

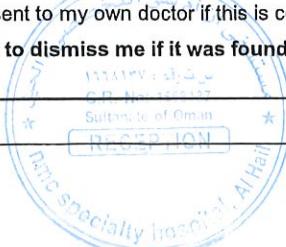
1.1 Appendix 32: EX1 Form (Initial Examination Report)

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:- 14/08/2021	Surname MUHAMMED Forenames MUHAMMED AFZAL Address Home telephone number Employment No #																																																															
If a dependant enter employee's name here: Surname: Birth date: 07/06/1989 Nationality: PAKISTANI		Forenames: Country of birth: Religion:																																																																
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced	<input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter	Relationship to employee 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) <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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FOR WOMEN ONLY Have you ever had:- 45. An abnormal smear 46. Any gynaecological treatment 47. Are you pregnant? 48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE																																																																		
How much tobacco each day?		Average daily alcohol consumption																																																																
Have you ever taken elicited drugs? <input checked="" type="checkbox"/> PDO test all new/potential employees for elicited/recreational drugs																																																																		
FAMILY HISTORY: Diabetes <input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Epilepsy <input checked="" type="checkbox"/> Asthma <input checked="" type="checkbox"/> Eczema <input checked="" type="checkbox"/> Heart disease <input checked="" type="checkbox"/> High blood pressure <input checked="" type="checkbox"/> Stroke <input checked="" type="checkbox"/> Blood Disease <input checked="" type="checkbox"/> Cancer <input checked="" 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: 14/08/2021		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 cm		WEIGHT kg	BM	B.P. 108 75	PULSE /mins.	HEARING L (N) R (N)	VISION DISTANT Uncorrected R 6/6 L 6/6 Corrected R 6/6 L 6/6		Colour Vision	Blood Group
161 cm		50 kg			72				(N)	
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.)

ASSESSMENT:

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

REVIEW/CONSULTATION

DATE: 16/08/2021

DOCTOR NAME:

DR. MUHAMMAD KAMRAN

SIGNATURE:

