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	GANGADARAN
Forenames	AJI
Address	
Home telephone number	
Employment No #	

Place of examination: NMC AL HAIL	Date:- 28-04-2021

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

Birth date: 25-03-1976	Nationality: INDIAN	Country of birth: INDIA	Religion:

☑ Male ☐ Female	☑ Married ☐ Single ☐ Separated /Divorced	**Relationship to employee** ☐ Wife ☐ Son ☐ Daughter	Number 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		✓			
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			**FOR WOMEN ONLY**		
13. Recurrent indigestion		✓	33. Dizziness/fainting			Have you ever had:-		
14. Jaundice or hepatitis		✓	34. Epilepsy			45. An abnormal smear		
15. Gall Bladder disease		✓	35. Joints/spinal trouble			46. Any gynaecological treatment		
16. Marked change in bowel habits		✓	36. Surgical operation					
17. Blood in stools (motions)		✓	37. Serious accident/fracture			47. Are you pregnant?		
18. Marked change in weight		✓	38. Tropical disease			48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE		
19. Varicose veins		✓	39. Fear of heights					
20. Lump in breast/armpit		✓						

How much tobacco each day? | Average daily alcohol consumption

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

FAMILY HISTORY: Diabetes (✓) Tuberculosis (✗) Epilepsy (✗) Asthma (✗) Eczema (✗)
Heart disease (✗) High blood pressure (✗) Stroke (✗) Blood Disease (✗) 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: 28/04/2021 **Signature of Applicant:** 28/4/2021

Al Hail Specialty Hospital C.R. No: 1668137 RECEPTION

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	WEIGHT	BMI	B.P.	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
159 cm	67 kg		146/93	70 /mins.	L R	Uncorrected 6/6	6/6				
						Corrected		✓	✓		

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.)

WPW on ECG / No Cardiac Symptom / Will Need Cardiac Follow up if has Cardiac Symptom

ASSESSMENT:

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

مستشفى ان ام سي التخصصي - الحيل
س.ت رقم: ١٦٦٨١٣٧
C.R. No: 1668137
Sultanate of Oman
RECEPTION
nmc specialty hospital, Al Hail

REVIEW/CONSULTATION

DATE: 28/APRIL/2024 DOCTOR NAME: SAAD HADDAD SIGNATURE:

DR. SAAD HADDAD
Specialist- Cardiology
MOH Lic. No: 10773
nmc speciality hospital, Al Hail