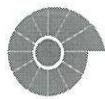




## Appendix 32: EX1 Form (Initial Examination Report)

## INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

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

Place of examination NMC ALHAJIL | Date 20/08/23

Surname <b>JACOB</b>	
Forenames <b>SATI MOLAYIL</b>	
Address	
Home telephone number <b>71755671</b>	

If a dependant enter employee's name here:

Surname:  Forenames: Birth date: **16/08/1972**Nationality: **INDIAN**Country of birth: **INDIA**Religion: **CHRISTIAN** Male  Female Married  Single  Separated /Divorced

Relationship to employee

 Wife  Son  DaughterNumber of children: **2**

Reason for examination

Pre-Employment

Job: **DRIVER**

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		41. Awarded benefits for industrial injury/illness	
4. Any ear discharge		24. Abnormal heartbeat		42. Treated for a mental condition, e.g. depression	
5. Asthma/bronchitis		25. High blood pressure		43. Treated for problem drinking or drug abuse	
6. Hayfever /other significant allergy		26. Stroke		44. Exposed to toxic substance or noise	
7. Any skin trouble		27. Serious chest pain		FOR WOMEN ONLY	
8. Tuberculosis		28. Any blood disease		Have you ever had:-	
9. Shortness of breath		29. Kidney disease		45. An abnormal smear	
10. Coughed/vomited blood		30. Blood in urine		46. Any gynaecological treatment	
11. Severe abdominal pain		31. Diabetes		47. Are you pregnant?	
12. Stomach ulcer		32. Headaches/migraine		48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	
13. Recurrent indigestion		33. Dizziness/fainting			
14. Jaundice or hepatitis		34. Epilepsy			
15. Gall Bladder disease		35. Joints/spinal trouble			
16. Marked change in bowel habits		36. Surgical operation			
17. Blood in stools (motions)		37. Serious accident/fracture			
18. Marked change in weight		38. Tropical disease			
19. Varicose veins		39. Fear of heights			
20. Lump in breast/armpit					

How much tobacco each day? **X**

Average daily alcohol consumption

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

FAMILY HISTORY:	Diabetes <b>(X)</b>	Tuberculosis <b>(X)</b>	Epilepsy <b>(X)</b>	Asthma <b>(X)</b>	Eczema <b>(X)</b>
	Heart disease <b>(X)</b>	High blood pressure <b>(X)</b>	Stroke <b>(X)</b>	Blood Disease <b>(X)</b>	Cancer <b>(Father)</b>

## 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: **20/08/23**

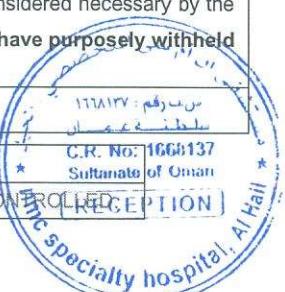
Signature of Applicant:

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Specification

C.R. No: 1660137  
Sultanate of Oman

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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	BMI	B.P.	PULSE 64/mins.	HEARING L R N	VISION Uncorrected Corrected	DISTANT R 6/6	L 6/6	NEAR R N/N	Colour Vision N	Blood Group	
166	77	27.94	160/98									
N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS				N	A				
/		1. Urinalysis	↑ cholesterol & LDL				/		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.)

↑ Bp noticed with ↑ cholesterol, for follow up  
with interest to start treatment

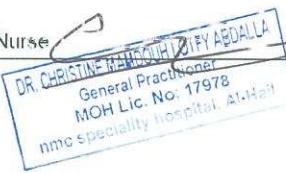
## ASSESSMENT:

FIT ALL AREAS  FIT WITH RESTRICTION  TEMPORARY UNFIT  UNFIT

Date:

**FIT**

Name (Block Capitals): Dr. / Nurse



Signature:

## REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

