

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 <i>NMC Al Khail</i>		Date:- <i>10.8.2021</i>	Surname <i>KhAbir</i> Forenames <i>Muhammed</i> Address Home telephone number Employment No #																																																																					
If a dependant enter employee's name here: Surname: Forenames: Birth date: <i>11/11/1996</i>		Nationality: <i>PAKUTAN</i> 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? <i>Quit 1 year before</i> Average daily alcohol consumption <i>NO</i>																																																																								
Have you ever taken elicited drugs? <i>NO</i> 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: <i>10.8.2021</i>	Signature of Applicant: <i>[Signature]</i>																																																																							

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										
<input checked="" type="checkbox"/>		1. Eyes & Pupils									
<input checked="" type="checkbox"/>		2. E.N.T.									
<input checked="" type="checkbox"/>		3. Teeth & Mouth									
<input checked="" type="checkbox"/>		4. Lungs & Chest									
<input checked="" type="checkbox"/>		5. Cardiovascular System									
<input checked="" type="checkbox"/>		6. Abdo. Viscera									
<input checked="" type="checkbox"/>		7. Hernial Orifices									
<input checked="" type="checkbox"/>		8. Anus & Rectum									
<input checked="" type="checkbox"/>		9. Genito-urinary									
<input checked="" type="checkbox"/>		10. Extremities									
<input checked="" type="checkbox"/>		11. Musculo-skeletal									
<input checked="" type="checkbox"/>		12. Skin & Varicose Vns.									
<input checked="" type="checkbox"/>		13. C.N.S.									
HEIGHT cm		WEIGHT kg	BM	B.P. <i>(79/111)</i>	PULSE 73/mins.	HEARING L N R N	VISION			Colour Vision	Blood Group
169		86.4	30.25			Uncorrected Corrected	DISTANT R 96% L 6%	NEAR R L N N		Normal	O +ve
N	A				LABORATORY AND OTHER SPECIAL INVESTIGATIONS			N	A		
		1. Urinalysis						<input checked="" type="checkbox"/>	7. Audiogram		
<input checked="" type="checkbox"/>		2. Hb, Blood count, ESR						<input checked="" type="checkbox"/>	8. Lung Function		
<input checked="" type="checkbox"/>		3. LFT, RFT, RBS						<input checked="" type="checkbox"/>	9. Chest X-Ray		
		4. Drug Screen						<input checked="" type="checkbox"/>	10. ECG		
<input checked="" type="checkbox"/>		5. Lipids (40 years +)						<input checked="" type="checkbox"/>	11. CVS risk for 40 yrs. & above		
<input checked="" type="checkbox"/>		6. Sickle Cell test						<input checked="" type="checkbox"/>	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

*Triglyceride + VLDL. need consultation by
internist*

DATE:

10/08/2021

DOCTOR NAME:

DR. MUHAMMAD KAMRAN

SIGNATURE: