

Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

 Petro Development Oman MEDICAL DEPARTMENT PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS		Surname: <u>Gurbachan Singh</u>																																																																																																																												
		Forenames: _____																																																																																																																												
		Address: _____																																																																																																																												
Place of examination: <u>NMC Alhail</u>		Home telephone number: <u>9490315</u>																																																																																																																												
Date: <u>27.02.2025</u>																																																																																																																														
If a dependant enter employee's name here: Surname: _____ Forenames: <u>Gurbachan Singh</u>																																																																																																																														
Birth date: <u>2004.08</u>		Nationality: <u>Indian</u>																																																																																																																												
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: _____ Pre-Overseas ☐ AHS: _____																																																																																																																														
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.)																																																																																																																														
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How much tobacco each day? <u>NO</u>		Average daily alcohol consumption: <u>NO</u>																																																																																																																												
Have you ever taken illicit drugs? <u>NO</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: <u>27.02.2025</u>		Signature of Applicant: _____																																																																																																																												
Page 79		Specification: <u>Subash Singh</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.	PULSE	HEARING	VISION	Colour Vision	Blood Group
163	97	36.5	148 96	72 /mins.	L ☒ R ☒	DISTANT Uncorrected 6/6 Corrected 6/6 NEAR Uncorrected 6/6 Corrected 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.)

No Remarkable Finding

ASSESSMENT:

☒ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFITDate: 24/02/2025
Name (Block Capitals): Dr. / Nurse Dr. Shiva Kumar

REVIEW/CONSULTATION

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

Signature:

DEPARTMENT OF LABORATORY MEDICINE

File No: 50062159	Report No: 0146659
Name: GURBACHAN SINGH WAZIR SINGH	Sample Date: 27/02/2025 Time: 11:40
Address:	Received By:
Gender: M Age: 39 Y Nationality: INDIAN	Received Date: Time:
GSM No.: 97190315 ID Card No.: 76103261	Report Date: 27/02/2025 Time: 14:09
Ref. By: DR MAHDI KARIMI	Bill No: 0357592 Bill Date: 27/02/2025

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE BELOW 40 YEARS		
RANDOM BLOOD SUGAR	5.21 mmol/L	4.11 -7.9mmol/L
CREATININE	81.00 μ mol/L	Adults: MALE: 62 – 106 μ mol/L FEMALE: 44 - 80 μ mol/L
SGPT (ALT)	55.30 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L
TOTAL WBC COUNT	7.03 x 10 ³ / μ L	4.00-11.00 x 10 ³ / μ L
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	51.30 %	40-75%
LYMPHOCYTE (%)	37.53 %	20-45%
MONOCYTE (%)	7.53 %	2-8%
EOSINOPHIL (%)	2.06 %	1-6%
BASOPHIL (%)	1.58 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	11 mm/1st hr	MALE:0-15 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
HAEMOGLOBIN	15.35 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

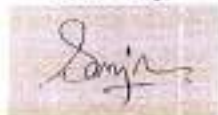
SICKLE CELL NEGATIVE

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

URINE ROUTINE

Verified By:

Approved By:



10195

Lab Technologist

Specialist Pathologist

MCH License No:
Electronically signed at: 2/27/2025 2:11:09

Printed at: 27/02/2025 5:18:29 PM

Page : 1 of 3



مستشفى النعمانية التخصصي
nmc specialty hospital

NMC Healthcare LLC
CRNA - 1000137
Plot No. 254, Block 310
Building No. 042, Al Fata North
Dubai, United Arab Emirates
T: (+966) 2426 9737
F: (+966) 2426 9708
www.nmc-hospital.com

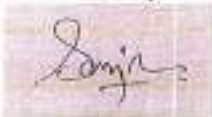
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INVESTIGATION	RESULT	REFERENCE RANGE
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	6.5	4.8-8.0
SPECIFIC GRAVITY	1.030	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
URINE MACROSCOPY		
COLOUR	YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	0-3
PUSCELLS	2-3 /hpf	0-5
EPITHELIAL CELLS	0-2 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	
MUCOUS THREAD	NIL	
LIPID PROFILE		
TOTAL CHOLESTEROL	4.87 mmol/L	< 5.18 mmol/L
HDL	0.82 mmol/L	>1.5 mmol/L

Verified By:

Approved By:



10195

Lab Technologist

Specialist Pathologist



MCH License No:
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Page: 2 of 3

NMC HealthCare LLC
CRN: 1660137
Pac No: 254, Bldg: 336
Building No: 932, Al Fajr North
Salzburgh of Oman
T: (+968) 2426 0222
F: (+968) 2426 0281
www.nmchealthcare.com

DEPARTMENT OF LABORATORY MEDICINE

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Ref. By: DR MAHDI KARIMI		

INVESTIGATION	RESULT	REFERENCE RANGE
TRIGLYCERIDES	3.70 mmol/L	Desirable : <2.083 mmol/L Borderline high : 2.83 - 5.67 mmol/L Hypertriglyceridemia >5.65 mmol/L
LDL	2.88 mmol/L	< 2.6 mmol/L
VLDL	1.68 mmol/L	0.128-0.645mmol/L

Verified By:

Approved By:



10195

Lab Technologist

Specialist Pathologist

MOH License No:
Electronically signed at: 27/02/2025 2:11:05

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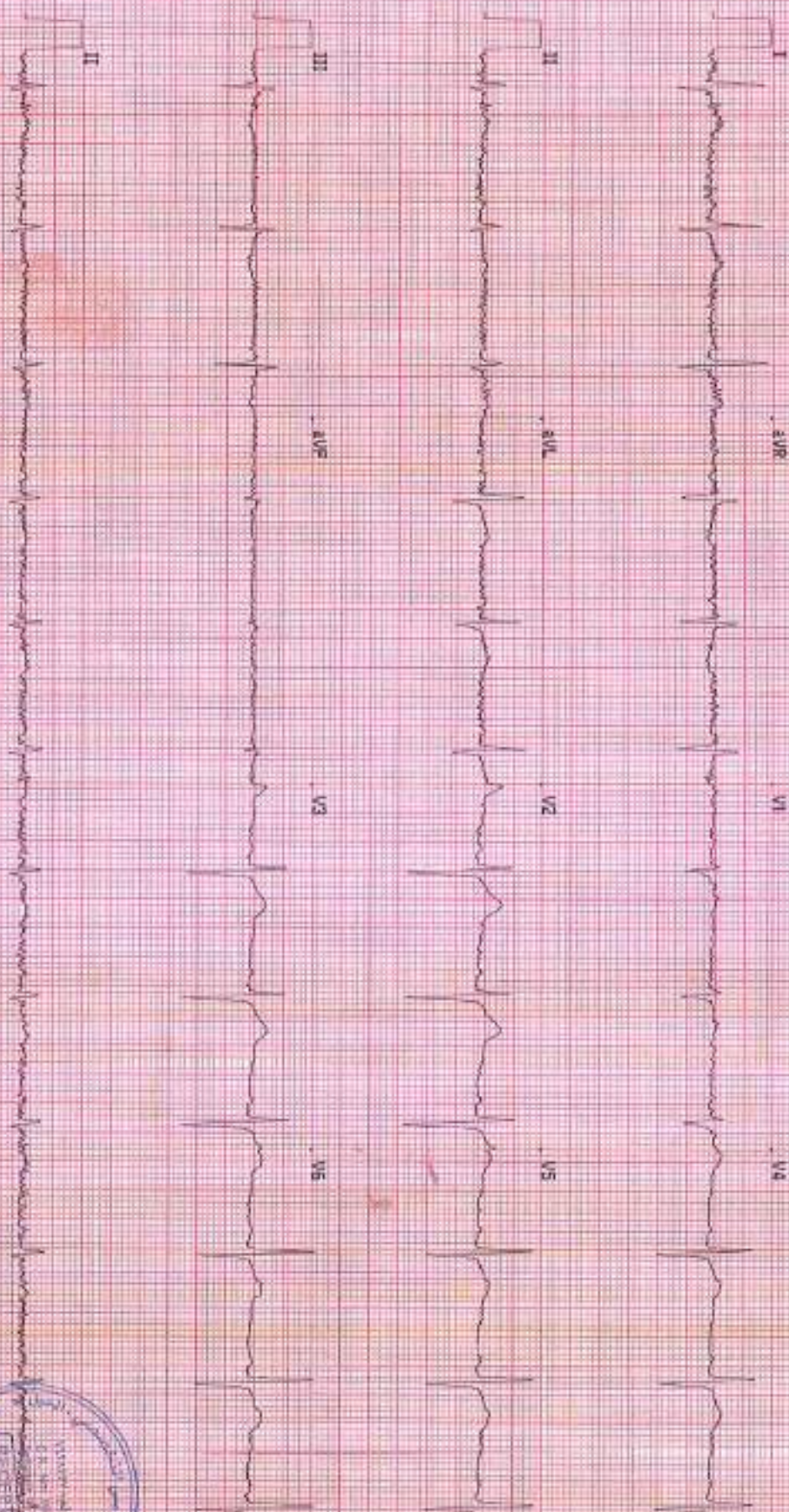
مستشفى ان ام سي
nmc specialty hospital

NMC Healthcare LLC
C.O. No. 100113
Plot No. 294, Block 13
Building No. 012, Al Hall Nord
Dubai, UAE
T: +966 4 366 9122
F: +966 4 366 9120
www.nmchealthcare.com

LU: 30064133
DOB:
39yr, Male

Heart rate: 67 BPM
PR Int: 145 ms
QRS dur: 101 ms
QT/QTc: 391/407 ms
P-R-T axes: 47 -20 -3

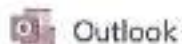
SINUS BRADYCARDIA
INDETERMINATE AXIS
ATYPICAL ECG
UNCONFIRMED REPORT



09210000835

No Site Name

Site # 0 Cart # 0 Version 2.10.5 Sequence #02244 25mm/s 10mm/mV 0.05-40 Hz W



Outlook

PDO FTW - GURBACHAN SINGH#6773

From Muatasim Al Mandhari <Muatasim@truckomangroup.com>

Date: Thu 2/27/2025 10:41 AM

To: Customercare Hail [NMC Oman] <customercare.hail@nmcoman.com>

Cc: Rahul Bhalerao [NMC Oman] <Rahul.Bhalerao@nmcoman.com>; Davis George <davis@truckomangroup.com>; Sampuran Sanndhu <sampuran@truckomangroup.com>; Jeyasingh <jeyasingh@truckomangroup.com>; Sudheesh Krishnan <sudheesh.krishnan@truckomangroup.com>; Sahaya Jayaraj <Sahaya@truckomangroup.com>

This email was sent from a source outside of NMC

Do NOT ACT on any instructions given on email unless you recognize the Sender, If in doubt please contact the Sender directly for confirmation. Do not click on links or open attachments unless you recognize the sender.

Dear NMC Team,

Please arrange for the PDO FTW for GURBACHAN SINGH#6773 for today, 27th February 2025. Kindly share the report once it is completed. Thank you.

Regards,



TRUCKOMAN
EQUIPMENT RENTAL LLC

Muatasim AL-Mandhari |HSE Advisor

TER HSE Dept

M: +968 96968848

E: muatasim@truckomangroup.com



Framingham Risk Score (2008)

Questions

- | | |
|---|------------------|
| 1. Gender? | Male |
| 2. Age? | 35-39 |
| 3. Total Cholesterol? | 4.14-5.15 mmol/L |
| 4. HDL? | <0.9 mmol/L |
| 5. Systolic Blood Pressure? | 140-149 mmHg |
| 6. On Medication for Hypertension? | No |
| 7. Smoker? | No |
| 8. Diabetic? | No |
| 9. Known Vascular Disease (CAD, PVD, S... | No |

About

The FRS estimates the 10 year risk of manifesting clinical CVD (CAD, Stroke, PVD, CHF, cardiac death). Although not examined in the 2008 model, it is common practice to double the FRS if there is a FRIx of premature CAD in a 1st degree relative (men <55y, women <65y).

*The risk stratification tool for the ESC is the SCORE system which estimates 10y risk of CVD death. Patients with a 10y risk of CVD death ≥5% are considered high risk. The lipid guidelines recognize risk equivalents as a distinct category that warrant immediate treatment. For patients with an ESC SCORE ≥ 5% a 3 month trial of lifestyle measures is a reasonable starting point, if after 3 months the lipids remain above moderate risk targets and the SCORE remains ≥ 5% then intensive therapy to reach high risk targets is recommended.

References

Ralph B. D'Agostino, Sr, Ramachandran S. Vasan, Michael J. Pencina, Philip A. Wolf, Mark Cobain, Joseph M. Massaro and William B. Kannel.

General cardiovascular risk profile for use in primary care: the Framingham Heart Study.

Circulation 2008 February 12, 117 (6): 743-53

McPherson R et al.

Canadian Cardiovascular Society position statement—recommendations for the diagnosis and treatment of dyslipidemia and prevention of cardiovascular disease.

Canadian Journal of Cardiology 2006, 22 (11): 913-27

Management of Blood Cholesterol in Adults: Systematic Evidence Review from the Cholesterol Expert Panel.

Ian Graham et al.

European guidelines on cardiovascular disease prevention in clinical practice: executive summary. Fourth Joint Task Force of the European Society of Cardiology and Other Societies on Cardiovascular Disease Prevention in Clinical Practice (Constituted by representatives of nine societies and by invited experts).

European Heart Journal, Volume 28, Issue 19, October 2007, Pages 2375-2414

The Framingham Risk Score (2008) calculator is created by QxMD.

Results

Estimated 10-year Global CVD Risk

5.8%

Risk Category

Low Risk

Estimated Vascular Age

45 Years

Treatment Guidelines

ATP-III (2004)

Treatment Targets

LDL <160 mg/dL (<4.14 mmol/L)

Non-HDL <190 mg/dL (<4.93 mmol/L)

CCS (2008)

Initiate Pharmacotherapy if

LDL >5 mmol/L (>193 mg/dL)

TChol/HDL-C >6 mmol/L (>231 mg/dL)

Treatment Targets

≥50 % decrease in LDL-C

ESC (2007, see info for more)

Treatment Targets

LDL <3 mmol/L (<120 mg/dL)

TChol <5 mmol/L (<194 mg/dL)

Created by QxMD

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