#1562

EX1

MEDICAL - CONFIDENTIAL

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Petroleum Development Oman
MEDICAL DEPARTMENT

INITIAL EXAMINATION REPORT

Surname	Mwhammad Afzal Butt.
Forenames	
Address	96171586.
Home Telephone Number	

Place of examination Badrie Date:- 27/03/2018
Somaa Hospital, Al Khoud

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

Birth date	Nationality	Country of birth	Religion
01/07/1962	Pakistani	Pakistan	Islam.

[M] Male [ ] Single [ ] Widow (er)
[ ] Female [M] Married [ ] Divorced/ Separated

Relationship to employee: [ ] Wife [ ] Son [ ] Daughter [ ] Fiancee
Number of Children:

Reason for examination [ ] Pre-employment Job:-
[ ] Pre-overseas 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	N/A	
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	N/A	
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 [X] Tuberculosis [X] Epilepsy [X] Asthma [X] Eczema [X]
Heart disease [X] High blood pressure [X] Stroke [X] Cancer [X] Blood Disease [X]

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: 27/03/2018 Signature of applicant:

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

DR. SHILPA . A
MBBS., DOMS
Ophthalmologist
Moh. License No. 8975

N = Normal	A = Abnormal (please describe)		PHYSICAL EXAMINATION
N	A		
		1. Eyes & Pupils	RE: myopic Astigmatism with Amblyopia
		2. E.N.T.	Rt:- Mild SNHL, Lt:- Minimal SNHL {with greater loss at high frequencies
		3. Teeth & Mouth	
		4. Lungs & Chest	
		5. Cardiovascular System	Normal
		6. Abdo. Viscera	Normal
		7. Hernial Orifices	Normal
		8. Anus & Rectum	Normal
		9. Genito-urinary	Normal
		10. Extremities	Normal
		11. Musculo-skeletal	Normal
		12. Skin & Varicose Vns	Normal
		13. C.N.S.	Normal
		14. Breasts	

DR. DEEPTHI N...
MBBS DNB- ENT SPECIALIST
MOH LICENSE # 11239

HEIGHT cm	WEIGHT kg	B.P.	PULSE	HEARING	VISION	DISTANT R	DISTANT L	NEAR R	NEAR L	COLOUR VISION	BLOOD GROUP
	96	110/80	72/min	L 21.6dBHL	Uncorrected	CF-5m	6/60	N12	N12	Present	
				R 28.3dBHL	Corrected	6/18	6/9	N8	N6		

N	A	LABORATORY AND SPECIAL INVESTIGATIONS		N	A	
✓		1. Urinalysis		✓		6. Audiogram Rt:- Mild SNHL, Lt:- Minimal SNHL {with greater loss at high frequencies
✓		2. Hb Blood count ESR		✓		7. Lung Function
✓		3. Serum Profile		✓		8. Chest X-Ray
N/A		4. Stool		N/A		9. Drug Screen
N/A		5. E.C.G.		N/A		10. CR Screen = Country Request (e.g. H.I.V.)

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

FAFD [?] MILD HYPERGLYCEMIA
PERIODIC CHECKUP
OF SUGAR NEEDED

ASSESSMENT

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

Date Signature Name (Block Capitals) Doctor/Sister

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

مستشفى بدر السماء
س.ت: ١٦٩٣٨٠٨
BADR
Al-Khoud
C.R. No. 1693808
BADR AL-SAMAA HOSPITAL

REVIEW/CONSULTATION

Date Signature Name (Block Capitals) Doctor/Sister