

1557

26

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		Surname																																																																																																																																	
Date 28.03.2019		Forenames ARWAD MAHMUD																																																																																																																																	
Address		Home telephone number																																																																																																																																	
		Employment No # 1557																																																																																																																																	
If a dependant enter employee's name here:																																																																																																																																			
Surname:		Forenames:																																																																																																																																	
Birth date: 18/12/1979		Nationality:																																																																																																																																	
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced <input type="checkbox"/>																																																																																																																																	
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: HELPER																																																																																																																																	
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.)																																																																																																																																			
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How much tobacco each day? NO		Average daily alcohol consumption NO																																																																																																																																	
Have you ever taken elicited drugs? NO PDO test all new/potential employees for elicited/recreational drugs																																																																																																																																			
FAMILY HISTORY: Diabetes (Y) Tuberculosis (Y) Epilepsy (Y) Asthma (Y) Eczema (Y) Heart disease (Y) High blood pressure (Y) Stroke (Y) Blood Disease (Y) Cancer (Y)																																																																																																																																			
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: <i>Arwad Mahmud</i>																																																																																																																																		

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

		PHYSICAL EXAMINATION											
N	A												
✓	1. Eyes & Pupils	Colour Blindness → Ocular											
✓	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 DISTANT R L	VISION NEAR R L	Colour Vision	Blood Group
164	69	SS	120/80	76	R	Uncorrected 6/6 6/6	Corrected N/6 N/6	Abnormal	

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. Sickle Cell test				12. HIV, Hepatitis screening

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

ASSESSMENT:	<input checked="" type="checkbox"/> FIT ALL AREAS as helper <input type="checkbox"/> FIT WITH SPECIFIC RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> AWAITING SPECIALIST ASSESSMENT	Colour Blindness Ad of the visual system Combined hyperlipidemia Ad physician's certificate Seen by physician, Balan Sarah on 4/1/19 Given fitment to work as helper.
REVIEW/CONSULTATION	 DATE: 02/04/19	

