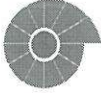


## Appendix 32: EX1 Form (Initial Examination Report)

### INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

 <b>Petroroleum Development Oman MEDICAL DEPARTMENT</b> PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS		Surname <u>JACOB</u>	
Place of examination <u>NMC ALHAIL</u>		Forenames <u>SATI MALAYIL</u>	
Date <u>20/08/23</u>		Address _____ Home telephone number <u>71755671</u>	
If a dependant enter employee's name here: Surname: _____ Forenames: _____			
Birth date: <u>16/08/1972</u>		Nationality: <u>INDIAN</u>	
Country of birth: <u>INDIA</u>		Religion: <u>CHRISTIAN</u>	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced	
Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter		Number of children: <u>2</u>	
Reason for examination Pre-Employment <input type="checkbox"/> Job: <u>DRIVER</u> 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.)			
Y N		Y N	
1. Sinus trouble		21. Cancer	
✓		✓	
2. Neck swelling/glands		22. Heart Disease	
✓		✓	
3. Difficulty in vision		23. Rheumatic fever	
✓		✓	
4. Any ear discharge		24. Abnormal heartbeat	
✓		✓	
5. Asthma/bronchitis		25. High blood pressure	
✓		✓	
6. Hayfever /other significant allergy		26. Stroke	
✓		✓	
7. Any skin trouble		27. Serious chest pain	
✓		✓	
8. Tuberculosis		28. Any blood disease	
✓		✓	
9. Shortness of breath		29. Kidney disease	
✓		✓	
10. Coughed/vomited blood		30. Blood in urine	
✓		✓	
11. Severe abdominal pain		31. Diabetes	
✓		✓	
12. Stomach ulcer		32. Headaches/migraine	
✓		✓	
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? <u>0</u> Average daily alcohol consumption <u>once weekends</u>			
Have you ever taken elicited drugs? (X) PDO test all new/potential employees for elicited/recreational drugs			
FAMILY HISTORY: Diabetes (X) Tuberculosis (X) Epilepsy (X) Asthma (X) Eczema (X) Heart disease (X) High blood pressure (X) Stroke (X) Blood Disease (X) Cancer (Father)			
<b>PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-</b> 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: <u>20/08/23</u>		Signature of Applicant: <u>[Signature]</u>	





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	HEARING	VISION	Colour Vision	Blood Group
166	77	27.94	160 98	64/min.	L R (N)	DISTANT Uncorrected Corrected 6/6 6/6	(N)	

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
/		1. Urinalysis	R 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: **DR. CHRISTINE HADJOUH ZIYY ABDALLA** Signature: **[Signature]**

REVIEW/CONSULTATION

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

