

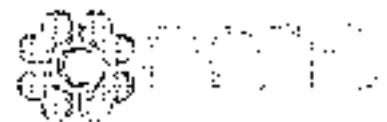
Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

 Petroroleum Development Oman MEDICAL DEPARTMENT		Surname: <u>Almoud Almad</u>	
PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS		Forenames: <u>Almad Almad</u>	
		Address:	
		Home telephone number:	
Place of examination: <u>NOC-Hail</u>	Date: <u>08/10/2022</u>		
If a dependant enter employee's name here:			
Surname:		Forenames:	
Birth date: <u>26/03/1988</u>	Nationality: <u>Saudi</u>	Country of birth: <u>Saudi</u>	Religion:
☒ Male ☐ Female	☐ Married ☐ Single ☐ Separated /Divorced	Relationship to employee	Number of children:
		☐ Wife ☐ Son ☐ Daughter	
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
1. Sinus trouble		✓	21. Cancer
2. Neck swelling/glands		✓	22. Heart Disease
3. Difficulty in vision		✓	23. Rheumatic fever
4. Any ear discharge		✓	24. Abnormal heartbeat
5. Asthma/bronchitis		✓	25. High blood pressure
6. Hayfever /other significant allergy		✓	26. Stroke
7. Any skin trouble		✓	27. Serious chest pain
8. Tuberculosis		✓	28. Any blood disease
9. Shortness of breath		✓	29. Kidney disease
10. Coughed/vomited blood		✓	30. Blood in urine
11. Severe abdominal pain		✓	31. Diabetes
12. Stomach ulcer		✓	32. Headaches/migraine
13. Recurrent indigestion		✓	33. Dizziness/fainting
14. Jaundice or hepatitis		✓	34. Epilepsy
15. Gall Bladder disease		✓	35. Joints/spinal trouble
16. Marked change in bowel habits		✓	36. Surgical operation
17. Blood in stools (motions)		✓	37. Serious accident/fracture
18. Marked change in weight		✓	38. Tropical disease
19. Varicose veins		✓	39. Fear of heights
20. Lump in breast/armpit		✓	
How much tobacco each day? <u>0</u>		Average daily alcohol consumption <u>0</u>	
Have you ever taken illicit drugs? () PDO test all new/potential employees for illicit/recreational drugs			
FAMILY HISTORY Diabetes (<u>Yes</u>) Tuberculosis (<u>Yes</u>) Epilepsy (<u>Yes</u>) Asthma (<u>Yes</u>) Eczema (<u>Yes</u>)			
Heart disease (<u>Yes</u>) High blood pressure (<u>Yes</u>) Stroke (<u>Yes</u>) Blood Disease (<u>Yes</u>) Cancer (<u>Yes</u>)			
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:		Signature of Applicant: <u>[Signature]</u>	



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. Hemial 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.
175	74	24.16	140/88
PULSE	HEARING	VISION	Colour Vision
94/min.	L 3 R 2	DISTANT R L Uncorrected Corrected	(N)
		4/6 6/6	
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	
/		1. Urinalysis	
/		2. Hb. Bloodcount, ESR	
/		3. LFT RFT, RBS	
/		4. Drug Screen	
/		5. Lipids (40 years +)	
/		6. Sickie Cell test	
/		7. Audiogram	
/		8. Lung Function	
/		9. Chest X-Ray	
/		10. ECG	
/		11. CVS risk for 40 yrs. & above	
/		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: 08/10/2022		Name (Block Capitals): Dr. / Nurse	
REVIEW/CONSULTATION		Signature: 	
Date:		Name (Block Capitals): Dr. / Nurse	
		Signature:	

**DEPARTMENT OF LABORATORY MEDICINE**

File No: 50070690	Report No: 0100470
Name: UMAR MASOOD MASOOD AHMAD 6768	Sample Date: 08/10/2023 Time: 9:05
Address:	Received By:
Gender: M Age: 38 Y Nationality: PAKISTANI	Received Date: Time:
GSM No.: 99192319 ID Card No.: 104220701	Report Date: 08/10/2023 Time: 11:53
Ref. By: DR NADIA FAHAD	Bill No: 0201300 Bill Date: 08/10/2023

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE BELOW 40 YEARS		
FASTING BLOOD SUGAR	4.97 mmol/L	4.1 - 6.05 mmol/L
CREATININE	98.00 μ mol/l	Adults: MALE: 62 - 106 μ mol/L FEMALE: 44 - 80 μ mol/L
SGPT (ALT)	21.00 U/L	MALE: up to 41 U/L FEMALE: up to 33 U/L
TOTAL WBC COUNT	$5.50 \times 10^3 / \mu$ L	$4.00 - 11.00 \times 10^3 / \mu$ L
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	44.40 %	40-75%
LYMPHOCYTE (%)	46.00 %	20-45%
MONOCYTE (%)	6.60 %	2-8%
EOSINOPHIL (%)	2.70 %	1-6%
BASOPHIL (%)	0.30 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	08 mm/1st hr	MALE: 0-15 mm/ 1st hr FEMALE: 0-20 mm/ 1st hr
HAEMOGLOBIN	17.30 gm/dl	Male: 15-18 gm/dl Female: 11-15 gm/dl childrens upto 1year-11.0 - 13.0 gm/dl upto 12years-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 Sick cell anaemia / trait).		
URINE ROUTINE		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE

Verified By:

Approved By:

10195

Lab Technologist

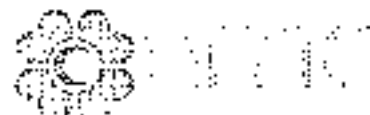
Specialist Pathologist

MOH License No.
Electronically signed at: 12/3/2023 11:55:00

Printed at: 08/10/2023 12:55:52 PM

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Dr. Umair Masood Ahmad
Specialist Pathologist
Department of Laboratory Medicine
Abul Kalam International Hospital
F-7/2, Phase-1, F-7 Road, Islamabad
Phone: 37300000-37300001
Fax: 37300002
Email: info@abulkalamhospital.com

**DEPARTMENT OF LABORATORY MEDICINE**

File No:	50070590	Report No:	3100470
Name:	UMAR MASOOD MASOOD AHMAD 6765	Sample Date:	08/10/2023 Time: 9:05
		Received By:	
Address:		Received Date:	Time:
Gender:	M Age: 38 Y Nationality: PAKISTANI	Report Date:	08/10/2023 Time: 11:53
GSM No.:	95192319 ID Card No.: 104226701	Bill No:	0261306 Bill Date: 08/10/2023
Ref. By:	DR NADIA SAHAD		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE BIL RUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	6.0	4.5-8.0
SPECIFIC GRAVITY	1.030	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	YELLOW	
APPEARANCE	SLIGHTLY TURBID	
URINE MICROSCOPY		
RBC	1-2 /hpf	0-3
WBC	3-4 /hpf	0-5
EPITHELIAL CELLS	1-2 /hpf	NIL
CRYSTAL	Calcium Oxalate Present /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	PRESENT	NIL
MUCOUS THREAD	++	NIL

Verified By

Approved By:

10195

Lab Technologist

Specialist Pathologist

MOH License No:
Electronically signed at: 05/10/2023 11:55:00

Printed at: 05/10/2023 12:55:52 PM

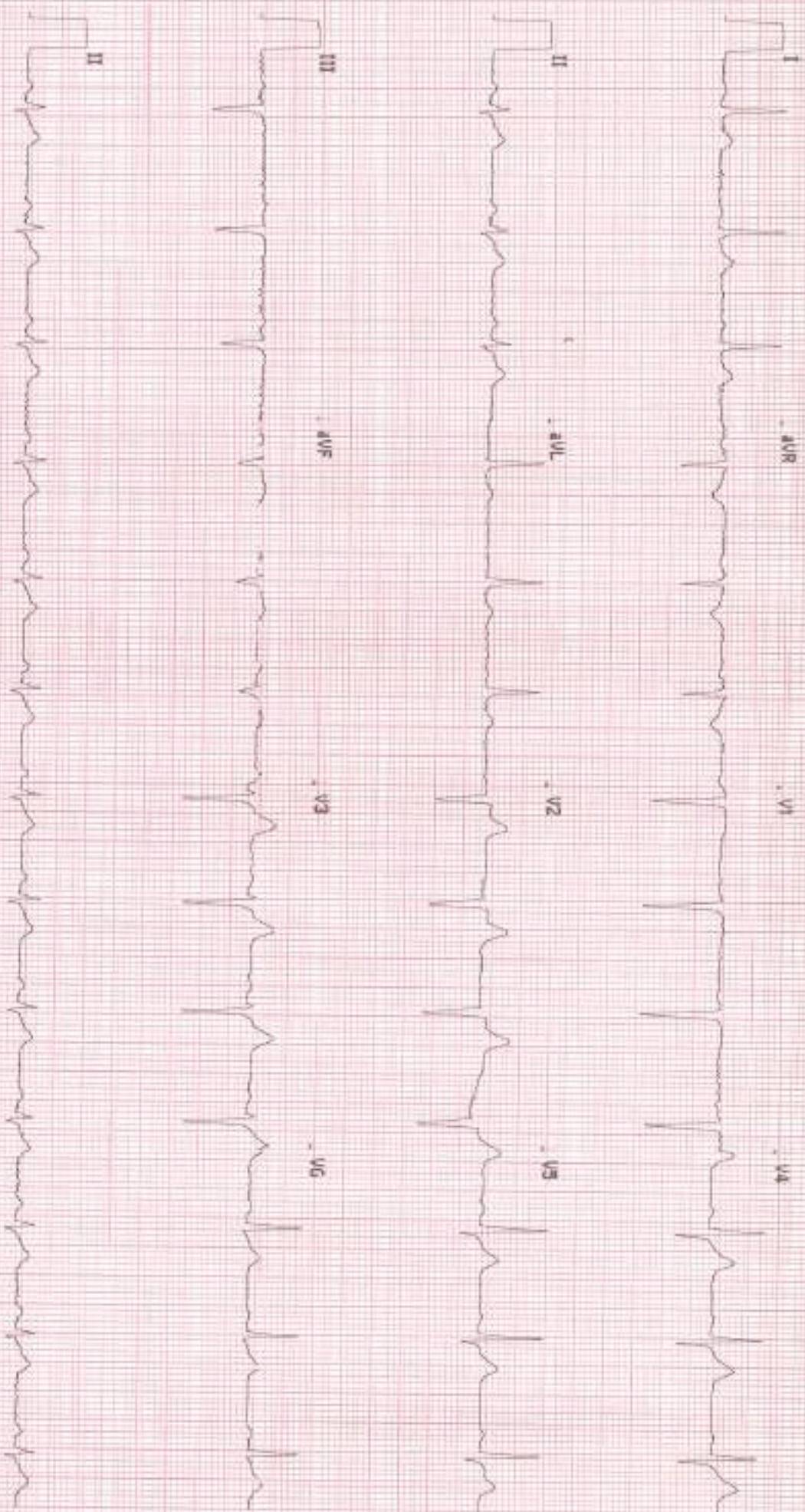
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Dr. Nadeem Raza
Specialist Pathologist
Department of Laboratory Medicine
Government of Punjab
Ministry of Health
GPO Box 1000
Lahore, Pakistan
Phone: 35812345
Fax: 35812346
Email: nadeem.raza@punjab.gov.pk

LU: DUU/UDU
DOB:
39yr, Male

Heart rate: 77 BPM
PR int: 162 ms
QRS dur: 94 ms
QT/QTc: 324/356 ms
P-R-T axes: 61 -16 32

SINUS RHYTHM
NORMAL ECG
UNCONFIRMED REPORT



179210000838

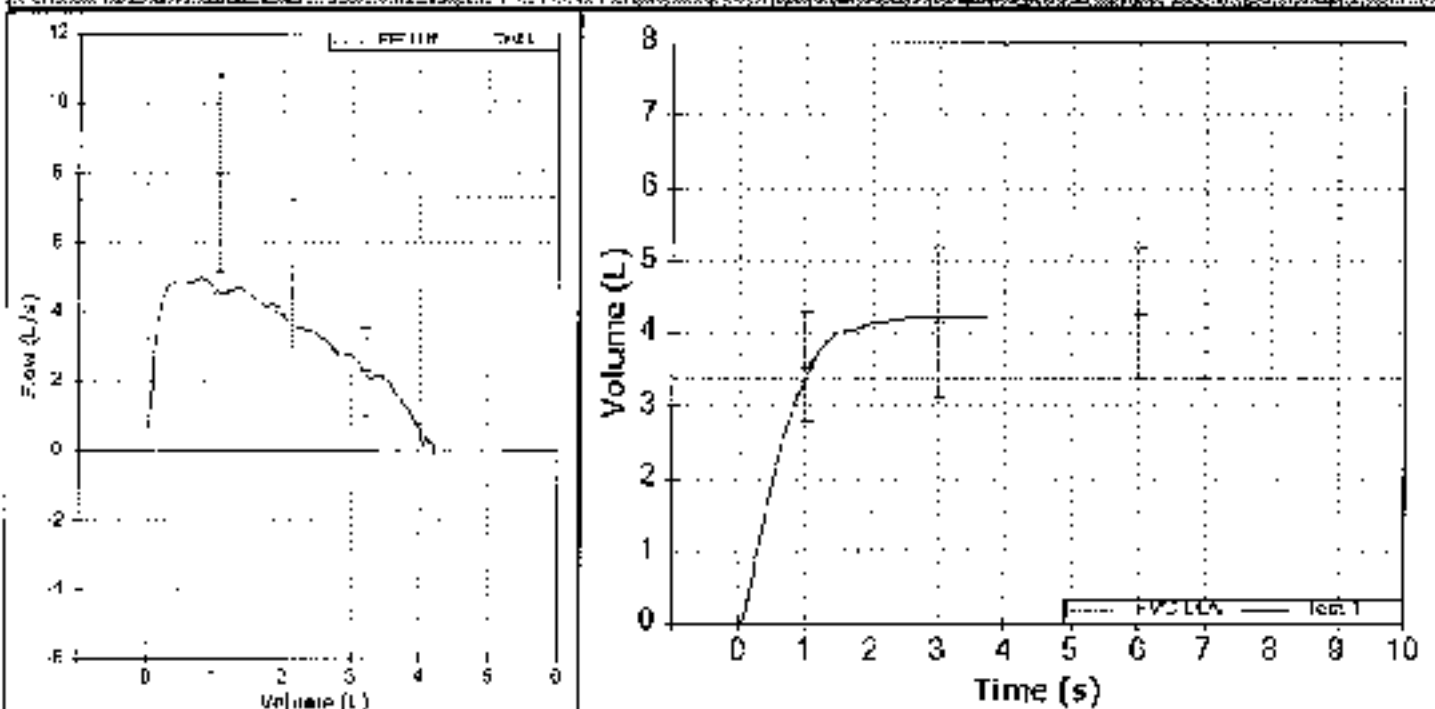
No Site Name

Site # 0 Cart # 0 Version 2.1.0.5 Sequence #05630 25mm/s 10mm/mV 0.05-40 Hz M

Photograph**Pulmonary Function Report**

ID:	2023281_100816335	Alternate ID:	50275090		
Last Name:	Aliamed	First Name:	Umar	Middle Name:	Vasood
Population:	Asian	Gender:	Male	Date of Birth:	29/05/1985
Age:	38	Height:	175 cm	Weight:	74.0 kg
BMI:	24.2	Smoking:	Non Smoker		

Test Date:	08/10/2023 10:11	Device:	ALPHA Touch	Serial Number:	32156
No. of Tests:	5	Accuracy Chk:	10/05/2019 15:42	Use:	Admin's rate
Pred. Values:	ERS 55	Pred. Factor:	80%	Posture:	Standing

Graphs of Spirometry Test Results (Flow and Volume) (Graphs)

Parameter	Pred	LLN	Best	% Pred.	Z-Score
FVC (L)	4.28	3.38	4.23	99	-0.05
FEV1 (L)	3.54	2.78	3.56	101	3.04
FEV1 Ratio	0.80	0.59	0.84	105	0.60
PEF (L/min)	428	338	423	99	-0.05
PEF (L/min)	556	427	298*	54	3.52
FEF25-75 (L/s)	4.46	2.75	3.54	79	-0.88

Values of PEF5, *Below lower limit of normality (LLN).

FVC Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
D	-	-	0 blow(s)	0 blow(s)	0 blow(s)

Computer Interpretations and Suggested Interpretations

Computer interpretations cannot be relied upon for diagnosis. Normal ventilatory function.

Visual Representation of Spirometry Test Results (Graphs)

FVC					
FEV1					
FEV1 Ratio					
	LLN	Reference	ULN		

Tone threshold audiometric test

03/10/2023 10:14:24 AM

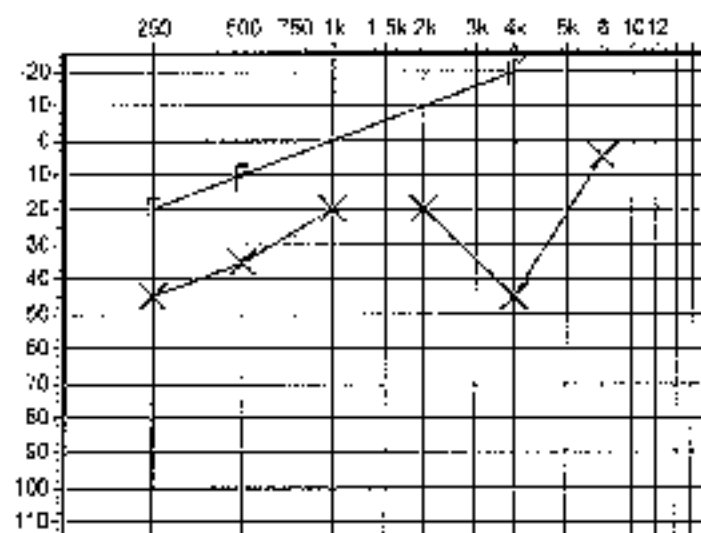
Name **umar masood masood ahmed**
Surname

Date of birth 1985/02/29
Age in years 38

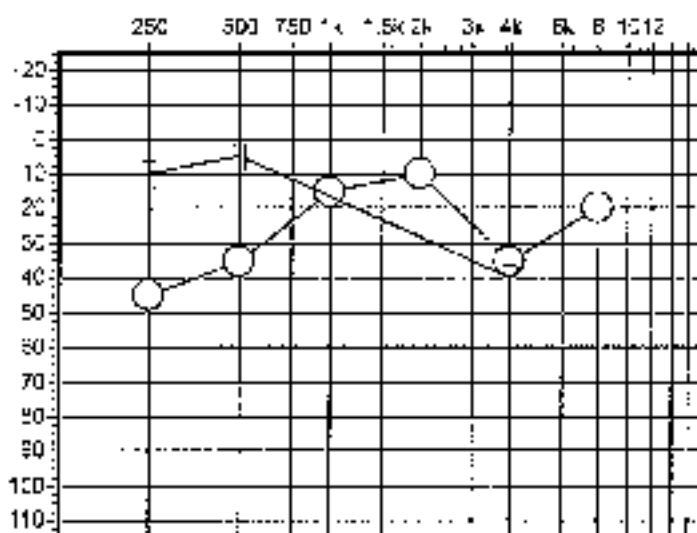
Company DR MASOOD
Department OPD
Job title audiometry
Number

ID/SS number 55079593
Passport no

Significance: None



Left



Right

125 250 500 1k 2k 3k 4k 6k 8k	0k 10k 11k 12.5k 14k 16k	Frequencies	125 250 500 1k 2k 3k 4k 6k 8k	9k 10k 11k 12.5k 14k 16k
45 35 20 20 45 5		Air thresholds	45 35 15 10 35 20	
-30 -33 -27 -33 -29 -35		Noise in ear canal	-11 -17 -21 -19 -24 -29	
-30 30 25 35 29 33		Noise for threshold-5dB	-6 16 21 20 -9 33	
20 10	-20	Bone thresholds	10 5	40
-21 -34	-39	Noise in ear canal	-3 -15	-24
-20 -33		Noise for threshold-5dB	-2 -20	-26
		Maximum masking		
		Bone unmasked		
		Noise in ear canal		
		Noise for threshold-5dB		

ZA PLH		Pure tone avg. (500 1k 2k)	
Binaural impairment:		25	
Pure tone avg. (500 1k 2k)		25	
Pure tone avg. (500 1k 2k)		20	

Audiogram notes

umar masood masood ahmed

fatma alzabali RNC RCPSC

1973

KUDUwave

Report created on 03/10/2023
Report software version 2.4.3.0
Report generated on 03/10/2023 10:24:55 AM
Unique Global Patient Number 331527320120164065A857228117H055803

Last calibration date: 20/10/2022
KUDUwave serial number 0631-27672
Bone vibrator serial number 7100007
Sound booth: 60x60 10x10 Diaphragm
Type of audiometer: hear 7100 1
Test protocol:

