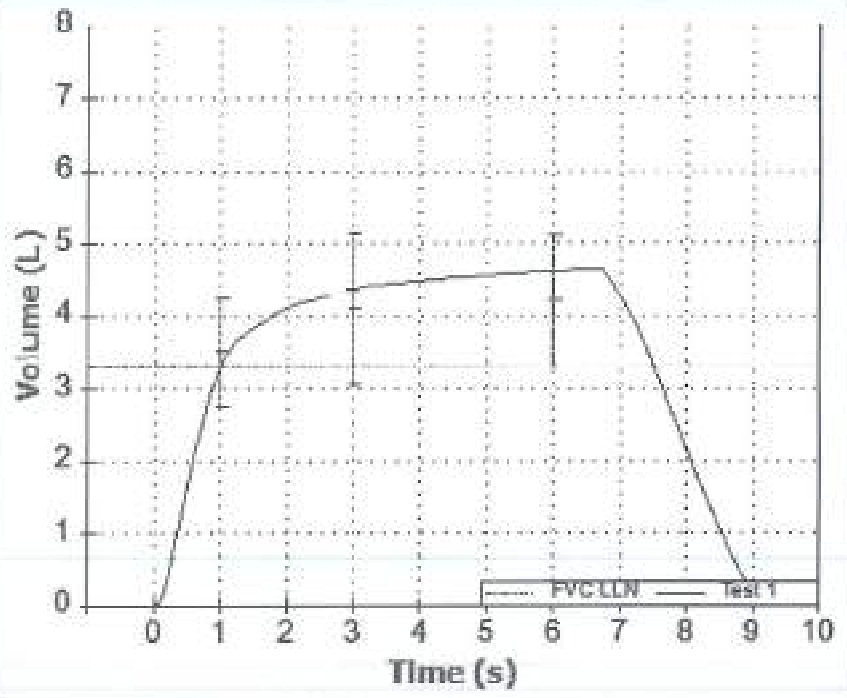
Test Session Information

Test Date:	09/11/2024 09:22	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:	90%	Posture:	Sitting

Flow/Volume Graph



Volume/Time Graph



Results

Parameter	Pred	LLN	Best	% Pred.	Z-Score
FVC (L)	**4.22**	3.32	**4.64**	**110**	0.77
FEV1 (L)	**3.50**	2.75	**3.51**	**100**	0.02
FEV1 Ratio	**0.80**	0.69	**0.75**	**94**	-0.75
FEV6 (L)	**4.22**	3.32	**4.62**	**109**	0.73
PEF (L/min)	**552**	433	**271***	**49**	-3.88
FEF25-75 (L/s)	**4.44**	2.73	**3.25**	**73**	-1.14

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)	0 blow(s)	0 blow(s)

Computer Suggested Interpretation

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

Reference Pictogram

RECEPTION
nmc specialty hospital, Al Hili

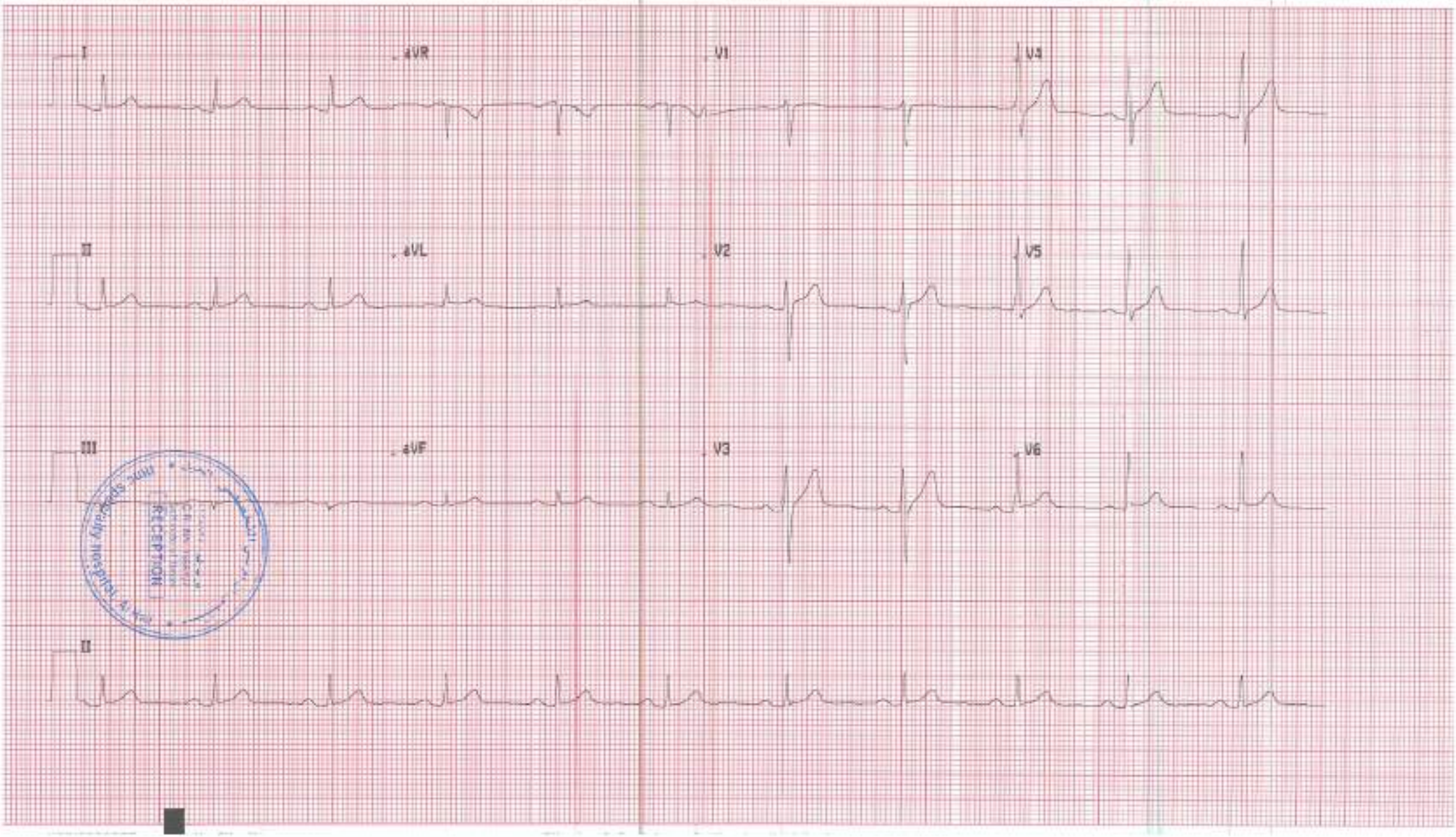
Ravikumar,
ID: 50128416
DOB:
38yr, Male

9-Nov-2024 07:45:08

Vent rate:	65 BPM
PR int:	190 ms
QRS dur:	85 ms
QT/QTc:	341/353 ms
P-R-T axes:	56 22 37

SINUS RHYTHM
EARLY REPOLARIZATION :ST ELEVATION WITH NORMALLY INFLECTED T WAVE)
BORDERLINE ECG

UNCONFIRMED REPORT



NAME
RAVI KUMAR

INDIAN

IDOMN7050109466<<<<<<<<<<<<<<<
8512316M2601135IND<<<<<<<<<<<4
RAVI<KUMAR<<<<<<<<<<<<<<<<<<<<

RESIDENT
CARD

105010946
13/01/2026
31/12/1985

Outlook

PDO FTW - Ravi Kumar#6724

From Muatasim Al Mandhari <Muatasim@truckomangroup.com>
Date Thu 11/7/2024 8:59 AM
To Customercare Hail [NMC Oman] <customercare.hail@nmcoman.com>
Cc Rahul Bhalerao [NMC Oman] <Rahul.Bhalerao@nmcoman.com>; Davis George <davis@truckomangroup.com>; Sahaya Jayaraj <Sahaya@truckomangroup.com>; Sudheesh Krishnan <sudheesh.krishnan@truckomangroup.com>; Jeyasingh <jeyasingh@truckomangroup.com>; Sampuran Sanndhu <sampuran@truckomangroup.com>

Dear NMC Team,

Please arrange PDO FTW for Ravi Kumar#6724 on Saturday, 09th November 2024 and share the reports once it is completed.

Regards,

Muatasim AL-Mandhari |HSE Advisor
TER HSE Dept
M: +968 96968848
E: muatasim@truckomangroup.com

TRUCKOMAN
EQUIPMENT RENTAL LLC