

# 1814

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## 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

Place of examination <u>Adem</u>		Date <u>29/3/19</u>		Surname <u>DHANEEESH DHANAPPAN</u>	
				Forenames	
				Address	
				Home telephone number	
				Employment No # <u>1814</u>	
If a dependant enter employee's name here:					
Surname:		Forenames:			
Birth date: <u>10/1/92</u>		Nationality: <u>Indian</u>		Country of birth:	
Religion:					
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Separated / Divorced		Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	
Reason for examination		Pre-Employment <input type="checkbox"/>		Job: <u>Mechanic</u>	
		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.)					
	Y	N		Y	N
1. Sinus trouble		<input checked="" type="checkbox"/>	21. Cancer		<input checked="" type="checkbox"/>
2. Neck swelling/glands		<input checked="" type="checkbox"/>	22. Heart Disease		<input checked="" type="checkbox"/>
3. Difficulty in vision		<input checked="" type="checkbox"/>	23. Rheumatic fever		<input checked="" type="checkbox"/>
4. Any ear discharge		<input checked="" type="checkbox"/>	24. Abnormal heartbeat		<input checked="" type="checkbox"/>
5. Asthma/bronchitis		<input checked="" type="checkbox"/>	25. High blood pressure		<input checked="" type="checkbox"/>
6. Hayfever /other significant allergy		<input checked="" type="checkbox"/>	26. Stroke		<input checked="" type="checkbox"/>
7. Any skin trouble		<input checked="" type="checkbox"/>	27. Serious chest pain		<input checked="" type="checkbox"/>
8. Tuberculosis		<input checked="" type="checkbox"/>	28. Any blood disease		<input checked="" type="checkbox"/>
9. Shortness of breath		<input checked="" type="checkbox"/>	29. Kidney disease		<input checked="" type="checkbox"/>
10. Coughed/vomited blood		<input checked="" type="checkbox"/>	30. Blood in urine		<input checked="" type="checkbox"/>
11. Severe abdominal pain		<input checked="" type="checkbox"/>	31. Diabetes		<input checked="" type="checkbox"/>
12. Stomach ulcer		<input checked="" type="checkbox"/>	32. Headaches/migraine		<input checked="" type="checkbox"/>
13. Recurrent indigestion		<input checked="" type="checkbox"/>	33. Dizziness/fainting		<input checked="" type="checkbox"/>
14. Jaundice or hepatitis		<input checked="" type="checkbox"/>	34. Epilepsy		<input checked="" type="checkbox"/>
15. Gall Bladder disease		<input checked="" type="checkbox"/>	35. Joints/spinal trouble		<input checked="" type="checkbox"/>
16. Marked change in bowel habits		<input checked="" type="checkbox"/>	36. Surgical operation		<input checked="" type="checkbox"/>
17. Blood in stools (motions)		<input checked="" type="checkbox"/>	37. Serious accident/fracture		<input checked="" type="checkbox"/>
18. Marked change in weight		<input checked="" type="checkbox"/>	38. Tropical disease		<input checked="" type="checkbox"/>
19. Varicose veins		<input checked="" type="checkbox"/>	39. Fear of heights		<input checked="" type="checkbox"/>
20. Lump in breast/ampit		<input type="checkbox"/>			<input type="checkbox"/>
How much tobacco each day? <u>no</u>			Average daily alcohol consumption <u>occ</u>		
Have you ever taken elicited drugs? <input checked="" type="checkbox"/> PDO test all new/potential employees for elicited/recreational drugs					
FAMILY HISTORY: 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"/>					
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: <u>29/3/19</u>		Signature of Applicant: <u>[Signature]</u>			

Test Results  
 AL MUSCAT  
 BOX:1097,AL HAMRIYA  
 968 24787766

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  
 Age 27  
 Gender Male  
 Height, cm 174  
 Weight, kg 72  
 BMI 23.78  
 Pack-Year

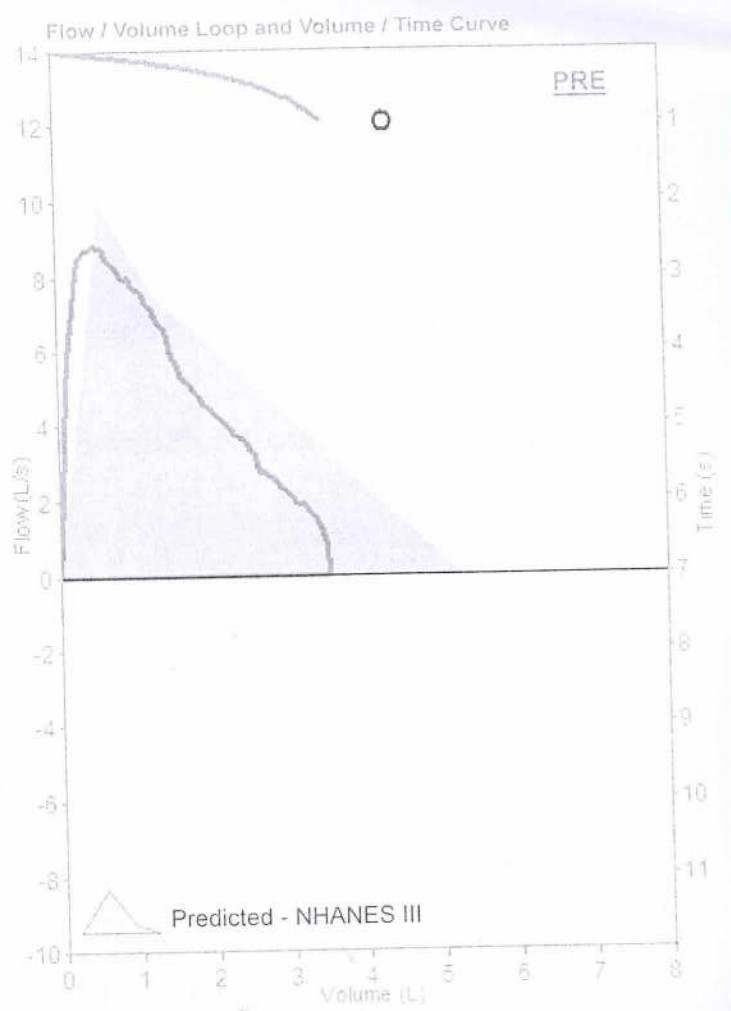
Interpretation



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 150 L/s			6.00	0.94	16						
FIVC L	4.38	6.16	5.27								
FEV1/VC %	72.8	92.2	82.5								

BTPS 1.082 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