

#1510

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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		Date 28.03.2019		Surname KARTHIK	
				Forenames Address	
				Home telephone number	
				Employment No # 1510	
If a dependant enter employee's name here:					
Surname:		Forenames:			
Birth date: 14/03/1991		Nationality: INDIAN		Country of birth: Religion:	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input checked="" type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced		Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	
Reason for examination		Pre-Employment <input type="checkbox"/> Job: Pre-Overseas <input type="checkbox"/> Area:		Resource controller	
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.)					
1. Sinus trouble		21. Cancer		Y N	
2. Neck swelling/glands		22. Heart Disease		Y N	
3. Difficulty in vision		23. Rheumatic fever		Y N	
4. Any ear discharge		24. Abnormal heartbeat		Y N	
5. Asthma/bronchitis		25. High blood pressure		Y N	
6. Hayfever /other significant allergy		26. Stroke		Y N	
7. Any skin trouble		27. Serious chest pain		Y N	
8. Tuberculosis		28. Any blood disease		Y N	
9. Shortness of breath		29. Kidney disease		Y N	
10. Coughed/vomited blood		30. Blood in urine		Y N	
11. Severe abdominal pain		31. Diabetes		Y N	
12. Stomach ulcer		32. Headaches/migraine		Y N	
13. Recurrent indigestion		33. Dizziness/fainting		Y N	
14. Jaundice or hepatitis		34. Epilepsy		Y N	
15. Gall Bladder disease		35. Joints/spinal trouble		Y N	
16. Marked change in bowel habits		36. Surgical operation		Y N	
17. Blood in stools (motions)		37. Serious accident/fracture		Y N	
18. Marked change in weight		38. Tropical disease		Y N	
19. Varicose veins		39. Fear of heights		Y N	
20. Lump in breast/armpit					
How much tobacco each day? NO		Average daily alcohol consumption NO			
Have you ever taken elicited drugs? NO PDO test all new/potential employees for elicited/recreational drugs					
FAMILY HISTORY: Diabetes (Y) Tuberculosis (Y) Epilepsy (Y) Asthma (Y) Eczema (Y) Heart disease (Y) High blood pressure (Y) Stroke (Y) Blood Disease (Y) 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: 28/3/19		Signature of Applicant: Karti			

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. 130/ 90	PULSE 76 mins.	HEARING L R	VISION DISTANT R L R L Uncorrected Corrected 6/6 6/6 N/6 N/6				Colour Vision (N)	Blood Group					
162	79	30														
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.)

Framinham Due Score :- < 1%

ASSESSMENT:

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

REVIEW/CONSULTATION

DATE: 02/09/19

DOCTOR NAME:
Dr. P. SUDHAKAR
B.Sc, MBBS, DCH (Glasgow)
Sr. Medical Officer
MOH Lic. # : 11526
APOLLO HOSPITAL MUSCAT

SIGNATURE: