

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

MAZHAR HUSSAIN
14308702 #43 Y(M)[NMCG]Bill: 2029464



Address 288682 BLOOD 09/09/21 11:11
GHP2

| | | |
|----------------------|--------------------|--------------|
| Place of examination | Date:- 9/9/2021 | Home teleph. |
| Employment No # | | |

If a dependant enter employee's name here:

Surname:

Birth date: 04/4/1978 Nationality: Pakistani

Forenames:

Country of birth: Pakistan

Religion: Islam

Male Female

Married Single Separated /Divorced

Wife Son Daughter

Number of children: 2

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)

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 | | | 41. Awarded benefits for industrial injury/illness | | / |
| 4. Any ear discharge | / | | 24. Abnormal heartbeat | | | 42. Treated for a mental condition, e.g. depression | | / |
| 5. Asthma/bronchitis | / | | 25. High blood pressure | | | 43. Treated for problem drinking or drug abuse | | / |
| 6. Hayfever /other significant allergy | / | | 26. Stroke | | | 44. Exposed to toxic substance or noise | | / |
| 7. Any skin trouble | / | | 27. Serious chest pain | | | FOR WOMEN ONLY | | |
| 8. Tuberculosis | / | | 28. Any blood disease | | | Have you ever had:- | | |
| 9. Shortness of breath | / | | 29. Kidney disease | | | 45. An abnormal smear | | |
| 10. Coughed/vomited blood | / | | 30. Blood in urine | | | 46. Any gynaecological treatment | | |
| 11. Severe abdominal pain | / | | 31. Diabetes | | | 47. Are you pregnant? | | |
| 12. Stomach ulcer | / | | 32. Headaches/migraine | | | 48. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE | | |
| 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/armpit | / | | | | | | | |

How much tobacco each day?

NO

Average daily alcohol consumption

NO

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: 9/9/2021

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 I | B.P. 128 87.6kg 245 90 | PULSE 65 /mins. | HEARING L R | VISION DISTANT R L Uncorrected Corrected | | | | NEAR R L 6/6 6/6 | Colour Vision | Blood Group |
| 166cm | | | | | | | | | | | | | |

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:

9/9/21

DOCTOR NAME:

Dr. James

SIGNATURE:

