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:

Forenames: SAROV PUTHIYA

Address:

Home telephone number:

Place of examination: NMC AL-HAIL Date: 08/09/2023

If a dependant enter employee's name here:
Surname: Forenames:

Birth date: 01/11/1993 Nationality: INDIAN Country of birth: Religion:

☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated /Divorced

Relationship to employee: ☐ Wife ☐ Son ☐ Daughter Number of children: —

Reason for examination: Pre-Employment ☐ Job: Foreman
Pre-Overseas ☐ Area: ADAM

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? Occasional Average daily alcohol consumption: One weekly

Have you ever taken elicited drugs? ( ) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes (Father) Tuberculosis (✓) Epilepsy (✓) Asthma (✓) Eczema (✓)
Heart disease (✓) High blood pressure (✓) Stroke (✓) Blood Disease (✓) Cancer (✓)

C.R. No: 1078137 Sultanate of Oman

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 results of the 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: Signature of Applicant:

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. 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	VISION	Colour Vision	Blood Group
164	87	32.35	112/77	66	L, R: (N)	DISTANT R 6/6, L 6/6; NEAR R (N), L (N) — Uncorrected / Corrected	(N)	

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.)

Physical Examination is unremarkable except Grade I Obesity

Adv. Weight Reduction

ASSESSMENT:

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

FIT

Date: 07/9/23 Name (Block Capitals): Dr. / Nurse Mahmood Signature

C.R. No: 1028137 Reception — Specialty hospital, Al Hail

REVIEW/CONSULTATION

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

DEPARTMENT OF LABORATORY MEDICINE

File No:	50040005	**Report No:**	0097182		
Name:	SAROV P.JTHIYA (6922)	**Sample Date:**	07/09/2023	**Time:**	10:00
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 29 Y **Nationality:** INDIAN	**Report Date:**	07/09/2023	**Time:**	12:43
GSM No.:	90115842 **ID Card No.:** 10939*868	**Bill No:**	0254653	**Bill Date:**	07/09/2023
Ref. By:	DR NADIA FAHAD	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE BELOW 40 YEARS		
RANDOM BLOOD SUGAR	5.54 mmol/L	4.11 -7.9mmol/L
CREATININE	66.00 μ mol/L	Adults: MALE: 62 – 106 μ mol/L FEMALE: 44 - 80 μ mol/L
SGPT (ALT)	44.70 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
TOTAL WBC COUNT	8.40 x 10^3 / μL	4.00-11.00 x 10^3 / μL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	54.90 %	40-75%
LYMPHOCYTE (%)	38.00 %	20-45%
MONOCYTE (%)	4.20 %	2-8%
EOSINOPHIL (%)	2.80 %	1-6%
BASOPHIL (%)	0.10 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	11 mm/1st hr	MALE:0-15 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
HAEMOGLOBIN	16.60 gm/dl	Male : 13 -18 gm/dl Female:11-15 gm /dl childrens upto 1year-11.0 - 13.0 gm /dl upto12years-11.5 - 14.5 gm /dl cord blood:13 -19.5 gm /dl
SICKLE CELL	NEGATIVE.	

Method : Solubility test
(If Positive , Hb Electrophoresis / HPLC to be done to confirm Sickle cell anaemia / Trait).

URINE ROUTINE

URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE

Verified By:

10589
Lab Technologist
MOH License No: 17976
Electronically signed at: 9/7/2023 12:44:00

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 07/09/2023 12:45:00

C.R. No: 1608137 Sultanate of Oman RECEPTION nmc specialty hospital

مستشفى إن إم سي التخصصي
nmc specialty hospital

NMC Healthcare LLC
C.R.No: 1608137
Plot No: 294 Block: 318
Building No: 912, Al Hail North
Sultanate of Oman
T: (+968) 2426 9222
F: (+968) 2426 3298
www.nmcoman.com

nmc

DEPARTMENT OF LABORATORY MEDICINE

File No:	50040005	**Report No:**	0097182		
Name:	SAROV PUTHIYA (6922)	**Sample Date:**	07/09/2023	**Time:**	10:00
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 29 Y **Nationality:** INDIAN	**Report Date:**	07/09/2023	**Time:**	12:43
GSM No.:	90115842 **ID Card No.:** 109391868	**Bill No:**	0254653	**Bill Date:**	07/09/2023
Ref. By:	DR NADIA FAHAD	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	6.0	4.6-8.0
SPECIFIC GRAVITY	1.015	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	0-3
PUSCELLS	1-2 /hpf	0-5
EPITHELIAL CELLS	0-2 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	NIL	NIL

Verified By:

10589

Lab Technologist

MOH License No: 17976

Electronically signed at: 9/7/2023 12:44:00

Approved By:

DR ROSE MARY

Specialist Pathologist

MOH License No: 18178

Electronically signed at: 07/09/2023 12:45:00

C.R. No: 166813 Sultanate of Oman RECEPTION nmc specialty hospital

مستشفى إن إم سي التخصصي

nmc specialty hospital

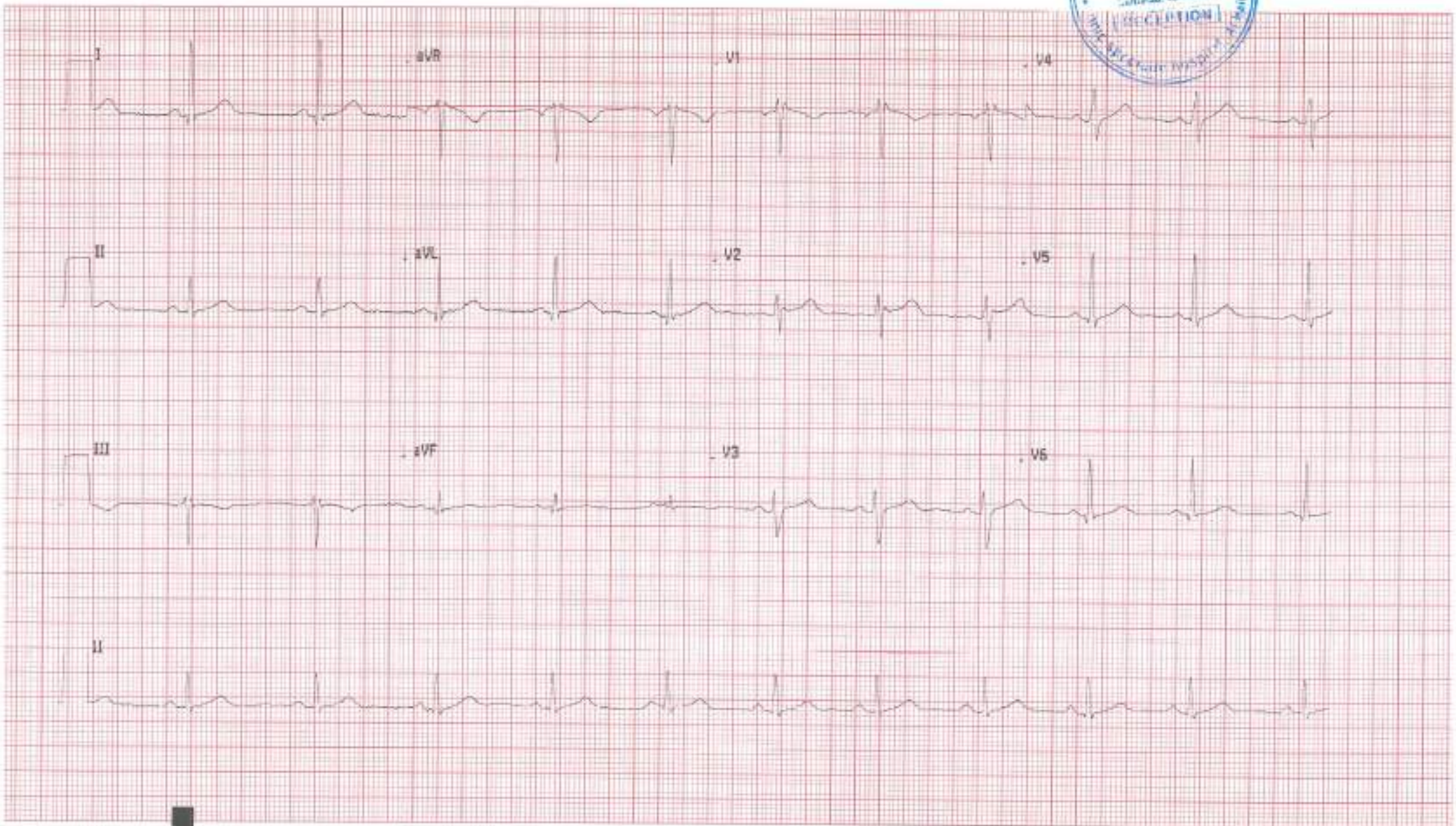
NMC Healthcare LLC

ID: 90040005
DOB:
29yr, Male

Vent rate:	66	BPM
PR int:	154	ms
QRS dur:	101	ms
QT/QTc:	417/431	ms
P-R-T axes:	24 1 10	

SINUS RHYTHM WITH SINUS ARRHYTHMIA
POSSIBLE RIGHT VENTRICULAR CONDUCTION DELAY (PSR (DR) IN V1/V2)
MINIMAL VOLTAGE CRITERIA FOR LVH. CONSIDER NORMAL VARIANT (MEETS CRITERIA IN ONE OF:
R(aVL), S(V1), R(V5), R(V5/V6)+S(V1))
BORDERLINE ECG

UNCONFIRMED REPORT



11921000838 [redacted] No Site Name

Site # 0 Cart # 0 Version 2.10.5 Sequence #05331 25mm/s 10mm/mV 0.05-40 Hz 720

Tone threshold audiometric test

07/09/2023 11:12:05 AM

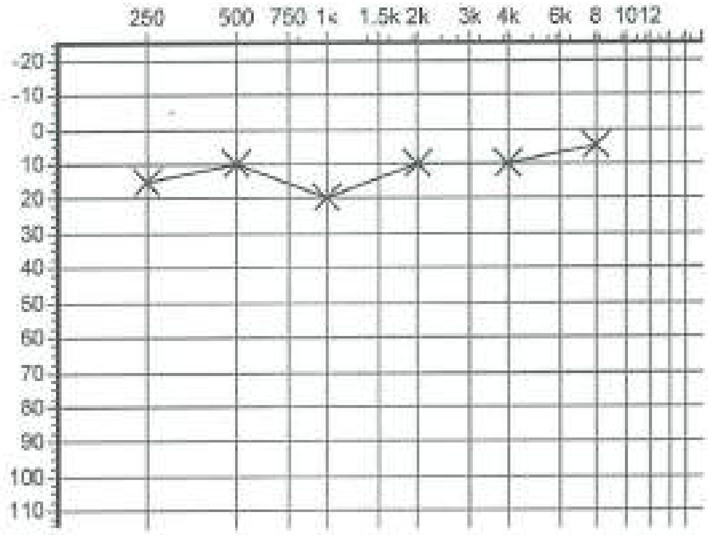
Name: **SAROV**
Surname: **PUTHIYA**

Date of birth: 1931/11/01
Age in years: 91

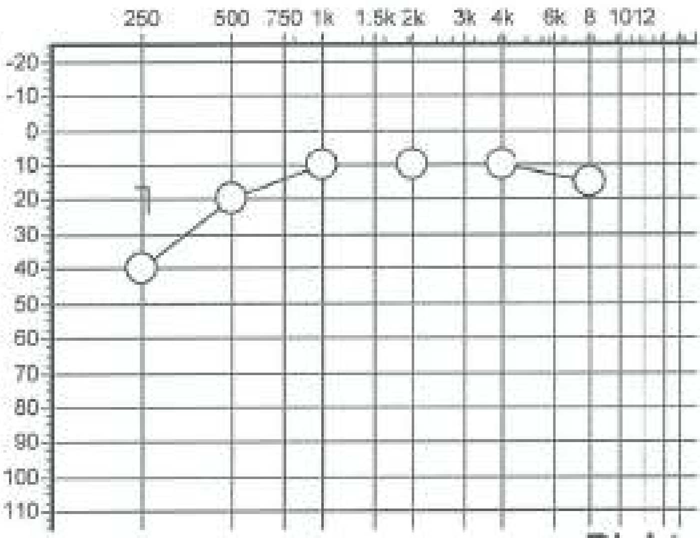
Company: Dr-NADIA FAHAD GP
Department: OPD
Job title: AUDIOMETRY
Number:

ID/SS number: 50040005
Passport no.:

Significance: **None**



Left



Right

Left	125	250	500	1k	2k	3k	4k	6k	8k	9k 10k 11.2 12.5 14k 16k	Frequencies	125	250	500	1k	2k	3k	4k	6k	8k	9k 10k 11.2 12.5 14k 16k
		15	**10**	**20**	**10**		**10**		**5**		**Air thresholds**		**40**	**20**	**10**	**10**		**10**		**15**	
		-31	-34	-30	-33		-39		-38		Noise in ear canal		-13	-26	-27	-24		-25		-33	
		-31	-34	-30	-31		-31		-39		Noise for threshold-5dB		-9	-24	-25	-31		-27		-35	
											Bone thresholds		**20**								
											Noise in ear canal		-13								
											Noise for threshold-5dB		-14								
											Maximum masking										
											Bone unmasked										
											Noise in ear canal										
											Noise for threshold-5dB										

ZA PLH
Binaural impairment

Pure tone avg. (500 1k 2k)	Patient response statistics		Pure tone avg. (500 1k 2k)
13	n 85 Mean 729 Standard deviation 186	Test re-test reliability (1st freq.) 0 False positive response % 0	13

Audiogram notes:

C.R. No. 1668137
Sultanate of Oman
RECEPTION
nmc specialty hospital, Al Hail

SAROV PUTHIYA

fatma alzdajali NMC AL HAIL 1073

KUDUwave

Capturer of data version number: 2.12.12.0
Report software version: 2.4.3.0
Report generated on: 07/09/2023 11:31:32 AM
Unique Global Patient Number: F732BFA99E4B40808OBE50AA1D7A0626

Last calibration date: 20/10/2017
KUDUwave serial number: 090'-00672
Bone vibrator serial number: A0462/
Sound booth: SANS 10182 Diagnostic
Type of audiometer: Near Type 1
Test protocol:

Vitalograph

Pulmonary Function Report

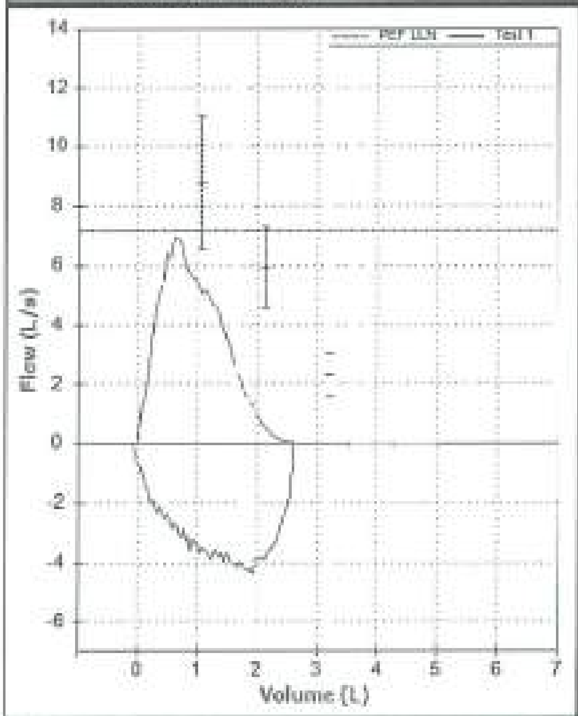
Subject Information

ID:	2023250_112200327	Alternate ID:	50040005		
Last Name:	Puthiya	First Name:	Sarov	Middle Name:	
Population:	MIDDLE EAST	Gender:	Male	Date of Birth:	01/11/1993
Age:	29	Height:	161 cm	Weight:	87.0 kg
BMI:	33.6	Smoking:	Non Smoker		

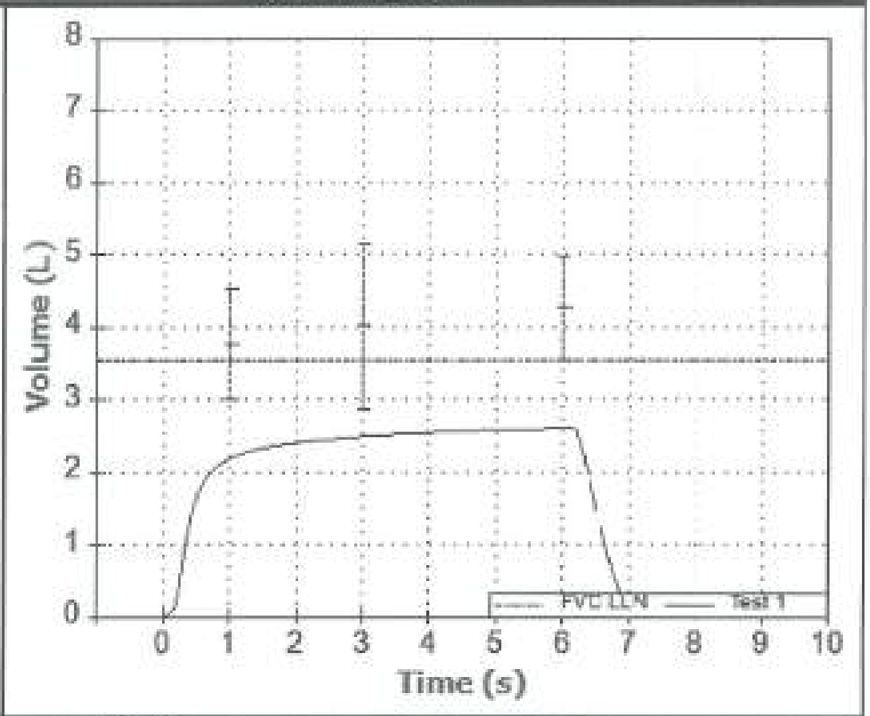
Test Session Information

Test Date:	07/09/2023 11.24	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	8	Accuracy Chk:	30/05/2019 15:42	User:	Administrator
Pred. Values:	Golshen	Pred. Factor:	100%	Posture:	Sitting

Flow/Volume Graph



Volume/Time Graph



Results

Parameter	Pred	LLN	Best	% Pred.	Z-Score
FVC (L)	**4.27**	3.55	**2.61***	**61**	-3.78
FEV1 (L)	**3.77**	3.01	**2.25***	**60**	-3.28
FEV1 Ratio	**0.82**	0.70	**0.83**	**101**	0.14
FEV6 (L)	**4.27**	3.55	**2.61***	**61**	-3.78
PEF (L/min)	**592**	431	**476**	**80**	-1.18
FEF25-75 (L/s)	**4.96**	3.96	**3.19***	**64**	-2.90

Values at BTPS ,*Below lower limit of normality (LLN)

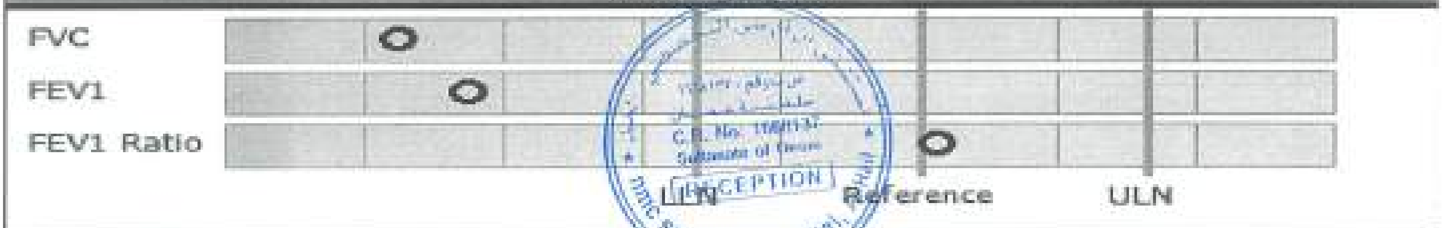
Session Quality and Repeatability Information

FVC Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
A	0.11 L (4.2%)	0.10 L (4.4%)	3 blow(s)	1 blow(s)	0 blow(s)

Computer Suggested Interpretation

Computer interpretations cannot be relied upon for diagnosis. Moderate restriction.

Reference Pictogram



ATS

سلطنة عُمان
SULTANATE OF OMAN

RESIDENT CARD
بطاقة مقيم

CIVIL NUMBER 109391868
EXPIRY DATE 14/12/2024
DATE OF BIRTH 01/11/1993
الهند

VEHICLE DRIVING LICENCE
ROYAL OMAN POLICE
CLASS
NOTE
NAME SAROV PUTHIYA PARAMBAN
NATIONALITY INDIAN
هندي

IDOMN1093918687<<<<<<<<<<<<<<<
9311011M2412148IND<<<<<<<<<<<8
SAROV<PUTHIYA<PARAMBAN<<<<<<<<

C.R. No: 1668137
Sultanate of Oman
RECEPTION
NMC Specialty hospital, Al Hail