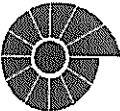
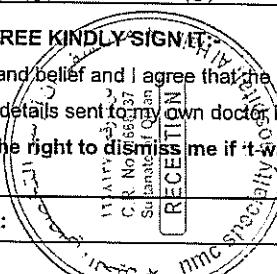


1.1 Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

 <p>Petroleum Development Oman MEDICAL DEPARTMENT</p> <p>PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS</p>		Surname Mohammed ARSAD ABDUL QAYYUM Forenames Address Home telephone number Employment No #																																																																																																																									
Place of examination NMC AI - HAIL	Date:- 04/05/2021																																																																																																																										
If a dependant enter employee's name here: Surname: _____ Forenames: _____ Birth date: 01/04/1975 Nationality: INDIAN Country of birth: _____ Religion: _____ <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced <input type="checkbox"/> Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter Number of children: _____ Reason for examination Pre-Employment <input type="checkbox"/> Job: _____ 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 HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>																																																																																																																									
<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> <th>Y</th> <th>N</th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr><td>✓</td><td></td><td>✓</td><td>21. Cancer</td><td>✓</td><td>HAVE YOU EVER BEEN:-</td></tr> <tr><td>✓</td><td></td><td>✓</td><td>22. Heart Disease</td><td>✓</td><td>40. Rejected for employment or insurance for medical reasons</td></tr> <tr><td>✓</td><td></td><td>✓</td><td>23. Rheumatic fever</td><td>✓</td><td>41. Awarded benefits for industrial injury/illness</td></tr> <tr><td>✓</td><td></td><td>✓</td><td>24. Abnormal heartbeat</td><td>✓</td><td>42. Treated for a mental condition, e.g. depression</td></tr> <tr><td>✓</td><td></td><td>✓</td><td>25. High blood pressure</td><td>✓</td><td>43. Treated for problem drinking or drug abuse</td></tr> <tr><td>✓</td><td></td><td>✓</td><td>26. Stroke</td><td>✓</td><td>44. Exposed to toxic substance or noise</td></tr> <tr><td>✓</td><td></td><td>✓</td><td>27. Serious chest pain</td><td>✓</td><td>FOR WOMEN ONLY</td></tr> <tr><td>✓</td><td></td><td>✓</td><td>28. Any blood disease</td><td>✓</td><td>Have you ever had:-</td></tr> <tr><td>✓</td><td></td><td>✓</td><td>29. Kidney disease</td><td>✓</td><td>45. An abnormal smear</td></tr> <tr><td>✓</td><td></td><td>✓</td><td>30. Blood in urine</td><td>✓</td><td>46. Any gynaecological treatment</td></tr> <tr><td>✓</td><td></td><td>✓</td><td>31. Diabetes</td><td>✓</td><td>47. Are you pregnant?</td></tr> <tr><td>✓</td><td></td><td>✓</td><td>32. Headaches/migraine</td><td>✓</td><td>48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE</td></tr> <tr><td>✓</td><td></td><td>✓</td><td>33. Dizziness/fainting</td><td>✓</td><td></td></tr> <tr><td>✓</td><td></td><td>✓</td><td>34. Epilepsy</td><td>✓</td><td></td></tr> <tr><td>✓</td><td></td><td>✓</td><td>35. Joints/spinal trouble</td><td>✓</td><td></td></tr> <tr><td>✓</td><td></td><td>✓</td><td>36. Surgical operation</td><td>✓</td><td></td></tr> <tr><td>✓</td><td></td><td>✓</td><td>37. Serious accident/fracture</td><td>✓</td><td></td></tr> <tr><td>✓</td><td></td><td>✓</td><td>38. Tropical disease</td><td>✓</td><td></td></tr> <tr><td>✓</td><td></td><td>✓</td><td>39. Fear of heights</td><td>✓</td><td></td></tr> </tbody> </table>				Y	N	Y	N	Y	N	✓		✓	21. Cancer	✓	HAVE YOU EVER BEEN:-	✓		✓	22. Heart Disease	✓	40. Rejected for employment or insurance for medical reasons	✓		✓	23. Rheumatic fever	✓	41. Awarded benefits for industrial injury/illness	✓		✓	24. Abnormal heartbeat	✓	42. Treated for a mental condition, e.g. depression	✓		✓	25. High blood pressure	✓	43. Treated for problem drinking or drug abuse	✓		✓	26. Stroke	✓	44. Exposed to toxic substance or noise	✓		✓	27. Serious chest pain	✓	FOR WOMEN ONLY	✓		✓	28. Any blood disease	✓	Have you ever had:-	✓		✓	29. Kidney disease	✓	45. An abnormal smear	✓		✓	30. Blood in urine	✓	46. Any gynaecological treatment	✓		✓	31. Diabetes	✓	47. Are you pregnant?	✓		✓	32. Headaches/migraine	✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	✓		✓	33. Dizziness/fainting	✓		✓		✓	34. Epilepsy	✓		✓		✓	35. Joints/spinal trouble	✓		✓		✓	36. Surgical operation	✓		✓		✓	37. Serious accident/fracture	✓		✓		✓	38. Tropical disease	✓		✓		✓	39. Fear of heights	✓	
Y	N	Y	N	Y	N																																																																																																																						
✓		✓	21. Cancer	✓	HAVE YOU EVER BEEN:-																																																																																																																						
✓		✓	22. Heart Disease	✓	40. Rejected for employment or insurance for medical reasons																																																																																																																						
✓		✓	23. Rheumatic fever	✓	41. Awarded benefits for industrial injury/illness																																																																																																																						
✓		✓	24. Abnormal heartbeat	✓	42. Treated for a mental condition, e.g. depression																																																																																																																						
✓		✓	25. High blood pressure	✓	43. Treated for problem drinking or drug abuse																																																																																																																						
✓		✓	26. Stroke	✓	44. Exposed to toxic substance or noise																																																																																																																						
✓		✓	27. Serious chest pain	✓	FOR WOMEN ONLY																																																																																																																						
✓		✓	28. Any blood disease	✓	Have you ever had:-																																																																																																																						
✓		✓	29. Kidney disease	✓	45. An abnormal smear																																																																																																																						
✓		✓	30. Blood in urine	✓	46. Any gynaecological treatment																																																																																																																						
✓		✓	31. Diabetes	✓	47. Are you pregnant?																																																																																																																						
✓		✓	32. Headaches/migraine	✓	48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE																																																																																																																						
✓		✓	33. Dizziness/fainting	✓																																																																																																																							
✓		✓	34. Epilepsy	✓																																																																																																																							
✓		✓	35. Joints/spinal trouble	✓																																																																																																																							
✓		✓	36. Surgical operation	✓																																																																																																																							
✓		✓	37. Serious accident/fracture	✓																																																																																																																							
✓		✓	38. Tropical disease	✓																																																																																																																							
✓		✓	39. Fear of heights	✓																																																																																																																							
How much tobacco each day? <input type="checkbox"/> No		Average daily alcohol consumption <input type="checkbox"/> No																																																																																																																									
Have you ever taken elicited drugs? <input type="checkbox"/> No PDO test all new/potential employees for elicited/recreational drugs																																																																																																																											
FAMILY HISTORY: Diabetes <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Epilepsy <input type="checkbox"/> Asthma <input type="checkbox"/> Eczema <input type="checkbox"/> Heart disease <input type="checkbox"/> High blood pressure <input type="checkbox"/> Stroke <input type="checkbox"/> Blood Disease <input type="checkbox"/> Cancer <input type="checkbox"/>																																																																																																																											
PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN 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:	Signature of Applicant: 																																																																																																																										

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	BM	B.P. 140 100	PULSE 93 /mins.	HEARING L N R N	VISION DISTANT R L NEAR R L				Colour Vision	Blood Group	
165		84				Uncorrected Corrected	66	66					
N	A	LABORATORY AND OTHER SPECIAL INVESTIGATIONS										N	A
✓ 1. Urinalysis		- mild ↑ Cholesterol for follow up										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.)

ESR High.

ASSESSMENT:

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



REVIEW/CONSULTATION

DATE:

DOCTOR NAME:

DR. MUHAMMAD KAMRAN.

SIGNATURE:

