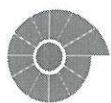




Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Petroleum Development Oman
MEDICAL DEPARTMENTPLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALSPlace of examination **NMC AL HAIL** Date **02/10/23**

If a dependant enter employee's name here:

Surname:

Surname **MUHAMMAD**Forenames **MUHAMMAD AZIZ RASHID**

Address

Home telephone number

Birth date: **03/09/1972** Nationality: **PAKISTAN**

Country of birth:

Religion:

 Male Female Married Single Separated /Divorced

Relationship to employee

 Wife Son DaughterNumber of
children:

Reason for examination

Pre-Employment

 Job:

Pre-Overseas

 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		Y	N
1. Sinus trouble	✓		21. Cancer	✓		HAVE YOU EVER BEEN:-		
2. Neck swelling/glands	✓		22. Heart Disease	✓		40. Rejected for employment or insurance for medical reasons		✓
3. Difficulty in vision	✓		23. Rheumatic fever	✓		41. Awarded benefits for industrial injury/illness		✓
4. Any ear discharge	✓		24. Abnormal heartbeat	✓		42. Treated for a mental condition, e.g. depression		✓
5. Asthma/bronchitis	✓		25. High blood pressure	✓		43. Treated for problem drinking or drug abuse		✓
6. Hayfever /other significant allergy	✓		26. Stroke	✓		44. Exposed to toxic substance or noise		✓
7. Any skin trouble	✓		27. Serious chest pain	✓		FOR WOMEN ONLY		
8. Tuberculosis	✓		28. Any blood disease	✓		45. Have you ever had:-		
9. Shortness of breath	✓		29. Kidney disease	✓		46. An abnormal smear		
10. Coughed/vomited blood	✓		30. Blood in urine	✓		47. Any gynaecological treatment		
11. Severe abdominal pain	✓		31. Diabetes	✓		48. Any pregnant?		
12. Stomach ulcer	✓		32. Headaches/migraine	✓		49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
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	✓							

How much tobacco each day? **1 packet/day for 25 years.** 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 (X)	Epilepsy (X)	Asthma (X)	Eczema (X)
	Heart disease (X)	High blood pressure (X)	Stroke (X)	Blood Disease (X)	Cancer (X)

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: **2-10-23**

Signature of Applicant:

RECEPTION
SPECIALTY HOSPITAL AL HAIL



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	BMI	B.P. 110 95	PULSE 88/mins.	HEARING L (N) R (N)	VISION Uncorrected Corrected	DISTANT R L	NEAR R L	Colour Vision	Blood Group		
166	65.4	23.7										

N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS		N	A		
1. Urinalysis		↑ RBS				7. Audiogram	
2. Hb, Bloodcount, ESR		Urine Sugar +				8. Lung Function	
3. LFT, RFT, RBS		low HDL, ↑ LDL				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.)



29. 4/10

ASSESSMENT:

FIT ALL AREAS FIT WITH RESTRICTION TEMPORARY UNFIT UNFIT

Date: Name (Block Capitals): Dr. / Nurse

Signature:

REVIEW/CONSULTATION

Cardiology at Internist-fitness Uncontrolled BDM,
Framingham - High Risk

Signature:

DR. ASWATHY RAVI
General Practitioner
MOI Lic. No: 2030

specification