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	SINGH
Forenames	RANDHIR
Address	
Home telephone number	94014720

Place of examination: AMC AL HAIL | Date: 05/08/23

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

Birth date: 26/12/1985 | Nationality: INDIAN | Country of birth: INDIA | Religion: SIKH

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

Reason for examination: Pre-Employment ☐ Pre-Overseas ☐ | Job: Driver | 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? X | Average daily alcohol consumption: X

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

FAMILY HISTORY: Diabetes (✓ mother) | Tuberculosis (X) | Epilepsy (X) | Asthma (X) | Eczema (X)
Heart disease (X) | High blood pressure (✓ mother) | Stroke (X) | Blood Disease (X) | Cancer (X)

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: 05/08/23 **Signature of Applicant:** Randhir Singh

nmc specialty hospital, Al Hail RECEPTION

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	PVC noted on ascultation and pulse examination.
✓		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				Colour Vision	Blood Group
							DISTANT		NEAR		
							R	L	R	L	
173	77	25.73	137/82	61 /mins.	L (N) R (N)	Uncorrected	6/6	6/6	6/6	6/6	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.)

FIT

ASSESSMENT:

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

cardiac opinion taken - fit.

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

REVIEW/CONSULTATION Advice. Cardiac opinion regarding PVC.

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

DR. ASHWATHY RAVI
General Practitioner
MOH Lic. No: 20538
rmc speciality hospital, Al Hail

rmc specialty hospital, Al Hail

Fitness to Work Certificate for drivers

Employee Data			Date 05/08/23
Name RANDHIR SINGH			Department/Company TRUCK-ONAT EQUIPMENT RENTA
I.D No. 11671683 7		Age 35	Occupation DRIVER.
Type of Medical Evaluation			Mark those applying √
A5- HVD- Crane or forklift driving & all heavy vehicles			A7- Professional driving-light vehicles

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			
Fit with following restriction(s)			
The employee is fit for above work but should avoid the following task(s)	*Temporary restriction*	*Permanent restriction*	
Work near moving machinery or sharp edges			
Operate Heavy motor vehicles, forklifts or heavy machinery			
Other (Specify)			
Temporary Unfit until			
Permanently Unfit			

FIT

Name of health advisor DR. ASWATHY RAVI
General Practitioner
MOH Lic. No: 20556
nmc speciality hospital, Al Hail

Signature

Date 7/8/2023

nmc specialty hospital, Al Hail
C.R. No: 1668137
Sultanate of Oman
RECEPTION

nmc specialty hospital, al ghoubra

P.O BOX : 613, Postal Code : 133 AL-GHOUBRA Sultanate of Oman

Medical Report

Consultant: DR SHAJU PADMAN/CARDIOLOGY Consultation Date : 07/08/2023 10:14:00

Name : RANDHIR SINGH	**Age :** [illegible] / M	**File No :** 50045118
Consultation Date : 07/08/2023 10:14:00	**marital status :** N/A	**Id Card/L Card :** NI
Ref By :		**Occupation :**
Working Company :	**Customer :** TRUCKMAN EQUIPMENT RENTAL LLC	**Policy No :**
Certificate No :	**Address :** EMP 5785	
Email Id :	**Nationality :** INDIA	**Phone :** 94014720

Sl No	Symptoms
1	CAME FOR PDO MEDICAL CHECKUP

There is no history of chest pain or dyspnoea.
EMT is negative for inducible ischaemia.

Sl No	Date	Diagnosis	Duration	Treatment
1	07/08/2023	Nil.	1 Day	

No	Code	Working / Provisional Diagnosis	Remarks
1	1	For PDO medical checkup.	

Sl No.	Date	Special Notes	Procedure	Qty	Remarks	Reference Consultant	Billed/Not Billed
1	07/08/2023		TREADMILLTEST	1.00			Billed

Review with investigations.

CARDIOLOGY
DR SHAJU PADMAN

Appendix 20: (Form SQ5): Epworth Screening Quest. For Sleep Apnoea

Employee Data		Date: 05/08/23
Name: RANDHIR SINGH		Department/Company: TRUCKMAN EQUIPMENT RENTAL
I. D No. 1107108352	Tel # 94014720	Occupation : DRIVER

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

1	sitting and reading
0	watching TV
0	sitting inactive in a public place (e.g. theatre or meeting)
1	as a passenger in the car for an hour without a break
0	Lying down to rest in the afternoon when circumstances permit
0	Sitting a talking with someone
2	Sitting quietly after lunch without alcohol
0	In a car, while stopped for a few minutes in traffic
Total	7

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, RANJIT SINGH *(Print Name)* certify that to the best of my knowledge the above information supplied by me is true and **correct.**

Signature: Randhir Singh **Date:** 05/08/23

C.R. No: 1668137
RECEPTION
nmc specialty hospital, Al Hail

DEPARTMENT OF LABORATORY MEDICINE

File No:	50104818	**Report No:**	0093907		
Name:	RANDHIR SINGH 6785	**Sample Date:**	05/08/2023	**Time:**	9:13
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 35 Y **Nationality:** INDIAN	**Report Date:**	05/08/2023	**Time:**	11:08
GSM No.:	94014720 **ID Card No.:** 110710832	**Bill No:**	0248238	**Bill Date:**	05/08/2023
Ref. By:	DR MUHAMMAD KAMRAN	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
PDO PACKAGE BELOW 40 YEARS		
RANDOM BLOOD SUGAR	5.29 mmol/L	4.11 -7.9mmol/L
CREATININE	86.00 µ mol/L	Adults: MALE: 62 – 106 µ mol/L FEMALE: 44 - 80 µ mol/L
SGPT (ALT)	25.90 U/L	MALE : up to 41 U/L, FEMALE : up to 33 U/L.
TOTAL WBC COUNT	7.10 x 10^3 / µL	4.00-11.00 x 10^3 / µL
DIFFERENTIAL COUNT		
NEUTROPHIL (%)	57.20 %	40-75%
LYMPHOCYTE (%)	33.20 %	20-45%
MONOCYTE (%)	6.90 %	2-8%
EOSINOPHIL (%)	2.50 %	1-6%
BASOPHIL (%)	0.20 %	0-1%
ERYTHROCYTE SEDIMENTATION RATE	11 mm/1st hr	MALE:0-15 mm/ 1st hr FEMALE:0-20 mm/ 1st hr
HAEMOGLOBIN	14.10 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 Sickle cell anaemia / Trait).		
URINE ROUTINE		
URINE BIOCHEMISTRY		
URINE GLUCOSE	NEGATIVE	NEGATIVE
URINE PROTEIN	NEGATIVE	NEGATIVE
URINE KETONE	NEGATIVE	NEGATIVE

Verified By:

10756
Lab Technologist
Electronically signed at: 8/8/2023 11:08:00

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18178
Electronically signed at: 05/08/2023 11:28:00

C.R. No: 1668137 Sultanate of Oman
RECEPTION
nmc specialty hospital

Printed at: 05/08/2023 6:14:56 PM

NMC Healthcare LLC
C.R.No: 1668137
Plot No: 234, Block: 308
Building No: 812, Al Hail North
Sultanate of Oman
T: (+968) 2426 9222
F: (+968) 2426 9266
www.nmcoman.com

DEPARTMENT OF LABORATORY MEDICINE

File No:	50104818	**Report No:**	0093907		
Name:	RANDHIR SINGH 6785	**Sample Date:**	05/08/2023	**Time:**	9:13
		Received By:			
Address:		**Received Date:**		**Time:**	
Gender:	M **Age:** 35 Y **Nationality:** INDIAN	**Report Date:**	05/08/2023	**Time:**	11:08
GSM No.:	94014720 **ID Card No.:** 110710832	**Bill No:**	0248238	**Bill Date:**	05/08/2023
Ref. By:	DR MUHAMMAD KAMRAN	**Report Status:**	Final		

INVESTIGATION	RESULT	REFERENCE RANGE
URINE BILIRUBIN	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE
URINE PH	6.0	4.6-8.0
SPECIFIC GRAVITY	1.010	1.010-1.030
BLOOD	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
LEUCOCYTE	NEGATIVE	
URINE MACROSCOPY		
COLOUR	PALE YELLOW	
APPEARANCE	CLEAR	
URINE MICROSCOPY		
RBC	NIL /hpf	0-3
PUSCELLS	2-3 /hpf	0-5
EPITHELIAL CELLS	1-2 /hpf	NIL
CRYSTAL	NIL /hpf	NIL
CAST	NIL /hpf	NIL
BACTERIA	NIL	NIL
MUCOUS THREAD	NIL	NIL

Verified By:

10756
Lab Technologist
Electronically signed at: 8/5/2023 11:08:00

Approved By:

DR ROSE MARY
Specialist Pathologist
MOH License No: 18176
Electronically signed at: 05/08/2023 11:28:00

C.R. No: 1668137
Sultanate of Oman
RECEPTION
nmc specialty hospital, Al Hail

مستشفى النهدين التخصصي
nmc specialty hospital

NMC Healthcare LLC
C.R.No. 1668137
Plot No. 204, Block 338
Building No. 812, Al Hail North
Sultanate of Oman
T (+968) 2426 9222
F (+968) 2426 9299
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Printed at: 06/08/2023 6:14:56 PM

Tone threshold audiometric test

05/08/2023 9:57:14 AM

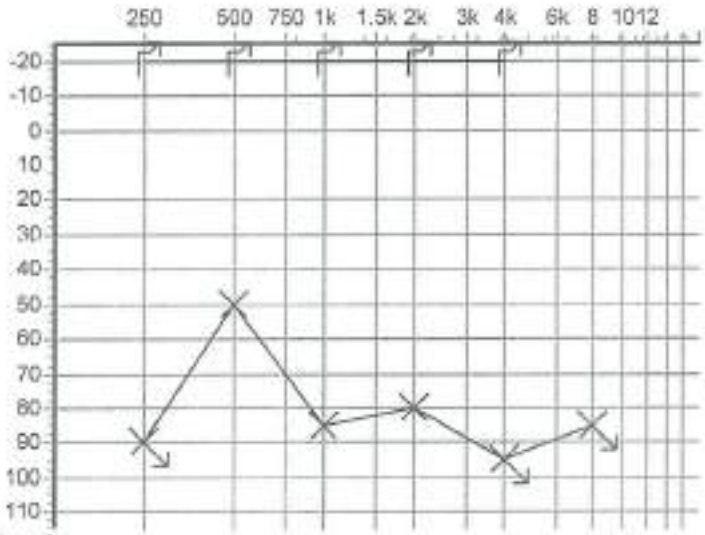
Name: **randhir**
Surname: **singh**

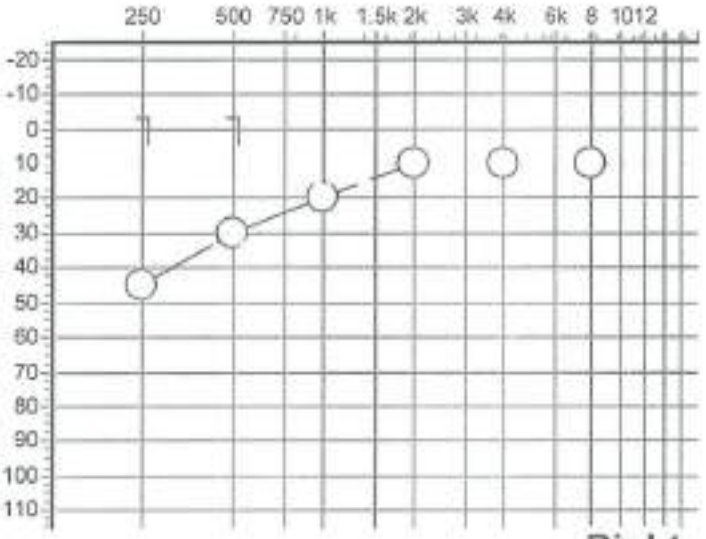
Date of birth: 1988/05/20
Age in years: 35

Company: DR. MUHAMMAD KAMRAN
Department: OPD
Job title: audiometry
Number:

ID/SS number: 50104818
Passport no.:

Significance: **None**





Left **Right**

Left 125 250 500 1k 2k 3k 4k 6k 8k	9k 10k 11.2 12.5 14k 16k	Frequencies	Right 125 250 500 1k 2k 3k 4k 6k 8k	9k 10k 11.2 12.5 14k 16k
90 50 85 80 95 85		**Air thresholds**	45 30 20 10 10 10	
-30 -34 -30 -33 -22 -26		Noise in ear canal	-18 -16 -25 -31 -26 -33	
-30 -32 -30 -33 -26		Noise for threshold 6dB	-15 -19 -24 -26 -32 -36	
-20 -20 -20 -20 -20		**Bone thresholds**	0 0	
-30 -27 -19 -33 -38		Noise in ear canal	-17 -25	
		Noise for threshold 6dB	16 23	
		Maximum masking		
		Bone unmasked		
		Noise in ear canal		
		Noise for threshold 6dB		

7A PLH

Binaural impairment

Pure tone avg. (500 1k 2k)	Patient response statistics	Pure tone avg. (500 1k 2k)
72	n 93 Mean 597 Standard deviation 389 Test re-test reliability (1st freq.) 0 False positive response % 78	20

Audiogram notes:

randhir singh

fatma alzadjali NMC AL NAIL 10004

KUDUwave

Last calibration date: 20/10/2017

Capturer of data version number: 2.12.12.0
Report software version: 2.4.3.0
Report generated on: 05/08/2023 10:09:22 AM
Unique Global Patient Number: 89C34C0077C649669A22C50F3857553

KUDUwave serial number:
Bone vibrator serial number: A39827
Sound booth: SAINS 10182 Diagnostic
Type of audiometer: Near Type 1
Test protocol:

Vitalograph

Pulmonary Function Report

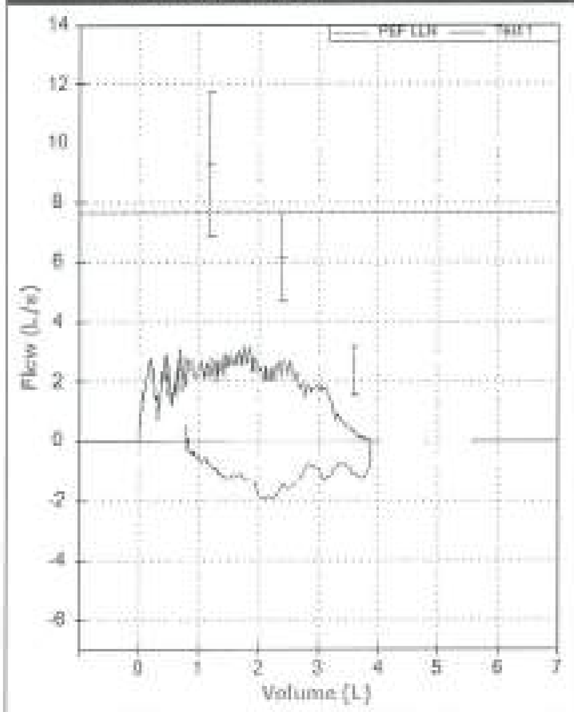
Subject Information

ID:	2023217_095536817	Alternate ID:	50104818		
Last Name:	Singh	First Name:	Randhir	Middle Name:	
Population:	MIDDLE EAST	Gender:	Male	Date of Birth:	20/05/1988
Age:	35	Height:	173 cm	Weight:	77.0 kg
BMI:	25.7	Smoking:	Non Smoker		

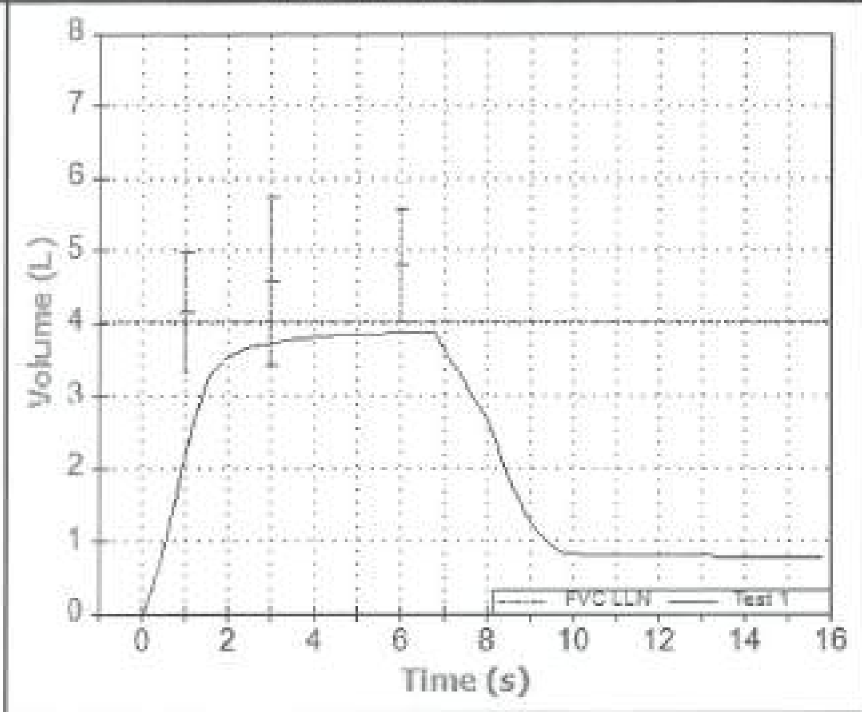
Test Session Information

Test Date:	05/08/2023 10:15	Device:	ALPHA Touch	Serial Number:	32166
No. of Tests:	3	Accuracy Chk:	30/05/2019 15:42	User:	Administrator
Pred. Values:	Golshan	Pred. Factor:	100%	Posture:	Sitting

Flow/Volume Graph



Volume/Time Graph



Results

Parameter	Pred	LLN	Best	% Pred.	Z-Score
FVC (L)	**4.80**	4.02	**3.89***	**81**	-1.91
FEV1 (L)	**4.16**	3.35	**2.80***	**67**	-2.75
FEV1 Ratio	**0.81**	0.69	**0.72**	**89**	-1.23
FEV6 (L)	**4.80**	4.02	**3.88***	**81**	-1.93
PEF (L/min)	**632**	460	**191***	**30**	-4.20
FEF25-75 (L/s)	**5.06**	3.98	**2.36***	**47**	-4.10

Values at BTPS, *below lower limit of normality (LLN)

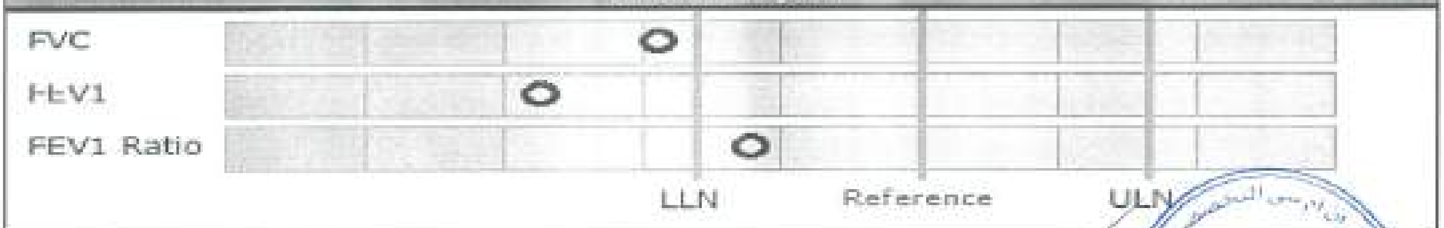
Session Quality and Repeatability Information

FVC Session Grade	FVC Rep:	FEV1 Rep:	Slow Start of test	End of test criteria not achieved	Cough detected in 1st second
L	0.17 L (4.4%)	0.62 L (22.1%)	2 blow(s)	0 blow(s)	0 blow(s)

Computer Suggested Interpretation

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

Reference Pictogram



C.R. No. 1068137
Sultanate of Oman
RECEPTION
NMC Specialty hospital, Al Hail

Randhir singh,
ID: 50104818
DOB:
35yr, Male

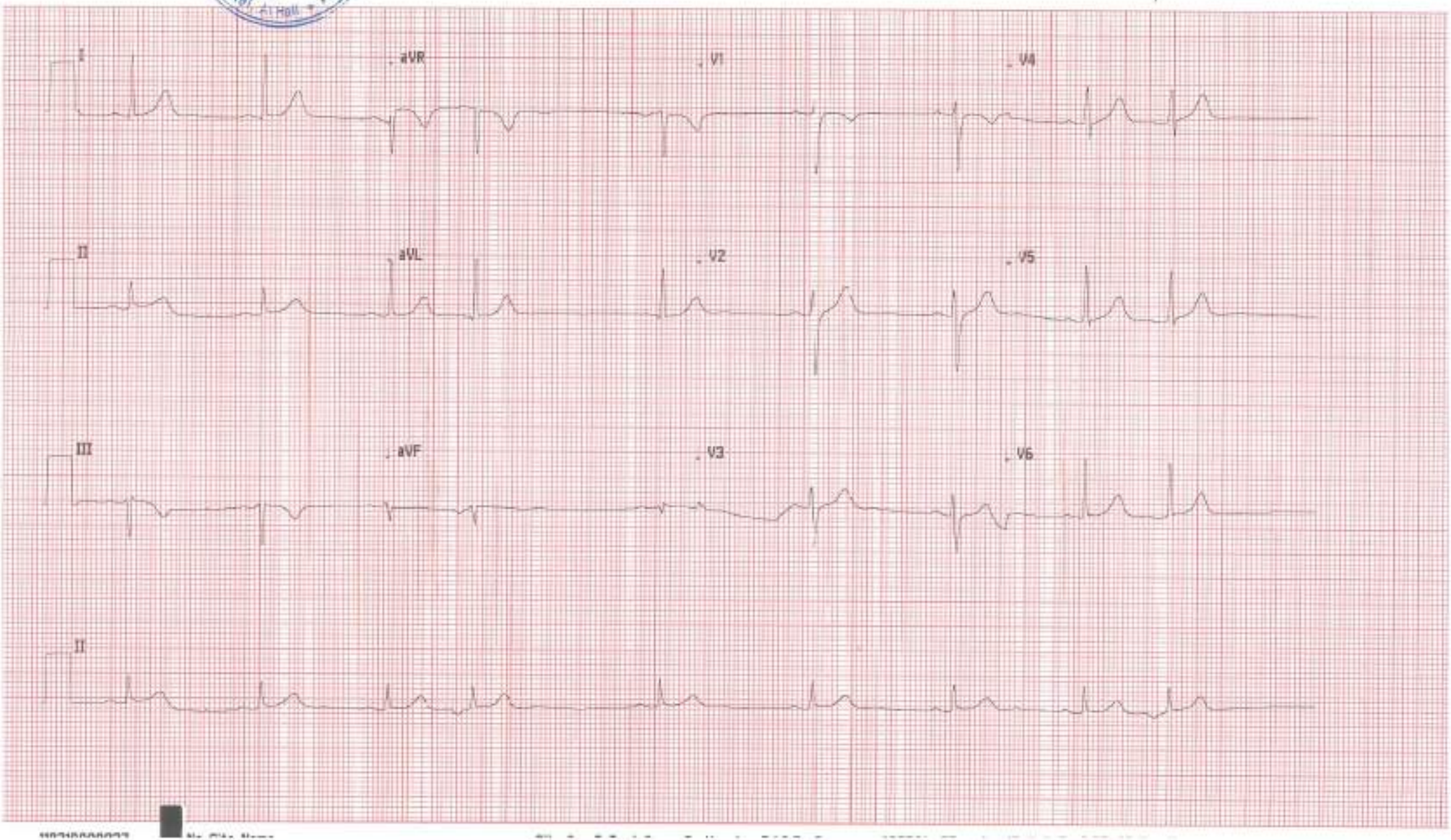
5-Aug-2023 10:54:38

Vent rate:	57 BPM
PR int:	165 ms
QRS dur:	98 ms
QT/QTc:	407/401 ms
P-R-T axes:	30 -2 0

SINUS BRADYCARDIA WITH OCCASIONAL SUPRAVENTRICULAR PREMATURE COMPLEXES
MINIMAL VOLTAGE CRITERIA FOR LVH, CONSIDER NORMAL VARIANT [MEETS CRITERIA IN ONE OF: R(aVL), S(V1), R(V5), R(V5,'VE')+S(V1)]
BORDERLINE ECG

UNCONFIRMED REPORT

Second ECG



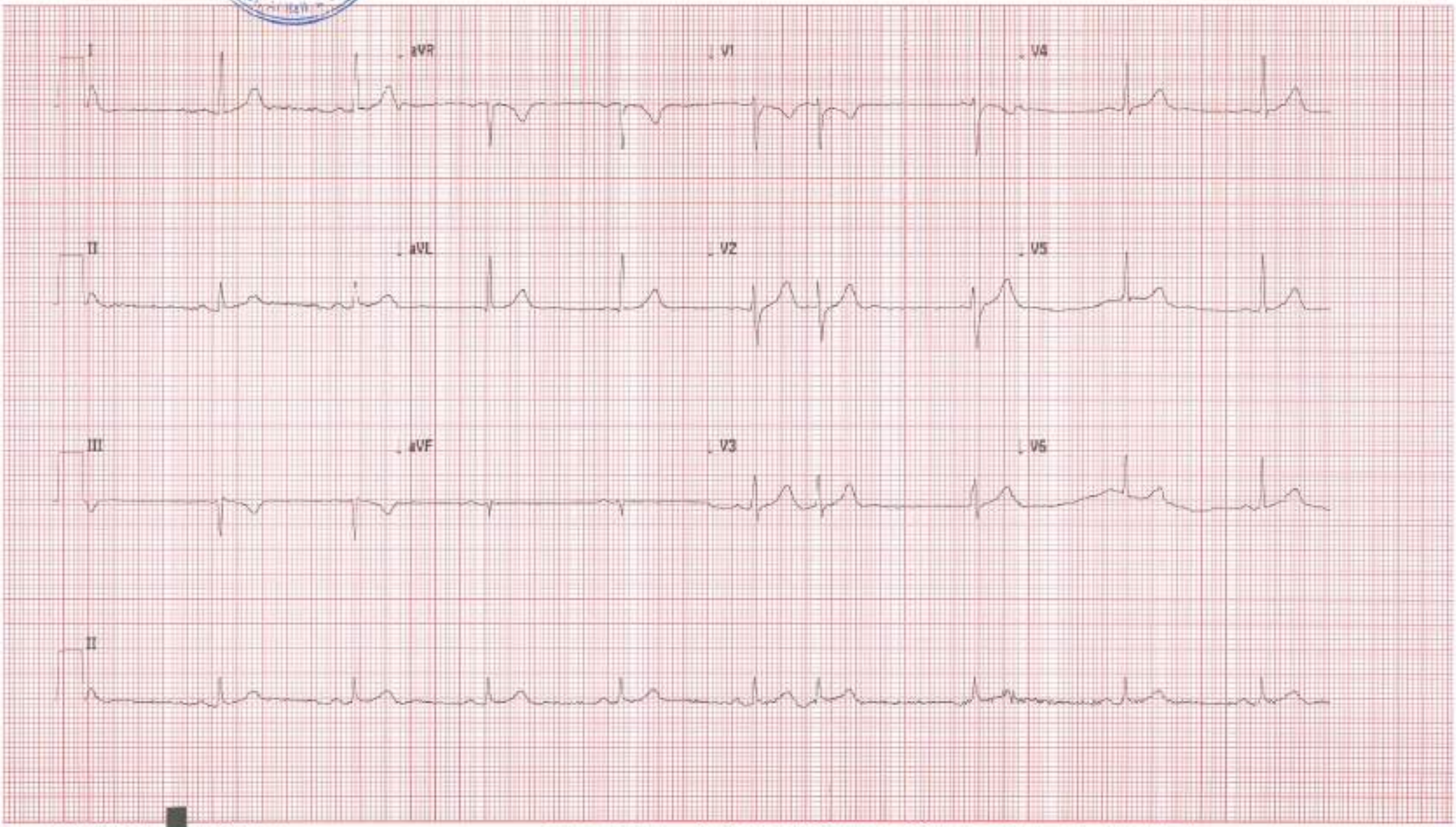
ID: 50104818
DOB:
35yr, Male

Vent rate:	57 BPM
PR int:	145 ms
QRS dur:	81 ms
QT/QTc:	387/381 ms
P-R-T axes:	36 -3 2

SINUS BRADYCARDIA WITH OCCASIONAL SUPRAVENTRICULAR PREMATURE COMPLEXES
BORDERLINE ECG

UNCONFIRMED REPORT

First ECG



ROYAL OMAN POLICE
D.G. OF CIVIL STATUS

VEHICLE DRIVING LICENCE

تصريح رخصة قيادة المركبات

CLASS

NOTE

NAME RANDHIR SINGH

NATIONALITY INDIAN

الجنسية هندي

IDOMN1107108329<<<<<<<<<<<<<<<
8805201M2504122IND<<<<<<<<<<<0
RANDHIR<SINGH<<<<<<<<<<<<<<<<<

SULTANATE OF OMAN

سلطنة عمان

RESIDENT CARD

بطاقة مقيم

Randhir Singh

SIGNATURE

CIVIL NUMBER 110710832

EXPIRY DATE 12/04/2025

DATE OF BIRTH 20/05/1988

الهند

6785

94014720

RECEPTION

C.R. No: 1062137

Sultanate of Oman

nmc specialty hospital, Al Ain