Medical Examination Report (EX1)

Petroleum Development Oman
MEDICAL DEPARTMENT

INITIAL EXAMINATION REPORT

Surname	Issa Said al Busaidi
Forenames	Al Sayyid Ishaq
Address	

Place of examination	**Date : -**	
BADR AL SAMAA	08/ 01 /2020	**Home telephone number**

If a dependant or fiancée enter employee's name here:

Surname: Forenames:

Birth date: / /	Nationality:	Country of birth:	Religion:

				Relationship to employee				Number of children
☐ Male	☐ Single	☐ Widow (e)		☐ Wife	☐ Son	☐ Daughter	☐ Fiancee	
☐ Female	☐ Married	☐ Divorced / Separated						

Reason for examination ☐ -employment Job:-

☐ re-overseas 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		✓			
3. Difficulty in vision		✓	24. Abnormal heartbeat		✓	43. Treated for a mental condition, eg depression		✓
4. Any ear discharge		✓	25. High blood pressure		✓			
5. Asthma/bronchitis		✓	26. Stroke		✓	44. Treated for problem drinking or drug abuse		✓
6. Hayfever/other allergy		✓	27. Serious chest pain		✓			
7. Any skin trouble		✓	28. Any blood disease		✓	45. Exposed to toxic substance or noise		✓
8. Tuberculosis		✓	29. Kidney disease		✓			

BADR AL SAMAA MEDICAL CLINIC C.R. No: 1/69380/8 AL KHUWAIR

9. Shortness of breath		✓	30. Painful passage of urine		✓	FOR WOMEN ONLY		
10. Coughed/vomited blood		✓	31. Blood in urine		✓	Have you ever had:-		
11. Severe abdominal pain		✓	32. Diabetes			46. An abnormal smear		
12. Stomach ulcer		✓	33. Headaches/migraine		✓	47. Any gynaecological		
13. Recurrent indigestion			34. Dizziness/fainting		✓	treatment		
14. Jaundice or hepatitis			35. Epilepsy			48. Are you pregnant?		
15. Gall Bladder disease		✓	36. Joints/spinal trouble		✓	49. HAVE YOU HAD AN		
16. Marked change in bowel habits		✓	37. Surgical operation			ILLNESS NOT MENTIONED ABOVE		
			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					
21. Cancer		✓	or insurance for medical reasons					

How much tobacco each day? Average daily alcohol consumption

FAMILY HISTORY Diabetes [ ] Tuberculosis [ ] Epilepsy [ ] Asthma [ ] Eczema [ ]

Heart disease [ ] High blood pressure [ ] Stroke [ ] Cancer [ ] Blood Disease [ ]

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.

Date: 8/1/2020 Signature of applicant:

BADR AL SAMAA POLYCLINIC LLC AL KHUWAIR C.R. No. 1/69380/8

FOR COMPLETION BY EXAMINING DOCTOR OR SISTER
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	