

# 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

<b>Surname</b>	MAZHAR HUSSAIN # 14308702 #43 Y(M)[NMCg]Bill: 2029464
<b>Forenames</b>	
<b>Address</b>	288682 BLOOD 09/09/21 11:11 GHP2
<b>Home telephone</b>	
<b>Employment No #</b>	

<b>Place of examination</b>	<b>Date:-</b> 9/9/2021
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If a dependant enter employee's name here:			
<b>Surname:</b>	<b>Forenames:</b>		
<b>Birth date:</b> 04/4/1978	<b>Nationality:</b> Pakistani	<b>Country of birth:</b> Pakistan	<b>Religion:</b> Islam
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated /Divorced	<b>Relationship to employee</b> <input type="checkbox"/> Wife <input checked="" type="checkbox"/> Son <input type="checkbox"/> Daughter	<b>Number of children:</b> 2

<b>Reason for examination</b>	<b>Pre-Employment</b> <input type="checkbox"/> <b>Job:</b>
	<b>Pre-Overseas</b> <input type="checkbox"/> <b>Area:</b>

<b>Name and address of family doctor</b>	<b>List your last 3 jobs</b>
	(1)
	(2)

<b>Are you a Registered Disabled Person? (UK only)</b> <input type="checkbox"/>	<b>Do you belong to any Medical Insurance Scheme?</b> <input type="checkbox"/>
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DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)			
	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/armpit		/	

<b>How much tobacco each day?</b> NO	<b>Average daily alcohol consumption</b> NO
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<b>Have you ever taken elicited drugs?</b> NO	<b>PDO test all new/potential employees for elicited/recreational drugs</b> NO
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<b>FAMILY HISTORY:</b>	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.

<b>Date:</b> 9/9/2021	<b>Signature of Applicant:</b>
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**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.	PULSE	HEARING L R	VISION DISTANT R L R L NEAR R L R L Uncorrected Corrected	Colour Vision	Blood Group
166cm	67.6kg	24.5	128/90	65/min.		6/6 6/6 6/6 6/6		

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. Sick 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:

9/9/21

DOCTOR NAME:

Dr. James

SIGNATURE:

*[Handwritten Signature]*

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