EX1

MEDICAL - CONFIDENTIAL

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Petroleum Development Oman
MEDICAL DEPARTMENT

INITIAL EXAMINATION REPORT

Surname	MD Aminul Islam
Forenames	
Address	
Home Telephone Number	

Place of examination: Badr Al Samaa Date:- / /

If a dependant or partner enter employee's name here:-
Surname: Forenames:

Birth date / /	Nationality	Country of birth	Religion
[ ] Male [ ] Single [ ] Widow (er)	Relationship to employee [ ] Wife [ ] Son [ ] Daughter [ ] Fiancee		Number of Children
[ ] Female [ ] Married [ ] Divorced/ Separated			

Reason for examination [ ] Pre-employment [ ] Pre-overseas Job:- Area:-

Name and address of family doctor

List your last 3 jobs
(1)
(2)
(3)

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		✓	22. Heart Disease			42. Awarded benefits for industrial injury/illness		✓
2. Neck swelling/glands		✓	23. Rheumatic fever			43. Treated for a mental condition, eg depression		✓
3. Difficulty in vision		✓	24. Abnormal heartbeat			44. Treated for problem drinking or drug abuse		✓
4. Any ear discharge		✓	25. High blood pressure			45. Exposed to toxic substance or noise		✓
5. Asthma/bronchitis		✓	26. Stroke			**FOR WOMEN ONLY**		
6. Hayfever/other allergy		✓	27. Serious chest pain			Have you ever had:-		
7. Any skin trouble		✓	28. Any blood disease			46. An abnormal smear		
8. Tuberculosis		✓	29. Kidney disease			47. Any gynaecological Treatment		
9. Shortness of breath		✓	30. Painful passage of urine			48. Are you pregnant?		
10. Coughed/vomited blood		✓	31. Blood in urine			49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
11. Severe abdominal pain		✓	32. Diabetes					
12. Stomach ulcer		✓	33. Headaches/migraine					
13. Recurrent indigestion		✓	34. Dizziness/fainting					
14. Jaundice or hepatitis		✓	35. Epilepsy					
15. Gall Bladder disease		✓	36. Joints/spinal trouble					
16. Marked change in bowel habits		✓	37. Surgical operation					
17. Blood in stools (motions)		✓	38. Serious accident/fracture					
18. Marked change in weight		✓	39. Tropical disease					
19. Varicose veins		✓	40. Fear of heights					
20. Lump in breast/armpit		✓	**HAVE YOU EVER BEEN:-**					
21. Cancer		✓	41. Rejected for employment or insurance for medical reasons					

How much tobacco each day? Average daily alcohol consumption

FAMILY HISTORY Diabetes [✓] Tuberculosis [✓] Epilepsy [✓] Asthma [✓] Eczema [✓]
Heart disease [✓] High blood pressure [✓] Stroke [✓] Cancer [✓] Blood Disease [✓]

PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-

I declare 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.

Date: 19/04/18 Signature of applicant: [signature]

مستشفى بدر السماء
BADR
Al-Khoud
C.R. No. 1693808
BADR AL-SAMAA HOSPITAL

FOR COMPLETION BY EXAMINING DOCTOR OR SISTER
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.	Normal - Normal Hearing B/L
		3. Teeth & Mouth	
		4. Lungs & Chest	
		5. Cardiovascular System	
		6. Abdo. Viscera	
		7. Hernial Orifices	
		8. Anus & Rectum	
		9. Genito-urinary	Normal
		10. Extremities	
		11. Musculo-skeletal	
		12.Skin & Varicose Vns	
		13.C.N.S.	
		14.Breasts	

RAJANK CHERIAN MBBS MS G.N.T. Surgeon MOH License No. 4038

HEIGHT cm	WEIGHT kg	B.P.	PULSE	HEARING	VISION	DISTANT R	DISTANT L	NEAR R	NEAR L	COLOUR VISION	BLOOD GROUP
166 cms	64	110/80 mmHg	72/mt	L 16.6dBHL R 15dBHL	Uncorrected	6/6	6/6	N6	N6	Normal	Nil
					Corrected						

N	A		LABORATORY AND SPECIAL INVESTIGATIONS	N	A	
		1. Urinalysis				6. Audiogram B/L normal hearing.
		2. Hb Blood count ESR				7. Lung Function Not Done
		3. Serum Profile	Abnormal			8. Chest X-Ray — Normal
		4. Stool				9. Drug Screen Nil
		5. E.C.G.				10. CR Screen = Country Request (e.g. H.I.V.)

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

ASSESSMENT

☒ FIT ALL AREAS ☐ FIT HOME SERVICE ONLY ☐ UNFIT/UNSUITABLE ☐ MAY BE REASSESSED

Date Signature Name (Block Capitals) Doctor/Sister

REVIEW/CONSULTATION

DR. NAVEEN NAZIRUDEEN
M.B.B.S. DNB
INTERNIST
MOH License # 12638

Date Signature Name (Block Capitals) Doctor/Sister

BADR Al-Khoud C.R. No. 1693808 BADR AL-SAMAA HOSPITAL