

6442

(9)

1.1 Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

Petroleum Development Oman
MEDICAL DEPARTMENTPLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Place of examination <i>Adam</i>		Date <i>29/3/19</i>	Surname <i>NISAM SULAIMAN</i>																																																																					
			Forenames																																																																					
			Address																																																																					
			Home telephone number																																																																					
			Employment No # <i>6442</i>																																																																					
If a dependant enter employee's name here:																																																																								
Surname: <i>15-5-1984</i>		Forenames: <i>Indian</i>																																																																						
Birth date <i>15-5-1984</i>		Nationality: <i>Indian</i>		Country of birth: _____																																																																				
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced	<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Relationship to employee _____ Number of children: _____																																																																				
Reason for examination		Pre-Employment <input type="checkbox"/> Job: <i>Piggery</i>	Pre-Overseas <input type="checkbox"/> Area: _____																																																																					
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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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: <i>29/3/19</i>	Signature of Applicant: <i>NISAM SULAIMAN</i>																																																																							

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												
<input checked="" type="checkbox"/>	1. Eyes & Pupils												
<input checked="" type="checkbox"/>	2. E.N.T.												
<input checked="" type="checkbox"/>	3. Teeth & Mouth												
<input checked="" type="checkbox"/>	4. Lungs & Chest												
<input checked="" type="checkbox"/>	5. Cardiovascular System												
<input checked="" type="checkbox"/>	6. Abdo. Viscera												
<input checked="" type="checkbox"/>	7. Hernial Orifices												
<input checked="" type="checkbox"/>	8. Anus & Rectum												
<input checked="" type="checkbox"/>	9. Genito-urinary												
<input checked="" type="checkbox"/>	10. Extremities												
<input checked="" type="checkbox"/>	11. Musculo-skeletal												
<input checked="" type="checkbox"/>	12. Skin & Varicose Vns.												
<input checked="" type="checkbox"/>	13. C.N.S.												
HEIGHT cm	WEIGHT kg	BM I	B.P. 180 80	PULSE /mins. 78	HEARING L R	VISION DISTANT Uncorrected Corrected			VISION NEAR R 6/6 L 6/6 R 46 L 6/6		Colour Vision	Blood Group	
164	65.5 24.17												
N	A					LABORATORY AND OTHER SPECIAL INVESTIGATIONS			N	A			
											7. Audiogram		
											8. Lung Function		
											9. Chest X-Ray		
											10. ECG		
											11. CVS risk for 40 yrs. & above		
											12. HIV, Hepatitis screening		
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)													
* Framingham Risk Score : 2 %													
ASSESSMENT:													
<input checked="" type="checkbox"/>	FIT ALL AREAS												
<input type="checkbox"/>	FIT WITH SPECIFIC RESTRICTION												
<input type="checkbox"/>	TEMPORARY UNFIT												
<input type="checkbox"/>	AWAITING SPECIALIST ASSESSMENT												
REVIEW/CONSULTATION													
DATE: 02/04/19						<p>DOCTOR NAME: Dr. P. SUBHAKAR B.Sc., MBBS, DCH (Glasgow) Sr. Medical Officer MOH Lic. # : 11526 APOLLO HOSPITAL MUSCAT</p>							
						SIGNATURE:							