

# 1814

18

## 1.1 Appendix 32: EX1 Form (Initial Examination Report)

## INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

 <b>Petroleum Development Oman MEDICAL DEPARTMENT</b>		<b>Surname</b> <u>DHANEEESH DHANAPAN</u>																																																															
<b>PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS</b>		<b>Forenames</b>																																																															
<b>Place of examination</b> <u>Adm</u>	<b>Date</b> <u>29/3/19</u>	<b>Address</b>																																																															
		<b>Home telephone number</b>																																																															
		<b>Employment No #</b> <u>1814</u>																																																															
<b>If a dependant enter employee's name here:</b> <b>Surname:</b> _____ <b>Forenames:</b> _____																																																																	
<b>Birth date:</b> <u>10/1/92</u> <b>Nationality:</b> <u>Indian</u>	<b>Country of birth:</b> _____		<b>Religion:</b> _____																																																														
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced	<b>Relationship to employee</b> <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter																																																															
<b>Reason for examination</b> Pre-Employment <input type="checkbox"/> Job: <u>Mechanic</u> Pre-Overseas <input type="checkbox"/> Area:																																																																	
<b>Name and address of family doctor</b>		<b>List your last 3 jobs</b> (1) (2)																																																															
<b>Are you a Registered Disabled Person? (UK only)</b> <input type="checkbox"/>		<b>Do you belong to any Medical Insurance Scheme?</b> <input type="checkbox"/>																																																															
<b>DO YOU HAVE OR HAVE YOU HAD:-</b> (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)																																																																	
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<b>Have you ever taken elicited drugs?</b> <input checked="" type="checkbox"/> PDO test all new/potential employees for elicited/recreational drugs																																																																	
<b>FAMILY HISTORY:</b> 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 type="checkbox"/> High blood pressure <input checked="" type="checkbox"/> Stroke <input checked="" type="checkbox"/> Blood Disease <input checked="" type="checkbox"/> Cancer <input type="checkbox"/>																																																																	
<b>PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-</b> 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.																																																																	
<b>Date:</b> <u>29/3/19</u>		<b>Signature of Applicant:</b> <u>DHANEEESH DHANAPAN</u>																																																															

Visit date 3/29/2019

Patient code 001814  
 Surname DHANAPPAN  
 Name DHANEESH  
 Date of birth 1/10/1992  
 Ethnic group Asian  
 Smoke No smoker  
 Patient group

## Interpretation

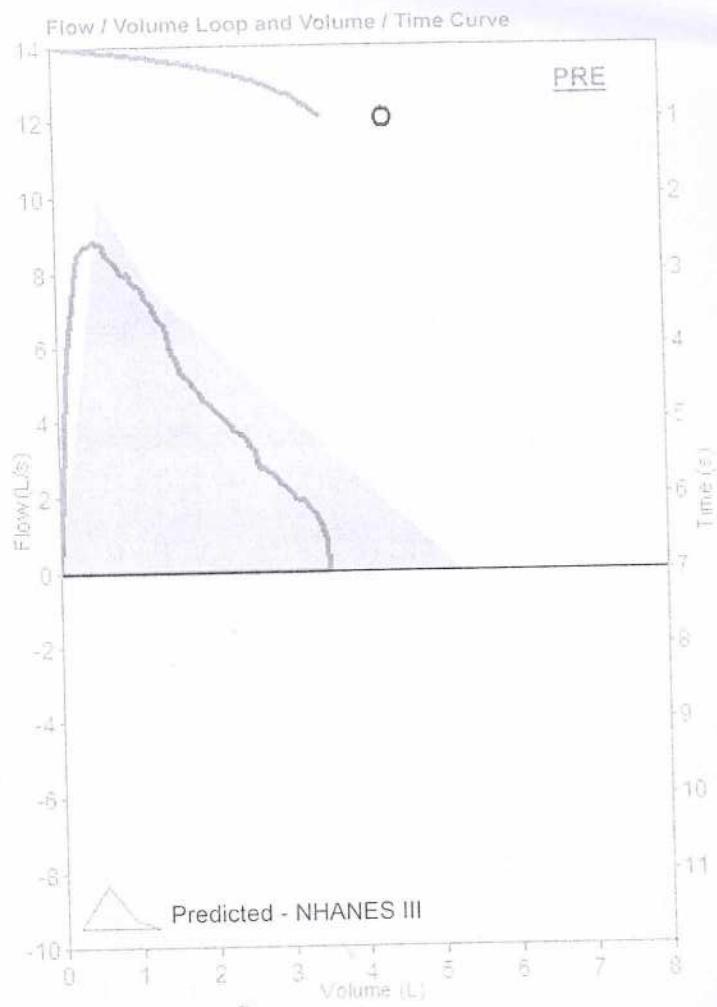


Moderate Restriction



## Best values from all loops

Parameters	LLN	ULN	PRE	%Pred	Z-score	POST	%Chg
FVC L	4.38	6.16	3.51	67	-3.25		
FEV1 L	3.59	5.10	3.51	81	-2.27		
FEV1% %	72.8	92.2	100.00	121	2.98		
PEF L/s	7.68	12.11	8.92	90	-0.72		



PRE Trial date 3/29/2019 7:22:09 PM

Parameters	LLN	ULN	Pred	PRE # 1	%Pred	Z-score	PRE # 2	PRE # 3	POST#1	%Pred	%Chg
FVC L	4.38	6.16	5.27	3.51	67	-3.25					
FEV1 L	3.59	5.10	4.34	3.51	81	-2.27					
FEV1/FVC %	72.8	92.2	82.5	100.0	121	2.98					
PEF L/s	7.68	12.11	9.89	8.92	90	-0.72					
ELA Years				27	41	152					
FEV1% 575 L/s	2.95	6.01	4.48	4.95	110	0.51					
FEV1 s			6.00	0.94	16						
FIVC L	4.38	6.16	5.27								
FEV1/VC %	72.8	92.2	82.5								

BTPS 1.002 27 °C 80.6 °F

Conclusion / Medical report

Quality Report

F

Breathe out for a longer time,  
 Breathe out ALL air in the lungs

Signature

Instrument used  
 Minispir II S/N C09592