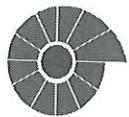


1.1 Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)



Petroleum Development Oman
MEDICAL DEPARTMENT

PLEASE COMPLETE YOUR PERSONAL
DETAILS IN BLOCK CAPITALS

Place of examination NMC Al-Hail	Date:-	Surname MEHMUD Forenames AMJAD Address Home telephone number Employment No #																																																																																
If a dependant enter employee's name here: Surname: _____ Forenames: _____ Birth date: 25/02/1984 Nationality: PAKISTAN Country of birth: _____ Religion: _____ <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced Relationship to employee <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter Number of children: 4																																																																																		
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 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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How much tobacco each day? 2 cigar for 8 yrs Average daily alcohol consumption																																																																																		
Have you ever taken elicited drugs? <input type="checkbox"/> PDO test all new/potential employees for elicited/recreational drugs																																																																																		
FAMILY HISTORY: Diabetes <input checked="" type="checkbox"/> Father <input checked="" type="checkbox"/> Tuberculosis <input type="checkbox"/> Heart disease <input type="checkbox"/> Epilepsy <input type="checkbox"/> High blood pressure <input type="checkbox"/> Asthma <input type="checkbox"/> Stroke <input type="checkbox"/> Eczema <input type="checkbox"/> Blood Disease <input type="checkbox"/> Cancer <input type="checkbox"/>																																																																																		
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: 8.5.2021		Signature of Applicant: Angal																																																																																

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 178 cm	WEIGHT 79 kg	BM 1 24	B.P. 125 85	PULSE /mins.	HEARING L R	Uncorrected	VISION DISTANT R L	NEAR R L	Colour Vision	Blood Group
N	A				LABORATORY AND OTHER SPECIAL INVESTIGATIONS			N	A	
✓		1. Urinalysis			→ Glycosuria			✓		7. Audiogram
✓		2. Hb, Blood count, ESR			→ Red cell Polycythaemia			✓	✓	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.)

Person is chronic smoker. Suspected of COPD.

ASSESSMENT:

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



REVIEW/CONSULTATION

DATE: 05/02

DOCTOR NAME: Dr. Mason

Signature:

