



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

Place of Examination CRYSTAL POLYCLINIC	Date:
If a dependant or fiancée enter employee's name here: Surname:	
Forenames:	

Date of Birth: 31/01/1988	Nationality: PAKISTANI	Country of Birth: PAKISTAN	Religion: MUSLIM
<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"/> Fiancee	Number of Children: 0

Reason For Examination	<input type="checkbox"/> Pre-Employment <input type="checkbox"/> Pre-Overseas	Designation: CRANE 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)	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		✓			
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		✓			
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/arm/plt		✓	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 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	
173 cm	108 kg	36.12	130/96	94 b/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:											
<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											
<div style="text-align: right;"> </div>											
<div style="display: flex; justify-content: space-between;"> <div> <p>C.M.O INITIALS</p> <p>Dr. Manu Suseel</p> <p>MOBILE no: 98221</p> </div> <div> <p>DATE: 13.12.2025</p> </div> </div>											



## 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: CRANE OPERATOR	
Type of Medical Evaluation		Mark Those Applying ✓	
A1 Aircraft Refuelling		A6 Fire/Emergency response te	
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><b>Health Advisor Statement:</b> 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(Specifiy)			
Temporary Unfit until			
Permanently Unfit		Date	
Signature of Health Advisor		Date 13/12/2025	

Stamp

Dr. Manu Susheel  
18/12/2025

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

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 ot 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 Shu. 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		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		







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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





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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
<b>URINE ANALYSIS</b>		
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

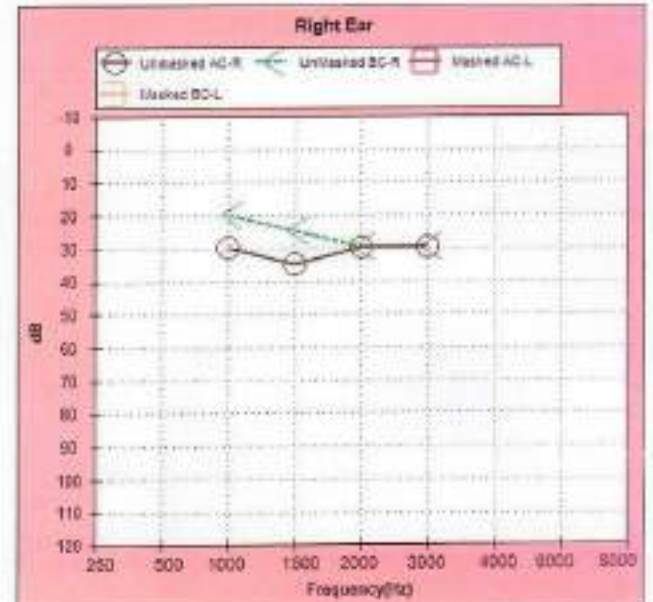
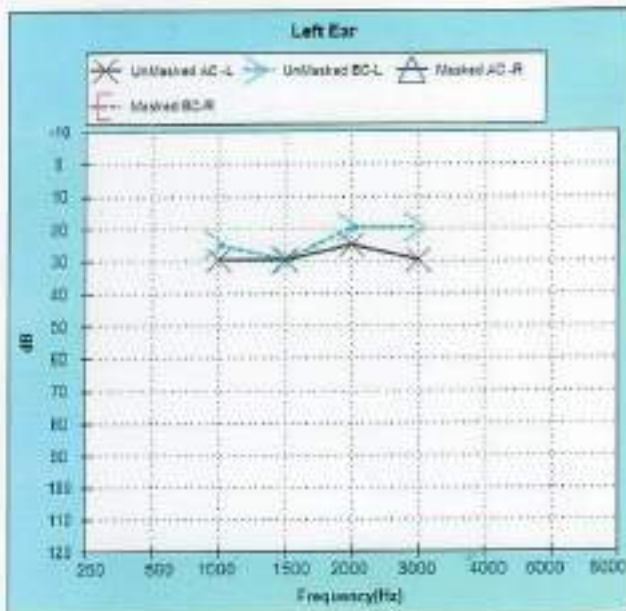
Pus Cells	0-3	0 - 5
RBCs	Nil	0 - 2
Epithelial Cells	1-2/hpf	0 - 5
Casts	Nil	Nil
Crystals	Nil	Nil
Bacteria	Nil	Nil
Others	Nil	Nil



# 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

