


1557

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1.1 Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

 Petrochem Development Oman MEDICAL DEPARTMENT PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS		Surname	
		Forenames <u>ARWAB MAHMOOD</u>	
		Address	
		Home telephone number	
Place of examination	Date <u>28.03.2019</u>	Employment No # <u>1557</u>	
If a dependant enter employee's name here:			
Surname:		Forenames:	
Birth date: <u>18/8/1979</u>	Nationality:	Country of birth:	Religion:
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input 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	
Reason for examination Pre-Employment <input type="checkbox"/> Pre-Overseas <input type="checkbox"/>		Job: <u>HELPER</u> 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
1. Sinus trouble		✓	21. Cancer
2. Neck swelling/glands		✓	22. Heart Disease
3. Difficulty in vision <u>Colours</u>		✓	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/ampit		✓	
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 checked="" 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>[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			Colour Blind man - of 10/10					
✓		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 DISTANT R L R L NEAR R L R L Uncorrected Corrected		Colour Vision	Blood Group
164	69	25.6	120/80	76			Uncorrected 6/6 6/6 Corrected 6/6 6/6	Abnormal	O
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.)

FRAMMANHAR Colour Blindness

RISK SCORE : 2.0 %

ASSESSMENT:

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

Ad of the husband's condition

Combined Hypertension

Ad physician consultant

Seen by physician, Badar Samah on 4/7/19

Given fitness to work as helper

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:

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