

South Mawaleh, Sultanate of Oman

Confidential

MEDICAL EXAMINATION REPORT



Petroleum Development Oman
MEDICAL DEPARTMENT
EXAMINATION REPORT



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		✓	Have you ever had:-		
7. Any skin trouble		✓	28. Any blood disease		✓	46. An abnormal smear		
8. Tuberculosis		✓	29. Kidney disease		✓	47. Any gynaecological treatment		
9. Shortness of breath		✓	30. Painful passage of urine		✓	48. Are you pregnant?		
10. Coughed/vomited blood		✓	31. Blood in urine		✓	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
11. Severe abdominal pain		✓	32. Diabetes		✓	AFTER		
12. Stomach ulcer		✓	33. Headaches/migraine		✓	Have you ever had:-		
13. Recurrent indigestion		✓	34. Dizziness/fainting		✓	39. Tropical disease		
14. Jaundice or hepatitis		✓	35. Epilepsy		✓	40. Fear of heights		
15. Gall Bladder disease		✓	36. Joints/spinal trouble		✓	41. Rejected for employment or insurance for medical reasons		
16. Marked change in bowel habits		✓	37. Surgical operation		✓	42. Epilepsy		
17. Blood in stools (motions)		✓	38. Serious accident/fracture		✓	43. Blood Disease		
HAVE YOU EVER BEEN:-			39. Tropical disease		✓	44. Eczema		
18. Marked change in weight		✓	40. Fear of heights		✓	45. Other		
19. Varicose veins		✓	Have You Ever Been:-			46. Other		
20. Lump in breast/armpit		✓	41. Rejected for employment or insurance for medical reasons		✓	47. Other		
21. Cancer		✓				48. Other		

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

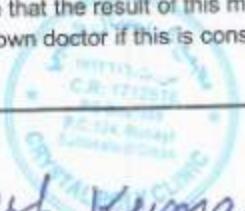
Stroke:

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			PHYSICAL EXAMINATION										
A = Abnormal (Please describe)													
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. Musclo-Skeletal											
N		12. Skin & Varicose Vns											
N		13. C.N.S											
HEIGHT		WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	DISTANT		NEAR	Colour Vision	Blood Group	
172 cm		116 kg	39.32	140 80	100/mtr	L N R N	Uncorrected Corrected	R 6/6	L 6/6	R N	L N	N	
N	A	LABORATORY AND SPECIAL INVESTIGATIONS							N	A			
		1. Urine analysis									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:													
<input checked="" type="checkbox"/> A. Fit without restriction <input type="checkbox"/> B. Fit with specified restriction <input type="checkbox"/> C. Unfit <input type="checkbox"/> D. Awaiting specialist assessment													
C.M.O INITIALS: [Signature]													
DATE: 10/07/2024													



11.15 Appendix 15: Fitness to Work Certificate

Employee Data		Date: 10/01/2024
Name: SUDESH KUMAR	Department/Company: FIRUCK OMAN	
I.D No: 102133501	Age: 48y/male	Occupation: CRANE 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,forlifts or heavy machinery		
Use of a respirator		
Repetitive twisting of valves or wrenches		
Flying		
Other(Specify)		
Temporary Unfit until		
Permanently Unfit	Date	

Dr. Manu Singh
Medical Director

DATE 10/01/2024

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

Employee Data		Date: 10/01/2024
Name: SUDESH KUMAR	Department / Company: IRUCK OMAN	
I.D No. 102133501	Tel # 72033963	Occupation: CRANE OPERATOR
<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>		

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

Sudeesh Kumar Date 10/01/2024

Continuing Medical Implementation

Bridging the Care Gap



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

Patient Name: SCUFISH KUMAR

Date: 10/07/2014 Current Lipid Values: LDL-C 2.77 TC 4.56 HDL-C 1.44 Apo B —

FRAMINGHAM TABLE		Risk Points (MEN)		Risk Points (WOMEN)		Points	
Risk Factor							
Age 30-34 Years	0	0	0	0	0	-2	-2
35-39	2	2	2	2	2	-1	-1
40-44	4	4	4	4	4	0	0
45-49	6	6	6	6	6	1	1
50-54	8	7	7	7	7	2	2
55-59	10	8	8	8	8	3	3
60-64	11	9	9	9	9	4	4
65-69	13	10	10	10	10	5	5
70-74	14	11	11	11	11	6	6
75+	15	12	12	12	12	6	6
HDL-C Level (mmol/L)							
>1.6	2	2	2	2	2	7	7
1.3-1.6	1	1	1	1	1	9	9
1.2-1.3	0	0	0	0	0	10	10
0.9-1.2	1	1	1	1	1	11	11
<0.9	2	2	2	2	2	12	12
Total Cholesterol Level (mmol/L)							
<4.1	0	0	0	0	0	13	13
4.1-5.2	1	1	1	1	1	14	14
5.2-6.2	2	2	2	2	2	15	15
6.2-7.2	3	3	3	3	3	16	16
>7.2	4	4	4	4	4	17	17
Systolic Blood Pressure (mmHg)							
<120	0	0	0	0	0	18	18
120-129	2	2	2	2	2	19	19
130-139	3	3	3	3	3	20	20
140-149	2	2	2	2	2	21+	21+
150-159	2	2	2	2	2		
>160	3	3	3	3	3		
Smoker							
No	0	0	0	0	0	>30	>30
Yes	4	4	4	4	4		
Diabetes							
No	0	0	0	0	0		
Yes	3	3	3	3	3		

Risk Factor	TOTAL RISK POINTS		WOMEN
	Men	Women	
Age 30-34 Years	0	0	-3 or less
35-39	2	2	-2
40-44	4	4	-1
45-49	6	6	0
50-54	7	7	1
55-59	8	8	2
60-64	9	9	3
65-69	10	10	4
70-74	11	11	5
75+	12	12	6
HDL-C Level (mmol/L)			
>1.6	-2	0	7
1.3-1.6	-1	0	9
1.2-1.3	0	0	10
0.9-1.2	1	1	11
<0.9	2	2	12
Total Cholesterol Level (mmol/L)			
<4.1	0	0	13
4.1-5.2	1	1	14
5.2-6.2	2	2	15
6.2-7.2	3	3	16
>7.2	4	4	17
Systolic Blood Pressure (mmHg)			
<120	0	0	18
120-129	2	2	19
130-139	3	3	20
140-149	2	2	21+
150-159	2	2	
>160	3	3	
Smoker			
No	0	0	>30
Yes	4	4	
Diabetes			
No	0	0	
Yes	3	3	

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 18.4% by 2)
Calculation: 10-year CVD risk 18.4% X 2 = 36.8%

NO

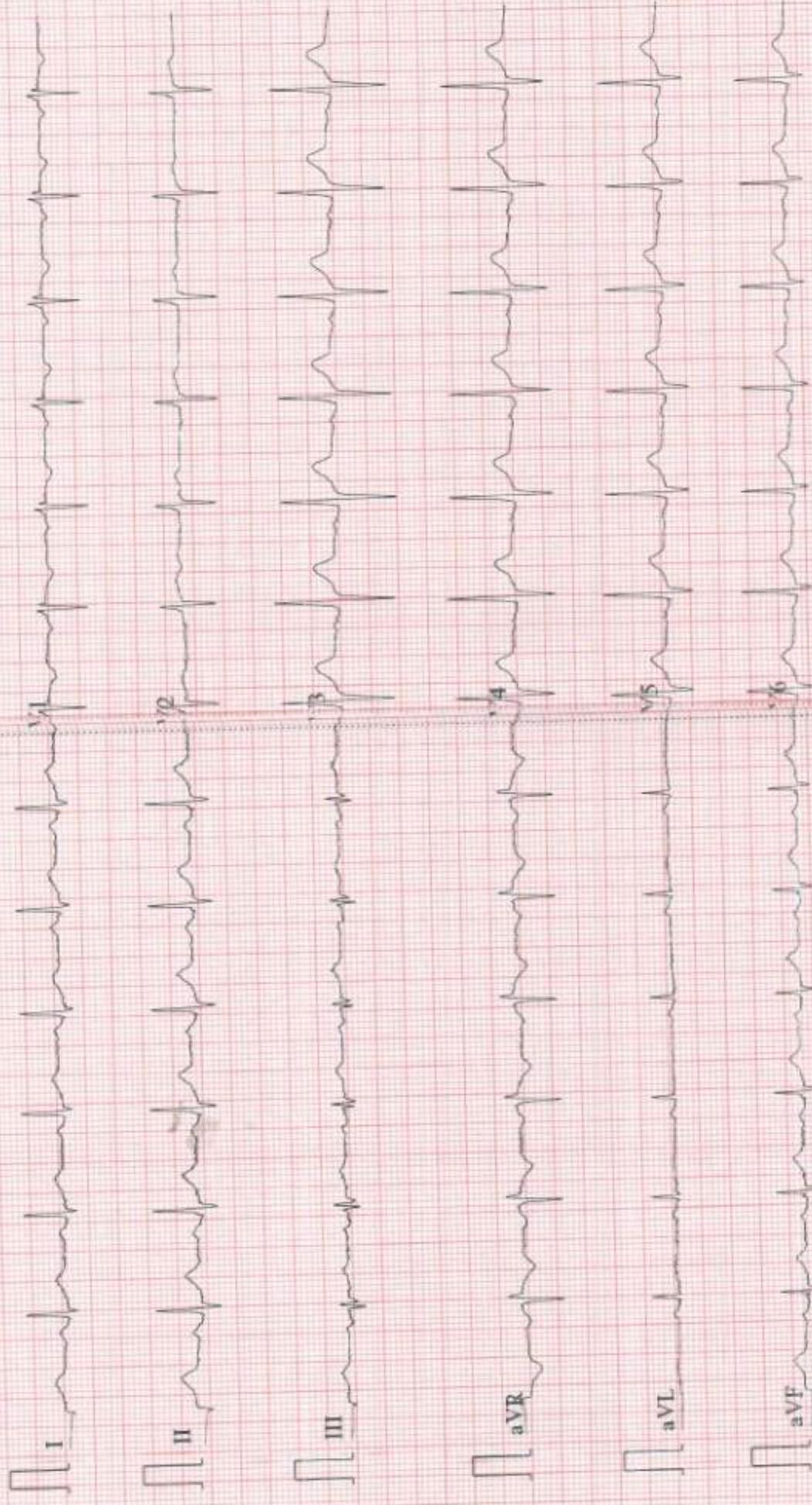
Total Points



ID: 644 3Udush Kumar
 Male Years 48 years
 Req. No. : 70512

10-07-2024 12:26:08
 HR : 84 bpm
 P : 124 ms
 PR : 158 ms
 QRS : 94 ms
 QT/QTcBz : 372/440 ms
 PQRST : 37/26/53 °
 RV5/SV1 : 1.005/0.680 mV

Report Confirmed by:





Date: 10/07/2024

Name: SUDESH KUMAR Age: 48y. Sex: Male

Following is the ECG report:

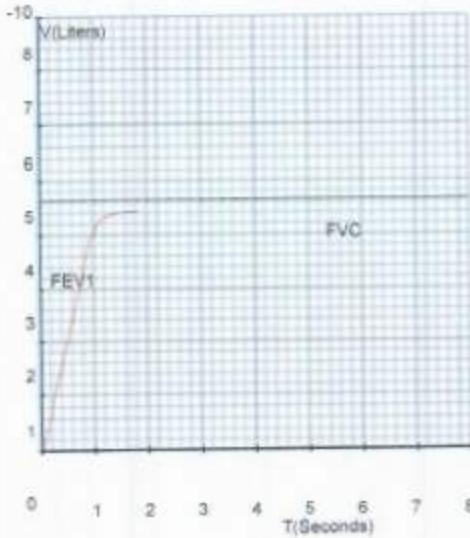
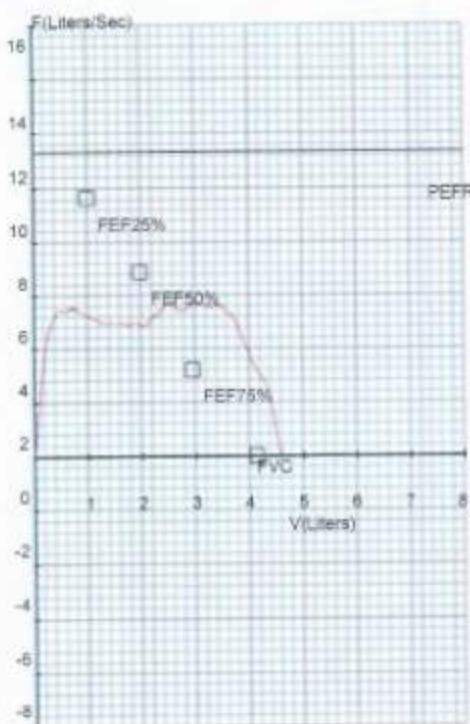
Rhythm	Regular
Rate	84 bpm
Axis	Normal
P Wave	Normal
QRS Complex	Normal
ST segment	sl/ abn
Chamber enlargement	sl/ abn

For Crystal Polyclinic

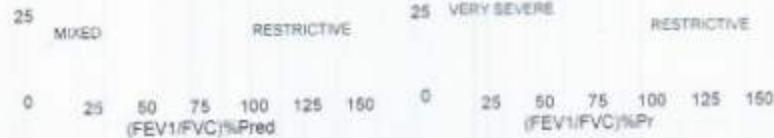
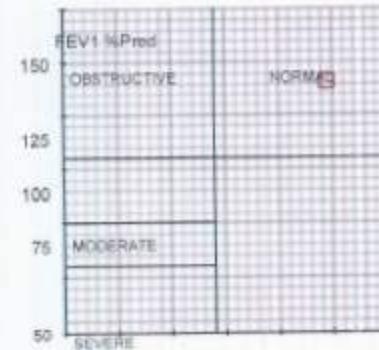
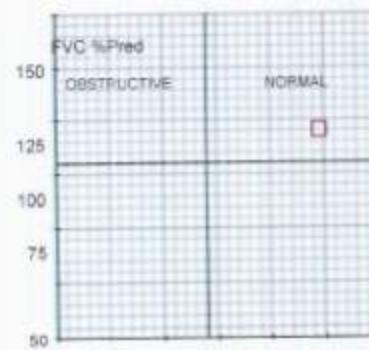
Doctor Signature: Susheel
MOH Lic no: 2021



Jo ECG w/w



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	--
FEF75-95 [L/s]	--	--	--	4.40	--	--
FEF 2-1.2 [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]	--	--	--	--	--	--
FIE50% [L/s]	--	--	--	--	--	--
FIE75% [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 Cholesterol	1.44	mmol/L	0.9 - 2.0
LDL Cholesterol	2.77	mmol/L	< 3.8
VLDL Cholesterol	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 Protein	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

Chemical Examination

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

Microscopic Examination

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

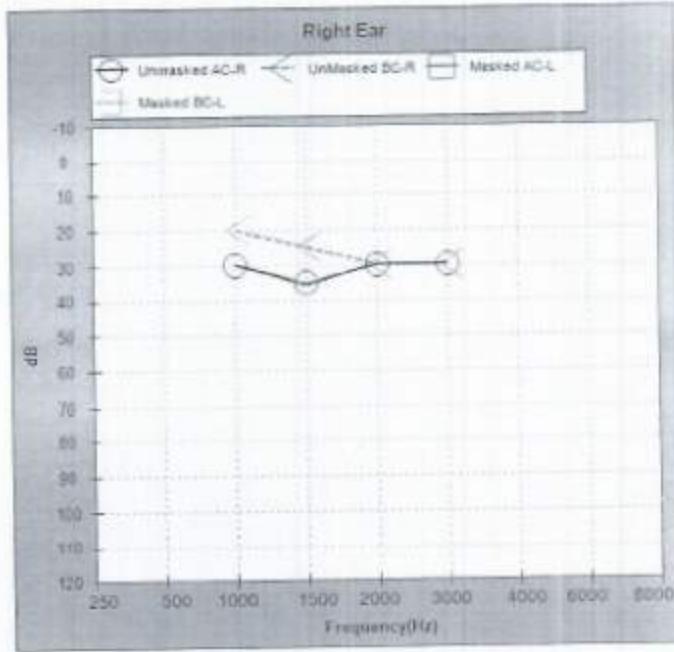
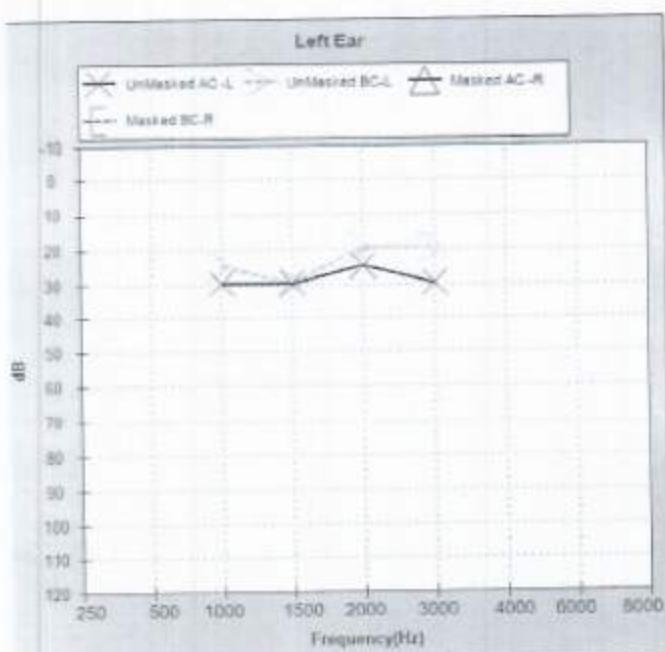


CRYSTAL POLYCLINIC

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

