

#1786

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		Surname Forenames FERDOS SHEIKH Address Home telephone number Employment No # 1786				
Place of examination	Date	28.03.2019				
If a dependant enter employee's name here: Surname: _____ Forenames: _____ Birth date: 18/07/1985 Nationality: BANGLADESHI 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 checked="" type="checkbox"/> Wife <input checked="" type="checkbox"/> Son <input type="checkbox"/> Daughter Number of children: 01						
Reason for examination	Pre-Employment	<input type="checkbox"/>	Job:	<i>Helper</i>		
	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.)						
1. Sinus trouble 2. Neck swelling/glands 3. Difficulty in vision 4. Any ear discharge 5. Asthma/bronchitis 6. Hayfever /other significant allergy 7. Any skin trouble 8. Tuberculosis 9. Shortness of breath 10. Coughed/vomited blood 11. Severe abdominal pain 12. Stomach ulcer 13. Recurrent indigestion 14. Jaundice or hepatitis 15. Gall Bladder disease 16. Marked change in bowel habits 17. Blood in stools (motions) 18. Marked change in weight 19. Varicose veins 20. Lump in breast/armpit		Y N	21. Cancer 22. Heart Disease 23. Rheumatic fever 24. Abnormal heartbeat 25. High blood pressure 26. Stroke 27. Serious chest pain 28. Any blood disease 29. Kidney disease 30. Blood in urine 31. Diabetes 32. Headaches/migraine 33. Dizziness/fainting 34. Epilepsy 35. Joints/spinal trouble 36. Surgical operation 37. Serious accident/fracture 38. Tropical disease 39. Fear of heights	Y N	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?		0	Average daily alcohol consumption 0			
Have you ever taken elicited drugs? NO PDO test all new/potential employees for elicited/recreational drugs						
FAMILY HISTORY:		Diabetes NO Heart disease NO	Tuberculosis NO High blood pressure NO	Epilepsy NO Stroke NO	Asthma NO Blood Disease NO	Eczema NO Cancer NO
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:			FERDOS SHEIKH		

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									
<input checked="" type="checkbox"/>		1. Eyes & Pupils								
<input checked="" type="checkbox"/>		2. E.N.T.								
<input checked="" type="checkbox"/>		3. Teeth & Mouth								
<input checked="" type="checkbox"/>		4. Lungs & Chest								
<input checked="" type="checkbox"/>		5. Cardiovascular System								
<input checked="" type="checkbox"/>		6. Abdo. Viscera								
<input checked="" type="checkbox"/>		7. Hernial Orifices								
<input checked="" type="checkbox"/>		8. Anus & Rectum								
<input checked="" type="checkbox"/>		9. Genito-urinary								
<input checked="" type="checkbox"/>		10. Extremities								
<input checked="" type="checkbox"/>		11. Musculo-skeletal								
<input checked="" type="checkbox"/>		12. Skin & Varicose Vns.								
<input checked="" type="checkbox"/>		13. C.N.S.								
HEIGHT cm		WEIGHT kg	BM 1 70.69	B.P. 120 /80	PULSE 74 mins.	HEARING L R	VISION		Colour Vision	Blood Group
166		57					DISTANT R L	NEAR R L		
						Uncorrected Corrected	6/6 6/6	N/6 N/6		
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.)										
Fraximnham risk score: < 1 %										
ASSESSMENT:										
<input checked="" type="checkbox"/> FIT ALL AREAS <input type="checkbox"/> FIT WITH SPECIFIC RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> AWAITING SPECIALIST ASSESSMENT										
REVIEW/CONSULTATION										
DATE: 02/04/19		DOCTOR NAME: <i>[Signature]</i> Dr. P. SUDHAKAR B.Sc., MBBs, DCH (Glasgow) Sr. Medical Officer MOH Lic. # : 11526 APOLLO HOSPITAL MUSCAT				SIGNATURE:				