EX1

MEDICAL - CONFIDENTIAL

PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS

Petroleum Development Oman
MEDICAL DEPARTMENT

INITIAL EXAMINATION REPORT

Surname	AMARJEET SINGH.
Forenames	AMARJEET SINGH
Address	9524174.
Home Telephone Number	

Place of examination Badbal Sohaar, Alkhoud Date:- 22/04/2019

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

Birth date 13/01/1968	Nationality INDIAN	Country of birth INDIA	Religion SIKH

[ ] 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** Have you ever had:-		
6. Hayfever/other allergy		✓	27. Serious chest pain		✓	46. An abnormal smear		
7. Any skin trouble		✓	28. Any blood disease		✓	47. Any gynaecological Treatment		
8. Tuberculosis		✓	29. Kidney disease		✓	48. Are you pregnant?		
9. Shortness of breath		✓	30. Painful passage of urine		✓	49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
10. Coughed/vomited blood		✓	31. Blood in urine		✓			
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 [ ] N.I. SPECIFIC
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: 22/04/2019. Signature of applicant: AMARJEET SINGH

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	Presbyopia
		2. E.N.T.	Rt:- 4KHz dip, Lt:- High & SN HL & 4KHz dip
		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	

RAJANK. CHERIAN
MBBS, MS
ENT Surgeon
MOH License No. [illegible]

Normal

HEIGHT	WEIGHT	B.P.	PULSE	HEARING	VISION	DISTANT		NEAR		COLOUR VISION	BLOOD GROUP
						R	L	R	L		
cm	kg			L	Uncorrected	6/9	6/9	N8	N8		
185	105 Kms	150/100mm	80/M	20dBHL						Present	
				R 18:30dBHL	Corrected			N6	N6		

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

High B.P. / Review after 1 week or Recheck B.P. after 1 week

ASSESSMENT

- [✓] FIT ALL AREAS
- [ ] FIT HOME SERVICE ONLY
- [ ] UNFIT/UNSUITABLE
- [ ] MAY BE REASSESSED

22/4/19 — Date — Signature — Name (Block Capitals) — Doctor/Sister

DR. NAVEEN NAZIR KHEEN
M.B.B.S DNB
INTERNIST
MOH License # 12635

REVIEW/CONSULTATION

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

BADR Al-Khoud
C.R. No. 1693808
BADR AL-SAMAA HOSPITAL