



South Mawaleh, Sultanate of Oman

Confidential

MEDICAL EXAMINATION REPORT



Petroleum Development Oman
MEDICAL DEPARTMENT
EXAMINATION REPORT

Surname: KABIR
Forenames: SAQIB
Address:

Telephone No: 715 81373

Forenames:

Place of Examination
CRYSTAL POLYCLINIC

Date:

If a dependant or fiancee enter employee's name here:

Surname:

Date of Birth: 31/01/1988	Nationality: PAKISTANI	Country of Birth: PAKISTAN	Religion: MUSLIM
<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Single	<input type="checkbox"/> Widow(e)	<input type="checkbox"/> Relationship to employee
<input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Divorced/ Separated	<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter
			<input type="checkbox"/> Fiancee
			Number of Children: 0

Reason For Examination

 Pre-Employment

Designation: CRANE OPERATOR

 Pre-Overseas

Area:

 Two Yearly Transfer
 40+/Request
 Retirement and Date
 Travel

Name and address of family doctor

List your last 3 jobs

(1)

(2)

(3)

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		✓	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		✓			
12. Stomach ulcer		✓	33. Headaches/migraine		✓			
13. Recurrent indigestion		✓	34. Dizziness/fainting		✓			
14. Jaundice or hepatitis		✓	35. Epilepsy		✓			
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?

NIL

Average daily alcohol consumption :

NIL

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: 13/12/2025

Signature of Applicant:



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. 130/ 96	PULSE 94 b/m	HEARING L N R N	VISION Uncorrected R N Corrected	DISTANT		NEAR		Colour Vision N	Blood Group	
							R	L	R	L			
173 cm	108 kg	36.12					96	66	N	N			
				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



Q.M.O INITIALS

DATE: 13-12-2025



11.15 Appendix 15: Fitness to Work Certificate

Employee Data		Date: 13/12/2025
Name: SAQIB KABIR		Department/Company: TRUCK OMAN
I.D No: 101526053	Age: 31Y	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

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

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



Signature of Health Advisor

Stamp

Date 13/12/2025

Dr. Manu Suseela
Medical Doctor

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

Employee Data		Date: 13/12/2025.
Name: SAQIB KABIR		Department / Company:
I.D No. 101526053	Tel # 71581373	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 SAQIB KABIR (Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature Shw. Date 13/12/2025





Laboratory Report

Patient Name	SAQIB KABIR	Sex	Male
Age	37 Y	ID No	101526053
Order by	Dr Manu Suseel	MR No	62618
Sample Received	12/12/2025	Sample Reported	13/12/2025

Hematology

Test Description	Result	Units	Normal Range
CBC With DC			
Hb	16.1	g/dl	13.0 - 18.5 g/dl
Total WBC Count	11100	cells/cumm	4000-11000 cells/cumm
Differential Leucocyte Count			
Neutrophils	54	%	40-60%
Lymphocytes	35	%	20-45%
Eosinophils	04	%	1-6%
Monocytes	07	%	2 - 10%
Basophils	-		0 - 2%
RBCs	5.47	millions/cumm	3.30-6.20 millions/cumm
Platelet Count	2.70	Lakhs/cumm	1.5 -4.5 Lakhs/cumm
HCT	50.2	%	38 - 54 %
MCV	91.8	fL	78.0 - 92.0
MCH	29.5	pg	27-32 pg
MCHC	32.1	g/dl	32-36%
Sickling Test	Negative		





Laboratory Report

Patient Name	SAQIB-KABIR	Sex	Male
Age	37 Y	ID No	101526053
Order by	Dr Manu Suseel	MR No	62618
Sample Received	12/12/2025	Sample Reported	13/12/2025

Biochemistry

Test Description	Result	Units	Normal Range
Blood Sugar	6.05	mmol/L	<7.8

LIPID PROFILE

Cholesterol	5.34	mmol/L	<5.2 moderate risk 5.2 - 6.2
Triglycerides (TG)	1.8	mmol/L	Up to 2.26
HDL Cholesterol	1.03	mmol/L	Male : 0.9 - 2.0 Female : 1.0 - 2.28
LDL Cholesterol	3.49	mmol/L	<3.8

LIVER FUNTION TEST

Total Bilirubin	8.3	μmol/L	0 - 33.9
Direct Bilirubin	2.9	μmol/L	0 - 6.78
SGPT(ALT)	50	U/L	upto 40
SGOT(AST)	31	U/L	upto 37
ALKALINE PHOSPHATASE	89	U/L	30 - 128
Total Protein	73.6	g/L	62 - 85
Albumin	47.5	g/L	35 - 55
Globulin	26.1	g/L	20 - 35

RENAL FUNCTION TEST

BLOOD UREA	4	mmol/L	2.8 - 7.2
CREATININE-SERUM	71	μmol/L	62 - 114.9
URIC ACID	321	μmol/L	204 - 432





Laboratory Report

Patient Name	SAQIB KABIR	Sex	Male
Age	37 Y	ID No	101526053
Order by	Dr Manu Suseel	MR No	62618
Sample Received	12/12/2025	Sample Reported	13/12/2025

Clinical Pathology

Test Description	Result	Normal Range
URINE ANALYSIS		
Colour	Pale Yellow	
Appearance	Clear	Clear

Chemical Examination

Albumin	Nil	Nil
Sugar	Nil	Nil
Reaction(pH)	6	
Specific Gravity	1.020	1.010 - 1.030
Ketone Bodies	Nil	Nil
Bile salt	Nil	Nil
Bile Pigments	Nil	Nil
Blood	Nil	Nil
Nitrite	Nil	Nil

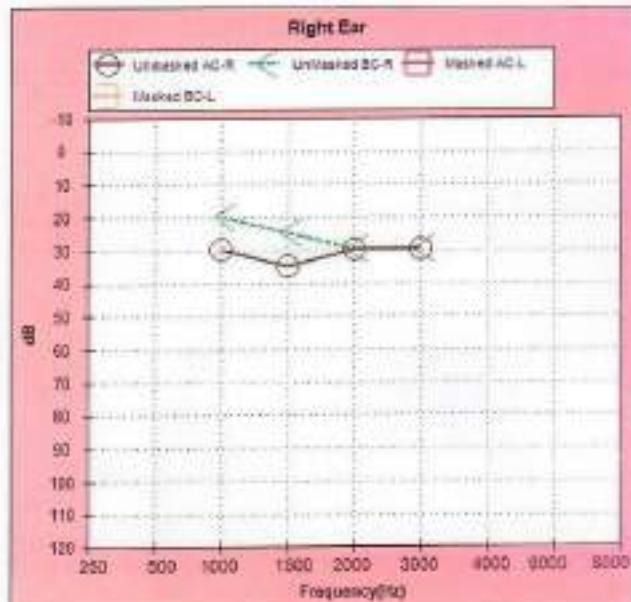
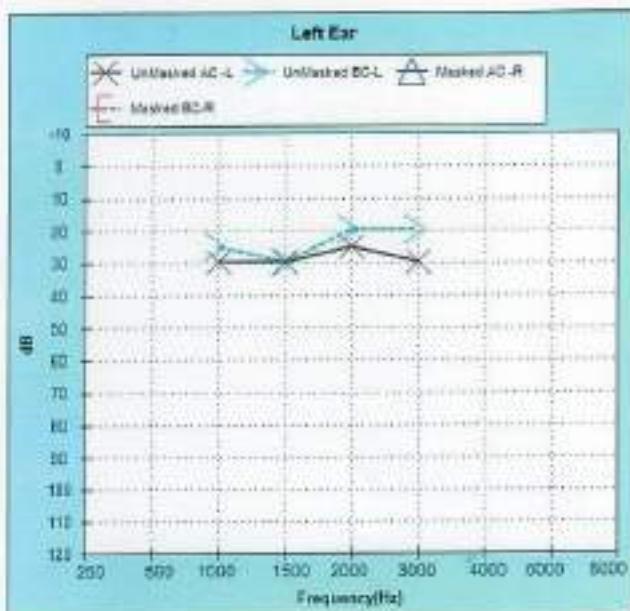
Microscopic Examination

Pus Cells	0-3	0 - 5
RBCs	Nil	0 - 2
Epithelial Cells	1-2/hpf	0 - 5
Casts	Nil	Nil
Crystals	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil

CRYSTAL POLYCLINIC

Sultanate of Oman.

Patient Details	
Patient Name-SAQIB KABIR	Appointment Date -13/12/2025
Mobile Number:71581373	Email -
Address1 -	Address2 -
City	State -
Zip -	DOB-31/01/1988
Age -37Y	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

