EX1

MEDICAL - CONFIDENTIAL

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Petroleum Development Oman
MEDICAL DEPARTMENT

INITIAL EXAMINATION REPORT

Surname	Hussain
Forenames	Qamar
Address	
Home Telephone Number	

Place of examination: Badr Al Samaa — Date:- 11/11/2018

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

Birth date	Nationality	Country of birth	Religion
22/10/1991	Pakistani	Pakistan	Islam

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

Relationship to employee: [ ] Wife [ ] Son [ ] Daughter [ ] Fiancee

Number of Children:

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		✓			
			38. Serious accident/fracture		✓			
17. Blood in stools (motions)		✓	39. Tropical disease		✓			
18. Marked change in weight		✓	40. Fear of heights		✓			
19. Varicose veins		✓	**HAVE YOU EVER BEEN:-**					
20. Lump in breast/armpit		✓	41. Rejected for employment or insurance for medical reasons		✓			
21. Cancer		✓						

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: 11/11/18 Signature of applicant: ✓ قمر حسين

مستشفى بدر السماء
س.ت: ١١٦٩٢٨٠٨
BADR Al-Khoud HOSPITAL
B.A.D.C.R. No. 1693808

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	Normal
✓		2. E.N.T.	RE:- 4KHz dip, LE:- X
✓		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.	
✓		14.Breasts	

DR.DEEPTHI.M.V
MBBS DNB- ENT SPECIALIS
MOH LICENSE # 11239

HEIGHT cm	WEIGHT kg	B.P.	PULSE	HEARING	VISION	DISTANT R	DISTANT L	NEAR R	NEAR L	COLOUR VISION	BLOOD GROUP
182	111	130/84	72/min	L 13·3 dB HL R 13·3 dB HL	Uncorrected Corrected	6/6	6/6	N6	N6	Present	N/A

N	A		LABORATORY AND SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis		✓		6. Audiogram
✓		2. Hb Blood count ESR	NAD			7. Lung Function
✓		3. Serum Profile		✓		8. Chest X-Ray
✓		4. Stool		N/A		9. Drug Screen
✓		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

14/11/18 — Date | Signature | DR Fenilin Jose — Name (Block Capitals) | Doctor/Sister

REVIEW/CONSULTATION

Date | Signature | Name (Block Capitals) | Doctor/Sister

DR. FENILIN JOSE
MBBS, MD (General Medicine)
Internist
MOH Licence # 7715

مستشفى بدر السماء
BADR
Al-Khoud
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BADR AL-SAMAA HOSPITAL