#1737

(1)

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

Surname	
Forenames	BALRAJ SINGH
Address	
Home telephone number	
Employment No #	1737
Place of examination	
Date	29.03.2019

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

Birth date: 10/03/1973 Nationality: INDIAN Country of birth: Religion:

☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated /Divorced

Relationship to employee: ☑ Wife ☑ Son ☐ Daughter

Number of children: 01

Reason for examination: Pre-Employment ☐ Pre-Overseas ☐ Job: WORKSHOP MECHANIC, Area:

Name and address of family doctor

List your last 3 jobs
(1)
(2)

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
1. Sinus trouble		✓	21. Cancer		✓
2. Neck swelling/glands		✓	22. Heart Disease		✓
3. Difficulty in vision		✓	23. Rheumatic fever		✓
4. Any ear discharge		✓	24. Abnormal heartbeat		✓
5. Asthma/bronchitis		✓	25. High blood pressure		✓
6. Hayfever /other significant allergy		✓	26. Stroke		✓
7. Any skin trouble		✓	27. Serious chest pain		✓
8. Tuberculosis		✓	28. Any blood disease		✓
9. Shortness of breath		✓	29. Kidney disease		✓
10. Coughed/vomited blood		✓	30. Blood in urine		✓
11. Severe abdominal pain		✓	31. Diabetes		✓
12. Stomach ulcer		✓	32. Headaches/migraine		✓
13. Recurrent indigestion		✓	33. Dizziness/fainting		✓
14. Jaundice or hepatitis		✓	34. Epilepsy		✓
15. Gall Bladder disease		✓	35. Joints/spinal trouble		✓
16. Marked change in bowel habits		✓	36. Surgical operation		✓
17. Blood in stools (motions)		✓	37. Serious accident/fracture		✓
18. Marked change in weight		✓	38. Tropical disease		✓
19. Varicose veins		✓	39. Fear of heights		✓
20. Lump in breast/armpit		✓			

HAVE YOU EVER BEEN:-	Y	N
40. Rejected for employment or insurance for medical reasons		✓
41. Awarded benefits for industrial injury/illness		✓
42. Treated for a mental condition, e.g. depression		✓
43. Treated for problem drinking or drug abuse		✓
44. Exposed to toxic substance or noise		✓
FOR WOMEN ONLY Have you ever had:-	NA	
45. An abnormal smear		
46. Any gynaecological treatment		
47. Are you pregnant?		
48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		

How much tobacco each day? NO

Average daily alcohol consumption NO

Have you ever taken elicited drugs? (X) PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes (X) Tuberculosis (✓) Epilepsy (X) Asthma (X) Eczema (✓)
Heart disease (✓) High blood pressure (X) Stroke (X) Blood Disease (X) Cancer (✓)

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: 29/3/19 **Signature of Applicant:** BALRAJ SINGH

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE
Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
✓		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	BMI	B.P.	PULSE /mins.	HEARING L / R	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
178	97	30.6	160/100	78		Uncorrected 6/6 Corrected	6/6	N6	N6	(N)	

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.)

Ad BP Monitoring, lifestyle modification dietary advice

Type 2 DM; HTN; Dyslipidemia.
Ad physician consultation

ASSESSMENT:

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

* Framingham Risk Score - 6%

REVIEW/CONSULTATION

DATE: 02/04/19

DOCTOR NAME: Dr. P. SUDHAKAR B.Sc., MBBS, DCH(Glasgow) Sr. Medical Officer MOH Lic. # : 11526 APOLLO HOSPITAL MUSCAT

SIGNATURE: