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: Rathesh Chakkan (Chandran)
Forenames:
Address:
Home telephone number: 95534542

Place of examination | Date: 4/3/2023

If a dependant enter employee's name here:
Surname: | Forenames: Nick Open Door

Birth date: 6/6/1984 | Nationality: Indian | Country of birth: India | Religion:

☐ 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: 4/3/2023 Signature of Applicant: R Rathesh

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
177	97	31.0	140/80	92		Uncorrected / Corrected 6/6 6/6		

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.)
lumbar disc, Exercise,

ASSESSMENT:

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

Date: 4/3/2023 Name (Block Capitals): Signature:

REVIEW/CONSULTATION

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

Epworth Screening Quest. for Sleep Apnoea

Employee Data			
Name: Rathnesh C. Chandran		Date: 4/3/2023	
I. D No. 00283113	Tel # 9563 4574	Department/Company: 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, Rathnesh (Print name) hereby certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: Rathnesh **Date:** 4/3/2023

Fitness to Work Certificate

Employee Data		Date	4/3/2023
Name	Rathaesh C. Chandran	Department/Company	
I.D No.	00283113 Age 38/yr	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 4/3/2023	

DEPARTMENT OF LABORATORY MEDICINE

File No: 0221788
Name: RATHEESH CHAKKAN CHANDRAN
Address:
Gender: M Age: 38 Y Nationality: INDIAN
GSM No.: 99783713 ID Card No.: 100283113
Ref. By: EXTERNAL DOCTOR

Report No: 0650696
Sample Date: 04/03/2023 Time: 11:29
Received By: JIBI
Received Date: 04/03/2023 Time: 11:42
Report Date: 04/03/2023 Time: 12:57
Bill No: 0866445 Bill Date: 04/03/2023
Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
PDO MEDICAL CHECK UP BELOW 40 (Truckoman)		
FBS (FASTING BLOOD SUGAR)	6.00 mmol/L	3.9 - 6.1
Method :- Hexokinase	108 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	**5.38 mmol/L**	1 - 5.1
Method:-Enzymatic	**207.99 mg/dl**	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.500 mmol/L	0.777 - 1.813
Method:-Enzymatic	57.99 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	3.44 mmol/L	1.295 - 4.54
Method:-Calculation	133.01 mg/dl	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.44 mmol/L	0.259 - 1.036
Method:-Calculation	16.99 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	**3.59**	3.8 - 5.9
Method:-Calculation		
TRIGLYCERIDES	0.96 mmol/L	0.564 - 2.146
Method : Enzymatic	84.96 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.557 mg/dL	0.1 - 1
Method : Diazo	9.52 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)	46.00 U/L	Male: up to 40.0 Female: up to32.0
SGPT (ALT)-SERUM (IFCC)	55.25 U/L	Male: 10-50 Female:10-35

Processed By:
181773
Lab Technologist

Approved By:
JIBI
Lab Technologist

Released By:
JIBI
Lab Technologist

Specialist Pathologist

MOH License No: 21829

MOH LIC No: 4384

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ص.ب ٤٠٠ الرمز البريدي ٥١١
عبري سلطنة عمان

DEPARTMENT OF LABORATORY MEDICINE

File No:	0221788	Report No:	0650696		
Name:	RATHEESH CHAKKAN CHANDRAN	Sample Date:	04/03/2023	Time:	11:29
		Received By:	JIBI		
Address:		Received Date:	04/03/2023	Time:	11:42
Gender:	M Age: 38 Y Nationality: INDIAN	Report Date:	04/03/2023	Time:	12:57
GSM No.:	99783713 ID Card No.: 100283113	Bill No:	0866445	Bill Date:	04/03/2023
Ref. By:	EXTERNAL DOCTOR	Report Status:	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	82.74 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)	7.64 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.65 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	2.99 gm/dL	2.3 - 3.5
ALBUMIN / GLOBULIN RATIO - Calculation	**1.56**	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	60.24 U/L	Men : 8-61 Female : 5-36
Method :-Enzymatic Assay		
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	4.16 mmol/L	1.7 - 8.3
Method : Kinetic Assay	24.98 mg/dL	10.2 - 49.8
CREATININE - SERUM	106.03 µmol/L	44.2 - 123.7
Method :-Jaffé Method	1.2 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	8380 cells/cumm	4000 - 11000 cells/cumm
Method : -Fluorescence Flow Cytometry		
DC (DIFFERENTIAL COUNT)		
Method : -Fluorescence Flow Cytometry		
NEUTROPHILS	63.6 %	40-75%

Processed By: 181773 Lab Technologist

Approved By: JIBI Lab Technologist

Released By: JIBI GEORGE CLINICIAN Lab Technologist

Specialist Pathologist

MOH License No: 21829

MOH LIC No: 4364

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DEPARTMENT OF LABORATORY MEDICINE

File No:	0221788	**Report No:**	0650696		
Name:	RATHEESH CHAKKAN CHANDRAN	**Sample Date:**	04/03/2023	**Time:**	11:29
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Address:		**Received Date:**	04/03/2023	**Time:**	11:42
Gender:	M **Age:** 38 Y **Nationality:** INDIAN	**Report Date:**	04/03/2023	**Time:**	12:57
GSM No.:	99783713 **ID Card No.:** 100283113	**Bill No:**	0866445	**Bill Date:**	04/03/2023
Ref. By:	EXTERNAL DOCTOR	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
LYMPHOCYTES	24.6 %	20-45%
EOSINOPHILS	3.7 %	2-6 %
MONOCYTES	7.6 %	2-8 %
BASOPHILS	0.5 %	0-1%
HB (HEMOGLOBIN)	16.1 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
Method : -Cyanide-free SLS haemoglobin		
TOTAL RBC COUNT	5.37 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
Method : - Hydrodynamically focussed impedance		
PLATELET COUNT	2.33 lakhs/cumm	1.0 - 4.0 lakhs / cumm
Method : - Hydrodynamically focussed impedance		
PCV (PACKED CELL VOLUME)	47.50 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	88.50 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	30.00 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	33.90 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	NEGATIVE	
Method : -Haemoglobin solubility test		

Processed By:
181773
Lab Technologist

Approved By:
JIBI
Lab Technologist

Released By:
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DEPARTMENT OF LABORATORY MEDICINE

File No: 0221788
Name: RATHEESH CHAKKAN CHANDRAN

Address:
Gender: M Age: 38 Y Nationality: INDIAN
GSM No.: 99783713 ID Card No.: 100283113
Ref. By: EXTERNAL DOCTOR

Report No: 0650696
Sample Date: 04/03/2023 Time: 11:29
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Bill No: 0866445 Bill Date: 04/03/2023
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	0-2 /hpf	
EPITHELIAL CELLS	NIL /hpf	
CRYSTALS	NIL /hpf	
CAST	NIL /hpf	
BACTERIA	PRESENT /hpf	
YEAST CELLS	NIL /hpf	

Processed By:
181773
Lab Technologist
MOH License No: 21829

Approved By:
JIBI
Lab Technologist

Released By:
JIBI
Lab Technologist
MOH LIC No: 4384

Specialist Pathologist

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مستشفى أستر
نحن نعتني بك دائما

X-RAY REPORT

Doc No:	0068903
Name:	RATHEESH CHAKKAN CHANDRAN
Age/DOB:	38 Y
Omani ID/ L.Card No::	100283113
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	04/03/2023
X-Ray Filim No:	TRUCKOMAN
Bill No:	0866445
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: .....

Seal

DR. NITHINMON CU
SPECIALIST RADIOLOGY
MOH License: 21069
ASTER HOSPITAL IBRI

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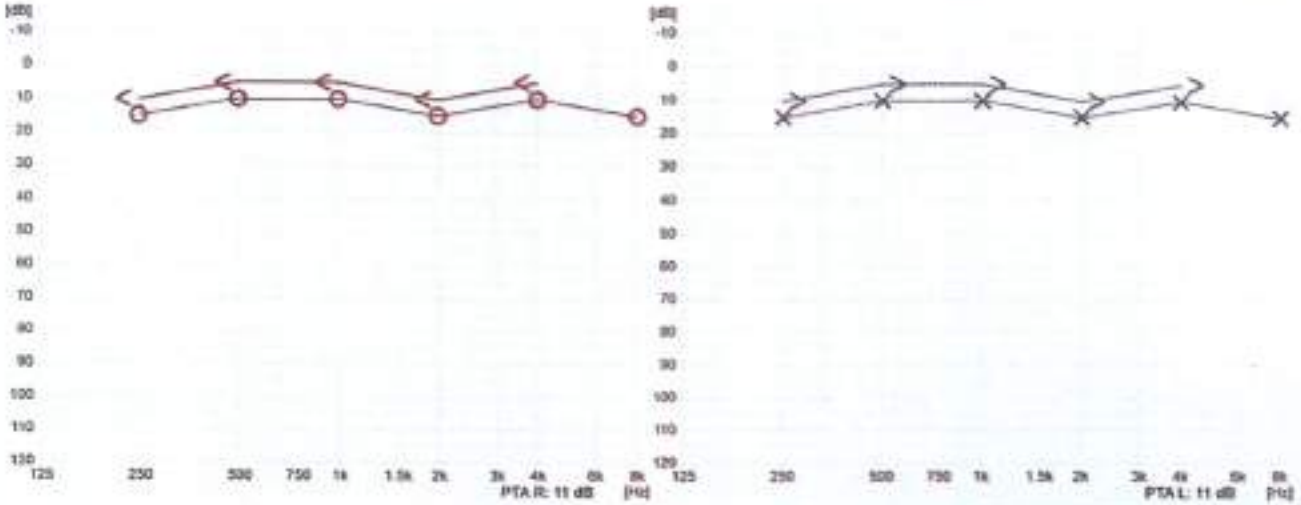
ص.ب: -E الرمز البريدي: ١١
عبري سلطنة عمان

SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

Code:	Last name , First name	Born
0866445	RATHEESH CHAKKAN , [redacted]	
Test type:	Test date:	
Tonal audiometry	04.03.2023	



Legend	R	L
Air	O	X
AirMasked	Δ	□
Bone	<	>
BoneMasked	[	]
MCL	M	M
UCL	m	m
Free Field	Ø	%
Free FieldAided	A	A
Binaural		B
No response		↓

Comments
BILATERAL NORMAL HEARING SENSITIVITY

Signature:

Date: 4 / 03 / 2023