



11.32 Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

Petroleum Development Oman
MEDICAL DEPARTMENTPLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Surname		Baber. Mchha.	
Forenames			
Address			
Place of examination	Date	Home telephone number	
	20/6/2023	94062607	
If a dependant enter employee's name here			
Surname		Forenames	
Birth date		Country of birth	
20/6/1996		India	
Nationality		Religion	
Indian		Hindu	
☐ Male ☐ Female	☐ Married ☐ Single ☐ Separated / Divorced	Relationship to employee	
☐ Male ☐ Female	☐ Married ☐ Single ☐ Separated / Divorced	☐ Wife ☐ Son ☐ Daughter	
Reason for examination		Number of children	
Pre-Employment ☐ Job			
Pre-Overseas ☐ Area			
Name and address of family doctor		List your last 3 jobs	
		(1)	
		(2)	
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
1. Sinus trouble		21. Cancer	
2. Neck swelling/glands		22. Heart Disease	
3. Difficulty in vision		23. Rheumatic fever	
4. Any ear discharge		24. Abnormal heartbeat	
5. Asthma/bronchitis		25. High blood pressure	
6. Hayfever /other significant allergy		26. Stroke	
7. Any skin trouble		27. Serious chest pain	
8. Tuberculosis		28. Any blood disease	
9. Shortness of breath		29. Kidney disease	
10. Coughed/vomited blood		30. Blood in urine	
11. Severe abdominal pain		31. Diabetes	
12. Stomach ulcer		32. Headaches/migraine	
13. Recurrent indigestion		33. Dizziness/fainting	
14. Jaundice or hepatitis		34. Epilepsy	
15. Gall Bladder disease		35. Joints/spinal trouble	
16. Marked change in bowel habits		36. Surgical operation	
17. Blood in stools (motions)		37. Serious accident/fracture	
18. Marked change in weight		38. Tropical disease	
19. Varicose veins		39. Fear of heights	
20. Lump in breast/ampit			
How much tobacco each day?		Average daily alcohol consumption	
Have you ever taken illicit drugs? () PDO test all new/potential employees for illicit/recreational drugs			
FAMILY HISTORY: Diabetes () Tuberculosis () Epilepsy () Asthma () Eczema ()			
Heart disease () High blood pressure () Stroke () Blood Disease () Cancer ()			
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. I agree that the result of this medical examination in general terms may be revealed to the Company if required and the results sent to my own doctor if this is considered necessary by the examining medical officer. I am also aware that PDO reserves the right to disqualify me if it was found that I have purposely withheld important medical information.			
Date:	Signature of Applicant		
	20/6/2023		

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. Hemal 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 /mins.	HEARING L R	VISION DISTANT R L NEAR R L	Colour Vision	Blood Group
176	89	28.7	137 80	70		Uncorrected Corrected G/B G/B		

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)

Overweight. Advised weight reduction and exercise

ASSESSMENT:

☒ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT

Date:

Name:



Signature: Dr. Nandana Pamidi



REVIEW/CONSULTATION

Date:

Name:

(Block Capital) Dr. Nurse

Signature:

Framingham Risk Assessment form

Framingham Risk Assessment (For all professional drivers, crane operators, forklift operator or other employees who are above 40 years of age)

Employee Name: Babu. Muthu.

Emp #:

Date of Assessment: 76749609
30/6/2023

1	Age	Years	
2	Gender	Female/Male	
3	Total Cholesterol	mmol/L	5.27
4	HDL Cholesterol	mmol/L	1.01
5	Smoker	Yes/No	
6	Diabetes	Yes/No	
7	Systolic Blood pressure	mm Hg	130
8	Is the patient being treated for High blood pressure?	Yes/No	

Framingham Risk score: 9.4 %

Framingham Risk Rating (Circle the appropriate score):

Low Medium High

Any further action or recommendations?

Assessment or Examination conducted by:

DR. NANDANA PAMIDI
رئيس قسم الطب
GENERAL PRACTITIONER



Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 20/6/2013
Name: Babu Mathy		Department/Company: 101
I. D No. 76749602	Tel # 9406467	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

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

0 Lying down to rest in the afternoon when circumstances permit

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

Signature: [Signature] Date: 20/6/2013

Fitness to Work Certificate

Employee Data		Date 20/6/2023	
Name Baby. Medha		Department/Company	
I.D No. 7674 9602	Age 47/4	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			
Name of health advisor Dr. Alandana P	Signature [Signature]	Date 20/6/2023	Date



DEPARTMENT OF LABORATORY MEDICINE

File No: 0204368	Report No: 0662880
Name: BABU MUTHU	Sample Date: 20/06/2023 Time: 9:38
	Received By: ASHWINI
Address:	Received Date: 20/06/2023 Time: 10:07
Gender: M Age: 47 Y Nationality: INDIAN	Report Date: 20/06/2023 Time: 11:51
GSM No.: 71331465 ID Card No.: 76749602	Bill No: 0881928 Bill Date: 20/06/2023
Ref. By: EXTERNAL DOCTOR	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	4.67 mmol/L	3.9 - 6.1
Method :- Hexokinase	84.06 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	5.27 mmol/L	1 - 5.1
Method:-Enzymatic	203.74 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.010 mmol/L	0.777 - 1.813
Method:-Enzymatic	39.05 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3.23 mmol/L	1.295 - 4.54
Method:-Calculation	124.86 mg/dl	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	1.03 mmol/L	0.259 - 1.036
Method:-Calculation	39.83 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	5.22	3.8 - 5.9
Method:-Calculation		
TRIGLYCERIDES	2.25 mmol/L	0.564 - 2.146
Method : Enzymatic	199.125 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.768 mg/dL	0.1 - 1
Method : Diazo	13.13 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.232 mg/dL	0.1 - 0.5
Method : Diazo	3.97 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	29.96 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	50.12 U/L	Male: 10-50 Female: 10-35

3/6/23

Processed By:
JIBI
Lab Technologist
MOH LIC No: 4384

Approved By:
ASHWINI
Lab Technologist

GEORGE
LAB (Sultan Qaboos)
Released By:
ASHWINI
Lab Technologist
MOH License No: 18084

DR. SHAYFA P
Specialist Pathologist
MOH LIC NO: 13475
Electronically Signed at: 20/06/2023 11:52:00 AM

Printed at: 20/06/2023 11:52:10 AM

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INVESTIGATION	RESULT	REFERENCE RANGE
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	83.74 U/L	Adult : Men -40-129 :Female 35-104 Children:(Aged) 7months - 1Year :- <462 1Year - 3 Years :- <281 4 Years - 6 Years :- <269 7 Years - 12 Years :- <300 13 Years - 17 Years(M) :- <390 13 Years - 17 Years(F) :- <187
TOTAL PROTEIN-SERUM(Colorimetric Assay)	7.60 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.89 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.71 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.8	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	78.80 U/L	Men : 8-61 Female : 5-36
Method :-Enzymatic Assay		
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	3.76 mmol/L	1.7 - 8.3
Method : Kinetic Assay	22.58 mg/dL	10.2 - 49.8
CREATININE - SERUM	105.99 µmol/L	44.2 - 123.7
Method :-Jaffé Method	1.2 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	9800 cells/cumm	4000 - 11000 cells/cumm
Method :-Fluorescence Flow Cytometry		
DC (DIFFERENTIAL COUNT)		
Method :-Fluorescence Flow Cytometry		
NEUTROPHILS	52.3 %	40-75%

Processed By:
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Lab Technologist

MOH LIC No: 4384

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INVESTIGATION	RESULT	REFERENCE RANGE
LYMPHOCYTES	39.1 %	20-45%
EOSINOPHILS	0.6 %	2-6 %
MONOCYTES	8.0 %	2-8 %
BASOPHILS	0.0 %	0-1%
HB (HEMOGLOBIN)	14.6 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
Method : -Cyanide-free SLS haemoglobin		
TOTAL RBC COUNT	6.00 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
Method : - Hydrodynamically focussed impedance		
PLATELET COUNT	2.58 lakhs/cumm	1.0 - 4.0 lakhs / cumm
Method : - Hydrodynamically focussed impedance		
PCV (PACKED CELL VOLUME)	53.8 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	85.9 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	28.1 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	32.7 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	05 mm/ 1st hr	MALE:0-9 mm/ 1st hr FEMALE:0-20 mm/ 1st hr

Capillary Photometry Technology

Measures the kinetics of red cells aggregation.Clinical Laboratory and Standard Institute (CLSI) procedure for the ESR Test.

SICKLE CELL **NEGATIVE**

Method : -Haemoglobin solubility test

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Ref. By: EXTERNAL DOCTOR	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
URINE ROUTINE		
URINE BIOCHEMISTRY		
Method :- Colorimetric Assay		
GLUCOSE	NIL	
PROTEIN	NIL	
KETONE	NIL	
BILIRUBIN	NIL	
pH	ACIDIC	
UROBILINOGEN	NORMAL	
URINE MICROSCOPY (Centrifugation Method)		
RED BLOOD CELLS (RBC)	NIL /hpf	
PUS CELLS	1 - 2 /hpf	
EPITHELIAL CELLS	NIL /hpf	
CRYSTALS	NIL /hpf	
CAST	NIL /hpf	
BACTERIA	PRESENT /hpf	
YEAST CELLS	NIL /hpf	

Processed By:
JIBI
Lab Technologist
MOH LIC No: 4384

Approved By:
ASHWINI
Lab Technologist

Released By:
ASHWINI
Lab Technologist
MOH License No: 16064

DR. SHAYFA P
Specialist Pathologist
MOH LIC NO: 19475

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X-RAY REPORT

Doc No:	0072040
Name:	BABU MUTHU
Age/DOB:	47 Y Omani ID/ L.Card No.: 76749602
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	20/06/2023
X-Ray Film No:	trucoman
Bill No:	0881928
Charge Sheet No:	

Both lung fields are normal

Both cp angles are clear

Mediastinal shadow and bony thorax are normal

Cardiac configuration is within normal limits

Conclusion: A normal X-ray appearance

Signature: 

DR. NITHINMON CU
SPECIALIST RADIOLOGY
MOH Licence: 21059
ASTER HOSPITAL IBRI



0204368

babu

6/20/2023 10:25:35 AM

Aster Hospital IBRI

ECG Room

ECG Room

Rate 64

PR 162

QRS 97

QT 394

QTc 407

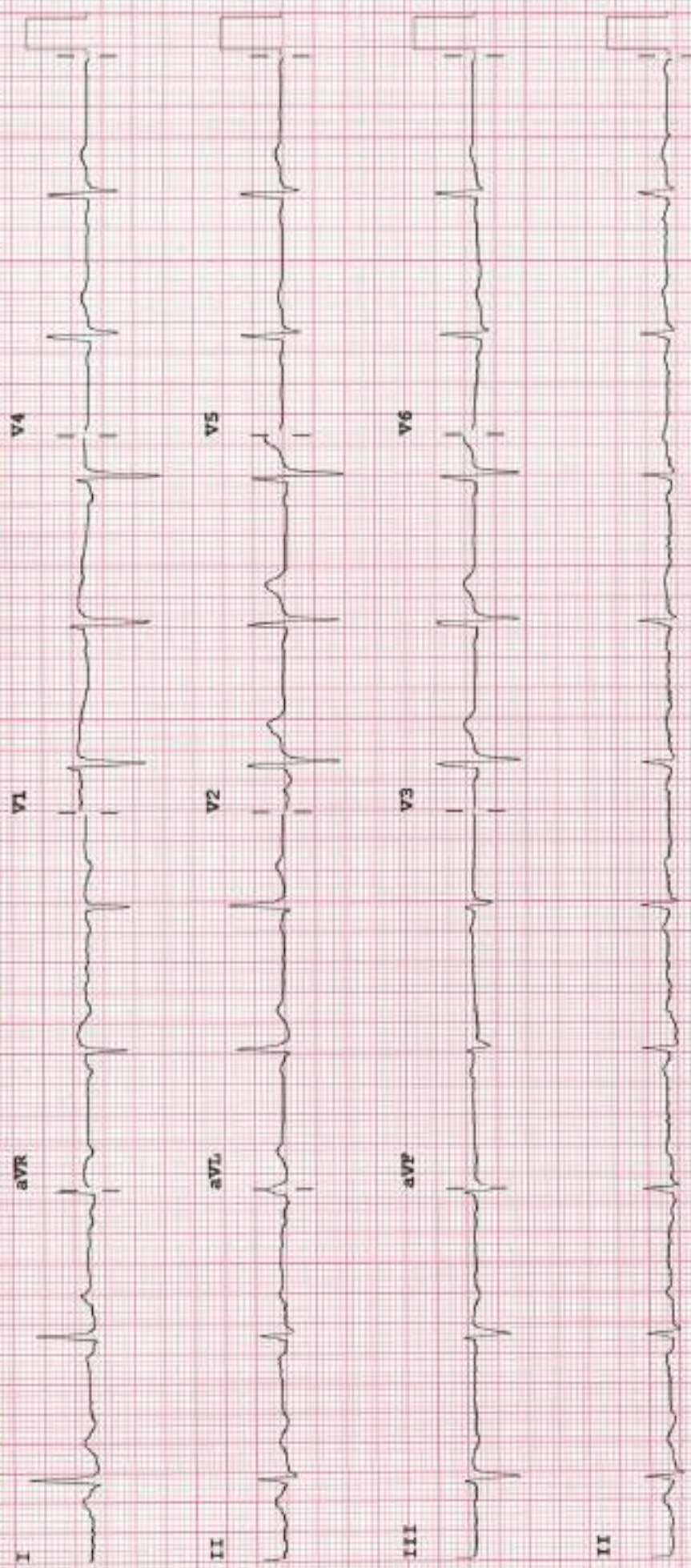
--AXIS--

P 9

QRS -9

T 0

12 Lead; Standard Placement



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

P 50- 0.50- 40 Hz W

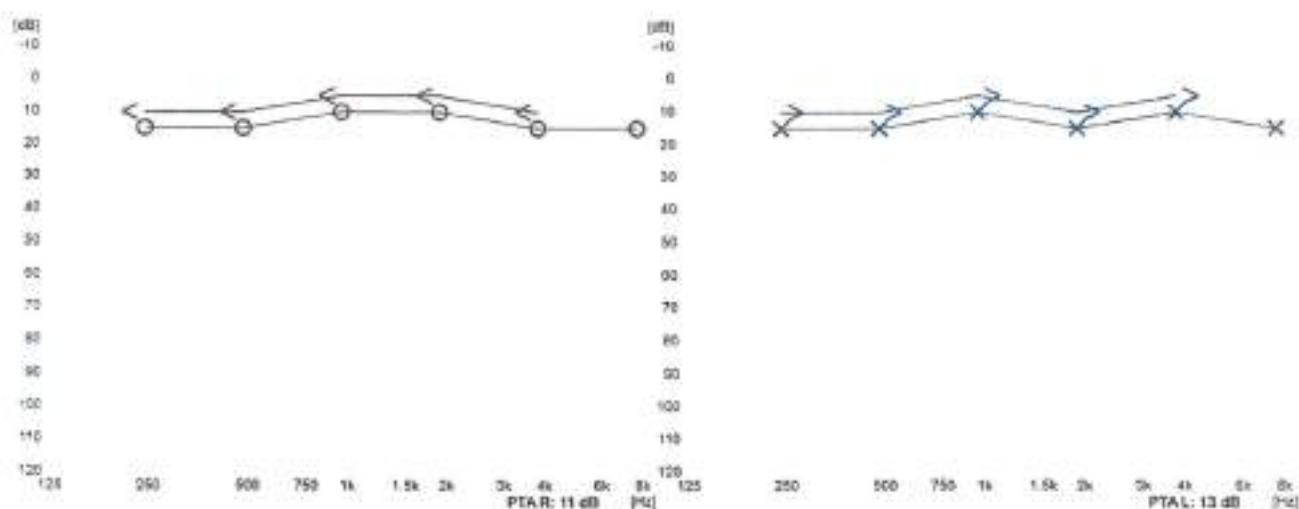
PR10

L

P2

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code: 0881928	Last name , First name BABU , MUTHU	Born: 20.06.2023
Test type: Tonal audiometry	Test date: 20.06.2023	



Legend	R	L
Air	○	×
AirMasked	△	□
Bone	<	>
BoneMasked	[	]
MCL	M	M
UCL	m	m
Free Field	⊗	⊗
Free FieldWired	A	A
Referred		B
No response		I

Comments
BILATERAL NORMAL HEARING SENSITIVITY

Signature

Report by Hadera Bickelmann, PhD 2016 - www.federalbiomedics.com



Date: 20/06/2023