



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: Rashid Saad			
Forenames: Muhammad			
Address: 934 7076			
Place of examination	Date: 1/9/2013		
Home telephone number: 934 7076			
If a dependant enter employee's name here			
Surname: Muhammad			
Forenames: Muhammad			
Birth date: 23/9/1978	Nationality: Pakistan		
Country of birth: Pakistan			
Religion: Muslim			
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated / Divorced		
Relationship to employee: <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter			
Number of children: 1			
Reason for examination: <input checked="" type="checkbox"/> Pre-Employment <input type="checkbox"/> Job: Area	<input type="checkbox"/> Pre-Overseas <input type="checkbox"/> Area: Area		
Name and address of family doctor			
List your last 3 jobs			
(1)			
(2)			
Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>			
Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>			
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		/	
2. Neck swelling/glands		/	
3. Difficulty in vision		/	
4. Any ear discharge		/	
5. Asthma/bronchitis		/	
6. Hayfever /other significant allergy		/	
7. Any skin trouble		/	
8. Tuberculosis		/	
9. Shortness of breath		/	
10. Coughed/vomited blood		/	
11. Severe abdominal pain		/	
12. Stomach ulcer		/	
13. Recurrent indigestion		/	
14. Jaundice or hepatitis		/	
15. Gall Bladder disease		/	
16. Marked change in bowel habits		/	
17. Blood in stools (motions)		/	
18. Marked change in weight		/	
19. Varicose veins		/	
20. Lump in breast/ampit		/	
21. Cancer		/	
22. Heart Disease		/	
23. Rheumatic fever		/	
24. Abnormal heartbeat		/	
25. High blood pressure		/	
26. Stroke		/	
27. Serious chest pain		/	
28. Any blood disease		/	
29. Kidney disease		/	
30. Blood in urine		/	
31. Diabetes		/	
32. Headaches/migraine		/	
33. Dizziness/fainting		/	
34. Epilepsy		/	
35. Joints/spinal trouble		/	
36. Surgical operation		/	
37. Serious accident/fracture		/	
38. Tropical disease		/	
39. Fear of heights		/	
HAVE YOU EVER BEEN:-			
40. Rejected for employment or insurance for medical reasons			/
41. Awarded benefits for industrial injury/illness			/
42. Treated for a mental condition, e.g. depression			/
43. Treated for problem drinking or drug abuse			/
44. Exposed to toxic substance or noise			/
FOR WOMEN ONLY			
Have you ever had:-			
45. An abnormal smear			
46. Any gynaecological treatment			
47. Are you pregnant?			
48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE			
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 as 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: 1/9/2013	Signature of Applicant: [Signature]		



Epworth Screening Quest. for Sleep Apnoea

Employee Data		Date: 1/2/2023
Name: Rashid Sarwar	Department/Company: 10	
I. D No. 108911589	Tel # 93297076	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

sitting and reading
 watching TV
 sitting inactive in a public place (e.g. theatre or meeting)
 as a passenger in the car for an hour without a break
 Lying down to rest in the afternoon when circumstances permit
 Sitting a talking with someone
 Sitting quietly after lunch without alcohol
 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 Rashid Sarwar certify that to the best of my knowledge the above information supplied by me is true and correct.

Signature: [Signature] Date: 1/2/2023



Fitness to Work Certificate

Employee Data		Date	
Name <i>Rashid Samir</i>		1/9/2023	
ID No. <i>108911589</i>		Department/Company <i>10</i>	
Age <i>30/yr</i>		Occupation	
Type of Medical Evaluation		Mark those applying ✓	
A1 Aircraft refuelling	<input type="checkbox"/>	A6 Fire / Emergency response team work	<input type="checkbox"/>
A2 Breathing apparatus	<input type="checkbox"/>	A7 Professional driving	<input type="checkbox"/>
A3 Business traveller	<input type="checkbox"/>	A8 Remote location work	<input type="checkbox"/>
A4 Catering and food preparation	<input type="checkbox"/>	A9 Transfers – group A country	<input type="checkbox"/>
A5 Crane or forklift driving & all heavy vehicles	<input type="checkbox"/>	A10 Transfers – group B country	<input type="checkbox"/>
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		<input checked="" type="checkbox"/>	
Fit with following restriction(s)			
<i>The employee is fit for above work but should avoid the following task(s)</i>	<i>Temporary restriction</i>	<i>Permanent restriction</i>	
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 <i>Dr. Hajar</i>	Signature	Date <i>1/9/2023</i>	Date





DEPARTMENT OF LABORATORY MEDICINE

File No: 0218745	Report No: 0647143
Name: RASHID SARWAR	Sample Date: 01/02/2023 Time: 11:26
	Received By: 181773
Address:	Received Date: 01/02/2023 Time: 11:44
Gender: M Age: 30 Y Nationality: PAKISTANI	Report Date: 01/02/2023 Time: 12:46
GSM No.: 93227076 ID Card No.: 108911589	Bill No: 0862086 Bill Date: 01/02/2023
Ref. By: EXTERNAL DOCTOR	Report Status: Final

INVESTIGATION	RESULT	REFERENCE RANGE
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PDO MEDICAL CHECK UP BELOW 40 (Truckoman)		
FBS (FASTING BLOOD SUGAR)	6.05 mmol/L	3.9 - 6.1
Method :- Hexokinase	108.9 mg/dL	70 - 110
LIPID PROFILE - SERUM		
CHOLESTEROL (TOTAL)	4.21 mmol/L	1 - 5.1
Method:-Enzymatic	162.76 mg/dl	40 - 200
HDL (HIGH DENSITY LIPOPROTEIN)	1.00 mmol/L	0.777 - 1.813
Method:-Enzymatic	38.66 mg/dl	30 - 70
LDL (LOW DENSITY LIPOPROTEIN)	2.25 mmol/L	1.295 - 4.54
Method:-Calculation	86.93 mg/dl	50 - 172
VLDL (VERY LOW DENSITY LIPOPROTEIN)	0.96 mmol/L	0.259 - 1.036
Method:-Calculation	37.17 mg/dl	10 - 40
RATIO (TOTAL CHOL / HDL CHOL)	4.21	3.8 - 5.9
Method:-Calculation		
TRIGLYCERIDES	2.10 mmol/L	0.564 - 2.146
Method : Enzymatic	185.85 mg/dl	50 - 190
LIVER FUNCTION TEST - SERUM		
TOTAL BILIRUBIN - SERUM	0.358 mg/dL	0.1 - 1
Method : Diazo	6.12 µmol/L	1 - 17.1
DIRECT BILIRUBIN - SERUM	0.125 mg/dL	0.1 - 0.5
Method : Diazo	2.14 µmol/L	1 - 8.55
SGOT (AST)-SERUM (IFCC)	28.20 U/L	Male: up to 40.0 Female: up to 32.0
SGPT (ALT)-SERUM (IFCC)	40.60 U/L	Male: 10-80 Female: 10-35

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Processed By:
JIBI
Lab Technologist
MOH LIC No: 4384

THANSILA THAHIR
Approved By: **181773** REG No. 21829
Lab Technologist
MOH License No: 21829

Released By: **181773**
Lab Technologist
DR. SHAYFA P
Specialist Pathologist
MOH LIC NO:13475
Electronically Signed at: 01/02/2023 12:50:00 PM

Printed at: 01/02/2023 12:50:29 PM

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ALKALINE PHOSPHATASE (ALP)-SERUM (IFCC)	128.54 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)	8.13 gm/dL	6.6 - 8.7
ALBUMIN - SERUM (Colorimetric Assay)	4.36 gm/dL	3.9 - 4.9
GLOBULIN - SERUM (Calculation)	3.77 gm/dL	2.3 - 3.6
ALBUMIN / GLOBULIN RATIO - Calculation	1.16	1.2 - 1.5
GGT(GAMMA GLUTAMYL TRANSPEPTIDASE) - SERUM	44.87 U/L	Men : 8-61 Female : 5-36
Method :-Enzymatic Assay		
RENAL FUNCTION TEST (UREA - CREATININE)		
UREA - SERUM	5.90 mmol/L	1.7 - 8.3
Method : Kinetic Assay	35.44 mg/dL	10.2 - 49.8
CREATININE - SERUM	80.06 µmol/L	44.2 - 123.7
Method :-Jaffe Method	0.91 mg/dl	0.5 - 1.4
CBC (COMPLETE BLOOD COUNT)		
TOTAL WBC COUNT	9170 cells/cumm	4000 - 11000 cells/cumm
Method :-Fluorescence Flow Cytometry		
DC (DIFFERENTIAL COUNT)		
Method :-Fluorescence Flow Cytometry		
NEUTROPHILS	67.5 %	40-78%

Processed By:
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MOH LIC No: 4384

Approved By:
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Lab Technologist

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INVESTIGATION	RESULT	REFERENCE RANGE
LYMPHOCYTES	23.1 %	20-45%
EOSINOPHILS	2.9 %	2-6 %
MONOCYTES	5.8 %	2-8 %
BASOPHILS	0.7 %	0-1%
HB (HEMOGLOBIN)	16.2 gm/dl	Male-13 - 18 gm/dl Female-11- 15 gm/dl
Method : -Cyanide-free SLS haemoglobin		
TOTAL RBC COUNT	5.70 million/cu	MALE: 4.5-6.5million/cu FEMALE: 3.9-5.5million/cu
Method : - Hydrodynamically focussed impedance		
PLATELET COUNT	2.20 lakhs/cumm	1.0 - 4.0 lakhs / cumm
Method : - Hydrodynamically focussed impedance		
PCV (PACKED CELL VOLUME)	47.20 %	Males : 42% - 52% Females : 37% - 47%
MCV (MEAN CORPUSCULAR VOLUME)	82.80 FL	76 - 96 FL
MCH (MEAN CORPUSCULAR HEMOGLOBIN)	28.40 PG	27 - 33 PG
MCHC(MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION)	34.30 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

Jibi

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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	

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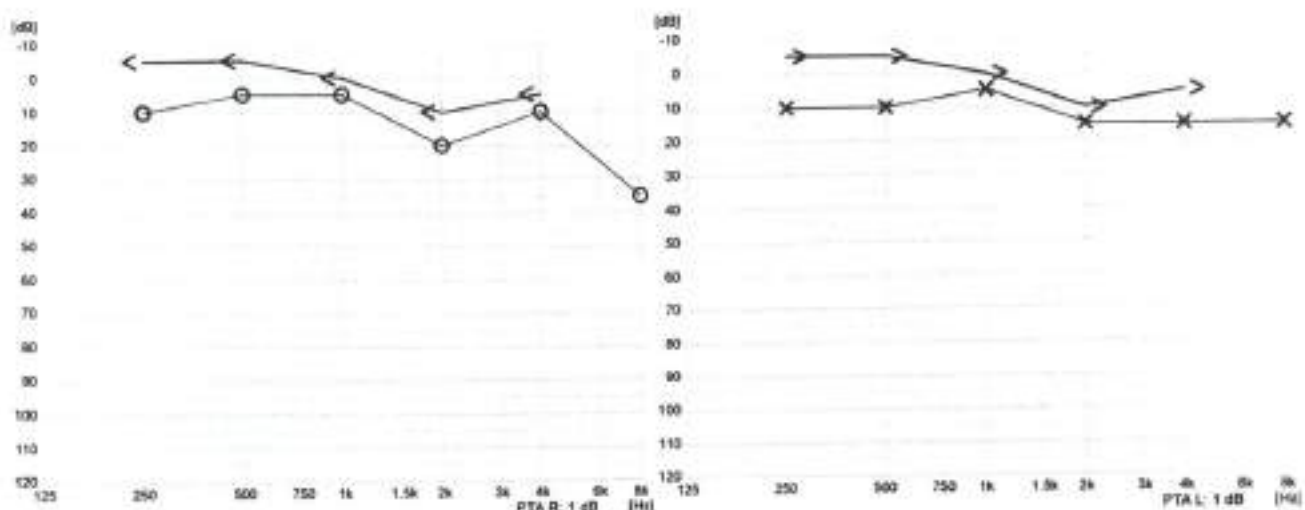
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SUPER QUALITY HEARING AID AND SPEECH THERAPY CENTER

IBRI

22349191

Code 0962006	Last name, First name RASHAD, SARNAR	Birth 01.02.2023
Test type Tonal audiometry	Test date 01.02.2023	



Legend	R	L
Air	○	×
Air/Masked	△	□
Done	<	>
DownMasked	[]
MCL	M	M
UCL	m	m
Free Field	⊗	⊗
Free Field/aided	A	A
Binaural	B	
No response	!	

Comments

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

Signature:



Date: 01/02/2023

X-RAY REPORT

Doc No:	0067985
Name:	RASHID SARWAR
Age/DOB:	30 Y Omani ID/ L.Card No:: 108911589
Sex:	Male
Referred By:	EXTERNAL DOCTOR
Clinical Diagnosis:	
X-Ray/UltraSound	CHEST X-RAY
Date:	01/02/2023
X-Ray Film No:	PDO
Bill No:	0862086
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
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