

#1770

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1.1 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

Place of examination		Date 28.03.2019		Surname	
				Forenames ANWAR MOHAMMED	
				Address	
				Home telephone number	
				Employment No # 1770	
If a dependant enter employee's name here:					
Surname:		Forenames:			
Birth date: 19/2/1974		Nationality: INDIAN		Country of birth:	
Religion:					
<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:					
Reason for examination		Pre-Employment <input type="checkbox"/>		Job: DRIVER	
		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		✓			
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					
Have you ever had:-					
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? () PDO test all new/potential employees for elicited/recreational drugs					
FAMILY HISTORY: Diabetes (✓) Tuberculosis (✓) Epilepsy (✓) Asthma (✓) Eczema (✓)					
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: 28/3/19		Signature of Applicant:			

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.	PULSE /mins.	HEARING L R	VISION				Colour Vision	Blood Group	
						DISTANT		NEAR				
						Uncorrected	Corrected	R	L	R	L	
178	92	29.04	130/90	78		6/6	6/6	6/6	6/6	N		

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. Sickie Cell test			12. HIV, Hepatitis screening

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

FRAMINGHAM RISK SCORE :- 5.0 %

ASSESSMENT:

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

Dyslipidaemia
Adipose metabolism
To Rm Ep posthager
3m

REVIEW/CONSULTATION

DATE:

02/04/19

DOCTOR NAME:

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

SIGNATURE: