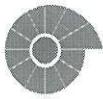




Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)



**Petroleum Development Oman
MEDICAL DEPARTMENT**

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Petroleum Development Oman
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Place of examination NMC Date 17/10/23 Home telephone number 94930607

If a dependant enter employee's name here:

Surname:

Birth date:

Nationality INDIAN

Forenames:

Musa Ranther

Address:

Marmul

Home telephone number

Male Female

Married

Single

Separated /Divorced

Relationship to employee

Wife

Son

Daughter

Religion: ISLAM

Number 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:-

40. Rejected for empicment or insurance for medica reasons

2. Neck swelling/glands

22. Heart Disease

41. Awarded benefits for industrial injury/illness

3. Difficulty in vision

23. Rheumatic fever

42. Treated for a mental condition, e.g. depression

4. Any ear discharge

24. Abnormal heartbeat

43. Treated for problem drinking or drug abuse

5. Asthma/brcnchitis

25. High blood pressure

44. Exposed to toxic substance or no se

6. Hayfever /cther significant allergy

26. Stroke

FOR WOMEN ONLY

7. Any skin trouble

27. Serious chest pain

Have you ever had:-

8. Tubercllosis

28. Any blood disease

45. An abnormal smear

9. Shortness of breath

29. Kidney disease

46. Any gynaecolog cal treatment

10. Coughed/vomited blood

30. Blood in urine

47. Are you pregnant?

11. Severe abdominal pain

31. Diabetes

48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE

12. Stomach ulcer

32. Headaches/migraine

13. Recurrent indigestion

33. Dizziness/fainting

14. Jaundice or hepatitis

34. Epilepsy

15. Gall Bladcer 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?

Average daily alcohol consumption

Have you ever taken elicited drugs? () PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes () Tuberculosis () Epilepsy () Asthma () Eczema ()
 No Heart disease () High blood pressure () Stroke () Blood Disease () 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: 17/10/2023

Signature of Applicant: Abdul-Jabar

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: 17/01/2023

Signature of Applicant:

RECEPTION



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	Normal (Reacting to Light)	
		2. E.N.T.	N	
		3. Teeth & Mouth	N	
		4. Lungs & Chest	N	
		5. Cardiovascular System	N	
		6. Abdo. Viscera	N	
		7. Hernial Orifices	N	
		8. Anus & Rectum	N	
		9. Genito-urinary	/	
		10. Extremities	/	
		11. Musculo-skeletal	/	
		12. Skin & Varicose Vns	/	
		13. C.N.S.		

HEIGHT cm	WEIGHT kg	BMI	B.P. 130 80	PULSE 64/mins.	HEARING L R	VISION Uncorrected Corrected	Colour Vision		Blood Group
							DISTANT R L	NEAR R L	
179 cm	83	25.1							
	145								

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
		1. Urinalysis			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 (Physical, scars, disabilities, mental stability including behaviour, etc.)



ASSESSMENT:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

Date:

Name (Block Capitals): Dr. / Nurse

Signature: 1/1-25

REVIEW/CONSULTATION

Date:

Name (Block Capitals): Dr. / Nurse

Signature:

