



## Appendix 32: EX1 Form (Initial Examination Report)

## INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Petroleum Development Oman  
MEDICAL DEPARTMENTPLEASE COMPLETE YOUR PERSONAL  
DETAILS IN BLOCK CAPITALS

Surname		Gurdev	
Forenames		Singh	
Address			
Home telephone number			
Place of examination	10 km	Date	21/8/23
If a dependant enter employee's name here:			
Surname:		Forenames:	
Birth date:	15/4/1991	Nationality:	INDIAN
Country of birth:		Religion:	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced	Relationship to employee	Number of children: 1
<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter			
Reason for examination			
Pre-Employment <input type="checkbox"/> Job:			
Pre-Overseas <input type="checkbox"/> Area:			
Name and address of family doctor		List your last 3 jobs	
		(1)	
		(2)	
Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>	
DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)			
	Y	N	
1. Sinus trouble		<input checked="" type="checkbox"/>	21. Cancer
2. Neck swelling/glands		<input checked="" type="checkbox"/>	22. Heart Disease
3. Difficulty in vision		<input checked="" type="checkbox"/>	23. Rheumatic fever
4. Any ear discharge		<input checked="" type="checkbox"/>	24. Abnormal heartbeat
5. Asthma/bronchitis		<input checked="" type="checkbox"/>	25. High blood pressure
6. Hayfever /other significant allergy		<input checked="" type="checkbox"/>	26. Stroke
7. Any skin trouble		<input checked="" type="checkbox"/>	27. Serious chest pain
8. Tuberculosis		<input checked="" type="checkbox"/>	28. Any blood disease
9. Shortness of breath		<input checked="" type="checkbox"/>	29. Kidney disease
10. Coughed/vomited blood		<input checked="" type="checkbox"/>	30. Blood in urine
11. Severe abdominal pain		<input checked="" type="checkbox"/>	31. Diabetes
12. Stomach ulcer		<input checked="" type="checkbox"/>	32. Headaches/migraine
13. Recurrent indigestion		<input checked="" type="checkbox"/>	33. Dizziness/fainting
14. Jaundice or hepatitis		<input checked="" type="checkbox"/>	34. Epilepsy
15. Gall Bladder disease		<input checked="" type="checkbox"/>	35. Joints/spinal trouble
16. Marked change in bowel habits		<input checked="" type="checkbox"/>	36. Surgical operation
17. Blood in stools (motions)		<input checked="" type="checkbox"/>	37. Serious accident/fracture
18. Marked change in weight		<input checked="" type="checkbox"/>	38. Tropical disease
19. Varicose veins		<input checked="" type="checkbox"/>	39. Fear of heights
20. Lump in breast/armpit		<input checked="" type="checkbox"/>	
How much tobacco each day? N/A		Average daily alcohol consumption N/A	
Have you ever taken illicit drugs? ( ) PDO test all new/potential employees for illicit/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:	21/8/2023	Signature of Applicant:	<i>[Signature]</i>



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. 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
185	92	26.8	80/120	95/min.	L R	DISTANT R L Uncorrected Corrected	NEAR R L Uncorrected 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. Sickie 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

**Dr. RAJESH R.R MBBS**  
Medical Officer  
MOH Licence No.: 4744  
Apollo Hospital Muscat

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

Signature:

## REVIEW/CONSULTATION

Date: *DHP*  
*how fast diet, Report Lipid Profile after 3 weeks*  
Name (Block Capitals): Dr. / Nurse Signature:





DEPARTMENT OF LABORATORY SERVICES

File No: 0395786	Report No: 0572324
Name: GURDEV SINGH	Sample Date: 21/08/2023 Time: 12:04
	Received Date: 21/08/2023 Time: 12:04
Address:	Report Date: 21/08/2023 Time: 13:31
Gender: M Age: 36 Y Nationality: INDIAN	Bill No: 1173450 Bill Date: 21/08/2023
GSM No.: 97468110 ID Card No.: 102279795	Company: TRUCK OMAN LLC
Doctor: DR. LABEEB K ABDU	

INVESTIGATION	RESULT	REFERENCE RANGE
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TRUCK OMAN FTW MEDICAL CHECK UP BELOW  
40Yrs

Reported By:

*Bareera*

BAREERA

Lab Technologist

MOH LICENSE NO : 23975

Printed at: 22/08/2023 10:16:36 AM

Verified By:

*Dr. Mohammed Atif Syed*

Dr. Mohammed Atif Syed

Specialist Pathologist

MOH License No: 20491

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<b>GSM No.:</b> 97468110 <b>ID Card No.:</b> 102279795	<b>Company:</b> TRUCK OMAN LLC
<b>Doctor:</b> DR. LABEEB K ABDU	

INVESTIGATION	RESULT	REFERENCE RANGE
---------------	--------	-----------------

CBC

CBC

WBC COUNT	8.61 $10^3/uL$	4.0-11.0 $10^3/mm^3$
RBC	5.66 $10^6/uL$	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	46.50 %	37.0 - 51.0 %
MCV	82.20 fL	80.0 - 97.0 fL
MCH	25.80 pg	26.0 - 32.0 pg
MCHC	31.40 g/dL	31.0 - 36.0 g/dL
RDW	12.90 %	11.0 - 14.5 %
NEUT#	3.75 $10^3/uL$	1.50 - 7.00 $10^3/uL$
LYMPH#	3.92 $10^3/uL$	0.60 - 4.10 $10^3/uL$
MONO#	0.57 $10^3/uL$	0.00 - 0.70 $10^3/uL$
EOS#	0.33 $10^3/uL$	0.00 - 0.40 $10^3/uL$
BASO#	0.04 $10^3/uL$	0.00 - 0.10 $10^3/uL$
NEUT%	43.60 %	37.0 - 72.0 %
LYMPH%	45.50 %	10.0 - 58.5 %
MONO%	6.60 %	0.0 - 14.0 %
EOS%	3.80 %	0.0 - 6.0 %
BASO%	0.50 %	0.0 - 1.0 %

PLATELET

Fasting Blood Glucose

262.00  $10^3/uL$   
77.80 mg/dL  
Normal: <100 mg/dl  
Prediabetes: 100-125

Reported By:

*Bareera Fathima*

BAREERA  
FATHIMA

Lab Technologist

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<b>Doctor:</b> DR. LABEEB K ABDU	

INVESTIGATION	RESULT	REFERENCE RANGE
---------------	--------	-----------------

**Renal function test I**

<b>S.Creatinine</b>	0.78 mg/dL	Male : 0.7 - 1.2 mg/dl Female : 0.5 - 0.9 mg/dl
<b>eGFR (MDRD)</b>	>90 mL/min/m2	Normal >90 Mild (60-89) Moderate (30-59) Severe (15-29) Renal Failure <15
<b>Blood urea</b>	18.40 mg/dL	14 - 50 mg/dL
<b>S.Uric Acid</b>	5.70 mg/dl	Male:3.6 - 7.7 mg/dL Female:2.5 - 6.8 mg/dL

**Lipid profile(CH,TG,HDL,LDL)**

**LIPID PROFILE**

<b>Total Cholesterol</b>	167.30 mg/dL	< 200 mg/dL
<b>Triglyceride</b>	172.30 mg/dL	<150 mg/dl
<b>HDL Cholesterol</b>	47.30 mg/dl	>45 mg/dl
<b>LDL Cholesterol</b>	85.54 mg/dl	<100 mg/dl
<b>Total Chol/HDL Chol ratio</b>	3.54	Desirable < 4
<b>Non HDL - Cholesterol</b>	120.00 mg/dl	<130 mg/dL

**Sickle cell Screen test**

<b>LFT</b>	Negative	
<b>Total Bilirubin</b>	0.64 mg/dL	Up to 1.1 mg/dL
<b>Direct Bilirubin</b>	0.14 mg/dL	Up to 0.3 mg/dL

**Reported By:**

*Bareera Fathima*

**BAREERA  
FATHIMA**

**Lab Technologist**

MOH LICENSE NO : 23975

Printed at: 22/08/2023 10:16:38 AM

**Verified By:**

*Dr. Mohammed Atif Syed*

**Dr. Mohammed Atif Syed**

**Specialist Pathologist**

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DEPARTMENT OF LABORATORY SERVICES

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<b>GSM No.:</b> 97468110 <b>ID Card No.:</b> 102279795	<b>Company:</b> TRUCK OMAN LLC
<b>Doctor:</b> DR. LABEEB K ABDU	

INVESTIGATION	RESULT	REFERENCE RANGE
Indirect Bilirubin	0.5 mg/dL	0.2 - 0.8 mg/dL
AST (SGOT)	34.80 U/L	Men : 10 - 50 U/L Female : 10 - 35 U/L
ALT (SGPT)	41.90 U/L	Men : Up to 41 U/L Female : 10 - 35 U/L
ALP	69.60 U/L	Men : 40 - 129 U/L Female : 35 - 104 U/L
Total Protein	8.10 g/dL	6.6 - 8.7 g/dL
Albumin	4.60 g/dL	3.4 - 4.8 g/dL
Globulin	3.5 g/dL	1.8 - 3.6 g/dL
A:G Ratio	1.314285	1.1-1.8
GGT	51.80 U/L	0 - 50 U/L

Urine routine analysis

Physical

Quantity	30 ml	
Colour	Pale Yellow	Pale yellow
Sp. Gravity	1.030	1.003-1.035
pH	5	5-9
Appearance	Clear	Clear

Chemical

Glucose	Negative	Negative
Protein	Negative	Negative
Ketones	Negative	Negative
Blood / haemoglobin	Negative	Negative

Reported By:

*Bareera Fathima*

**BAREERA  
FATHIMA**

Lab Technologist

MOH LICENSE NO : 23975

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Verified By:

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Specialist Pathologist

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## DEPARTMENT OF LABORATORY SERVICES

File No: 0395786  
Name: GURDEV SINGH

Address: \_\_\_\_\_  
Gender: M Age: 36 Y Nationality: INDIAN  
GSM No.: 97468110 ID Card No.: 102279795  
Doctor: DR. LABEER K ABDU

Report No:	0572324		
Sample Date:	21/08/2023	Time:	12:04
Received Date:	21/08/2023	Time:	12:04
Report Date:	21/08/2023	Time:	13:31
Bill No:	1173450	Bill Date:	21/08/2023
Company:	TRUCK OMAN LLC		

INVESTIGATION	RESULT	REFERENCE RANGE
Bilirubin	Negative	Negative
Urobilinogen	Normal	Normal
Nitrite	Negative	Negative
Leucocytes	Negative	Negative
Microscopic Examination		
Pus Cells	2 - 3 Cells/hpf	0-5 cells/hpf
RBC	0 - 1 cells/hpf	0-2 cells/hpf
Epithelial Cells	0 - 1 Cells/hpf	0-8 cells/hpf
Casts	Absent	Absent
Crystals	Absent	Absent
Others	Absent	Absent

Reported By:

Byt#

BAREERA  
FATHIMA

### Lab Technologist

MOH LICENSE NO : 23975

Printed at: 22/08/2023 10:16:36 AM

Verified By:

*[Signature]*

Dr. Mohammed Atif Syed

Specialist Pathologist

MOH License No: 20491

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## Appendix 15: Fitness to Work Certificate

Employee Data		Date <u>21/8/23</u>	
Name <u>Gurdev Singh</u>		Department/Company	
I.D No.	Age	Occupation	
Type of Medical Evaluation		Mark those applying ✓	
A1 Aircraft refuelling	A5 Fire / Emergency response team work		
A2 Breathing apparatus	A7 Professional driving		
A3 Business traveller	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		<input checked="" type="checkbox"/>	
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)			
Temporary Unfit until			
Permanently Unfit		Date	
Name of health advisor <u>Dr. Labeeb</u>		Signature <u>[Signature]</u>	Date <u>21/8/23</u>

DR. LABEEB MUHAMMAD ALI ABDU  
GENERAL PRACTITIONER  
MOH License No.: 22090  
DUBAI HOSPITAL DUBAI  
Specification







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

Employee Data		Date:
Name: Gurdev Singh		21/8/23
Department/Company:		
I. D No.	Tel #	Occupation :
<p>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.</p>		
<p>How likely are you to fall asleep in the following situations? (use 0 to 3 score as shown below)</p>		
0	Would never doze	
1	Slight chance of dozing	
2	Moderate chance of dozing	
3	High chance of dozing	
1	sitting and reading	
2	watching TV	
1	sitting inactive in a public place (e.g. theatre or meeting)	
1	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 and talking with someone	
2	Sitting quietly after lunch without alcohol	
0	In a car, while stopped for a few minutes in traffic	
Total		8
<p>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.</p>		
Declaration: I, Gurdev Singh (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.		
Signature: _____		Date: 21/8/23



# Pulmonary Function Test Results

## APOLLO HOSPITAL MUSCAT

P.C.131,PO BOX:1097,AL HAMRIYA

Phone: 00968 24787766

Visit date 21/08/2023

Patient code 395786

Surname SINGH

Name GURDEV

Date of birth 15/04/1986

Ethnic group Others

Smoke No smoker

Patient group

Age 37

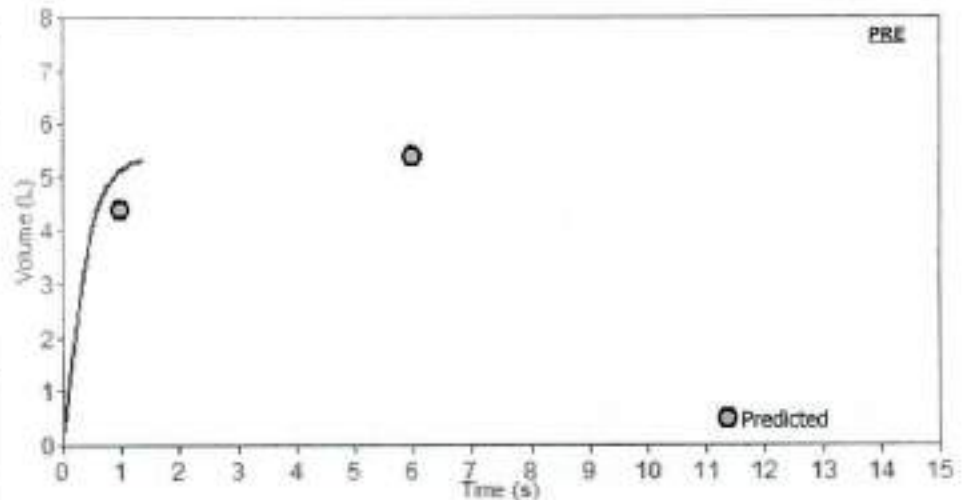
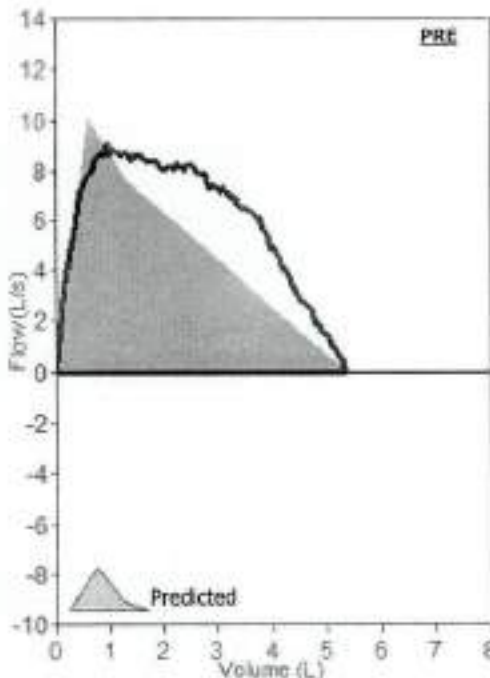
Gender Male

Height, cm 185

Weight, kg 92

BMI 26.88

Pack-Year



Quality Control Grade: F

0 Acceptable trials

### Interpretation

Normal Spirometry

PRE Trial date 21/08/2023 1:12:55 PM

Parameters	LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	4.35	5.38	5.34*	99	-0.06	5.34		*		
FEV1	L	3.46	4.37	5.16*	118	1.48	5.16		*		
FEV1/FVC	%	72.0	81.6	96.6*	118	3.20	96.6		*		
PEF	L/s	6.67	10.09	9.12*	90	-0.47	9.12		*		
ELA	Years		37	37	100		37				
FEF2575	L/s	2.54	4.29	7.42	173	2.25	7.42				
FET	s		6.00	1.38	23		1.38				
FIVC	L	4.35	5.38								
FEV1/VC	%	72.0	81.6								

\*Best values from all loops - BTPS 1.073 29 °C (84.2 °F) - Predicted GLI Other

### Conclusion / Medical report

Signature

Instrument used  
Minispir S S/N C10652



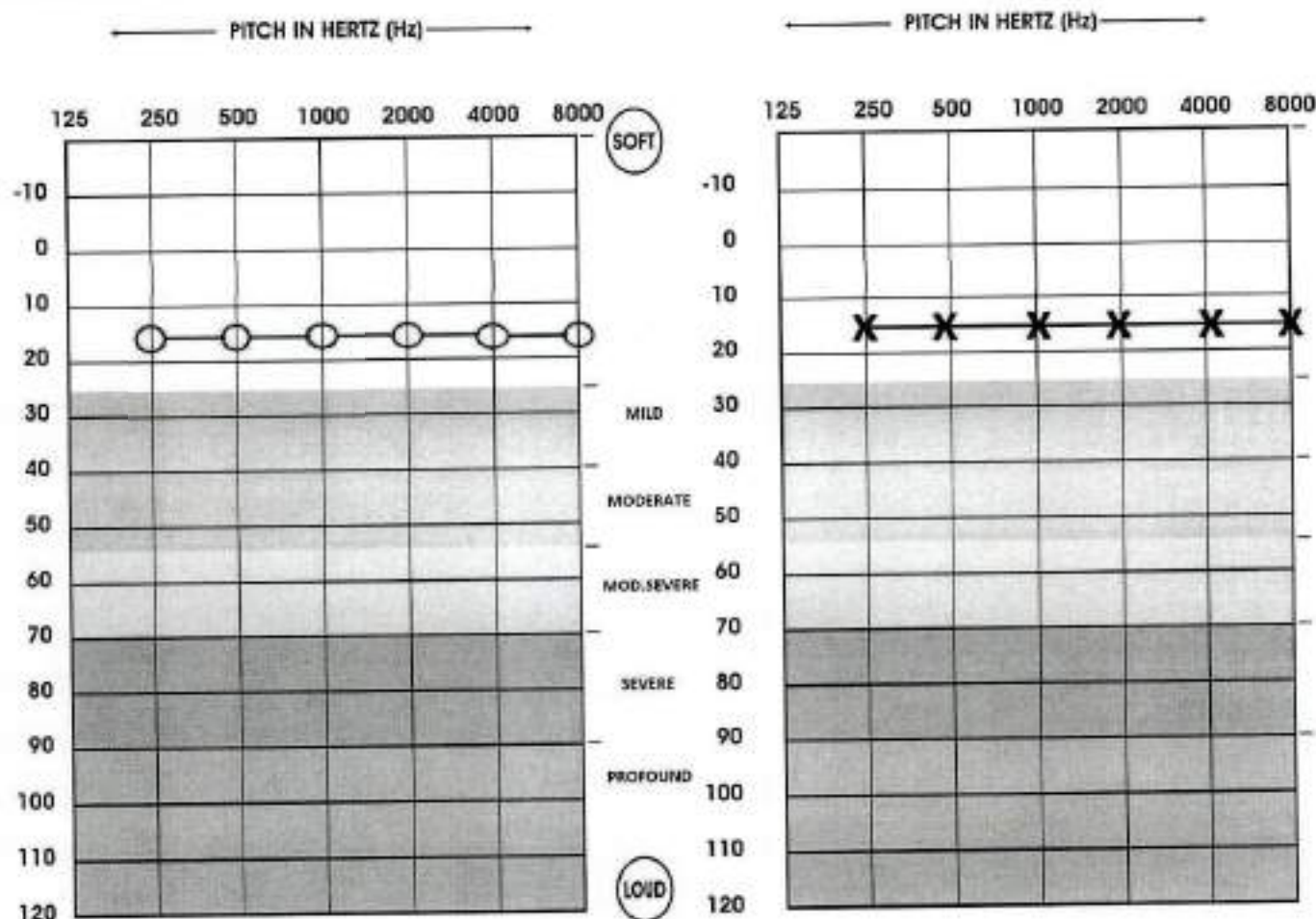
## AUDIOGRAM EXAMINATION SHEET

FILE NO: 395786 BILL NO: ..... DATE: 21-08-28

NAME: GURDEV SINGH AGE / SEX: 36y/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 :

**BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS**

RECOMMENDATION :

**NAFLA K.V.**  
AUDIOLOGIST  
MOH Licence No.: 28532  
Apollo Hospital Muscat

AUDIOLOGIST