

#1226

## 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	Surname <u>LENTHAPARAMBIL VICKY</u>			
If a dependant enter employee's name here: Surname: <u>JOSEPH ROY</u>		Forenames			
Birth date: <u>12/10/1964</u>		Address			
Nationality: <u>INDIAN</u>		Home telephone number			
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced			
Reason for examination		Pre-Employment	Job:	Relationship to employee <input checked="" type="checkbox"/> Wife <input checked="" type="checkbox"/> Son <input type="checkbox"/> Daughter	
Name and address of family doctor		List your last 3 jobs (1) (2) <u>Hepco</u> .			
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 2. Neck swelling/glands 3. Difficulty in vision 4. Any ear discharge 5. Asthma/bronchitis 6. Hayfever /other significant allergy 7. Any skin trouble 8. Tuberculosis 9. Shortness of breath 10. Coughed/vomited blood 11. Severe abdominal pain 12. Stomach ulcer 13. Recurrent indigestion 14. Jaundice or hepatitis 15. Gall Bladder disease 16. Marked change in bowel habits 17. Blood in stools (motions) 18. Marked change in weight 19. Varicose veins 20. Lump in breast/armpit		Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 21. Cancer 22. Heart Disease 23. Rheumatic fever 24. Abnormal heartbeat 25. High blood pressure 26. Stroke 27. Serious chest pain 28. Any blood disease 29. Kidney disease 30. Blood in urine 31. Diabetes 32. Headaches/migraine 33. Dizziness/fainting 34. Epilepsy 35. Joints/spinal trouble 36. Surgical operation 37. Serious accident/fracture 38. Tropical disease 39. Fear of heights		HAVE YOU EVER BEEN:- 40. Rejected for employment or insurance for medical reasons 41. Awarded benefits for industrial injury/illness 42. Treated for a mental condition, e.g. depression 43. Treated for problem drinking or drug abuse 44. Exposed to toxic substance or noise  FOR WOMEN ONLY 45. An abnormal smear  46. Any gynaecological treatment  47. Are you pregnant?  48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	
How much tobacco each day? <u>no</u>		Average daily alcohol consumption <u>no</u>			
Have you ever taken elicited drugs? <input checked="" type="checkbox"/> PDO test all new/potential employees for elicited/recreational drugs					
FAMILY HISTORY: Diabetes <input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Epilepsy <input checked="" type="checkbox"/> Asthma <input checked="" type="checkbox"/> Eczema <input checked="" type="checkbox"/> Heart disease <input checked="" type="checkbox"/> High blood pressure <input type="checkbox"/> Stroke <input checked="" type="checkbox"/> Blood Disease <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/>					
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: <u>28/3/19</u>		Signature of Applicant: <u>Roey</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	BM	B.P.	PULSE mins.	HEARING L R	VISION				Colour Vision	Blood Group
						DISTANT R L	Uncorrected 6/6	Corrected 6/6	NEAR R L		
162	71	1.05	140 / 100	68	R					(N)	

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A		
					7. Audiogram	8. Lung Function
		1. Urinalysis			9. Chest X-Ray	
		2. Hb, Blood count, ESR			10. ECG	
		3. LFT, RFT, RBS			11. CVS risk for 40 yrs. & above	
		4. Drug Screen			12. HIV, Hepatitis screening	
		5. Lipids (40 years +)				
		6. Sickle Cell test				

OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)

Fracture Risk Score: 5.0% Known to be on medication.

ASSESSMENT:

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

Dyslipidaemia,  
Adiponectin cut-off

REVIEW/CONSULTATION

DATE: 01/04/19

DOCTOR NAME:

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

SIGNATURE: