

1.1 Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

 Petroleum Development Oman MEDICAL DEPARTMENT		Surname Forenames RADHE SHYAM Address Home telephone number Employment No # 1811																																																																			
Place of examination	Date 28.03.2019	PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS																																																																			
If a dependant enter employee's name here: Surname: Forenames: Birth date: 15/08/1987 Nationality: INDIAN 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 type="checkbox"/> Son <input type="checkbox"/> Daughter Number of children: 01																																																																					
Reason for examination Pre-Employment <input type="checkbox"/> Job: Pre-Overseas <input type="checkbox"/> Area: Helper																																																																					
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.)																																																																					
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How much tobacco each day? 0.0		Average daily alcohol consumption no																																																																			
Have you ever taken elicited drugs? <input checked="" type="checkbox"/> PDO test all new/potential employees for elicited/recreational drugs																																																																					
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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: Radhe Shyam																																																																			

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										
✓	1. Eyes & Pupils										
✓	2. E.N.T.										
✓	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.										
HEIGHT cm	WEIGHT kg	BM I	B.P. 120 80	PULSE 16/mins.	HEARING L R	VISION DISTANT R L R L Uncorrected 6/6 6/6 N/6 N/6 Corrected	NEAR R L R L	Colour Vision N	Blood Group		
163	82	80	80								
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.)

Framingham Risk score 1.0 %

ASSESSMENT:

- FIT ALL AREAS
- FIT WITH SPECIFIC RESTRICTION
- TEMPORARY UNFIT
- AWAITING SPECIALIST ASSESSMENT

Hyperlipidemia
Hypertriglyceridemia
Abnormal Creatinine

Seen by physician,
Bahrain Hospital on 17/19
Given fitness to work

REVIEW/CONSULTATION

DATE: 02/04/19

DOCTOR NAME:

