



South Mawaleh, Sultanate of Oman

Confidential

MEDICAL EXAMINATION REPORT



Petroleum Development Oman
MEDICAL DEPARTMENT
EXAMINATION REPORT

| | |
|---------------|----------|
| Surname: | KUMAR |
| Forenames: | SUDESH |
| Address: | |
| Telephone No: | 72033963 |
| Forenames: | |

| | |
|--|---------------------|
| Place of Examination CRYSTAL POLYCLINIC | Date: 10/07/2024 |
|--|---------------------|

| | |
|---|--|
| If a dependant or fiancée enter employee's name here: Surname: | |
|---|--|

| | | | |
|---|---|--|--------------------------|
| Date of Birth: 20/09/1976 | Nationality: INDIAN | Country of Birth: INDIA | Religion: HINDU |
| <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced/ Separated | Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Fiancée | Number of Children: 2 |

| | | |
|---|--|--------------------------------------|
| Reason For Examination | <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Pre-Overseas | Designation: CRAIN OPERATOR Area: |
| <input type="checkbox"/> Two Yearly <input type="checkbox"/> Transfer <input type="checkbox"/> Travel | <input type="checkbox"/> 40+/Request <input type="checkbox"/> Retirement and Date | |

| | |
|---|--|
| Name and address of family doctor | List your last 3 jobs |
| | (1) |
| | (2) |
| | (3) |
| Are you a Registered Disabled Person? (UK only) | <input type="checkbox"/> Do you belong to any Medical Insurance Scheme ? |



Petroleum Development Oman LLC

Revision: 3.0
Effective: 16 Apr 2007

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 | | ✓ | 22. Heart Disease | | ✓ | 42. Awarded benefits for industrial injury/illness | | ✓ |
| 2. Neck swelling/glands | | ✓ | 23. Rheumatic fever | | ✓ | 43. Treated for a mental condition, eg depression | | ✓ |
| 3. Difficulty in vision | | ✓ | 24. Abnormal heartbeat | | ✓ | 44. Treated for problem drinking or drug abuse | | ✓ |
| 4. Any ear discharge | | ✓ | 25. High blood pressure | ✓ | | 45. Exposed to toxic | | ✓ |
| 5. Asthma/bronchitis | | ✓ | 26. Stroke | | ✓ | FOR WOMEN ONLY | | |
| 6. Hayfever/other allergy | | ✓ | 27. Serious chest pain | | ✓ | | | |
| 7. Any skin trouble | | ✓ | 28. Any blood disease | | ✓ | | | |
| 8. Tuberculosis | | ✓ | 29. Kidney disease | | ✓ | | | |
| 9. Shortness of breath | | ✓ | 30. Painful passage of urine | | ✓ | | | |
| 10. Coughed/vomited blood | | ✓ | 31. Blood in urine | | ✓ | Have you ever had:- | | |
| 11. Severe abdominal pain | | ✓ | 32. Diabetes | ✓ | | 46. An abnormal smear | | |
| 12. Stomach ulcer | | ✓ | 33. Headaches/migraine | | ✓ | 47. Any gynaecological treatment | | |
| 13. Recurrent indigestion | | ✓ | 34. Dizziness/fainting | | ✓ | 48. Are you pregnant? | | |
| 14. Jaundice or hepatitis | | ✓ | 35. Epilepsy | | ✓ | 49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE | | |
| 15. Gall Bladder disease | | ✓ | 36. Joints/spinal trouble | | ✓ | | | |
| 16. Marked change in bowel habits | | ✓ | 37. Surgical operation | | ✓ | | | |
| 17. Blood in stools (motions) | | ✓ | 38. Serious accident/fracture | | ✓ | | | |
| HAVE YOU EVER BEEN:- | | | 39. Tropical disease | | ✓ | | | |
| 18. Marked change in weight | | ✓ | 40. Fear of heights | | ✓ | | | |
| 19. Varicose veins | | ✓ | Have You Ever Been:- | | | | | |
| 20. Lump in breast/armpit | | ✓ | 41. Rejected for employment or insurance for medical reasons | | ✓ | | | |
| 21. Cancer | | ✓ | | | | | | |

How much tobacco each day?

N/A

Average daily alcohol consumption :

N/A

FAMILY HISTORY

Diabetes

☒

Tuberculosis

☒

Epilepsy

☒

Heart disease

☒

High blood pressure

☒

Blood Disease

☒

Stroke

☒

Cancer

☒

Eczema

☒

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.

Date:

10/07/2024

Signature of Applicant:

Sudesh Kumar



To be filled by the examining Doctor or Nurse:

| N = Normal A = Abnormal (Please describe) | | PHYSICAL EXAMINATION | | | | | | | | | |
|--|--------------|---------------------------------------|--------|-------|-----------------------|------------------------------------|---------------------------|--------------------|-----------------------|-------------------|--|
| N | A | | | | | | | | | | |
| N | | 1. Eyes & Pupils | | | | | | | | | |
| N | | 2. E.N.T | | | | | | | | | |
| N | | 3. Teeth & Mouth | | | | | | | | | |
| N | | 4. Lungs & Chest | | | | | | | | | |
| N | | 5. Cardiovascular System | | | | | | | | | |
| N | | 6. Abdo. Viscera | | | | | | | | | |
| N | | 7. Hernial Orifices | | | | | | | | | |
| N | | 8. Anus & Rectum | | | | | | | | | |
| N | | 9. Genito- urinary | | | | | | | | | |
| N | | 10. Extremities | | | | | | | | | |
| N | | 11. Musculo-Skeletal | | | | | | | | | |
| N | | 12. Skin & Varicose Vns | | | | | | | | | |
| N | | 13. C.N.S | | | | | | | | | |
| HEIGHT | WEIGHT kg | BMI | B.P. | PULSE | HEARING L N R N | VISION Uncorrected Corrected | DISTANT R L 6/6 6/6 | NEAR R L N N | Colour Vision N | Blood Group | |
| 172 cm | 116 kg | 39.32 | 140/80 | 100/m | | | | | | | |
| N | A | LABORATORY AND SPECIAL INVESTIGATIONS | | | | | | N | A | | |
| | | 1. Urineanalysis | | | | | | | | 6. Stool Analysis | |
| | | 2. HB, Blood Count, ESR | | | | | | | | 7. Audiometry | |
| | | 3. HbsAg | | | | | | | | 8. Spirometry | |
| | | 4. RBS | | | | | | | | 9. Drug Analysis | |
| | | 5. Lipid Profile | | | | | | | | 10. ECG | |
| | | 6. LFT | | | | | | | | 11. OTHERS | |

ASSESSMENTS AND RECOMMENDATIONS:

- ☒ A. Fit without restriction
- ☐ B. Fit with specified restriction
- ☐ C. Unfit
- ☐ D. Awaiting specialist assessment

C.M.O INITIALS



DATE: 10/07/2024



11.15 Appendix 15: Fitness to Work Certificate

| | | | |
|--|-----------------------|---------------------------------|--|
| Employee Data | | Date: 10/01/2024 | |
| Name: SUDESH KUMAR | | Department/Company: CRUCK OMAN | |
| I.D No: 102133501 | Age: 48y/male | Occupation: CRAIN OPERATOR | |
| Type of Medical Evaluation | | Mark Those Applying ✓ | |
| A1 Aircraft Refuelling | | A6 Fire/Emergency response team | |
| 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 | | A9 Transfers-group B country | |
| <p>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:</p> | | | |
| 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 | | | |
| Pull, Push 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 | |
| | | Date 10/01/2024 | |

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

| | | |
|--------------------|----------------|----------------------------------|
| Employee Data | | Date: 10/07/2024 |
| Name: SUDESH KUMAR | | Department / Company: TRUCK OMAR |
| I.D No. 102133501 | Tel # 72033963 | Occupation: CRAN OPERATOR |

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

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

1 Lying down to rest in the afternoon when circumstances permit

0 Sitting and talking with someone

0 Sitting quietly after lunch without alcohol

0 In a car, while stopped for a few minute in traffic

Total 1



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 Sudesh (Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Sudesh Kumar Date 10/07/2024



Continuing Medical Implementation

Bridging the Care Gap

FRAMINGHAM RISK SCORE: What is this patient's risk of cardiovascular disease (CVD)?

Patient Name: SUDESH KUMAR Date: 10/07/2024 Current Lipid Values: LDL-C 275 TC 456 HDL-C 144 Apo B ---

| FRAMINGHAM TABLE | | Risk Points (MEN) | | Risk Points (WOMEN) | | Points |
|----------------------------------|--|-------------------|--|---------------------|--|--------------|
| Age 30-34 Years | | 0 | | 0 | | 0 |
| 35-39 | | 2 | | 2 | | 2 |
| 40-44 | | 4 | | 4 | | 4 |
| 45-49 | | 6 | | 6 | | 6 |
| 50-54 | | 8 | | 7 | | 7 |
| 55-59 | | 10 | | 8 | | 8 |
| 60-64 | | 11 | | 9 | | 9 |
| 65-69 | | 13 | | 10 | | 10 |
| 70-74 | | 14 | | 11 | | 11 |
| 75+ | | 15 | | 12 | | 12 |
| HDL-C Level (mmol/L) | | | | | | |
| >1.6 | | -2 | | -2 | | -2 |
| 1.3-1.6 | | -1 | | -1 | | -1 |
| 1.0-1.3 | | 0 | | 0 | | 0 |
| 0.9-1.2 | | 1 | | 1 | | 1 |
| <0.9 | | 2 | | 2 | | 2 |
| Total Cholesterol Level (mmol/L) | | | | | | |
| <4.1 | | 0 | | 0 | | 0 |
| 4.1-5.2 | | 1 | | 1 | | 1 |
| 5.2-6.2 | | 2 | | 2 | | 2 |
| 6.2-7.2 | | 3 | | 4 | | 4 |
| >7.2 | | 4 | | 5 | | 5 |
| Systolic Blood Pressure (mmHg) | | Untreated | | Treated | | Treated |
| <120 | | -2 | | 0 | | -1 |
| 120-129 | | 0 | | 2 | | 2 |
| 130-139 | | 1 | | 3 | | 3 |
| 140-149 | | 2 | | 4 | | 5 |
| 150-159 | | 2 | | 4 | | 6 |
| >160 | | 3 | | 5 | | 7 |
| Smoker | | | | | | |
| No | | 0 | | 0 | | 0 |
| Yes | | 4 | | 3 | | 3 |
| Diabetes | | | | | | |
| No | | 0 | | 0 | | 0 |
| Yes | | 5 | | 4 | | 4 |
| | | | | | | Total Points |

10-Year CVD Risk: 18.4 %

Is there a positive family history of CVD in a first degree relative before age 60?

☐ YES (if so, multiply above 10-year CVD risk (%) by 2)
Calculation: 10-year CVD risk 18.4 % X 2 = 36.8 %

☐ NO



10-07-2024 12:26:08

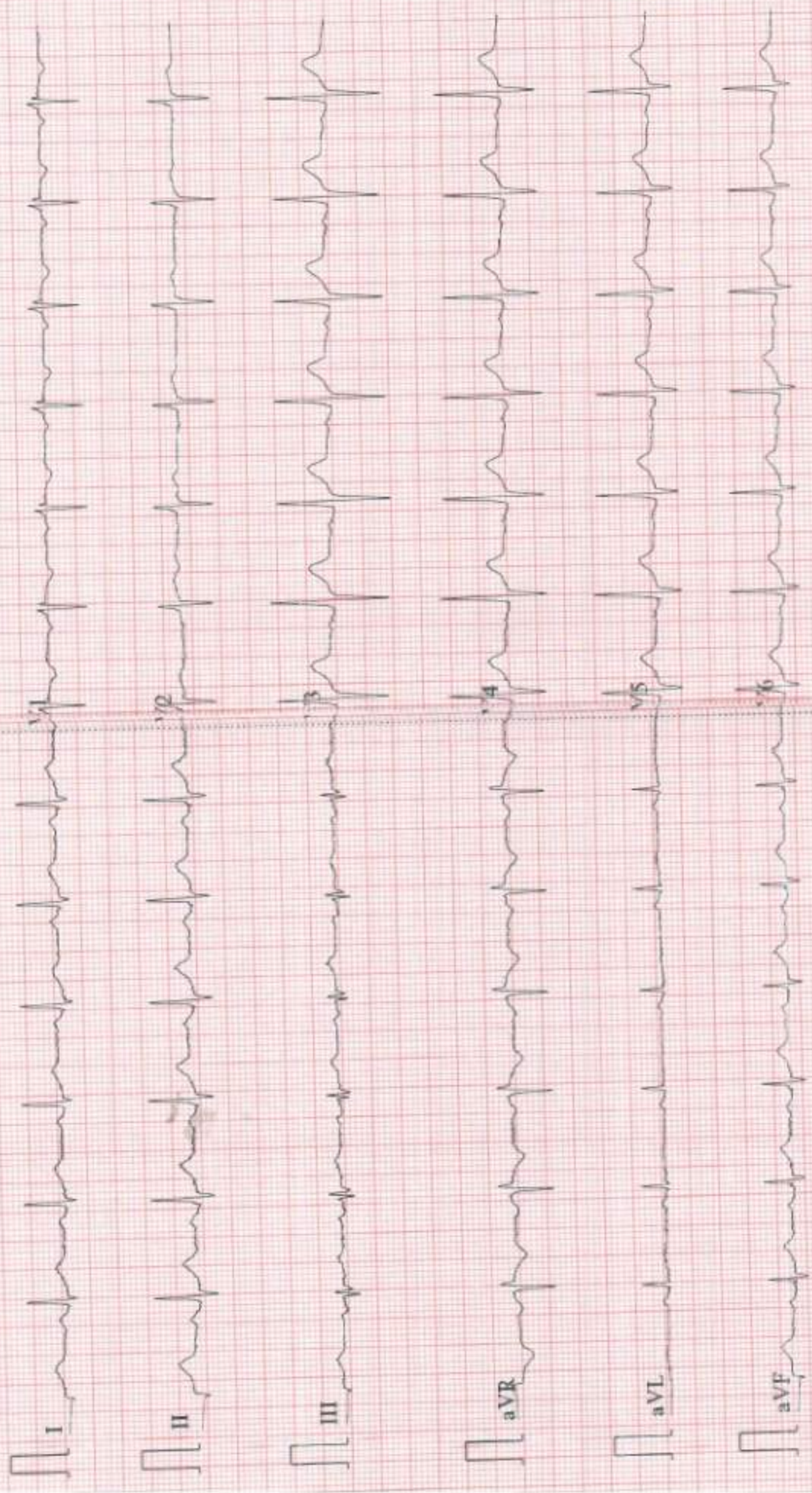
ID: 644

Sudesh Kumar
Male Years *48y/male*
Req. No. : *70512*

HR : 84 bpm
P : 124 ms
PR : 158 ms
QRS : 94 ms
QT/QTcBz : 372/440 ms
PQRS/T : 37/26/53 °
RV5/SV1 : 1.005/0.680 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:





Date: 10/07/2024

Name: SUDESH KUMAR Age: 48y Sex: male

Following is the ECG report:

| | |
|---------------------|--------------|
| Rhythm | Regular |
| Rate | 84 bpm |
| Axis | Normal |
| P Wave | Normal |
| QRS Complex | Normal |
| ST segment | N/A abnormal |
| Chamber enlargement | N/A abnormal |

For Crystal Polyclinic

Dr. ECG with

Doctor Signature: Suseel
MOH Lic no: 2554188



FVC TEST

Date: 10-07-2024
 (T1)

Pred Eqn : CLARITY

Eth Corr : 100

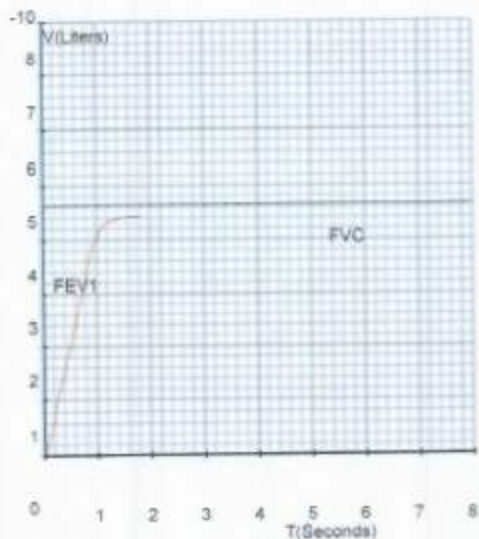
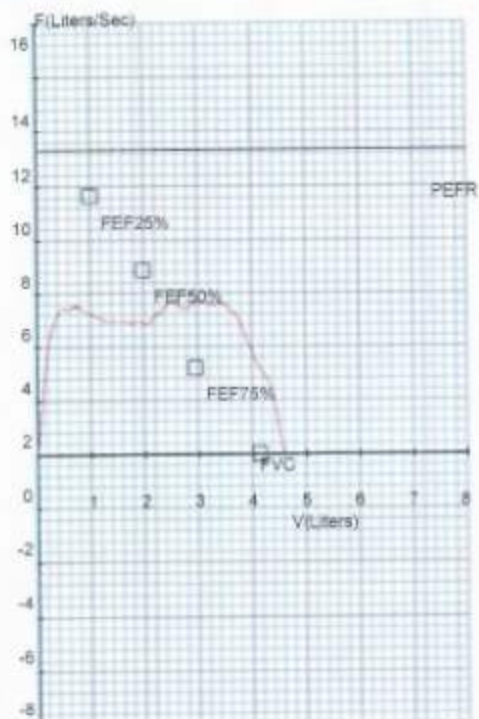
Temp : 0°C

Ref By : DR MANU SUSEEL

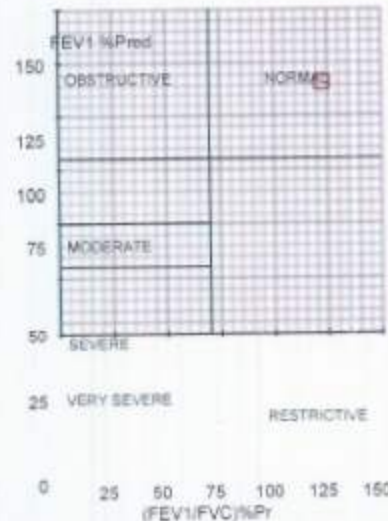
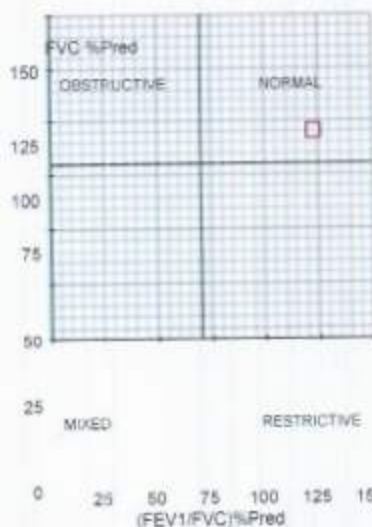
Clarity

Name: SUDESH KUMAR
 102133507

48years / Male / Ht172cm / 118Kg / Non-Smoker



| Parameter | Pred | Pre | Pre% | Post | Post% | Imp% |
|------------|-------|-------|------|-------|-------|------|
| FVC | [L] | 4.05 | -- | 3.98 | 93 | -- |
| FEV1 | [L] | 3.35 | -- | 3.90 | 112 | -- |
| FEV.5 | [L] | -- | -- | 2.58 | -- | -- |
| FEV3 | [L] | 4.03 | -- | 3.91 | 94 | -- |
| FEV6 | [L] | -- | -- | -- | -- | -- |
| PEFR | [L/s] | 9.72 | -- | 4.93 | 50 | -- |
| FEF25-75 | [L/s] | 4.04 | -- | 4.55 | 113 | -- |
| FEF75-85 | [L/s] | -- | -- | 4.40 | -- | -- |
| FEF2-1.2 | [L/s] | 7.33 | -- | 4.37 | 54 | -- |
| FEF25% | [L/s] | 8.33 | -- | 4.92 | 50 | -- |
| FEF50% | [L/s] | 5.87 | -- | 5.10 | 81 | -- |
| FEF75% | [L/s] | 2.74 | -- | 5.68 | 205 | -- |
| FEV.5/FVC | [%] | -- | -- | 64.85 | -- | -- |
| FEV1/FVC | [%] | 78.45 | -- | 98.42 | 123 | -- |
| FEV3/FVC | [%] | 94.54 | -- | 99.40 | 100 | -- |
| FEV6/FVC | [%] | -- | -- | -- | -- | -- |
| FEV1/FEV6 | [%] | -- | -- | -- | -- | -- |
| FET | [S] | -- | -- | 4.41 | -- | -- |
| ExpTime | [S] | -- | -- | 0.52 | -- | -- |
| LungAge | [Y] | 44.05 | -- | 39.44 | 85 | -- |
| FIVC | [L] | -- | -- | -- | -- | -- |
| PIFR | [L/s] | -- | -- | -- | -- | -- |
| FIF25% | [L/s] | -- | -- | -- | -- | -- |
| FIF50% | [L/s] | -- | -- | -- | -- | -- |
| FIF75% | [L/s] | -- | -- | -- | -- | -- |
| FIV.5 | [L] | -- | -- | -- | -- | -- |
| FIV1 | [L] | -- | -- | -- | -- | -- |
| FIV3 | [L] | -- | -- | -- | -- | -- |
| FIV.5/FIVC | [%] | -- | -- | -- | -- | -- |
| FIV1/FIVC | [%] | -- | -- | -- | -- | -- |



- Doctor's Comments :

DR MANU SUSEEL



Laboratory Report

| | | | |
|-----------------|------------------|-----------------|--------------|
| Patient Name | :SUDESH KUMAR | Sex | Male |
| Age | : 48 Y | ID No | :102133507 |
| Order by | :Dr. Manu Suseel | MR No | :70512 |
| Sample Received | : 10/07/2024 | Sample Reported | : 10/07/2024 |

Hematology

| Test Description | Result | Units | Normal Range |
|------------------------------|----------|------------|-------------------------|
| CBC With DC | | | |
| Hb | 12.4 | g/dl | 13.0 - 18.5 g/dl |
| Total WBC Count | 6600 | cells/cumm | 4000-11000 cells/cumm |
| Differential Leucocyte Count | | | |
| Neutrophils | 59 | % | 40-60% |
| Lymphocytes | 30 | % | 20-45% |
| Eosinophils | 04 | % | 1-6% |
| Monocytes | 07 | % | 2 - 10% |
| Basophils | | | 0 - 2% |
| RBCs | 5.2 | | 3.30-6.20 millions/cumm |
| Platelet Count | 4.0 | Lakhs/cumm | 1.5 -4.5 Lakhs/cumm |
| HCT | 40.0 | % | 38 - 54 % |
| MCV | 76.3 | fl | 78.0 - 92.0 |
| MCH | 23.7 | pg | 27-32 pg |
| MCHC | 31.0 | g/dl | 32-36% |
| Sickling Test | Negative | | |





Laboratory Report

| | | | |
|-----------------|------------------|-----------------|--------------|
| Patient Name | :SUDESH KUMAR | Sex | Male |
| Age | : 48 Y | ID No | :102133507 |
| Order by | :Dr. Manu Suseel | MR No | :70512 |
| Sample Received | : 10/07/2024 | Sample Reported | : 10/07/2024 |

Biochemistry

| Test Description | Result | Units | Normal Range |
|----------------------------|--------|--------|--------------|
| Blood Sugar | 6.92 | mmol/L | <7.8 |
| LIPID PROFILE | | | |
| Total Cholesterol | 4.56 | mmol/L | < 5.2 |
| Triglycerides | 1.76 | mmol/L | up to 2.26 |
| HDL Cholestrol | 1.44 | mmol/L | 0.9 - 2.0 |
| LDL Cholestrol | 2.77 | mmol/L | < 3.8 |
| VLDL Cholestrol | 0.35 | mmol/L | < 1.7 |
| LIVER FUNTION TEST | | | |
| Total Bilirubin | 11.2 | μmol/L | 0 - 33.9 |
| Direct Bilirubin | 2.9 | μmol/L | 0 - 6.78 |
| SGPT(ALT) | 18 | U/L | upto 40 |
| SGOT(AST) | 22 | U/L | upto 37 |
| ALKALINE PHOSPHATASE | 77 | U/L | 30 - 128 |
| Total Protix ein | 65.2 | g/L | 62 - 85 |
| Albumin | 41.1 | g/L | 35 - 55 |
| Globulin | 24.1 | g/L | 20 - 35 |
| RENAL FUNCTION TEST | | | |
| BLOOD UREA | 4.93 | mmol/L | 2.8 - 7.2 |
| CREATININE-SERUM | 101.3 | μmol/L | 62 - 114.9 |
| URIC ACID | 281.3 | μmol/L | 204 - 432 |





Laboratory Report

| | | | |
|-----------------|------------------|-----------------|--------------|
| Patient Name | :SUDESH KUMAR | Sex | Male |
| Age | : 48 Y | ID No | :102133507 |
| Order by | :Dr. Manu Suseel | MR No | :70512 |
| Sample Received | : 10/07/2024 | Sample Reported | : 10/07/2024 |

Clinical Pathology

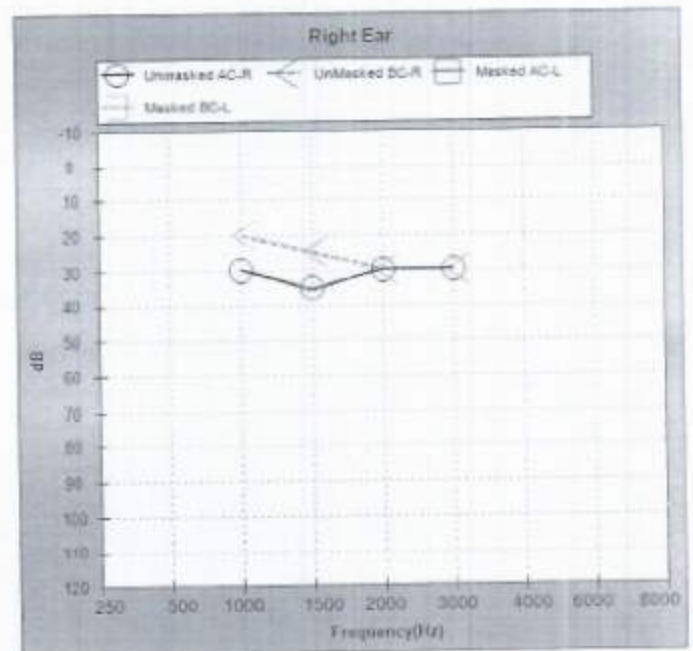
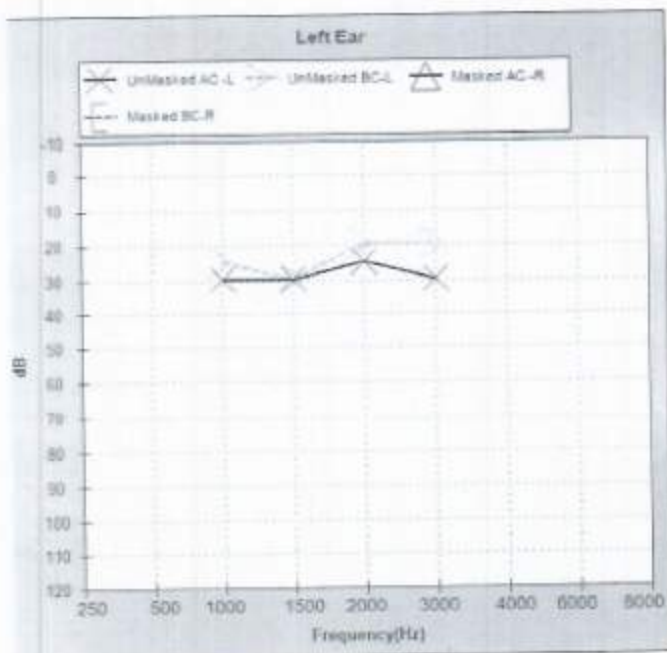
| Test Description | Result | Normal Range |
|--------------------------------|-----------|---------------|
| URINE ANALYSIS | | |
| Colour | Yellow | |
| Appearance | Clear | Clear |
| <u>Chemical Examination</u> | | |
| Albumin | Nil | Nil |
| Sugar | Nil | Nil |
| Reaction(pH) | 6 | |
| Specific Gravity | 1.025 | 1.010 - 1.030 |
| Ketone Bodies | Nil | Nil |
| Bile salt | Nil | Nil |
| Bile Pigments | Nil | Nil |
| Blood | Nil | Nil |
| Nitrite | Nil | Nil |
| <u>Microscopic Examination</u> | | |
| Pus Cells | 1 - 3/hpf | 0 - 5 |
| RBCs | Nil/hpf | 0 - 2 |
| Epithelial Cells | 1 - 2/hpf | 0 - 5 |
| Casts | Nil | Nil |
| Crystals | Present | Nil |
| Bacteria | Nil | Nil |
| Others | Nil | Nil |



CRYSTAL POLYCLINIC

Sultanate of Oman.

| Patient Details | |
|-----------------------------|-------------------------------|
| Patient Name – SUDESH KUMAR | Appointment Date – 10/07/2024 |
| Mobile No – 72033963 | Email - |
| Address1 - | Address2 - |
| City - | State - |
| Zip - | DOB – 20/09/1976 |
| Age –48Y | Doctor Name –Dr. Manu Suseel |



Left Ear Comment

Right Ear Comment

| Left-AC | |
|-----------|----|
| Frequency | dB |
| 1000 | 30 |
| 1500 | 30 |
| 2000 | 25 |
| 3000 | 30 |

| Left-BC | |
|-----------|----|
| Frequency | dB |
| 1000 | 25 |
| 1500 | 30 |
| 2000 | 20 |
| 3000 | 20 |

| Right-AC | |
|-----------|----|
| Frequency | dB |
| 1000 | 30 |
| 1500 | 35 |
| 2000 | 30 |
| 3000 | 30 |

| Right-BC | |
|-----------|----|
| Frequency | dB |
| 1000 | 20 |
| 1500 | 25 |
| 2000 | 30 |
| 3000 | 30 |

| Masked LEFT-AC | |
|----------------|----|
| Frequency | dB |
| | |

| Masked LEFT-BC | |
|----------------|----|
| Frequency | dB |
| | |

| Masked Right-AC | |
|-----------------|----|
| Frequency | dB |
| | |

| Masked Right-BC | |
|-----------------|----|
| Frequency | dB |
| | |

Audiologist Signature

