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	FAISAL FIAZ
Forenames	
Address	
Home telephone number	
Employment No #	

Place of examination: Apollo Hospital AHM	Date: 6-10-2021

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

Birth date: 26-7-1980	Nationality: PAKISTANI	Country of birth: PAKISTAN	Religion: Muslim

☑ Male ☐ Female	☑ Married ☐ Single ☐ Separated /Divorced	Relationship to employee: ☐ Wife ☐ Son ☐ Daughter	Number of children: 2

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		
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?	Average daily alcohol consumption

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

FAMILY HISTORY: Diabetes (A) 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 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	A	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 R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
177.5	95.1	30.2	130/90	80 /mins.	L R	Uncorrected 6/6	6/6	N/6	N/6	N.	
						Corrected					

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.)

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

ASSESSMENT:

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

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

REVIEW/CONSULTATION

Dyslipidemia - Started on treatment. Advised diet & exercise.

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

DEPARTMENT OF LABORATORY SERVICES

File No: 0354821
Name: FAISAL FIAZ
Address:
Gender: M **Age:** 41 Y **Nationality:** PAKISTANI
GSM No.: 99458389 **ID Card No.:** 95320125
Doctor: DR. SIMRAN IBRAHIM ANSARI

Report No: 0482201
Sample Date: 06/10/2021 **Time:** 11:02
Received Date: 06/10/2021 **Time:** 11:02
Report Date: 06/10/2021 **Time:** 12:43
Bill No: 1016838 **Bill Date:** 06/10/2021
Company: TRUCK OMAN LLC

INVESTIGATION	RESULT	REFERENCE RANGE
TRUCK OMAN PRE-EMPLOYMENT CHECK UP		
Fasting Blood Glucose	97.20 mg/dL	ADA Guidelines Normal <100 mg/dl Pre Diabetes 100-125 mg/dl Diabetes >126 mg/dl
ESR	04 mm/hr	Male : 0-10 mm/hour Female: 0-20 mm/hour
S.Creatinine	**0.59 mg/dL**	Male : 0.7 - 1.2 mg/dl Female : 0.5 - 0.9 mg/dl
Sickle cells (Screen)	Negative	
CBC		
WBC COUNT	8.17 10^3uL	4.0-11.0x10^3/mm^3
RBC	5.14 10^6/uL	4.20 - 6.30 10^6/uL
HGB	14.80 g/dl	male 13.5 -18.0 g/dl female 11.5 -16.0 g/dl
HCT	43.80 %	37.0 - 51.0 %
MCV	85.20 fL	80.0 - 97.0 fL
MCH	28.80 pg	26.0 - 32.0 pg
MCHC	33.80 g/dL	31.0 - 36.0 g/dL
RDW	14.20 %	11.0 - 14.5 %
NEUT#	4.35 10^3/uL	1.50 - 7.00 10^3/uL
LYMPH#	3.11 10^3/uL	0.60 - 4.10 10^3/uL
MONO#	0.62 10^3/uL	0.00 - 0.70 10^3/uL
EOS#	0.07 10^3/uL	0.00 - 0.40 10^3/uL
BASO#	0.02 10^3/uL	0.00 - 0.10 10^3/uL

Reported By:

ANANDH
Lab Technologist

Verified By:

Dr. Mohammed Atif Syed
Specialist Pathologist

MOH License No: 19245
Printed at: 06/10/2021 12:43:31 PM

ص.ت : ١٧٩٢٥٤٧، ص.ب : ١٠٩٧، الخمرية، الرمز البريدي : ١٣١، سلطنة عمان. هاتف : ٢٤٧٨٧٧٦٦ (٩٦٨+)، فاكس : ٢٤٧٠٠٠٩٣ (٩٦٨+)، البريد الإلكتروني : info@apollomuscat.com
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
Tax Card No.:8251325 | VATIN: OM1200160355
ضريبة القيمة المضافة OM1200160355 | رقم بطاقة ضريبية 8251325

DEPARTMENT OF LABORATORY SERVICES

File No:	0354821	**Report No:**	0482201		
Name:	FAISAL FIAZ	**Sample Date:**	06/10/2021	**Time:**	11:02
		Received Date:	06/10/2021	**Time:**	11:02
Address:		**Report Date:**	06/10/2021	**Time:**	12:43
Gender: M **Age:** 41 Y **Nationality:** PAKISTANI		**Bill No:**	1016838	**Bill Date:**	06/10/2021
GSM No.: 99458389 **ID Card No.:** 95320125		**Company:**	TRUCK OMAN LLC		
Doctor: DR. SIMRAN IBRAHIM ANSARI					

INVESTIGATION	RESULT	REFERENCE RANGE
NEUT%	53.20 %	37.0 - 72.0 %
LYMPH%	38.10 %	10.0 - 58.5 %
MONO%	7.60 %	0.0 - 14.0 %
EOS%	0.90 %	0.0 - 6.0 %
BASO%	0.20 %	0.0 - 1.0 %
PLATELET	256.00 10^3/uL	140 - 440 10^3/uL
LFT		
Total Bilirubin	0.68 mg/dL	Up to 1.1 mg/dL
Direct Bilirubin	0.11 mg/dL	Up to 0.3 mg/dL
Indirect Bilirubin	0.57 mg/dL	0.2 - 0.8 mg/dL
AST (SGOT)	19.40 U/L	Men : 10 - 50 U/L Female : 10 - 35 U/L
ALT (SGPT)	33.20 U/L	Men : Up to 41 U/L Female : 10 - 35 U/L
ALP	59.70 U/L	Men : 40 - 129 U/L 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	**64.40 U/L**	0 - 50 U/L
A:G Ratio	1.586206	1.1-1.8
LIPID PROFILE		
Total Cholesterol	**244.80 mg/dL**	< 200 mg/dL
Triglyceride	**374.70 mg/dL**	<150 mg/dl

Reported By:

ANANDH
Lab Technologist

Verified By:

Dr. Mohammed Atif Syed
Specialist Pathologist

MOH License No: 19245
Printed at: 06/10/2021 12:43:31 PM

ص.ب ١٠٩٧، ص.ب ١٠٩٧، الحمرية، الرمز البريدي ١٣١، سلطنة عمان. هاتف ٢٤٧٨٧٧٦٦ (٩٦٨+)، فاكس ٢٤٧٠٠٠٩٣ (٩٦٨+)، البريد الإلكتروني : info@apollomuscat.com
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
Tax Card No.:8251325 | VATIN: OM1200160355
ضريبة القيمة المضافة OM1200160355 | رقم بطاقة ضريبية 8251325

DEPARTMENT OF LABORATORY SERVICES

File No: 0354821
Name: FAISAL FIAZ
Address:
Gender: M **Age:** 41 Y **Nationality:** PAKISTANI
GSM No.: 99458389 **ID Card No.:** 95320125
Doctor: DR. SIMRAN IBRAHIM ANSARI

Report No: 0482201
Sample Date: 06/10/2021 **Time:** 11:02
Received Date: 06/10/2021 **Time:** 11:02
Report Date: 06/10/2021 **Time:** 12:43
Bill No: 1016838 **Bill Date:** 06/10/2021
Company: TRUCK OMAN LLC

INVESTIGATION	RESULT	REFERENCE RANGE
HDL - CHOL	43.00 mg/dl	>45 mg/dl
LDL - CHOL	**126.86 mg/dl**	<100 mg/dl
Total Chol/HDL Chol ratio	**5.69**	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	15 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:

ANANDH
Lab Technologist

Verified By:

Dr. Mohammed Atif Syed
Specialist Pathologist

MOH License No: 19245
Printed at: 06/10/2021 12:43:31 PM

س.ت: ١٧٩٢٥٤٧، ص.ب: ١٠٩٧، الخمرية، الرمز البريدي: ١٣١، سلطنة عمان. هاتف: ٢٤٧٨٧٧١١ (٩٦٨+). فاكس: ٢٤٧٠٠٠٩٣ (٩٦٨+). البريد الإلكتروني: info@apollomuscat.com
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
Tax Card No.:8251325 | VATIN: OM1200160355
ضريبة القيمة المضافة OM1200160355 | رقم بطاقة ضريبية 8251325

DEPARTMENT OF LABORATORY SERVICES

File No:	0354821	**Report No:**	0482201		
Name:	FAISAL FIAZ	**Sample Date:**	06/10/2021	**Time:**	11:02
		Received Date:	06/10/2021	**Time:**	11:02
Address:		**Report Date:**	06/10/2021	**Time:**	12:43
Gender:	M **Age:** 41 Y **Nationality:** PAKISTANI	**Bill No:**	1016838	**Bill Date:**	06/10/2021
GSM No.:	99458389 **ID Card No.:** 95320125	**Company:**	TRUCK OMAN LLC		
Doctor:	DR. SIMRAN IBRAHIM ANSARI				

INVESTIGATION	RESULT	REFERENCE RANGE
MICROSCOPIC		
Pus Cell	2 - 3 Cells/hpf	
RBC	NIL	
Epithelial Cells	Few cells/hpf	
Casts	NIL	
Crystals	NIL	
Others	NIL	
STOOL ROUTINE ANALYSIS		
PHYSICAL		
Colour	Brownish	
Consistency	Semisolid	
Reaction	Alkaline	
MICROSCOPIC		
Ova:	NIL	
Cyst:	NIL	
Pus Cells:	0-2 Cells/hpf	
RBCs	Nil Cells/hpf	
Others	Nil	

Reported By:

ANANDH
Lab Technologist
MOH License No: 19245
Printed at: 06/10/2021 12:43:31 PM

Verified By:

Dr. Mohammed Atif Syed
Specialist Pathologist

س.ت : ١٧٩٢٥٤٧، ص.ب : ١٠٩٧، الحمرية، الرمز البريدي : ١٣١، سلطنة عمان. هاتف : ٢٤٧٨٧٧١١ (٩٦٨+)، فاكس : ٢٤٧٠٠٠٩٣ (٩٦٨+)، البريد الإلكتروني : info@apollomuscat.com
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
Tax Card No.:8251325 | VATIN: OM1200160355
ضريبة القيمة المضافة OM1200160355 | رقم بطاقة ضريبية 8251325

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

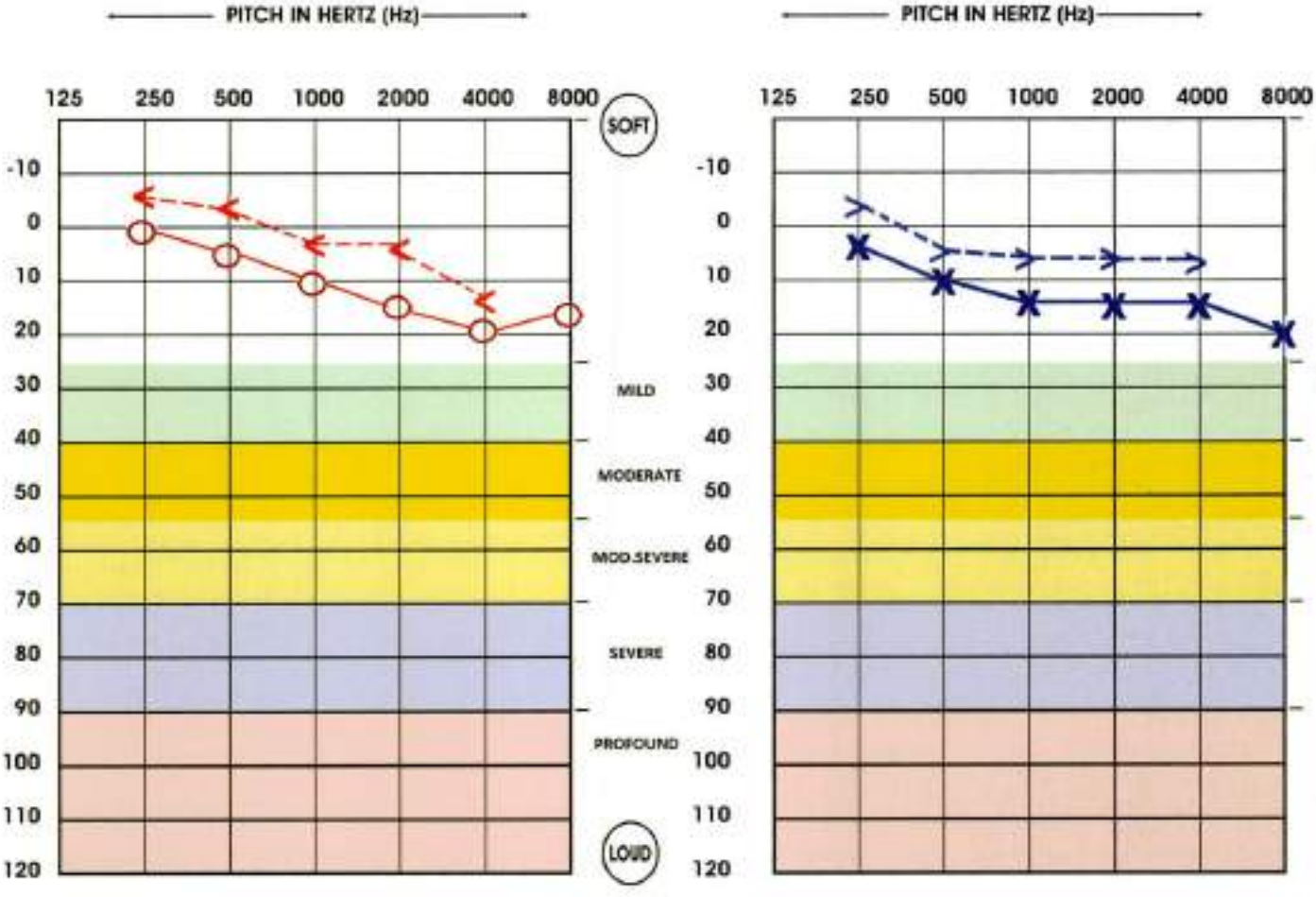
AUDIOGRAM EXAMINATION SHEET

FILE NO : 354821 BILL NO : ..... DATE : 6/10/21

NAME : FAISAL FIAZ AGE / SEX : 41/M

COMPANY : TRUCK OMAN DOB : .....

CONSULTANT (REF) : .....



WEBER	RIGHT				
	LEFT				

						SPECIAL TESTS			
dBhL	PTA	SRT	SIS(%)	MCL	UCL	SISI	TDT	MLB/BLB	OAE
RIGHT	10								
LEFT	11.3								

INTERPRETATION :

BILATERAL HEARING SENSITIVITY WITHIN NORMAL LIMITS

SIKKU SOMAN
AUDIOLOGIST
MOH Licence No.: 16998
Apollo Hospital Muscat

AUDIOLOGIST

RECOMMENDATION :

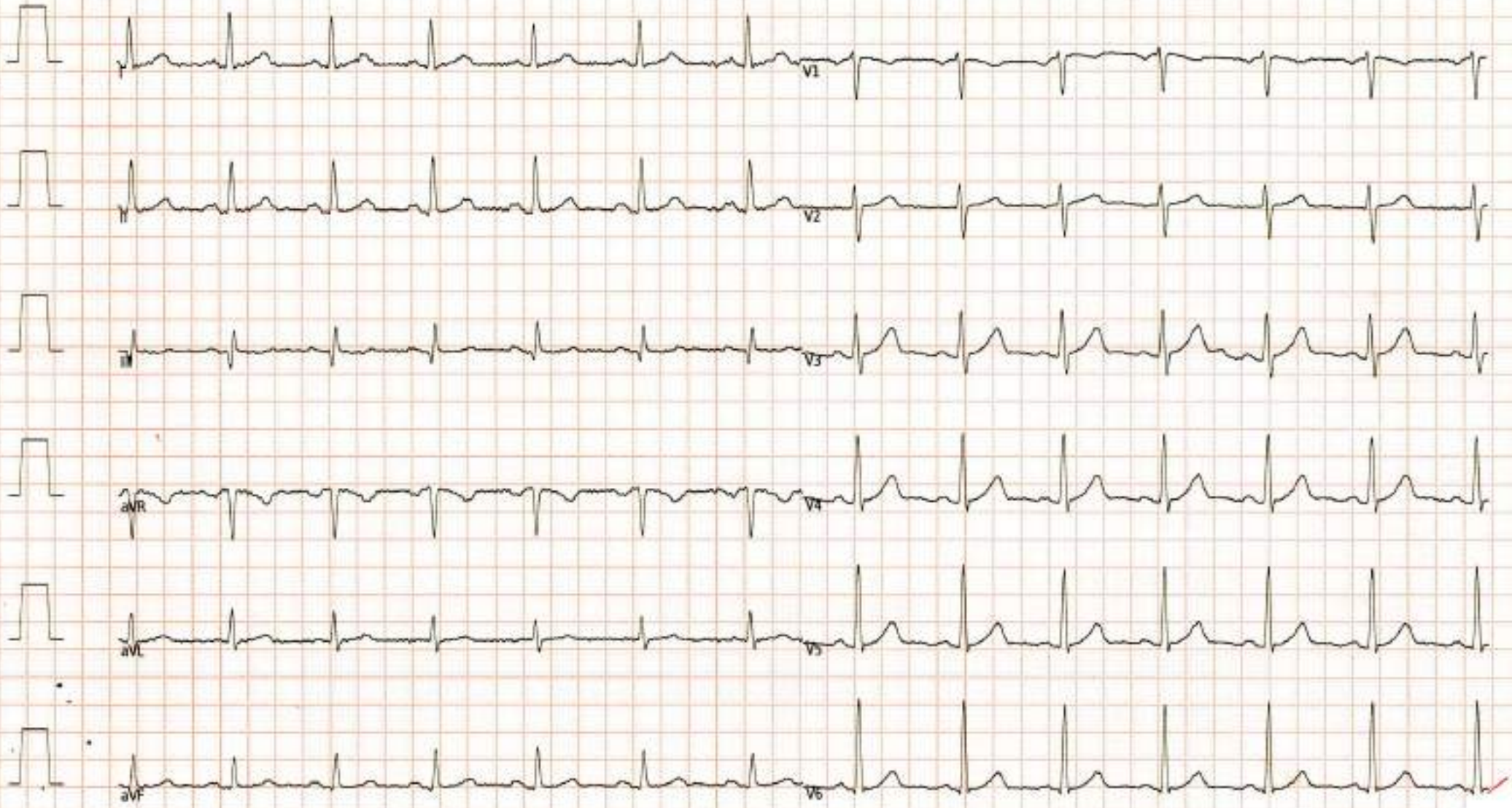
Id: 0354821
, Faisal
Male --- (---) Unknown
Height: 0 cm Weight: 0 kg BP: 0/0 mmHg

Med.:
Tech:
Note:

06/10/2021 11:59:05

HR:	79 bpm
PR:	160 ms
QRS:	82 ms
QT/QTcH:	374/407 ms
QTcB:	429 ms
QTcF:	410 ms

R_{V5}/S_{V1}:	1.63/0.73 mV
Sok-Lyon:	2.37 mV
Axis:	53/42/39 °



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

CARDIOLINE

70 607

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	: FAISAL FIAZ	**AGE**	: 41 Y(26/07/1980)
GENDER	: Male	**PATIENT ID**	: 354821
COMPANY	: TRUCK OMAN LLC (Credit)	**DATE**	: 06/10/2021 11:03 AM
CONSULTANT	: DR. SIMRAN IBRAHIM ANSARI	**BILL NO**	: 1016838
BILL DATE	: 06/10/2021		
TEST NAME	: CHEST PA		

RADIOGRAPH CHEST FRONTAL VIEW

CLINICAL DATA:

OBSERVATION :

Trachea appears to be in mid line.

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

Bilateral costophrenic and cardiophrenic angles appear normal.

Bilateral hilum appears symmetrical and normal in size.

Cardiac silhouette appears within normal limits.

Bony thoracic appears normal.

No Soft tissue mass or calcification can be seen

IMPRESSION:

- **Unremarkable chest radiograph**

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 ASDUL REHMAN
SPECIALIST - RADIOLOGIST
MOH Licence No.: 14883
Apollo Hospital Muscat

س.ت: ١٧٩٢٥٤٧, ص.ب: ١٠٩٧ , الحمرية, الرمز البريدي: ١٣١ , سلطنة عمان , هاتف: ٢٤٧٨٧٧٦٦(+٩٦٨) فاكس: ٢٤٧٠٠٠٩٣(+٩٦٨) البريد الإلكتروني: info@apollomuscat.com
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
VATIN OM1100036100 رقم التسجيل الضريبي
Tax Card No. : 8251325 رقم الطبا قة الضريبية: