



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

## INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

 <b>Petroleum Development Oman MEDICAL DEPARTMENT</b>  <b>PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS</b>		Surname <i>Gurdev</i>																																																																																			
		Forenames <i>Singh</i>																																																																																			
		Address																																																																																			
		Home telephone number																																																																																			
Place of examination <i>10 KM</i>		Date <i>21/8/23</i>																																																																																			
If a dependant enter employee's name here:																																																																																					
Surname:		Forenames:																																																																																			
Birth date: <i>15/4/1984</i>		Nationality: <i>INDIAN</i>																																																																																			
<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 <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter																																																																																			
		Number of children: <i>1</i>																																																																																			
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.)																																																																																					
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HAVE YOU EVER BEEN:- 40. Rejected for employment or insurance for medical reasons <input checked="" type="checkbox"/> 41. Awarded benefits for industrial injury/illness <input checked="" type="checkbox"/> 42. Treated for a mental condition, e.g. depression <input checked="" type="checkbox"/> 43. Treated for problem drinking or drug abuse <input checked="" type="checkbox"/> 44. Exposed to toxic substance or noise <input checked="" type="checkbox"/>																																																																																					
FOR WOMEN ONLY Have you ever had:- 45. An abnormal smear <input type="checkbox"/> 46. Any gynaecological treatment <input type="checkbox"/> 47. Are you pregnant? <input type="checkbox"/> 48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE <input type="checkbox"/>																																																																																					
How much tobacco each day? <i>NIL</i>		Average daily alcohol consumption <i>NIL</i>																																																																																			
Have you ever taken elicited drugs? <input type="checkbox"/> PDO test all new/potential employees for elicited/recreational drugs																																																																																					
FAMILY HISTORY: Diabetes ( <input checked="" type="checkbox"/> ) Tuberculosis ( <input checked="" type="checkbox"/> ) Epilepsy ( <input checked="" type="checkbox"/> ) Asthma ( <input checked="" type="checkbox"/> ) Eczema ( <input checked="" type="checkbox"/> ) Heart disease ( <input checked="" type="checkbox"/> ) High blood pressure ( <input checked="" type="checkbox"/> ) Stroke ( <input checked="" type="checkbox"/> ) Blood Disease ( <input checked="" type="checkbox"/> ) Cancer ( <input checked="" type="checkbox"/> )																																																																																					
PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-																																																																																					
I declare 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: <i>21/8/2023</i>		Signature of Applicant: <i>Gurdev Singh</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 95/mins.	HEARING L R	VISION Uncorrected Corrected	DISTANT R L	NEAR R L	Colour Vision	Blood Group	
185	92	26.8	120			6/6 6/6 6/6 6/6					
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

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

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

REVIEW/CONSULTATION

DNP

Date: \_\_\_\_\_ 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
Address:		Received Date:	21/08/2023 Time: 12:04
Gender:	M Age: 36 Y	Report Date:	21/08/2023 Time: 13:31
GSM No.:	97468110	Bill No:	1173450 Bill Date: 21/08/2023
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

Lab Technologist

MOH LICENSE NO : 23975

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

Verified By:

Dr. Mohammed Atif Syed  
Specialist Pathologist

MOH License No: 20491

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Doctor:	DR. LABEEB K ABDU		

INVESTIGATION	RESULT	REFERENCE RANGE
CBC		
CBC		
WBC COUNT	8.61 10 <sup>3</sup> /uL	4.0-11.0x10 <sup>3</sup> /mm <sup>3</sup>
RBC	5.66 10 <sup>6</sup> /uL	4.20 - 6.30 10 <sup>6</sup> /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 <sup>3</sup> /uL	1.50 - 7.00 10 <sup>3</sup> /uL
LYMPH#	3.92 10 <sup>3</sup> /uL	0.60 - 4.10 10 <sup>3</sup> /uL
MONO#	0.57 10 <sup>3</sup> /uL	0.00 - 0.70 10 <sup>3</sup> /uL
EOS#	0.33 10 <sup>3</sup> /uL	0.00 - 0.40 10 <sup>3</sup> /uL
BASO#	0.04 10 <sup>3</sup> /uL	0.00 - 0.10 10 <sup>3</sup> /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	262.00 10 <sup>3</sup> /uL	140 - 440 10 <sup>3</sup> /uL
Fasting Blood Glucose	77.80 mg/dL	Normal: <100 mg/dL Prediabetes: 100-125

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INVESTIGATION	RESULT	REFERENCE RANGE
Renal function test I		mg/dl Diabetes: 126 mg/dl or higher
S.Creatinine	0.78 mg/dL	Male : 0.7 - 1.2 mg/dL Female : 0.5 - 0.9 mg/dL
eGFR (MDRD)	>90 mL/min/m <sup>2</sup>	Normal >90 Mild (60-89) Moderate (30-59) Severe (15-29) Renal Failure <15
Blood urea	18.40 mg/dL	14 - 50 mg/dL
S.Uric Acid	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		
Total Cholesterol	167.30 mg/dL	< 200 mg/dL
Triglyceride	172.30 mg/dL	<150 mg/dL
HDL Cholesterol	47.30 mg/dL	>45 mg/dL
LDL Cholesterol	85.54 mg/dL	<100 mg/dL
Total Chol/HDL Chol ratio	3.54	Desirable < 4
Non HDL - Cholesterol	120.00 mg/dL	<130 mg/dL
Sickle cell Screen test	Negative	
LFT		
Total Bilirubin	0.64 mg/dL	Up to 1.1 mg/dL
Direct Bilirubin	0.14 mg/dL	Up to 0.3 mg/dL

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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
ALT (SGPT)	41.90 U/L	Female : 10 - 35 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

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Doctor:	DR. LABEEB K ABDU		

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:

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## Appendix 15: Fitness to Work Certificate

Employee Data		Date	21/8/23
Name	Gurdev Singh		
I.D No.	Age	Occupation	
Type of Medical Evaluation		Mark those applying ✓	
A1 Aircraft refuelling		A6 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		✓	
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	Signature	Date
Dr. Labeb	21/8/23	
GENERAL PRACTITIONER		
NIN License No.: 22090		

Page 59	Specification
The controlled version of this CMFT Document resides online in Livelink®. Printed copies are UNCONTROLLED.	





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

Employee Data		Date: <i>21/8/13</i>
Name: <i>Gurdar Singh</i>		Department/Company:
I. D No.	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

*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 a talking with someone

*2* Sitting quietly after lunch without alcohol

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

Total

*8*

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

Signature: \_\_\_\_\_

Date: *21/8/13*



# Pulmonary Function Test Results

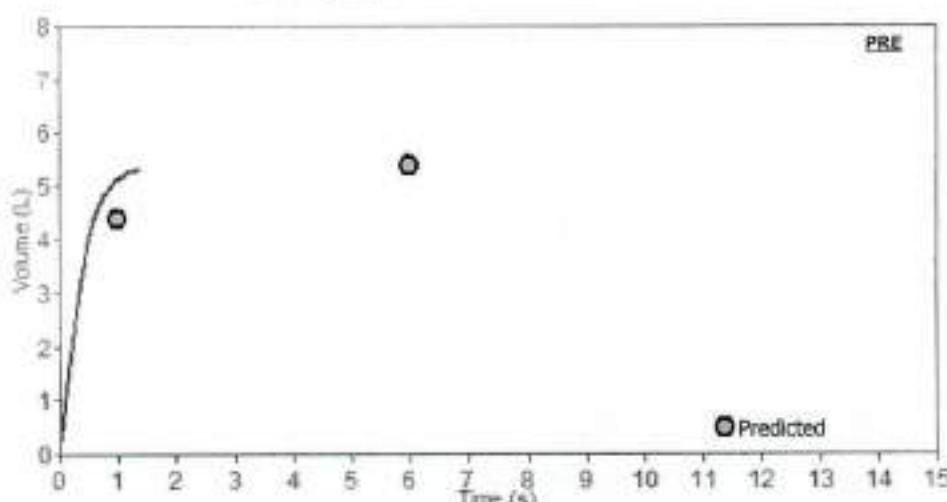
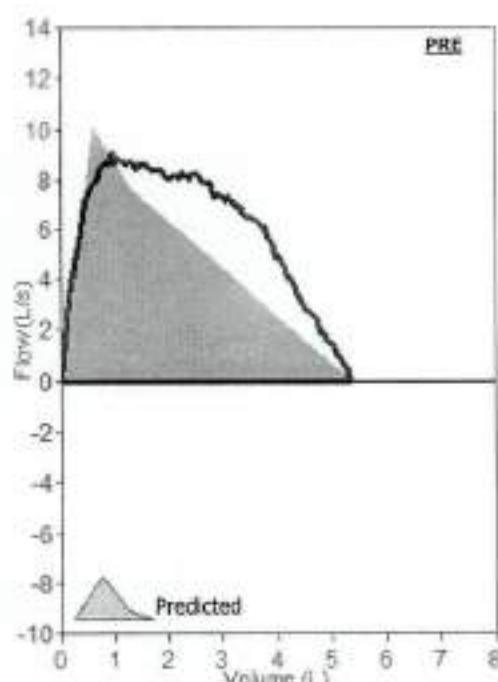
## APOLLO HOSPITAL MUSCAT

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

Phone: 00968 24787766

Visit date 21/08/2023

Patient code	395786	Age	37
Surname	SINGH	Gender	Male
Name	GURDEV	Height, cm	185
Date of birth	15/04/1986	Weight, kg	92
Ethnic group	Others	BMI	26.88
Smoke	No smoker	Pack-Year	
Patient group			



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**

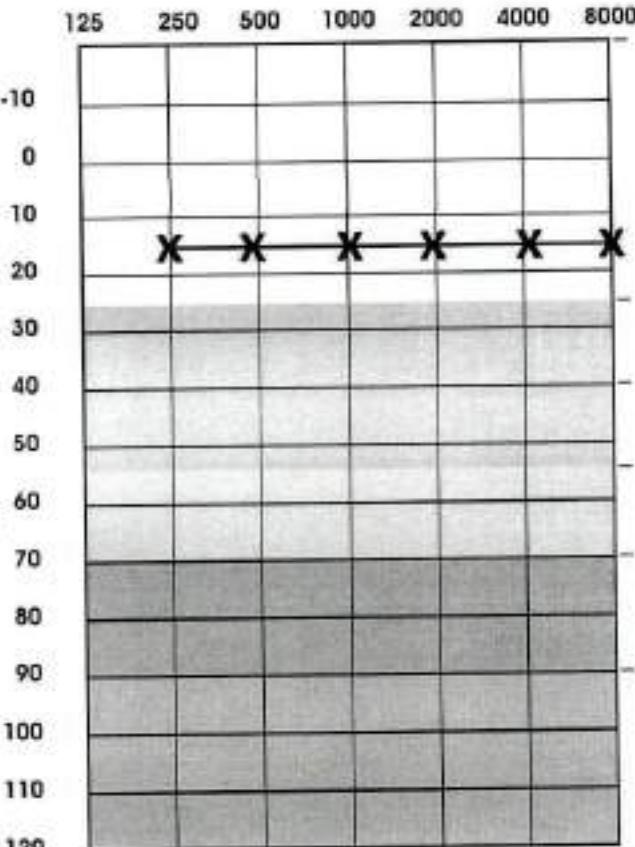
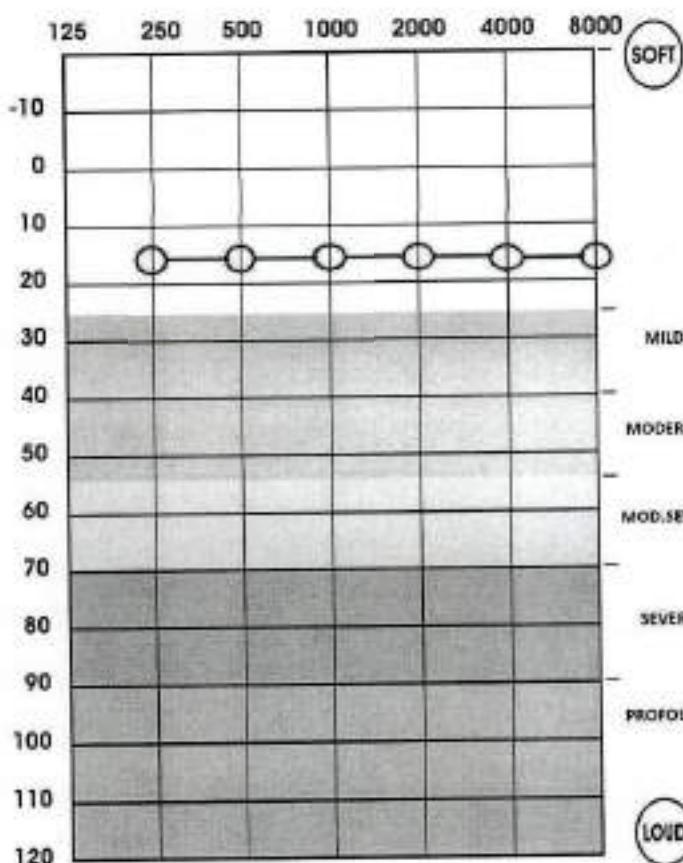
FILE NO: 295786 BILL NO: ..... DATE: 21-08-28

NAME: GURDEN SINGH AGE / SEX: 36Y/M  
COMPANY: TEUKE OMAN DOB: .....

CONSULTANT (REF): .....

— PITCH IN HERTZ (Hz) —

— PITCH IN HERTZ (Hz) —



WEBER					

dBHL	PTA	SRT	SIS(%)	MCL	UCL	SPECIAL TESTS			
						SISI	TDT	MLB/BLB	OAE
RIGHT	15								
LEFT	15								

INTERPRETATION :

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

RECOMMENDATION :

✓

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

AUDIOLOGIST