11.32 Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

Petroleum Development Oman
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Surname	Younis Said Mohsin Al Buwaiqi
Forenames	
Address	
Home telephone number	99600508

Place of examination	Date 9/2/2013		
If a dependant enter employee's name here: Surname:		Forenames:	
Birth date 28/8/1988	Nationality: Omani	Country of birth: Oman	Religion: Islam Al Buwaiqi
☐ Male ☐ Female	☐ Married ☐ Single ☐ Separated /Divorced	Relationship to employee ☐ Wife ☐ Son ☐ Daughter	Number of children:
Reason for examination	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		Y	N
1. Sinus trouble		✓	21. Cancer		✓	HAVE YOU EVER BEEN:-		
2. Neck swelling/glands		✓	22. Heart Disease		✓	40. Rejected for employment or insurance for medical reasons		✓
3. Difficulty in vision		✓	23. Rheumatic fever		✓			
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	41. Awarded benefits for industrial injury/illness		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓			
6. Hayfever /other significant allergy		✓	26. Stroke		✓	42. Treated for a mental condition, e.g. depression		✓
7. Any skin trouble		✓	27. Serious chest pain		✓			
8. Tuberculosis		✓	28. Any blood disease		✓	43. Treated for problem drinking or drug abuse		✓
9. Shortness of breath		✓	29. Kidney disease		✓			
10. Coughed/vomited blood		✓	30. Blood in urine		✓	44. Exposed to toxic substance or noise		✓
11. Severe abdominal pain		✓	31. Diabetes		✓			
12. Stomach ulcer		✓	32. Headaches/migraine		✓	FOR WOMEN ONLY		
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓	Have you ever had:-		
14. Jaundice or hepatitis		✓	34. Epilepsy		✓	45. An abnormal smear		
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓	46. Any gynaecological treatment		
16. Marked change in bowel habits		✓	36. Surgical operation		✓			
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓	47. Are you pregnant?		
18. Marked change in weight		✓	38. Tropical disease		✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
19. Varicose veins		✓	39. Fear of heights		✓			
20. Lump in breast/armpit		✓						

How much tobacco each day?	Average daily alcohol consumption

Have you ever taken elicited drugs? ( ) PDO test all new/potential employees for elicited/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 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. I am also aware that PDO reserve the right to dismiss me if it was found that I have purposely withheld important medical information.

Date: 9/2/2013 **Signature of Applicant:**

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
✓		1. Eyes & Pupils	
✓		2. E.N.T.	
✓		3. Teeth & Mouth	
✓		4. Lungs & Chest	
✓		5. Cardiovascular System	
✓		6. Abdo. Viscera	
✓		7. Hernial 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
171	86	29.4	130/80	96		Uncorrected Corrected 6/6 6/6		

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	NI	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.)

Sickle Cell positive

ASSESSMENT:

☑ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ EMPORARY UNFIT ☐ NFIT

Date: 9/2/2023 Name (Block Capitals): Dr. / Nurse

OMAN ALAFIA HOSPITAL L.L.C

Signature

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr. / Nurse Signature

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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: Younis Said Mohsin Al Qawasmi
Emp #: 646383
Date of Assessment: 9/2/2023

1	Age	Years	44
2	Gender	Female/Male	
3	Total Cholesterol	mmol/L	6.0
4	HDL Cholesterol	mmol/L	1.10
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: 7.9 %

Framingham Risk Rating (Circle the appropriate score):

Low **Medium** **High**

Any further action or recommendations?

Assessment or Examination conducted by:

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Epworth Screening Quest. for Sleep Apnoea

Employee Data			
Name: Younis Said Alwrifi		Date: 2/2/2023	
I. D No. 646383	Tel # 99606050	Department/Company: T.O.	
		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
1	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, Younis (*Print Name*) certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: _____ **Date:** 2/2/2023

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Fitness to Work Certificate

Employee Data				Date	2/2/2023
Name	Younis Said Al Qurdi			Department/Company	T.O
I.D No.	0046383	Age	44/4	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			
Puling, 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			**Date**
Name of health advisor	**Signature**	**Date** 2/2/2023	

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DEPARTMENT OF LABORATORY MEDICINE

File No:	0185241	**Report No:**	0647245		
Name:	YOUNIS SAID MOHSIN AL QUWAITEI	**Sample Date:**	02/02/2023	**Time:**	10:17
		Received By:	JIBI		
Address:		**Received Date:**	02/02/2023	**Time:**	10:22
Gender:	M **Age:** 44 Y **Nationality:** OMANI	**Report Date:**	02/02/2023	**Time:**	12:09
GSM No.:	99060050 **ID Card No.:** 6046383	**Bill No:**	0862182	**Bill Date:**	02/02/2023
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Preliminary		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP ABOVE 40(truckoman)		
FBS (FASTING BLOOD SUGAR)	5.26 mmol/L	3.9 - 6.1
Method :- Hexokinase	94.68 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**6.00 mmol/L**	1 - 5.1
Method:-Enzymatic	**231.96 mg/dl**	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.10 mmol/L	0.777 - 1.813
Method:-Enzymatic	42.53 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3.73 mmol/L	1.295 - 4.54
Method:-Calculation	144.12 mg/dl	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	**1.17 mmol/L**	0.259 - 1.036
Method:-Calculation	**45.31 mg/dl**	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	5.45	3.8 - 5.9
Method:-Calculation		
TRIGLYCERIDES	**2.56 mmol/L**	0.564 - 2.146
Method : Enzymatic	**226.56 mg/dl**	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.326 mg/dL	0.1 - 1
Method : Diazo	5.57 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.145 mg/dL	0.1 - 0.5
Method : Diazo	2.48 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	14.60 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	25.30 U/L	Male: 10-50 Female:10-35

Processed By: JIBI
Lab Technologist
MOH LIC No: 4384

Approved By:
Lab Technologist

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DEPARTMENT OF LABORATORY MEDICINE

File No: 0185241
Name: YOUNIS SAID MOHSIN AL QUWAITEI
Address:
Gender: M **Age:** 44 Y **Nationality:** OMANI
GSM No.: 99060050 **ID Card No.:** 6046383
Ref. By: EXTERNAL DOCTOR

Report No: 0647245
Sample Date: 02/02/2023 **Time:** 10:17
Received By: JIBI
Received Date: 02/02/2023 **Time:** 10:22
Report Date: 02/02/2023 **Time:** 12:09
Bill No: 0862182 **Bill Date:** 02/02/2023
Report Status: Preliminary

INVESTIGATION	RESULT	REFERENCE RANGE
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	81.72 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)	8.02 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.49 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3.53 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	1.27	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM Method :-Enzymatic Assay	43.92 U/L	Men : 8-61 Female : 5-36
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	3.30 mmol/L	1.7 - 8.3
Method : Kinetic Assay	19.82 mg/dL	10.2 - 49.8
CREATININE - SERUM	96.59 µmol/L	44.2 - 123.7
Method :-Jaffé Method	1.09 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	3330 cells/cumm	4000 - 11000 cells/cumm
Method : -Fluorescence Flow Cytometry		
DC (DIFFERENTIAL COUNT)		
Method : -Fluorescence Flow Cytometry		
NEUTROPHILS	39.4 %	40-75%

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Lab Technologist
MOH LIC No: 4384

Approved By:
Lab Technologist

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MOH LIC No: 4384

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DEPARTMENT OF LABORATORY MEDICINE

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Gender:	M **Age:** 44 Y **Nationality:** OMANI	**Report Date:**	02/02/2023	**Time:**	12:09
GSM No.:	99060050 **ID Card No.:** 6046383	**Bill No:**	0862182	**Bill Date:**	02/02/2023
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Preliminary		

INVESTIGATION	RESULT	REFERENCE RANGE
LYMPHOCYTES	49.5 %	20-45%
EOSINOPHILS	1.5 %	2-6 %
MONOCYTES	9.3 %	2-8 %
BASOPHILS	0.3 %	0-1%
HB (HEMOGLOBIN)	15.8 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
Method : -Cyanide-free SLS haemoglobin		
TOTAL RBC COUNT	5.84 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
Method : - Hydrodynamically focussed impedance		
PLATELET COUNT	2.05 lakhs/cumm	1.0 - 4.0 lakhs / cumm
Method : - Hydrodynamically focussed impedance		
PCV (PACKED CELL VOLUME)	47.40 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	81.20 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	27.10 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	33.30 g/dl	32 - 36 g/dl
ESR (ERYTHROCYTE SEDIMENTATION RATE)	03 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	POSITIVE	
Method : -Haemoglobin solubility test		

Processed By:
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Approved By:
Lab Technologist

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DEPARTMENT OF LABORATORY MEDICINE

File No:	0185241	**Report No:**	0647245		
Name:	YOUNIS SAID MOHSIN AL QUWAITEI	**Sample Date:**	02/02/2023	**Time:**	10:17
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Address:		**Received Date:**	02/02/2023	**Time:**	10:22
Gender:	M **Age:** 44 Y **Nationality:** OMANI	**Report Date:**	02/02/2023	**Time:**	12:09
GSM No.:	99060050 **ID Card No.:** 6046383	**Bill No:**	0862182	**Bill Date:**	02/02/2023
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Preliminary		

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	0-2 /hpf	
EPITHELIAL CELLS	NIL /hpf	
CRYSTALS	NIL /hpf	
CAST	NIL /hpf	
BACTERIA	PRESENT /hpf	
YEAST CELLS	NIL /hpf	

Note:-Since variety of condition and other abnormal haemoglobin in addition to haemoglobin S may give false positive results. Positive Hb solubility tests should be confirmed by HPLC testing

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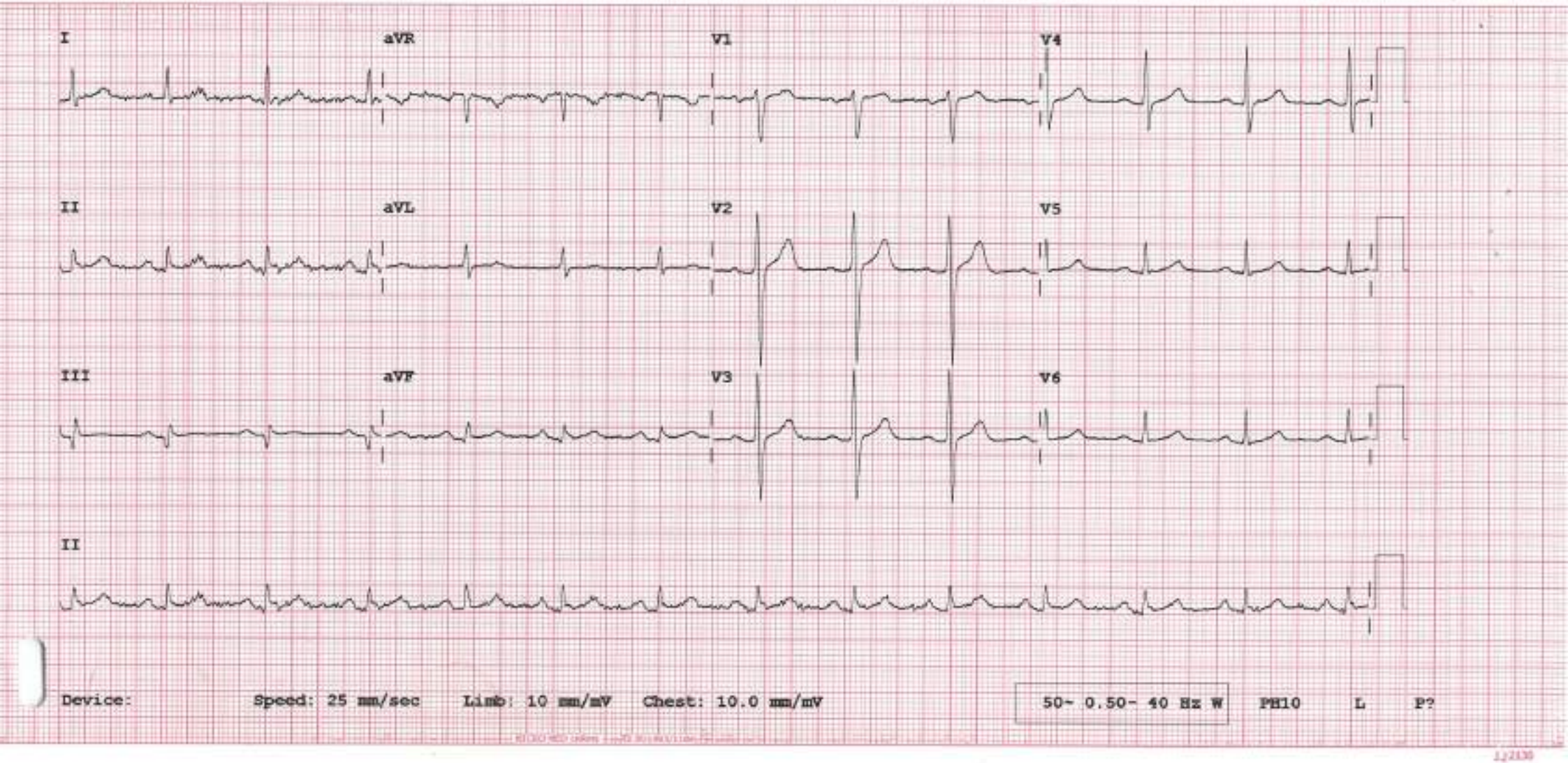
0185241 younis said 2/2/2023 02:21:39 AM

Aster Hospital IBRI
ECG Room
ECG Room

Rate 81

PR 175
QRSD 92
QT 359
QTc 417

--AXIS--
P 66
QRS 37
T 41
12 Lead; Standard Placement



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV 50~ 0.50~ 40 Hz W PH10 L P?

X-RAY REPORT

Doc No:	0068009
Name:	YOUNIS SAID MOHSIN AL QUWAITEI
Age/DOB:	44 Y — Omani ID/ L.Card No:: 6046383
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	02/02/2023
X-Ray Filim No:	PDO
Bill No:	0862182
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: .....

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