

1.1 Appendix 32: EX1 Form (Initial Examination Report)

INITIAL EXAMINATION REPORT (MEDICAL - CONFIDENTIAL)

 Petroleum Development Oman MEDICAL DEPARTMENT		Surname <u>Muhammad Bilawal</u> Forenames <u>Muhammad Bota</u> Address <u>JUPNAI N</u> Home telephone number <u>95410875</u> Employment No # <u>MUHAMMAD BILAWAL</u>																																																																																																																														
Place of examination <u>MET</u> Date: <u>30/8/21</u> <u>NMC HOSPITAL</u>		If a dependant enter employee's name here: Surname: <u>BOTA</u> Forenames: Birth date: <u>6/12/90</u> Nationality: <u>Pakistani</u> Country of birth: <u>Pakistan</u> Religion: <u>Muslim</u>																																																																																																																														
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Married <input checked="" 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 <input type="checkbox"/> Job:		Pre-Overseas <input type="checkbox"/> Area:		List your last 3 jobs (1) (2)																																																																																																																										
Name and address of family doctor		<input type="checkbox"/> Are you a Registered Disabled Person? (UK only)		<input type="checkbox"/> Do you belong to any Medical Insurance Scheme?		<input type="checkbox"/> Y <input type="checkbox"/> N																																																																																																																										
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? <input checked="" type="checkbox"/>		Average daily alcohol consumption <input checked="" type="checkbox"/>																																																																																																																														
Have you ever taken elicited drugs? <input checked="" type="checkbox"/> 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 () <u>N/A</u>																																																																																																																																
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: <u>30/8/21</u>		Signature of Applicant: <u>Jahar</u>																																																																																																																														

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	B.P.	PULSE /mins.	HEARING L R	VISION DISTANT R L			NEAR R L		Colour Vision	Blood Group	
178	84	26	134 83	89	L R	Uncorrected Corrected			R L 6		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. Sickle Cell test						12. HIV, Hepatitis screening					
OTHER FINDINGS (Physique, scars, disabilities, mental stability including behaviour, etc.)													
ASSESSMENT:													
<input checked="" type="checkbox"/> FIT ALL AREAS <input type="checkbox"/> FIT WITH SPECIFIC RESTRICTION <input type="checkbox"/> TEMPORARY UNFIT <input type="checkbox"/> 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: 													