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	Khan
Forenames	Mohammed Badheer.
Address	
Home telephone number	92567541

Place of examination: Nizwa hospital Date: 09/07/2023.

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

Birth date: 01/01/1991 Nationality: Pakistan Country of birth: Pakistan. Religion:

☑ Male ☐ Female ☑ Married ☐ Single ☐ Separated /Divorced

Relationship to employee: ☐ Wife ☐ Son ☐ Daughter Number of children: 3

Reason for examination: Pre-Employment ☐ Job: DRIVER.
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		✓			
4. Any ear discharge		✓	24. Abnormal heartbeat		✓	41. Awarded benefits for industrial injury/illness		✓
5. Asthma/bronchitis		✓	25. High blood pressure	✓				
6. Hayfever /other significant allergy		✓	26. Stroke		✓	42. Treated for a mental condition, e.g. depression		✓
7. Any skin trouble		✓	27. Serious chest pain		✓			
8. Tuberculosis		✓	28. Any blood disease		✓	43. Treated for problem drinking or drug abuse		✓
9. Shortness of breath		✓	29. Kidney disease		✓			
10. Coughed/vomited blood		✓	30. Blood in urine		✓	44. Exposed to toxic substance or noise		✓
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? 10-12 cig/30years. Average daily alcohol consumption NO.

Have you ever taken elicited drugs? NO PDO test all new/potential employees for elicited/recreational drugs

FAMILY HISTORY: Diabetes (NO) Tuberculosis NO Epilepsy NO Asthma NO Eczema NO
Heart disease (NO) High blood pressure NO) Stroke NO Blood Disease NO Cancer NO

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: 09-07-23 **Signature of Applicant:**

C.R. No: 1668137 Sultanate of Oman
RECEPTION
Specialty hospital, Al Hail

FOR COMPLETION BY EXAMINING DOCTOR OR NURSE

Further details of medical history and recreational activities

N	A	N = Normal A = Abnormal (please describe)	PHYSICAL EXAMINATION
		1. Eyes & Pupils	Normal
		2. E.N.T.	
		3. Teeth & Mouth	→ Poor oral hygiene.
		4. Lungs & Chest	→ Wheezing
		5. Cardiovascular System	
		6. Abdo. Viscera	
		7. Hernial Orifices	
		8. Anus & Rectum	
		9. Genito-urinary	NAD.
		10. Extremities	
		11. Musculo-skeletal	
		12. Skin & Varicose Vns.	
		13. C.N.S.	

HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION DISTANT R	VISION DISTANT L	VISION NEAR R	VISION NEAR L	Colour Vision	Blood Group
177	90	28.73	110/70	68 /mins.	L (A) R (A)	Uncorrected 6/9	6/9			38	A positive.

N	A		LABORATORY AND OTHER SPECIAL INVESTIGATIONS	N	A	
✓		1. Urinalysis	Framingham Risk Score is 21.6% (High Risk)	✓		7. Audiogram
✓		2. Hb, Bloodcount, 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.) * Ref to Internist for further Assessment (High Risk). * Fitness pending.

DR. IRFAN GHOODJANI Specialist - Cardiology MOH Lic. No: 21459 nmc speciality hospital, Al Ghoubra

FIT

ASSESSMENT:

☑ FIT ALL AREAS ☐ FIT WITH RESTRICTION ☐ TEMPORARY UNFIT ☐ UNFIT

DR. MASOOD SIDDIQUE General Practitioner MOH Lic. No: 31004 nmc specialty hospital, Al Hail

Date: 09/7/23 Name (Block Capitals): Dr. / Nurse Masood Siddique Signature:

REVIEW/CONSULTATION

Date: Name (Block Capitals): Dr. / Nurse Signature:

C.R. No: 1668137 Sultanate of Oman RECEPTION nmc specialty hospital, Al Hail

Fit to work

DR. IRFAN GHOODJANI Specialist - Cardiology MOH Lic. No: 21459 nmc speciality hospital, Al Ghoubra

Fitness to Work Certificate for drivers

Employee Data			Date 09-07-23
Name MUHAMMAD SUDEER KHAN			Department/Company TRUCK OMAN
I.D No. 11075432 1	Age 53		Occupation DRIVER

Type of Medical Evaluation		Mark those applying √	
A5- HVD- Crane or forklift driving & all heavy vehicles		A7- Professional driving-light vehicles	

Health Advisor Statement: The above named person has been examined according to the statements laid down in "Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work". At this time his/her fitness to work status for the above tasks is as follows.

Fit with no restrictions			✓
Fit with following restriction(s)			
The employee is fit for above work but should avoid the following task(s)	*Temporary restriction*	*Permanent restriction*	FIT
Work near moving machinery or sharp edges			
Operate Heavy motor vehicles, forklifts or heavy machinery			
Other (Specifiy)			
Temporary Unfit until			
Permanently Unfit			

Name of health advisor Signature Date

nmc specialty hospital, Al Hail
س ت رقم : ١٦٦٨١٣٧
سلطنة عمان
C.R. No: 1668137
Sultanate of Oman
RECEPTION