## 1.1 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 | UMAIR MASOOD |
| Forenames | MASOOD AHMD |
| Address | |
| Home telephone number | 104226701 |
| Employment No # | |

| | |
|---|---|
| Place of examination: Apollo Hospital | Date: 7/10/2021 |

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

| | | | |
|---|---|---|---|
| Birth date: 28/5/1985 | Nationality: Pakistani | Country of birth: | Religion: |

| | | | |
|---|---|---|---|
| ☑ Male ☐ Female | ☑ Married ☐ Single ☐ Separated /Divorced | Relationship to employee: ☐ Wife ☐ Son ☐ Daughter | Number of children: 1 |

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** N/A | | |
| 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? NIL
Average daily alcohol consumption NIL

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

**FAMILY HISTORY:** Diabetes (Y) Tuberculosis (N) Epilepsy (N) Asthma (N) Eczema (N)
Heart disease (N) High blood pressure (N) Stroke (N) Blood Disease (N) Cancer (N)

**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: 7/10/2021 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 |
|---|---|---|
| ✓ | | 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 | HEARING | VISION DISTANT NEAR | Colour Vision | Blood Group |
|---|---|---|---|---|---|---|---|---|
| 169 | 65.5 | 22.9 | 130/90 | 70 /mins. | L N<br>R N | Uncorrected R 6/6 L 6/6 NEAR R N6 L N6<br>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.)**

**ASSESSMENT:**

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

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

مستشفى أبولو سلطنة عمان ش.م.م
Apollo Hospitals
Sultanate of Oman C.R.: 1178451
APOLLO HOSPITAL MUSCAT

**REVIEW/CONSULTATION**

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

Dr. REHMAT MANSOOR SOLANKI
MEDICAL OFFICER
MOH Licence No.: 14330
APOLLO HOSPITAL MUSCAT

## DEPARTMENT OF LABORATORY SERVICES

| | | | | | |
|---|---|---|---|---|---|
| **File No:** | 0354912 | **Report No:** | 0482323 | | |
| **Name:** | UMAR MASOOD MASOOD AHMAD | **Sample Date:** | 07/10/2021 | **Time:** | 12:12 |
| | | **Received Date:** | 07/10/2021 | **Time:** | 12:12 |
| **Address:** | | **Report Date:** | 07/10/2021 | **Time:** | 13:59 |
| **Gender:** | M **Age:** 36 Y **Nationality:** PAKISTANI | **Bill No:** | 1017205 | **Bill Date:** | 07/10/2021 |
| **GSM No.:** | 95192319 **ID Card No.:** 104226701 | **Company:** | TRUCK OMAN LLC | | |
| **Doctor:** | DR. RUQAIYA ABDUL SAMAD | | | | |

| INVESTIGATION | RESULT | REFERENCE RANGE |
|---|---|---|
| TRUCK OMAN PRE-EMPLOYMENT CHECK UP | | |
| Fasting Blood Glucose | 92.80 mg/dL | ADA Guidelines<br>Normal <100 mg/dl<br>Pre Diabetes 100-125 mg/dl<br>Diabetes >126 mg/dl |
| ESR | 02 mm/hr | Male : 0-10 mm/hour<br>Female: 0-20 mm/hour |
| S.Creatinine | 0.95 mg/dL | Male : 0.7 - 1.2 mg/dl<br>Female : 0.5 - 0.9 mg/dl |
| Sickle cells (Screen) | NEGATIVE | |
| CBC | | |
| WBC COUNT | 6.39 10^3uL | 4.0-11.0x10^3/mm^3 |
| RBC | 5.57 10^6/uL | 4.20 - 6.30 10^6/uL |
| HGB | 15.50 g/dl | male 13.5 -18.0 g/dl<br>female 11.5 -16.0 g/dl |
| HCT | 48.20 % | 37.0 - 51.0 % |
| MCV | 86.50 fL | 80.0 - 97.0 fL |
| MCH | 27.80 pg | 26.0 - 32.0 pg |
| MCHC | 32.20 g/dL | 31.0 - 36.0 g/dL |
| RDW | 12.60 % | 11.0 - 14.5 % |
| NEUT# | 3.46 10^3/uL | 1.50 - 7.00 10^3/uL |
| LYMPH# | 2.26 10^3/uL | 0.60 - 4.10 10^3/uL |
| MONO# | 0.43 10^3/uL | 0.00 - 0.70 10^3/uL |
| EOS# | 0.20 10^3/uL | 0.00 - 0.40 10^3/uL |
| BASO# | 0.04 10^3/uL | 0.00 - 0.10 10^3/uL |

*Reported By:*

RAJI
*Lab Technologist*
MOH License No: 7977

*Verified By:*

**Dr. Mohammed Atif Syed**
*Specialist Pathologist*

Printed at: 07/10/2021 13:59:38



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C.R. No: 1792547, P.O. Box : 1097, Al Hamriya, P.C.: 131, Sultanate of Oman, Tel. (+968) 24787766 (5 Lines), Fax : (+968) 24700093, E-mail : info@apollomuscat.com

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| **Doctor:** | DR. RUQAIYA ABDUL SAMAD | **Company:** | TRUCK OMAN LLC |

| INVESTIGATION | RESULT | REFERENCE RANGE |
|---|---|---|
| NEUT% | 54.20 % | 37.0 - 72.0 % |
| LYMPH% | 35.40 % | 10.0 - 58.5 % |
| MONO% | 6.70 % | 0.0 - 14.0 % |
| EOS% | 3.10 % | 0.0 - 6.0 % |
| BASO% | 0.60 % | 0.0 - 1.0 % |
| PLATELET | 169.00 10^3/uL | 140 - 440 10^3/uL |
| LFT | | |
| Total Bilirubin | 0.73 mg/dL | Up to 1.1 mg/dL |
| Direct Bilirubin | 0.16 mg/dL | Up to 0.3 mg/dL |
| Indirect Bilirubin | 0.57 mg/dL | 0.2 - 0.8 mg/dL |
| AST (SGOT) | 17.20 U/L | Men : 10 - 50 U/L<br>Female : 10 - 35 U/L |
| ALT (SGPT) | 12.70 U/L | Men : Up to 41 U/L<br>Female : 10 - 35 U/L |
| ALP | 70.40 U/L | Men : 40 - 129 U/L<br>Female : 35 - 104 U/L |
| Total Protein | 7.50 g/dL | 6.6 - 8.7 g/dlL |
| Albumin | 4.60 g/dL | 3.4 - 4.8 g/dL |
| Globulin | 2.9 g/dL | 1.8 - 3.6 g/dL |
| GGT | 23.90 U/L | 0 - 50 U/L |
| A:G Ratio | 1.586206 | 1.1-1.8 |
| LIPID PROFILE | | |
| Total Cholesterol | 152.40 mg/dL | < 200 mg/dL |
| Triglyceride | 86.00 mg/dL | <150 mg/dl |

*Reported By:*

RAJI
*Lab Technologist*
MOH License No: 7977
Printed at: 07/10/2021 13:59:38

*Verified By:*

**Dr. Mohammed Atif Syed**
*Specialist Pathologist*



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| **GSM No.:** | 95192319 **ID Card No.:** 104226701 | **Company:** | TRUCK OMAN LLC | | |
| **Doctor:** | DR. RUQAIYA ABDUL SAMAD | | | | |

| INVESTIGATION | RESULT | REFERENCE RANGE |
|---|---|---|
| HDL - CHOL | 40.00 mg/dl | >45 mg/dl |
| LDL - CHOL | 95.4 mg/dl | <100 mg/dl |
| Total Chol/HDL Chol ratio | 3.81 | Desirable < 4 |
| URINE DRUG SCREEN | | |
| Amphetamine ( AMP) | NEGATIVE | Negative |
| Barbiturates (BAR) | NEGATIVE | Negative |
| Cocaine (COC) | NEGATIVE | Negative |
| Morphine (MOR) | NEGATIVE | Negative |
| Marijuana (THC) | NEGATIVE | Negative |
| URINE ROUTINE ANALYSIS | | |
| PHYSICAL | | |
| Quantity | 20 ml | |
| Colour | Pale yellow | |
| Sp. Gravity | 1.015 | |
| pH | Acidic | |
| Appearance | Clear | |
| CHEMICAL | | |
| Glucose | Negative | |
| Protein | Negative | |
| Ketones | Negative | |
| Blood | Negative | |
| Bilirubin | Negative | |
| Urobilinogen | Normal | |
| Nitrite | Negative | |

*Reported By:*

RAJI
*Lab Technologist*
MOH License No: 7977

*Verified By:*

**Dr. Mohammed Atif Syed**
*Specialist Pathologist*

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| **Doctor:** | DR. RUQAIYA ABDUL SAMAD | | |

| INVESTIGATION | RESULT | REFERENCE RANGE |
|---|---|---|
| MICROSCOPIC | | |
| Pus Cell | 1 - 2 Cells/hpf | |
| RBC | NIL | |
| Epithelial Cells | Few cells/hpf | |
| Casts | NIL | |
| Crystals | NIL | |
| Others | NIL | |
| STOOL ROUTINE ANALYSIS | | |
| PHYSICAL | | |
| Colour | Brownish | |
| Consistency | Soft | |
| Reaction | Alkaline | |
| MICROSCOPIC | | |
| Ova: | NIL | |
| Cyst: | NIL | |
| Pus Cells: | 0 - 2 Cells/hpf | |
| RBCs | NIL Cells/hpf | |
| Others | NIL | |

*Reported By:*

RAJI
*Lab Technologist*

*Verified By:*

**Dr. Mohammed Atif Syed**
*Specialist Pathologist*

MOH License No: 7977
Printed at: 07/10/2021 13:59:38



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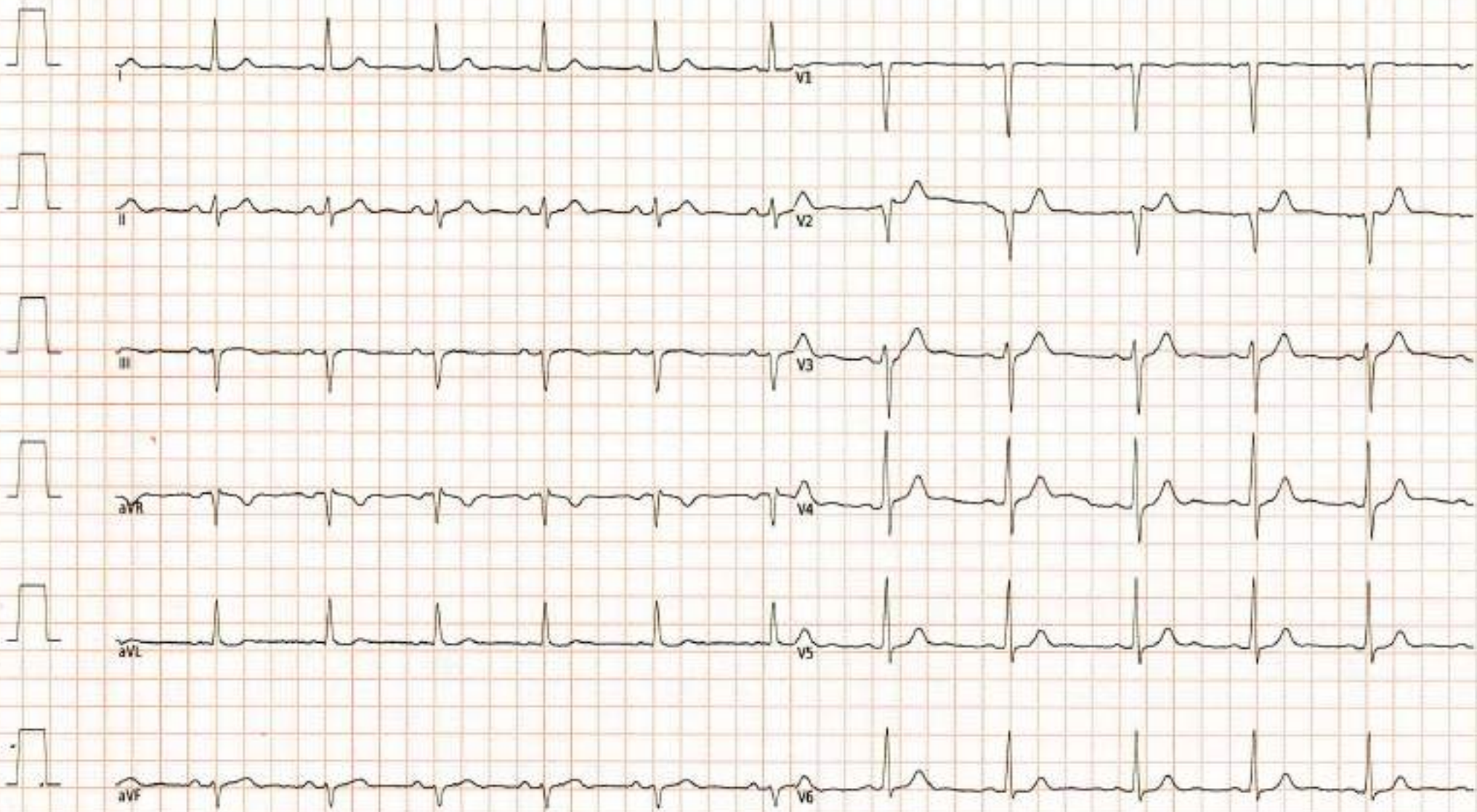
Id: 354912
Masood Ahmad, Umar Masood
Male --- (---) Caucasian
Height: 169 cm Weight: 65 kg BP: 0/0 mmHg

Med.:
Tech:
Note:

07/10/2021 12:46:05

| | |
|---|---|
| HR: | 70 bpm |
| PR: | 158 ms |
| QRS: | 90 ms |
| QT/QTcH: | 368/386 ms |
| QTcB: | 397 ms |
| QTcF: | 387 ms |

| | |
|---|---|
| $R_{V5}$-s/$S_{V1}$: | 1.39/1.27 mV |
| Sok-Lyon: | 2.66 mV |
| Axis: | 62/-20/41 ° |




Dep:APOLLO HOSPITAL 25mm/s 10mm/mV 0.05-25Hz/50Hz Cardioline ECG200S v. 2.01.5558

CARDIOLINE

70.907

66010052

Apollo HOSPITALS
TOUCHING LIVES
MUSCAT
P.O. Box : 1097, Al-Hamriya, Postal Code : 131
Muscat, Sultanate of Oman
Tel.: 2478 7766, Fax : 2470 0093

# AUDIOGRAM
# EXAMINATION SHEET

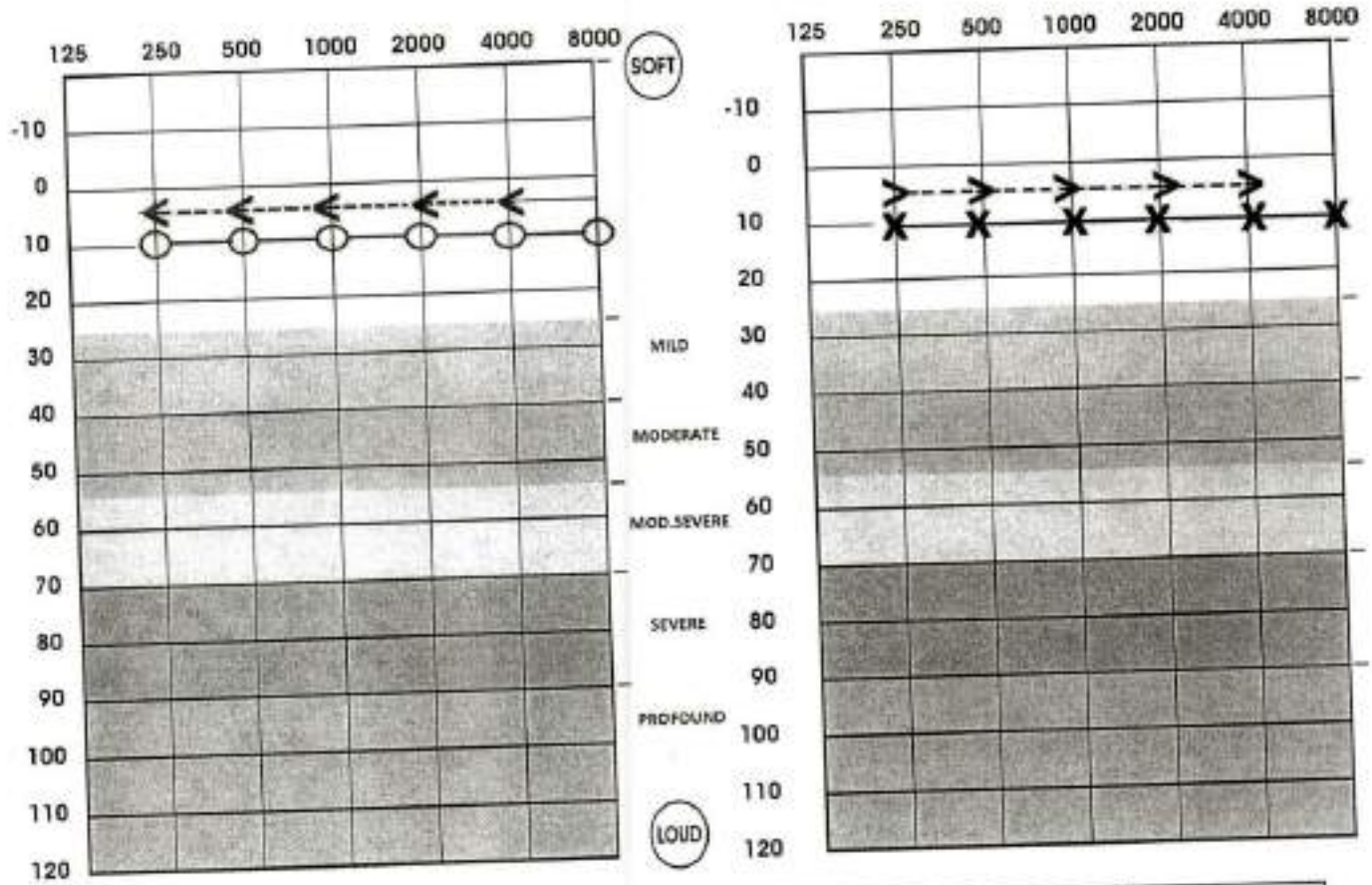
FILE NO : 354912 BILL NO : ..... DATE : 7/10/14

NAME : UMAR MASOOD ..... AGE / SEX : 36/M

COMPANY : TOUCH OMAN ..... DOB : .....

CONSULTANT (REF) : .....

PITCH IN HERTZ (Hz)




PITCH IN HERTZ (Hz)

| | | | | | |
|---|---|---|---|---|---|
| WEBER | RIGHT | | | | |
| | LEFT | | | | |

| | | | | | | SPECIAL TESTS | | | |
|---|---|---|---|---|---|---|---|---|---|
| dBhL | PTA | SRT | SIS(%) | MCL | UCL | SISI | TDT | MLB/BLB | OAE |
| RIGHT | 10 | | | | | | | | |
| LEFT | 10 | | | | | | | | |

INTERPRETATION :

**BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS**

SIKKU SOMAN
AUDIOLOGIST
Apollo Hospital Muscat

RECOMMENDATION :

AUDIOLOGIST

Apollo HOSPITALS TOUCHING LIVES

مستشفى ابولو مسقط ش.م.م

Apollo Hospital Muscat L.L.C

Associated to Apollo Hospital Group India

بالتنسيق مع مجموعة مستشفيات ابولو بالهند

| | | | |
|---|---|---|---|
| NAME | :UMAR MASOOD MASOOD AHMAD | AGE | :36 Y(28/05/1985) |
| GENDER | :Male | PATIENT ID | :354912 |
| COMPANY | :TRUCK OMAN LLC (Credit) | DATE | :09/10/2021 18:00 PM |
| CONSULTANT | :DR. RUQAIYA ABDUL SAMAD | BILL NO | :1017205 |
| BILL DATE | :07/10/2021 | | |
| TEST NAME | :CHEST PA | | |

## X-RAY CHEST PA VIEW

Bilateral lung fields are clear. No mass lesion or opacification.

Trachea is mid line.

Bilateral hilar shadows are symmetrical and normal in size .

Cardiac silhoutte is normal. No signs suggestive of cardiac enlargement .

Bony thoracic cage appears normal.

No Soft tissue mass or calcification can be seen

Bilateral costophrenic angles are clear.

**IMPRESSION:**

**Normal radiograph of the chest.**

**Please correlate clinically & other investigation.**

*Please note: This is a imaging study and has its own limitations. This is a opinion based on image interpretation and it is not a diagnose on itself .Impression should be considered as professional opinion & correlated with clinical evidence ,reconfirmed by further investigations and relevant data as indicated .If possible the findings should be reconfirmed on higher resolution imaging, special sections and sequences and with other modalities.*

**DR. WASSAN A KHUDHAIR AL SAEDI**

DR. WASSAN ABDUL REHSAN
SPECIALIST - RADIOLOGIST
MOH License No: 14883
Apollo Hospital Muscat



ص.ب: ١٠٩٧ ، الخمرية، الرمز البريدي: ١٣١ ، سلطنة عمان ، هاتف: ٢٤٧٨٧٧٦٦(+٩٦٨) فاكس: ٢٤٧٠٠٠٩٣(+٩٦٨) البريد الإلكتروني: info@apollomuscat.com
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Tax Card No. : 8251325 رقم الطبا قة الضريبية