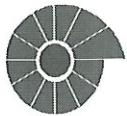
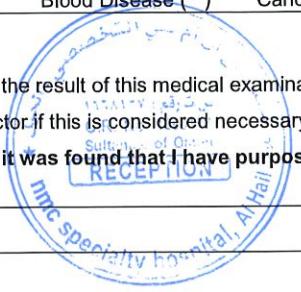


1.1 Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL – CONFIDENTIAL)

 Petroleum Development Oman MEDICAL DEPARTMENT PLEASE COMPLETE YOUR PERSONAL DETAILS IN BLOCK CAPITALS		Surname RAVI Forenames JANAL CHAKRAN Address _____ Home telephone number _____ Employment No # _____																																																																																																																												
Place of examination NMC AL HAIL	Date:- 03-05-2021																																																																																																																													
If a dependant enter employee's name here: Surname: _____ Forenames: _____ Birth date: 28-05-1990 Nationality: INDIAN 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																																																																																																																												
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? _____		Average daily alcohol consumption _____																																																																																																																												
Have you ever taken elicited drugs? () PDO test all new/potential employees for elicited/recreational drugs																																																																																																																														
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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: 3/05/2021	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 174 cm	WEIGHT 79 kg	BM 24	B.P. 143/86	PULSE /mins.	HEARING L R	Uncorrected Corrected	DISTANT R L	VISION NEAR R L	Colour Vision	Blood Group			
N	A				LABORATORY AND OTHER SPECIAL INVESTIGATIONS			N	A				
					<i>Moderately Restrictive</i>								
		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.)

ASSESSMENT:

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



REVIEW/CONSULTATION

DATE: 05/5/21

DOCTOR NAME: Dr. Masood

SIGNATURE:

DR. MASOOD SIDDIQUE
General Practitioner
MOH Reg. No: 11004
nmc speciality hospital, Al Hail