

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 MIT NMC HOSPITAL		Date:- 30/1/21	Surname Muhammad Bilawal	
			Forenames Muhammad Boto	
			Address JUPNAIN	
			Home telephone number 95410877	
			Employment No # MUHAMMAD BILAWAL	
If a dependant enter employee's name here:				
Surname: BOTA		Forenames:		
Birth date: 19/1/90	Nationality: Pakistan	Country of birth: Pakistan	Religion: Islam	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input checked="" 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:
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.)				
	Y	N		Y
				N
1. Sinus trouble			21. Cancer	
2. Neck swelling/glands			22. Heart Disease	
3. Difficulty in vision			23. Rheumatic fever	
4. Any ear discharge			24. Abnormal heartbeat	
5. Asthma/bronchitis			25. High blood pressure	
6. Hayfever /other significant allergy			26. Stroke	
7. Any skin trouble			27. Serious chest pain	
8. Tuberculosis			28. Any blood disease	
9. Shortness of breath			29. Kidney disease	
10. Coughed/vomited blood			30. Blood in urine	
11. Severe abdominal pain			31. Diabetes	
12. Stomach ulcer			32. Headaches/migraine	
13. Recurrent indigestion			33. Dizziness/fainting	
14. Jaundice or hepatitis			34. Epilepsy	
15. Gall Bladder disease			35. Joints/spinal trouble	
16. Marked change in bowel habits			36. Surgical operation	
17. Blood in stools (motions)			37. Serious accident/fracture	
18. Marked change in weight			38. Tropical disease	
19. Varicose veins			39. Fear of heights	
20. Lump in breast/arnpit				
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				
FAMILY HISTORY: Diabetes () Tuberculosis () Epilepsy () Asthma () Eczema ()				
Heart disease () High blood pressure () Stroke () Blood Disease () Cancer ()				
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: 30/1/21		Signature of Applicant: محمد بٹو		

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			Normal				
				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 I	B.P.	PULSE	HEARING	VISION	Colour Vision	Blood Group
178	84	26.1	134 83	89/min.	L R	DISTANT R L Uncorrected Corrected	N	O +ve
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. Sickie 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: 30/8/24 DOCTOR NAME: Dr. James

DR. JAMES PALLIVATHUKKAL
Specialist - Internal Medicine
MOH Lic. No: 7728
nmc speciality hospital, Al Ghoubra

SIGNATURE: