

#1507

16

1.1 Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

Petroleum Development Oman
MEDICAL DEPARTMENTPLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Place of examination <i>Adam</i>		Date 29/3/19	Surname <i>RAMI</i> <i>8 Hussain</i>																																																																					
			Forenames																																																																					
			Address																																																																					
			Home telephone number																																																																					
			Employment No # <i>1507</i>																																																																					
If a dependant enter employee's name here:																																																																								
Surname: <i>17-9 80</i>		Forenames: <i>Pakistani</i>	Country of birth:																																																																					
Birth date: <i>17-9 80</i> Nationality: <i>Pakistani</i>		Relationship to employee <input checked="" type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter		Religion: <i>Islam</i>																																																																				
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced <input type="checkbox"/>	Number of children: <i>1</i>																																																																					
Reason for examination		Pre-Employment <input type="checkbox"/> Job: <i>Driver</i>	Pre-Overseas <input type="checkbox"/> Area:																																																																					
Name and address of family doctor		List your last 3 jobs (1) (2)																																																																						
Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>																																																																						
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? <i>no</i>		Average daily alcohol consumption <i>0.0</i>																																																																						
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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: 29/3/19	Signature of Applicant: <i>OK</i>																																																																							

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. 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	BM I	B.P. 140 80	PULSE 78/mins.	HEARING L R	VISION DISTANT Uncorrected 6/6 Corrected 6/6	NEAR R L 6/6 6/6	Colour Vision ABN OPHALM	Blood Group
173	110	36.25							

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A
		1. Urinalysis		7. Audiogram
		2. Hb, Blood count, 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.)

color vision abnormal, Ad of Ophthalmologist consultation

Framingham Risk Score: 2.0

ASSESSMENT:

- FIT ALL AREAS
- FIT WITH SPECIFIC RESTRICTION
- TEMPORARY UNFIT
- AWAITING SPECIALIST ASSESSMENT

REVIEW/CONSULTATION

DATE: 02/04/19



Type 2DM
Dyslipidemia
Ad physician/ophthalmologist
consultation

Seen by physician and
Ophthalmologist in Baitul Faiz Hospital
on 11/04/2019, 27/01/19.
Found to R/t w/ w/ c
corrective eye glasses

SIGNATURE:

